

City of Portland, Maine - Building or Use Permit Application

Permit No: 04-0925	Issue Date:	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: 871-4118
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use:	Proposed Use: renovated lockers & lounge, conference rooms in medical facility	Permit Fee: \$102.00	Cost of Work: \$9,000.00	CEO District: 2
Proposed Project Description: renovate lockers & lounge, conference rooms in medical facility		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <input type="checkbox"/> <input type="checkbox"/> Approved w/Condition <input type="checkbox"/>				

Date Applied For:			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews		Historic Preservation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not in District or Landma
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Does Not Require Revie
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approved w/Condition
Maj <input type="checkbox"/>	<input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 07/09/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 07/16/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 07/12/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) the fire alarm system shall be maintained to NFPA 72 standards			
2) the sprinkler system shall be maintained to NFPA 13 standards			

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