Cit	y of Portland, Maine	e - Build	ling or Use Pe	rmit A	Application	F	Permit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1638			053 D00	7001
Location of Construction: Owner Name:				Ow		Owi	Owner Address:			Phone:	
2 Bramhall St			Maine Medical Center			22	Bramhall St				
Business Name:			Contractor Nam	ie:		Con	tractor Addres	s:		Phone	
			Hebert Constru	ction L	LC	90	Gould Rd. Lewi	ston		207783209	1
Less	see/Buyer's Name		Phone:			Per	mit Type:			•	Zone:
						A	lterations - Con	nmercial			
Past	t Use:		Proposed Use:		<u>-</u>	Permit Fee: Cost of Work:			rk:	CEO District:	
Co	mmercial Lounge area		Commercial Tr	Trainiing room, remove			\$156.00	\$15,0	00.00	2	
	_		2 walls & Re-frame new wall to acommodate larger room		FIRE DEPT:		Approved	INSPECTION:			
					om			Denied			Type
								_ Dellieu			
Pro	posed Project Description:	1									
ren	nove 2 walls & Re-frame i	new wall t	o acommodate la	P		Signature: S		Signatu	Signature:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (T (P.A.D.)	
						Action: Approved Approved			proved w	w/Condition Denied	
						Signature:				Date:	
Peri	mit Taken By:	Date A	pplied For:						1		
	nartin	11/01			Zoning Approval						
L			Spec	ial Zone or Revi	ews	ews Zoning Appeal			Historic Preservation		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		_	☐ Variance		☐ Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie			
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			☐ Flood Zon		Conditi	Conditional Us		Requires Review			
			Subdivision			☐ Interpretatio			Approved		
				☐ Si	te Plan		☐ Approv	ed ed		Approved w	Condition (
			Maj Minor MM			☐ ☐ Denied			☐ Denied		
				Date:			Date:		D	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	e owner to permit for	o make this appli r work described	med procation a	as his authorized application is is	ne pr d age	ent and I agree , I certify that t	to conform the code office	to all ap cial's au	plicable laws of thorized repres	of this sentative
SIG	SNATURE OF APPLICAN				ADDRES	S		DATE	3	Pl	НО

Location of Construction:	Owner Name:	Owner Address:	Phone:	
2 Bramhall St	Maine Medical Center	22 Bramhall St		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Hebert Construction LLC	9 Gould Rd. Lewiston	2077832091	
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
		Alterations - Commercial	Alterations - Commercial	

Dept:	Zoning	Status: Approved	Reviewer	: Marge Schmuckal	Approval Date:	11/04/2004		
Note:	marge found o	n her desk 11/04 - was sch	heduled for RES/T/J		Ok t	o Issue: 🔽		
Dept:	Building	Status: Approved w	vith Conditions Reviewer	: Mike Nugent	Approval Date:	11/08/2004		
Note:					Ok t	o Issue: 🗹		
Dept:	Fire	Status: Approved	Reviewer	: Lt. MacDougal	Approval Date:	11/04/2004		
Note:					Ok t	Ok to Issue: 🗹		

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	РНО