Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PECTION

P	Ε	R	N	N

This is to certify that MAINE MEDICAL CENTE Langford & Low, Inc.

has permission to Replace Ceiling tiles & light in Main prince.

AT 2 BRAMHALL ST

provided that the person or persons arm or persons arm or persons are dion at epting this permit shall comply with all of the provisions of the Statutes of Line and of the Grant cances of the City of Portland regulating the construction, maintenance and use of buildings and suctures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication of inspect on muster of and with permitted process of the first of the second of the second

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER	REQUIRED	ÀΡ	PROVALS
1			

Department Name

Fire Dept. Cross 2-71.0.

Health Dept. ______

Appeal Board ______

Other _____

Director - Building & Inspection Services

Permit Number: 060159

053 D00700

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - 1 389 Congress Street, 04101 T Location of Construction: 2 BRAMHALL ST Business Name: Lessee/Buyer's Name Past Use: Maine Medical Ctr Proposed Project Description: Replace Ceiling tiles & lighting i	Owner Name: MAINE MED Contractor Name Langford & Lo Phone: Proposed Use: Maine Medica tiles & lighting	, Fax: (ICAL C : ow, Inc.	CENTER eplace Ceiling in Corridors		mmercial Cost of Work \$79,84 Approved Denied			
2 BRAMHALL ST Business Name: Lessee/Buyer's Name Past Use: Maine Medical Ctr Proposed Project Description:	MAINE MED Contractor Name Langford & Lo Phone: Proposed Use: Maine Medica tiles & lighting	: ow, Inc.	eplace Ceiling in Corridors	22 BRAMHALL Contractor Address: PO Box 662 Port Permit Type: Alterations - Con Permit Fee: \$741.00 FIRE DEPT:	mmercial Cost of Work \$79,84 Approved Denied	2.00 INSPECT	Phone 20779751 EEO District: 2 TION:	
Business Name: Lessee/Buyer's Name Past Use: Maine Medical Ctr Proposed Project Description:	Contractor Name Langford & Lo Phone: Proposed Use: Maine Medica tiles & lighting	: ow, Inc.	eplace Ceiling in Corridors	Contractor Address: PO Box 662 Port Permit Type: Alterations - Con Permit Fee: \$741.00 FIRE DEPT:	mmercial Cost of Work \$79,84 Approved Denied	2.00 INSPECT	Phone 20779751 EEO District: 2 TION:	
Lessee/Buyer's Name Past Use: Maine Medical Ctr Proposed Project Description:	Langford & Lo Phone: Proposed Use: Maine Medica tiles & lighting	l Ctr. R	eplace Ceiling in Corridors	PO Box 662 Port Permit Type: Alterations - Con Permit Fee: \$741.00 FIRE DEPT:	mmercial Cost of Worl \$79,84 Approved Denied	2.00 INSPECT	20779751 EEO District: 2 FION:	
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Past Use: Maine Medical Ctr Proposed Project Description:	Proposed Use: Maine Medica tiles & lighting	l Ctr. R	eplace Ceiling in Corridors	Alterations - Con Permit Fee: \$741.00 FIRE DEPT:	Cost of Worl \$79,84 Approved	2.00 INSPECT	2 ΓΙΟΝ:	Zone:
Maine Medical Ctr Proposed Project Description:	Maine Medica tiles & lighting		n Corridors	Permit Fee: \$741.00 FIRE DEPT:	Cost of Worl \$79,84 Approved	2.00 INSPECT	2 ΓΙΟΝ:	R-L
Maine Medical Ctr Proposed Project Description:	Maine Medica tiles & lighting		n Corridors	\$741.00 FIRE DEPT: 5	\$79,84 Approved Denied	2.00 INSPECT	2 ΓΙΟΝ:	
Maine Medical Ctr Proposed Project Description:	Maine Medica tiles & lighting		n Corridors	\$741.00 FIRE DEPT: 5	\$79,84 Approved Denied	2.00 INSPECT	2 ΓΙΟΝ:	
Proposed Project Description:	tiles & lighting		n Corridors	FIRE DEPT:	Approved Denied	INSPECT	ΓΙΟΝ:	
					Denied			
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	in Main Corridors			See Cond	_	1		
	in Main Corridors				tures			
	in Main Corridors			1				
Replace Celling thes & fighting i	iii iviaiii Corridors			Signatura		Signature		
				PEDESTRIAN ACTIVITIES DISTRIC				
				PEDESTRIAN ACTIVITIES DISTRICT			(1.A.D.)	
				Action: Appro	ved App	roved w/C	onditions	Denied
			Signature:		Ι	Date:		
Permit Taken By: Da	ate Applied For:		-	Zonino	Approva	ī		
·	02/01/2006			Zoming ripprovat			/	
1. This permit application does	not proclude the	Special Zone or Reviews		ews Zoni	Zoning Appeal		Historic Preservation	
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		☐ Sh	oreland	☐ Variance			Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.		□ w	etland	☐ Miscelland			Does Not Require Review	
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 Zone		Condition	tional Use Requires I		Requires Rev	iew
		Subdivision		Interpre	Interpretation		Approved	
		Sit	te Plan	Approv	ed		Approved w/0	Conditions
		Maj [Minor MM	Denied			Denled	\rightarrow
		Date	V Jest	Date:		Date	e:	
			, ,	1				
		C	CERTIFICATI	ON				
I hereby certify that I am the owner I have been authorized by the own jurisdiction. In addition, if a pern shall have the authority to enter alsuch permit.	ner to make this appl nit for work describe	med pro ication a d in the	operty, or that the as his authorized application is is	he proposed work in dagent and I agree ssued, I certify that	to conform the code off	to all app icial's au	olicable laws of thorized representations.	of this esentative
SIGNATURE OF APPLICANT			ADDRES	S	DATE		PHO	NE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE