

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 22 Bramhall St		Owner: Maine Medical Center		Phone: 871-2447		Permit No: 980732	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: H.E. Callahan Construction Co.		Address: P.O. Box 677 Auburn, ME 04212		Phone: 784-6927		Permit Issued: JUL - 8 1998	
Past Use: Hospital		Proposed Use:		COST OF WORK: \$ 105,100		PERMIT FEE: \$ 545.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>22</i> Type <i>2B</i>	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description: XXXXXXXXXXXX ASU Waiting Room Renovations				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 053-D-007	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: SP		Date Applied For: 02 July 1998					

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..

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

06 July 1998

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 7