

**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: <b>990875</b>	
Owner Address: 22 Bramhall St Ptld 04101		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: H.E. Callahan Construction Co.		Address: P.O. 677 Auburn ME 04312		Phone:		Permit Issued:	
Past Use:  <b>XXXXX</b> Hospital		Proposed Use:  Same		COST OF WORK: \$ 112,600		PERMIT FEE: \$ 702.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group I-2 Type: 2B	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description:  Interior Renovations				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zone: <i>[Zone]</i> CBL: 053-D-007 Zoning Approval: <i>[Signature]</i> 8/9/99 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:  sp August 5, 1999					

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

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: August 5, 1999 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review
- Action: *any exterior work requires a separate review*
- Approved Review
  - Approved with Conditions
  - Denied *[Signature]*

Date: \_\_\_\_\_

CEO DISTRICT

*SAM*