

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 Street		04101	Owner: Maine Medical Center	Phone: 871-2447	Permit No: 991152
Owner Address: SAA		Lessee/Buyer's Name: N/A		Phone: n/a	Business Name: Maine Medical Center
Contractor Name: **Langford & Low Inc.		Address: 248 Warren Ave.		04102	Phone: 797-5141
Past Use: Hospital	Proposed Use: Same		COST OF WORK: \$ 760,000	PERMIT FEE: \$ 4,584.00	Permit Issued: OCT 25 1999
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: BOCA 96		
Proposed Project Description: Renovation of serving area on the ground floor level.		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: Et CBL: 053-D-007	
		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> 10/21/99 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: KA	Date Applied For: 10-21-99				

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..

***** Please Send To: Langford & Low Inc.
248 Warren Ave.
Portland, ME 04102

**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: 10-21-99 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 Extension work shall req. A sep. permit*

Approved
 Approved with Conditions
 Denied

Date: _____

**PERMIT ISSUED
WITH REQUIREMENTS**

CEO DISTRICT
ub *[Signature]*