

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		Owner: Maine Medical Center		Phone: 871-2447		Permit No: 991322	
Owner Address: SAA		Lessee/Buyer's Name: N/A		Phone: N/A		Business Name: N/A	
Contractor Name: Scott Christina **Ledgewood Inc.		Address: 27 Main Street, So. Ptld, Me 04106		Phone: 767-1866		Permit Issued: 1-1-99	
Past Use: Medical		Proposed Use: Same		COST OF WORK: \$ 4,222,766		PERMIT FEE: \$ 25,362	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: T-2 Type: 2B Doc # 96	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description: Interior renovation of the radiology department.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: RTB CBL: 053-D-007	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> 10/22/99 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: UB		Date Applied For: 11-22-99					

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: Scott Christina
Ledgewood Inc.
27 Main Street
Portland, ME 04106

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

11-22-99

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ 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 req. a sep. Review*

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS
CEO District
[Signature]