

**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 (basement)		Owner: Maine Medical Center		Phone: N/A		Permit No: <i>991502</i>
Owner Address: 22 Bramhall Street Portland, ME		Lessee/Buyer's Name: N/A		Phone: N/A		
Contractor Name: **H.E. Callahan Jim Saucier		Address: P.O. Box 677 Auburn, ME 04210-0677		Phone: 784-6927		Permit Issued: <i>13</i>
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ 157,000		
				PERMIT FEE: \$ 966.00		Zone: <i>BC</i> CBL: 053-D-007
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		
Proposed Project Description: Renovation to radiation simulator area in hospital basement.				INSPECTION: Use Group: <i>I-2</i> Type: <i>2B</i> <i>BOCA 96</i>		Zoning Approval: <i>10/dec/99</i> <i>S. Hill</i> <b>Special Zone or Reviews:</b> <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"/>
				Signature: <i>Hyc</i> Date: <i>12/13/99</i>		
Permit Taken By: UB		Date Applied For: 12-8-99		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied
				Signature: _____ Date: _____		

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: H.E. Callahan  
Jim Saucier  
~~22 Bramhall Street~~  
P.O. Box 677  
Auburn, Maine 04210-0677

**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: 12-8-99 PHONE: \_\_\_\_\_

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

PERMIT ISSUED  
WITH REQUIREMENTS  
CEO DISTRICT  
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*SAM*