

City of Portland, Maine – Building or Use Permit Application 339 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 39 Hillwood St		Owner: Walter Medical Center		Phone:		Permit No: 971166	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Walter Construction, Inc		Address: 179 Mayhew St. So. Portland, ME		Phone: 64106 883-9546		Permit Issued: OCT 28 1997	
Past Use: Abandoned Commercial		Proposed Use: Vacant Land		COST OF WORK: \$ 13,000.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT FEE: \$ 85.00 INSPECTION: Use Group: Type:	
Proposed Project Description: Commercial Structure				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zoning Approval: 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: _____		Date Applied For: 13 October 1997					

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..

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

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

13 October 1997

SIGNATURE OF APPLICANT _____	ADDRESS: _____	DATE: _____	PHONE: _____
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____			PHONE: _____

CEO DISTRICT

COMMENTS

Oct 97 - Did pre demo inspection - asbestos had been removed by a contractor - no signs of rodents.

Building demo'd - site cleaned & sealed.

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____