

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 887 Congress St, 04101		Owner: Maine Medical Center		Phone: 871-2447		Permit No: 000537
Owner Address: 22 Bramhall St, 04102		Lessee/Buyer's Name: SAME		Phone:		
Contractor Name: Sign Design Inc.		Address: PO Box 207, Westbrook ME 04098		Phone: 856-2600		Permit Issued: 23
Past Use: Vacant		Proposed Use: Medical Office building		BusinessName:		
Proposed Project Description: Erect sign		COST OF WORK: \$		PERMIT FEE: \$ 39.90		Zone: R-6 CBL: 053-I-001
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: U Use Group: Type: BOCA 99		
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature:		Signature: <i>[Signature]</i>		Zoning Approval: <i>[Signature]</i> 5/22/00 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"/>
		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Date:		
Permit Taken By: GD		Date Applied For: NC 5/16/00				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 Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>

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..

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

PERMIT ISSUED WITH REQUIREMENTS

SIGNATURE OF APPLICANT	ADDRESS:	DATE: 5/16/00	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

PERMIT ISSUED WITH REQUIREMENTS
 CEO DISTRICT **3**