

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.		Owner: Maine Medical Center		Phone: 871-2500		Permit No: 001200	
Owner Address: 22 Bramhall Street, Portland, ME		Lessee/Buyer's Name: 04102		Phone:		BusinessName:	
Contractor Name: ***Mainland Structures, Inc.		Address: ***PO Box 128, Gorham, ME 04038		Phone:		Permit Issued: 23	
Past Use: Commercial		Proposed Use: Commercial		COST OF WORK: \$ 498,231.00		PERMIT FEE: \$ 3,018.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 2C BOCA 99	
Proposed Project Description: Medical office building fit-up		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zone: <i>[Zone]</i> CBL: 053-I-001 Zoning Approval: <i>[Signature]</i> 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"/>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/>		Approved with Conditions: <input type="checkbox"/>		Denied: <input type="checkbox"/>	
Signature: _____		Date: _____		Signature: _____		Date: _____	
Permit Taken By: Gayle		Date Applied For: October 20, 2000		GG			

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: _____

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

October 23, 2000

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS

CEO DISTRICT

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