

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

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|---|--|---|--|---|--|
| Location of Construction: 883-903 Congress St. Portland, Me. 04101 | | Owner: Maine Medical Center | | Phone: (207)*772-6009* MMBC | |
| Owner Address: 22 Bramhall St. Portland, Me. | | Lessee/Buyer's Name: Maine Surgical Center | | Phone: | |
| Contractor Name: Granger Northern, Inc. | | Address: | | Phone: | |
| Past Use: Shell Space | | Proposed Use: Physician Offices | | COST OF WORK: \$ 1,272,186.00 PERMIT FEE: \$ 6,461.00 precut FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: <i>2B</i> Signature: <i>[Signature]</i> <i>DOCA 96</i> Signature: <i>[Signature]</i> | |
| Proposed Project Description: Tenant Fit-Up STE. #'s 400, 410, 200, 210, & 300. | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____ | | | |
| Permit Taken By: S.P. | | Date Applied For: May 5th, 1999 | | | |

Permit No **990470**

PERMIT ISSUED

Permit Issued:
MAY 13 1999

CITY OF PORTLAND

Zone: *22* CBL: 053-I-001

Zoning Approval:
[Signature]
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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..

Call Ron Blackwell For Pickup- ~~872-6009~~
772-6009

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: May 6th, 1999 PHONE: _____

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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 requires a sep review*
 Approved *review*
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT *[Signature]*