City of I tland, Maine – Building or Use Permit Applicat. 389 Congress Street, 04101, Tel: (207) 874-8703, 1 (1874-8716)

Location of Construction:	Owner:		Phone:	Permit Noo 0 47 0
and Will de options bl. Portland, no	L. Portland, no. 14161 alle reduce targer (all relations		99047	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	and an and the second
a present See Messiones Me.	Yoine Surginal Conter			PERMI
Contractor Name:	Address:	Phone:		Permit Issued:-
streger oringra, inc.				
Past Use:	Proposed Use:	COST OF WORK	: PERMIT FEE:	- MAX I 3 IAAA
Stoll Space	Physician Ollices	\$1,171,186.0	0 \$6,461.00 precut	
		FIRE DEPT. DA	Approved INSPECTION:	CITY OF PORTLAND
			enied Use Group: 3 Type 2	
			BOCA 16	Zone: CBL: office and all
		Signature:	Signature:	
Proposed Project Description:			CTAVITIES DISTRICT (P.A.D.)	Zoning Approval:
Tollowich dot-Up		Action: A	Approved	Special Zone or Reviews:
3777. 4 ⁷ . 4(4), 410,	Due, the & But.		approved with Conditions:	□ Shoreland
Denied				
		_		DFlood Zone
		Signature:	Date:	□Subdivision
Permit Taken By:	Date Applied For:			Site Plan maj 🛛 minor 🗆 mm 🖾
$\therefore \Rightarrow \mathbb{Z}$		a. Sta. 1999		
				Zoning Appeal
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.				Miscellaneous Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				
tion may invalidate a building permit and stop all work				
のしまり、見いた、当まれた対対的主点、どのよ、足より た (15)と、 プロートングロット				
アクエールの代写				Historic Preservation
PEDI				□ Not in District or Landmark
PERMIT ISSUED WITH REQUIREMENTS				Does Not Require Review
REOLIDE				Requires Review
EVIREMENTS				Action
				Action:
CERTIFICATION				□Appoved
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				1
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				Date:
	DAL DUR, 1440			_
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK			PHONE:	
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				