

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

Location of Construction: 883-903 Congress Street 04101		Owner: Maine Medical Center		Phone: **** Ron Blackwell 772-6009 ****		Permit No: 991117	
Owner Address: 22 Bramhall Street		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Granger Northern Inc		Address: 84 Middle street Portland 04101		Phone:			
Past Use: Shell space Hospital		Proposed Use: Dr.'s Offices Hospital		COST OF WORK: \$518,478		PERMIT FEE: \$ 3,138.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <u>U</u> Use Group: <u>B</u> Type <u>1A</u> <u>DOCA 9C</u>	
Proposed Project Description: Pedstrian Walkway Over Congress Street		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			
Permit Taken By: <u>K.</u>		Date Applied For: <u>Sept. 21 1999 K</u>					

PERMIT ISSUED
Permit Issued:
OCT 12 1999

Zoning: B-2 CBL: 053-I-001
Zoning Approval: *[Signature]* Approved
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: Sept. 21 1999 PHONE: _____

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

CEO DISTRICT 2