

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

Location of Construction: 66 Bramhall St		Owner: Maine Cardiology Assoc.		Phone:		Permit No: 960660	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Murray Construction		Address: P.O. Box 2530 So. Portland, ME 04106		Phone: 799-8136		PERMIT ISSUED JUL 10 1996 CITY OF PORTLAND	
Past Use: Medical Offices		Proposed Use: Same		COST OF WORK: \$ 512,000.00		PERMIT FEE: \$ 2,580.00	
Proposed Project Description: Interior Renovations				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i>		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: Mary Graak		Date Applied For: 02 July 1996		Signature:		Date:	

1. This permit application doesn't 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.

~~Dump Permits to be purchased before permit issuance!!!~~

6- 30 CY 30-3014 233

call when ready for haul = dump tickets!

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 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: *[Signature]* Dave Emery ADDRESS: _____ DATE: 02 July 1996 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

PERMIT ISSUED WITH LETTER

Zone: CBL:

Special Zone or Review: Shoreland Wetland Flood Zone Subdivision Site Plan major minor other

Zoning Approval: *[Signature]* 7/2/96

Zoning Appeal: Variance Miscellaneous Conditional Use Interpretation Approved Denied

Historic Preservation: Not in District or Landmark Does Not Require Review Requires Review

Action: *Interior work only*

Approved Approved with Conditions Denied

Date: *[Signature]*

CEO DISTRICT **3**
A. Simpson