

Location of Construction: 19 West St		Owner: Cardiovascular Consultants		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name: Biscup Cost		Address: P.O. Box 1058 Ptd, ME 04104		Phone: 878-8112	
Past Use: Med/Prof Office		Proposed Use: Same		BusinessName:	
Proposed Project Description: Make Interior Renovations		COST OF WORK: \$ 4,500.00		PERMIT FEE: \$ 45.00	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 3B BOCA 96 Signature: <i>Hoffman</i>	
Permit Taken By: Mary Gresik		Date Applied For: 22 August 1996		Signature: _____ Date: _____	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____	

Permit No. **960842**

PERMIT ISSUED
AUG 27 1996
CITY OF PORTLAND

Zone: **R-E** CBL: 055-B-013

Zoning Approval: *ex. med. bldg*
OK *8/26/96*
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: *Any exterior alterations subject to separate review*
 Approved
 Approved with Conditions
 Denied
 Date: *8/26/96*
D. Audum

CEO DISTRICT **3**
A. Powers

PERMIT ISSUED WITH LETTER

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 <i>Jim Biskup</i>	ADDRESS:	DATE: 22 August 1996	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE <i>Jim Biskup</i>			PHONE: 878-6912