

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

Location of Construction: 120 112 West St (112-124)		Owner: Maine Medical Center		Phone:	
Owner Address:		Lessee/Buyer's Name: Thomas House		Phone:	
Contractor Name: H.E. Callahn Construction		Address: P.O. Box 677 Auburn, ME 04212		Phone: 784-6927	
Past Use: Dormatory		Proposed Use: Same		COST OF WORK: \$ 128,000.00 PERMIT FEE: \$ 660.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____	
Proposed Project Description: Make Interior & Exterior Renovations					
Permit Taken By: Mary Gresik			Date Applied For: 18 July 1997		

Permit No: 970827

PERMIT ISSUED

Permit Issued:
JUL 31 1997

CITY OF PORTLAND

Zone: **R-4** CBL: 063-E-001

Zoning Approval: *OK with conditions*

Special Zone or Reviews:

Shoreland *7/30/97*

Wetland *WJ*

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 by H.P. Committee*

Approved

Approved with Conditions

Denied

Date: *7/21/97*

P.A.

CEO DISTRICT 3

T. Munson

**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

Rodney Boyington
SIGNATURE OF APPLICANT Rodney Boyington ADDRESS: _____ DATE: 18 July 1997 PHONE: _____

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

Zoning Division
Marge Schmuckal
Zoning Administrator



Department of Urban Development
Joseph E. Gray, Jr.
Director

CITY OF PORTLAND

Robert Cloutier
c/o Maine Medical Center
22 Bramhall Street
Portland, ME 04102-3175

May 7, 1998

RE: 112-120 West Street - Thomas House - 63-E-1

Dear Robert Cloutier,

Thank you for your brief letter undated, but received near the end of April, 1998. Please note that I was very disappointed that no indication of time frame was included. As you are probably aware, the use of the Development Office is illegal and must be removed. My last letter to Mike Swan and my following conversations with him strongly urged Maine Medical Center to come to closure on this immediately. I will require an immediate time frame on this matter. It can not be stretched out indefinitely. Please respond within 10 days as to the time frame that this illegal use will be relocated.

Very Truly Yours,

Marge Schmuckal
Zoning Administrator

CC: File
Mike Swan, ME MED

063-E-001



Maine Medical Center

Ms. Marge Schmuckal
Room 315
Housing and Neighborhood Services
City Hall
Portland, Maine 04101

Dear Ms. Schmuckal,

Per our telephone conversation I want to confirm with you Maine Medical Center's intention to lease the building located at 233 Vaughn Street. We plan to use the space for the Development Office which is being relocated from the Thomas House.

As we discussed, we would also prefer to leave open the possibility of placing a physician practice in the building at a future time.

If you have any questions please contact me at 871-2139.

Sincerely,



Robert Cloutier

63-E - 1/20 West St.
112-

received
4/15/98