

Location of Construction: 120 112 West St (112-124)		Owner: Maine Medical Center		Phone:		Permit No: 970827	
Owner Address:		Lessee/Buyer's Name: Thomas House		Phone:		BusinessName:	
Contractor Name: H.E. Callahn Construction		Address: P.O. Box 677 Auburn, ME 04212		Phone: 784-6927		Permit Issued: JUL 31 1997	
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		INSPECTION: Use Group: A2 Type: 3B DOCA 96	
Proposed Project Description: Make Interior & Exterior Renovations				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: R-4 CBL: 063-E-001	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: OK with conditions 7/30/97	
Permit Taken By: Mary Gresik		Date Applied For: 18 July 1997				Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

PERMIT ISSUED
JUL 31 1997
CITY OF PORTLAND

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.
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..

PERMIT ISSUED WITH REQUIREMENTS

Approved by H.P. Comm. H. 2

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: *[Signature]* **Rodney Boyington** ADDRESS: DATE: **18 July 1997** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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: **7/21/97**

CEO DISTRICT **3**

T. Munson