

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

Location of Construction: 120 West St		Owner: Maine Medical Center		Phone: 871-2447		Permit No: 990790	
Owner Address: 22 Bramhall St Portland 04102		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: <i>Mike Swan 871-2944</i>		Address:		Phone:		Permit Issued: JUL 26	
Past Use: Dormitory		Proposed Use: Dormitory w/Medical Ed Offices		COST OF WORK: \$ <i>12,000?</i>		PERMIT FEE: \$ 25.00	
Proposed Project Description: Change of Use to allow Medical Ed Offices		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: <i>00CA96</i>		Zone: P-4 CBL: 063-E-001	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval: <i>OK with conditions 7/23/99</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature:		Date:	
Permit Taken By: SP		Date Applied For: March 5, 1999				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"/>	

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.

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: March 5, 1999 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 REQUIREMENTS

9/16/99
ZBA

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: *Any exterior work shall require separate review*

Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT

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