Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application		Permit No:	Issue Dat	e:	CBL:		
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1757			065 A02	2001	
Location of Construction: Owner Name:				0		Ow	Owner Address:			Phone:		
			MAINE MEDI	AINE MEDICAL CENTER		22	BRAMHALL S	ST				
Bus	iness Name:		Contractor Nan	ne:		Contractor Address:				Phone		
			Nason Mechanical Systems			194 Merrow Road Auburn				207782070	2077820707	
			Phone:			Permit Type:				•	Zone:	
					HVAC							
Past	t Use:		Proposed Use:		•	Permit Fee: Cost of Work:			rk:	CEO District:	Ī	
Co	mmercial	_	ercial/ install a trane		\$156.00		\$14,3		3			
			gas/electrical units on roof		n roof F		RE DEPT:	Approved INSPECTI		CTION:	1	
									Use G	roup:	Type	
						Denied		Dellieu				
Proj	posed Project Description:		1									
ins	tall a trane gas/electrical	units on r	roof			Signature: Sign			Signati	nature:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (T (P.A.D.)		
					Ac		Action: Approved Approved w			w/Condition Denied		
								🔲		ed w/condition Defined		
						Signature:				Date:		
Peri	mit Taken By:		pplied For:			Zoning Approval						
ld	obson	12/02	2/2005									
1.	. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		preclude the	Special Zone or Revie		ews	ws Zoning Appeal			Historic Preservation		
			cable State and	Shoreland			☐ Variance			Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	Miscellaneous		☐ Does Not Require Revie			
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zon		Condition	Conditional Us		Requires Review				
False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved		
			Site Plan			☐ Approved			Approved w/Condition			
				Maj [Maj 🔲 Minor 🔲 MM 🗀		☐ Denied			☐ Denied		
				Date:	Date:		Date:	Date:		Date:		
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	owner to permit fo	o make this appli r work described	med procession and the second	as his authorized application is iss	ne p l ag sued	ent and I agree to the state of	to conform to ne code offic	to all ap	oplicable laws of athorized repres	of this sentative	
SIG	GNATURE OF APPLICAN				ADDRESS	S		DATE	<u> </u>	Pl	HO	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Constructi	on:	Owner Name:		Owner Address:		Phone:	
995 CONGRESS ST		MAINE MEDICAL CENTER		22 BRAMHALL ST			
Business Name:		Contractor Name:		Contractor Address:	Phone		
		Nason Mechanical Syst	tems	194 Merrow Road Aub	ourn	2077820707	
Lessee/Buyer's Name		Phone:		Permit Type:	1		Zone:
				HVAC			
Dept: Zoning Note:	Status: A	pproved	Reviewer	Tammy Munson	Approval Date	: 12/1 Ok to Issue	i 5/2005 ∵
Dept: Building	Status: A	approved with Condition	s Reviewer :	Tammy Munson	Approval Date		15/2005
Note:					(Ok to Issue	: ✓
1) The installation m	nust comply with	n the State of Maine Gas	Regulations.				
Dept: Fire	Status: A	approved with Condition	s Reviewer :	Cptn Greg Cass	Approval Date	· 12/0	06/2005
Dept. The	Dette day 1	ipproved with condition		cpin Greg Cass	ripprovar Date	• 12/0	10/2003

1) Install to comply with NFPA 90 B

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО