

# City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 2014-00102	<b>Issue Date:</b>	<b>CBL:</b> 065 H001001
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<b>Location of Construction:</b> 932 CONGRESS ST	<b>Owner Name:</b> MAINE MEDICAL CENTER	<b>Owner Address:</b> 22 BRAMHALL ST PORTLAND, ME 04102		<b>Phone:</b>
<b>Business Name:</b> MAINE MEDICAL CENTER	<b>Contractor Name:</b> Suffolk Construction Company jerry@suffolkconstruction.com	<b>Contractor Address:</b> 99 Conifer Hill Drive Danvers MA 01923		<b>Phone</b> (978) 774-1057
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial		<b>Zone:</b> C41
<b>Past Use:</b> Offices associated with ME MED (now vacant)	<b>Proposed Use:</b> Same: Office use for Temporary field office for the construction of ME MED's operating rooms vertical expansion (to be permitted separately)	<b>Permit Fee:</b> \$420.00	<b>Cost of Work:</b> \$40,000.00	<b>CEO District:</b> 3
		<b>INSPECTION:</b>		
<b>Proposed Project Description:</b> Build out of vacant space to create Construction Field Office		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

<b>Permit Taken By:</b> bjs	<b>Date Applied For:</b> 01/17/2014	<b>Zoning Approval</b>		
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>		<b>Special Zone or Reviews</b> <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"/> Date: _____	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____

## 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.

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SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_