

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND**

BUILDING DEPARTMENT

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 021207

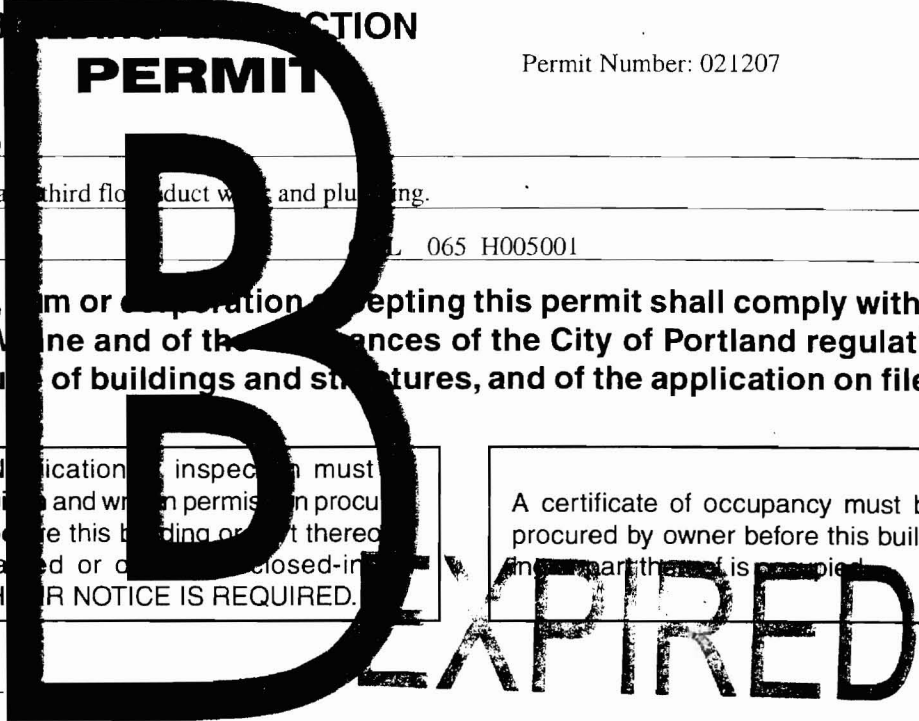
This is to certify that Mmc Realty Corp/Air Temp
has permission to Tenant fit up on the second and third floor duct work and plumbing.
AT 52 Gilman St L. 065 H005001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. **48 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.



OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD


City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-1207	Issue Date:	CBL: 065 H005001
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Location of Construction: 52 Gilman St	Owner Name: Mmc Realty Corp	Owner Address: 22 Bramhall St	Phone: 207-871-3323
Business Name: n/a	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone: 2077742300
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone:

Past Use: Maine Medical Center	Proposed Use: Maine Medical Center / Tenant fit up on the second and third floors; duct work and plumbing.	Permit Fee: \$191.00	Cost of Work: \$24,000.00	CEO District: 3
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied 	INSPECTION: Use Group: Type:
Signature:	Signature:

Proposed Project Description:
 Tenant fit up on the second and third floor; duct work and plumbing.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 10/22/2002	Zoning Approval
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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..	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"/> Date: _____	Zoning Appeal <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: _____	Historic Preservation <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: _____
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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 APPLICANT ADDRESS DATE PHONE

 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE