

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

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| Permit No: 04-0832 | Issue Date: | CBL: 067 J00101A |
|------------------------------|--------------------|----------------------------|

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|--|---|--|-----------------------------|
| Location of Construction: 15 Lowell St | Owner Name: Tundra Associates | Owner Address: 15 Lowell St | Phone: 7748277 |
| Business Name: | Contractor Name: Benchmark | Contractor Address: 650 Main St So. Portland | Phone: 2078742963 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: |

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|---|--|---|---------------------------------------|---------------------------|
| Past Use: medical office space | Proposed Use: medical exam rooms | Permit Fee: \$246.00 | Cost of Work: \$25,000.00 | CEO District: 3 |
| Proposed Project Description: renovate medical offices to exam rooms | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type | |
| | | Signature: | Signature: | |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | | | |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied | | | | |
| Signature: | | Date: | | |

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| Permit Taken By: jodinea | Date Applied For: 06/17/2004 | 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 Zon <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 Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: | Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date: |
| | Date: | Date: | 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 APPLICAN | ADDRESS | DATE | PHO |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | | DATE | PHO |

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|---|---|----------------------------------|---|
| Dept: Zoning | Status: Approved | Reviewer: Marge Schmuckal | Approval Date: 06/23/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Building | Status: Approved | Reviewer: Mike Nugent | Approval Date: 06/24/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Fire | Status: Approved with Conditions | Reviewer: Lt. MacDougal | Approval Date: 06/22/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) the sprinkler system shall be maintained to NFPA 13 standards | | | |
| 2) the fire alarm system shall be maintained to NFPA 72 standards | | | |

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