

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

Location of Construction: 15 Lowell Street 4th Floor 04102		Owner: Maine Eye Center		Phone: 774-8277		Permit No: 990835	
Owner Address: SAA		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: ***Ledgewood, Inc. Attn: Jay Potter		Address: P.O. Box 8107 Portland, ME 04104		Phone: 767-1866		Permit Issued: AUG 9 1999	
Past Use: Medical Office		Proposed Use: Same		COST OF WORK: \$ 146,000		PERMIT FEE: \$ 900.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 2B BOCA 96 Signature: <i>Hoff</i>	
Proposed Project Description: Office Fit Up on 4th floor. Interior Renovations				Signature:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>	
Permit Taken By: UB		Date Applied For: August 5, 1999		Signature:		Date:	
						Zoning Approval: <i>See permit req</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>New Seaside Ave</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>8/10/99</i> <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..

***Mail To: Jay Potter
Ledgewood Inc.
P.O. Box 8107
Portland, ME 04104

**PERMIT ISSUED
WITH REQUIREMENTS**

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

August 6, 1999

SIGNATURE OF APPLICANT ADDRESS: DATE: 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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT
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