Cit	y of Portland, Main	ie - Build	ling or Use Po	ermit A	Application		Permit No:	Issue Dat	e:	CBL:		
389	Congress Street, 0410	01 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		06-1474			073 A00	01001	
Location of Construction: Own			Owner Name:	Owner Name:			Owner Address:			Phone:		
50 ST JOHN ST			MERCY HOSPITAL			144 STATE ST						
Bus	iness Name:	Contractor Name:			Co	ntractor Addre	Phone					
		Gilbane Buildi	Gilbane Building Company			1121 Commercial Street Portland			2077723725			
Lessee/Buyer's Name Phone:						Permit Type:					Zone:	
						Foundation Only/Commercial						
Past Use: Proposed Use:					Permit Fee: Cost of Work		rk:	CEO District:				
-				al- Phase I -				\$8,877,1	47.00	3		
			Foundation on	Foundation only for new Hospital				Approved INSF		CTION:	.1	
								Denied	Use Gr	roup:	Type	
								_ Deliled				
Proj	posed Project Description	n:				1						
Phase I - Foundation only for new Hospital						Signature: Sign			Signatu	nature:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)		
						Action: Approved Approved w/Condition Denied						
										_		
		<u> </u>		I		Signature:				Date:		
Permit Taken By: ldobson Date Applied For: 10/06/2006						Zoning Approval						
		n does not	preclude the	Special Zone or Review		iews	Zoning Appeal			Historic Preservation		
1. This permit application does not preclar Applicant(s) from meeting applicable Seederal Rules.				Shoreland			☐ Variance			☐ Not in District or Landm		
2.				☐ Wetland			Miscel	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			☐ Condit	☐ Conditional Us		Requires Review			
False information may invalidate a building permit and stop all work				☐ Subdivision ☐ Site Plan			☐ Interpretatio			Approved		
							Approved			Approved w/Condition		
				Maj 🔲 Minor 🔲 MM			Denied			☐ Denied		
				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 e uch permit.	ne owner to a permit for	make this appli work described	med procession a	as his authorize application is is	he p d ag suec	ent and I agreed, I certify that	to conform the code offi	to all ap cial's au	oplicable laws of thorized repres	of this sentative	
SIGNATURE OF APPLICAN				ADDRESS		DATE		Ξ	РНО			

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:		Owner Address:	Phone:		
50 ST JOHN ST	MERCY HOSPITAL		144 STATE ST			
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Gilbane Building Comp	any	1121 Commercial Street	Portland	2077723725	
Lessee/Buyer's Name	Phone:		Permit Type:		Z	Zone:
			Foundation Only/Com	mercial		
7 . 7					10/10	
-	us: Approved with Condition	s Reviewer :	Marge Schmuckal	Approval Dat		3/2006
Note:					Ok to Issue:	✓
	red on the basis of plans submit UNDATION ONLY for PHASE	•			_	
2) Separate permits shall be re	equired for any new signage usi	ing the contact	zone language			
Dept: Building Stat	us: Pending	Reviewer		Approval Dat	e:	
Note:					Ok to Issue:	
Dept: Fire Stat	us: Not Applicable	Reviewer	Cptn Greg Cass	Approval Date	e:	
Note:					Ok to Issue:	
1) Fire Dept. Does not issue po	ermits for foundations.					
Awaitng plans for building						
Commenter						
Comments:		1				
10/06/2006-mes: Requested a st						
10/27/2006-jmb: Per MJN, ok to				pefore steel erection	on can	
commence. MJN will deliver p	ermit to the office today for isst	uing and further	conditions.			
			N .T			
	_	ERTIFICATIO				
I hereby certify that I am the ow						
I have been authorized by the ov jurisdiction. In addition, if a per	= =		= =			
shall have the authority to enter		_			_	
to such permit.	and access to release by such permi	at any 104301	and to enforce the	- provision of the	zoucio, uppi	
SIGNATURE OF APPLICAN		ADDRESS		DATE	РНС)
RESPONSIBLE PERSON IN CHAR	GE OF WORK, TIT			DATE	PHC)