

DISPLAY THIS SIDE

# CITY OF PORTLAND

BUILDING INSPECTION

## PERMIT

Please Read Application And Notes, if Any, Attached

PERMIT ISSUED

Permit Number: 061474

OCT 30 2006

This is to certify that MERCY HOSPITAL /Gilbane Building Company

has permission to Phase I - Foundation for HOSPITAL

AT 50 ST JOHN ST

073 A001001

CITY OF PORTLAND

provided that the person or persons firm or corporation accepting this permit shall comply with the provisions of the Statutes of this State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on 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 when permission is procured before this building or part thereof is started or closed-in. FOUR 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

*[Signature]*  
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: 06-1474	<b>PERMIT ISSUED</b> OCT 30 2006	CBL: 073 A001001
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<b>Location of Construction:</b> 50 ST JOHN ST	<b>Owner Name:</b> MERCY HOSPITAL	<b>Owner Address:</b> 144 STATE ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Gilbane Building Company	<b>Contractor Address:</b> 1121 Commercial Street, Portland	<b>Phone:</b> 7077723725
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Steel Only-Commercial	<b>Zone:</b> C-26 <i>commercial contract</i>
<b>Past Use:</b> Vacant Land	<b>Proposed Use:</b> Mercy Hospital- Phase I - Foundation and <del>only</del> only for new Hospital	<b>Permit Fee:</b>	<b>Cost of Work:</b> \$8,877,147.00
<b>Proposed Project Description:</b> Phase I - Foundation and <del>only</del> only for new Hospital		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: <i>Found Area</i> Type: <i>CMU</i> <i>10/22/06</i> <i>[Signature]</i>
		<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> ldobson	<b>Date Applied For:</b> 10/06/2006	<b>Zoning Approval</b>		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>		<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <i>NA</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Panel 13 Zone 6</i> <input checked="" type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>2006-0192</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK with conditions</i> Date: <i>10/13/06</i>	<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 checked="" 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: <i>[Signature]</i>

**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

11/06/00 - Today's Rebar - Jim Lanea Galbane  
Sam Ryan CCB  
Mike Bowen S.W. Gate

11/06/00 - Between walls.

11/06/00 CLOSED ~~JFA~~