

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

Permit Number: 081008

This is to certify that MERCY HOSPITAL /Leavitt & Parris Inc
has permission to Mercy Hospital Grand/Opening Event - Events and Staging - Setup 8/21/08 Break down 09/15/2008
AT 175 FORE RIVER PKWY PL 073 A001001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the 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 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 when permission is granted before this building or part thereof is opened or otherwise closed-in. 4
YOUR NO. REQUIRED

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

OTHER REQUIRED APPROVALS

Fire Dept.	<i>Area</i>	PERMIT ISSUED AUG 21 2008 Department Name CITY OF PORTLAND
Health Dept.		
Appeal Board		
Other		

8/20/08 *Cheryl M*
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

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

Permit No: 08-1008	Issue Date: 8/20/08	CBL: 073 A001001
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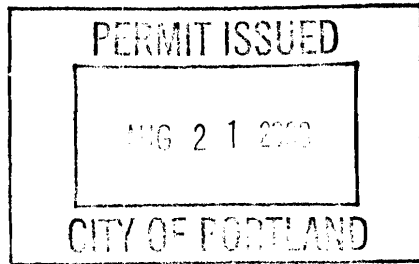
Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone: 2077970100
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: C-26

Past Use: Commercial - Mercy Hospital	Proposed Use: Commercial - Mercy Hospital - Mercy Hospital Grand/ Opening Event - Tents and staging - Set-up 8/21/08 Break down 09/15/2008	Permit Fee: \$270.00	Cost of Work: \$270.00	CEO District: 3
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Proposed Project Description: Mercy Hospital Grand/ Opening Event - Tents and staging - Set-up 8/21/08 Break down 09/15/2008	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: A-2 Type: SB <i>IBC 2003 NFPA</i>
	Signature: <i>Greg Cass</i> Signature: <i>CL 8/20/08</i>	

Permit Taken By: Idobson	Date Applied For: 08/15/2008	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: <i>8/15/08</i>	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 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:
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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