			Application	Permi	08-1299	Issue Dat	e:	CBL:	1001	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874								073 A001001		
Location of Construction: Owner Name: 175 FORE RIVER PKWY MERCY HOSI				Owner Address: 144 STATE ST		Phone:				
Business Name:	Contractor Name: Risbara Bros Construction Phone:			Contractor Address: 197 US Route 1 Scarborough Permit Type:				Phone 2078835528 Zone:		
Lessee/Buyer's Name										
Lessee/Buyer's Name	i none.	i none.		Alterations - Commercial				Zone.		
Past Use:	Proposed Use:	D	ig- Property		Permit Fee: Cost of Wo \$1,520.00 \$150,00					
Storage Building	_	•					000.00 3 INSPECTION:			
	existing storag	existing storage building Interior; exterior new siding, insulation, doors, roofing		FIRE DEPT: Approved Denied				Type		
						Dellied				
	8									
Proposed Project Description: Property Maintenance Storage - Re-	hab existing stora	age buil	ding Interior:	Signature:			Signatu	re.		
exterior new siding, insulation, doors		age containing inversor,		PEDESTRIAN ACTIVITIES DISTR						
				Action Approved Approve				ed w/Condition Denied		
		Sign			ignature:			Date:		
Permit Taken By: Date Applied For: 10/14/2008				Zoning Approval						
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 		Special Zone or Review		ews	ws Zoning Appeal			Historic Preservation		
		Shoreland			☐ Variance			☐ Not in District or Landm		
		☐ Wetland			Miscellaneous			☐ Does Not Require Revie		
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			☐ Flood Zon		Conditional Us			Requires Review		
			ıbdivision		☐ Interpretatio			Approved		
		☐ Si	te Plan		Approved			Approved w/Condition		
			Mino MM	☐ Denied			☐ Denied			
				Da	Date:			Date:		
I hereby certify that I am the owner o I have been authorized by the owner t jurisdiction. In addition, if a permit for shall have the authority to enter all ar to such permit.	to make this appli or work described	med proication a	as his authorized application is iss	ne propose I agent an sued, I cer	d I agree t tify that th	to conform to ne code office	o all ap	plicable laws of thorized repres	of this sentative	
SIGNATURE OF APPLICAN			ADDRESS	5		DATE	E	Pl	НО	

Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL		Owner Address: 144 STATE ST	Phone:	
Business Name:	Contractor Name: Risbara Bros Construction		Contractor Address: 197 US Route 1 Scarborough	Phone 2078835528	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Commercial	Zone:	

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 10/14/2008

 Note:
 Ok to Issue:
 ✓

- 1) Separate permits shall be required for any new signage.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is required that there be no increase in the existing footprint as originally approved by the Planning Board.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Tammy Munson
 Approval Date:
 11/13/2008

 Note:
 Ok to Issue:
 ✓

- 1) As discussed, the guardrails must have opening less than 4". Balluster may be vertical or horizontal as long as the opening speaing does not exceed 4".
- 2) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

 Dept:
 Fire
 Status:
 Approved with Conditions
 Reviewer:
 Capt Greg Cass
 Approval Date:
 10/17/2008

 Note:
 Ok to Issue:
 ✓

- 1) Emergancy lights are required to be tested at the electrical panel.
- 2) Fire extinguishers required. Installation per NFPA 10
- 3) All means of egress to remain accessible at all times
- 4) Emergancy lights and exit signs are required
- 5) All construction shall comply with NFPA 101

Comments:

10/28/2008-tmm: hold - emailed designer - in hold bin /tmm

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 APPLICAN ADDRESS DATE PHO