| City of Portland, Maine  | - Building or Use                             | Permit Applicat  | ion                          | Permit No:   | Issue Date:                      | CBL:   |  |
|--|---|--|------------------------------|--|----------------------------------|--|--|
| 389 Congress Street, 04101   | Tel: (207) 874-8703                           | , Fax: (207) 874-8   | 716                          | 2014-02366   |                                  | 073 A001001  |  |
| Location of Construction:  Owner Name:  175 Fore River Pkwy  MERCY HO  |   | SPITAL   |                              | Owner Address:<br>144 STATE ST PORTLAND, ME<br>04101   |                                  | Phone:   |  |
| Business Name:   | SEABREEZE                                     | Contractor Name: SEABREEZE PROPERTY MANAGEMENT                       |                              | actor Address:<br>BISHOP STREI                         | Phone: (207) 775-3454            |  |  |
| Lessee/Buyer's Name  | Phone:  | Phone:   |                              | t Type:  | Zone:<br>C26 IH                  |  |  |
| Past Use:  | Proposed Use:                                 | Proposed Use:  |                              | it Fee:  | CEO District:                    |  |  |
| Mercy Hospital (Fore River)  Same: Me River)   |   | Hospital (Fore INSPEC  |                              | \$124.00<br>ECTION:                                    | ·                                |  |  |
| Proposed Project Description:  | ton (trailer) for ampley                      | and to tomp one willy  |                              |  |                                  |  |  |
| Installation of a 160 Sq Ft shel wait for shuttle bus during incl  | ees to temporarily                            | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D  Action: Approved Approved w/C |                              |  | (P.A.D.)                         |  |  |
|  |   |  |                              |  | ed w/Conditions Denied           |  |  |
| Permit Taken By:   | Data Applied For                              | ı  | S                            | ignature:  |                                  | Date:  |  |
| ldobson  | Date Applied For:<br>10/10/2014               |  |                              | Zoning Approval  |                                  |  |  |
| This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  |   | Special Zone or Reviews  |                              | Zonii  | ng Appeal                        | Historic Preservation                                      |  |
|  |   | Shoreland  |                              | ☐ Variance   | e                                | Not in District or Landman                                 |  |
| <ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol> |   | Wetland  |                              | ☐ Miscella   | nneous                           | Does Not Require Review                                    |  |
|  |   | Flood Zone   |                              | Condition  | onal Use                         | Requires Review  |  |
|  |   | Subdivision  |                              | Interpre   | tation                           | Approved   |  |
|  |   | Site Plan  |                              | Approve  | ed                               | Approved w/Conditions                                      |  |
|  | Maj Minor MM                                  |  | Denied                       |  | Denied                           |  |  |
|  |   | Date:  |                              | Date:  |                                  | Date:  |  |
| I hereby certify that I am the ow<br>I have been authorized by the or<br>jurisdiction. In addition, if a pe<br>shall have the authority to enter<br>such permit.   | wner to make this applermit for work describe | ication as his authored in the application                           | at the<br>rized a<br>is issu | proposed work in gent and I agreed ted, I certify that | to conform to<br>the code offici | all applicable laws of this al's authorized representative |  |
| SIGNATURE OF APPLICANT   |   | ADDR   | RESS                         |  | DATE                             | PHONE  |  |

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE