

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

Permit No: 08-0287	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 490	Owner Name: LANDMARK HEALTHCARE FACI	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name: Casco Bay Gastroenterology	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone:

Past Use: Vacant Space	Proposed Use: Medical Office - Casco Bay Gastroenterology -Tenant Fit-up for 4th floor	Permit Fee: \$11,025.00	Cost of Work: \$89,000.00	CEO District: 3
Proposed Project Description: Casco Bay Gastroenterology -Tenant Fit-up for 4th floor		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied		
		Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 03/31/2008	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 Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

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
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 04/01/2008
Note: Casco Bay Gastroenterology 4th			Ok to Issue: <input checked="" type="checkbox"/>
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.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 04/15/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) All penetrations between units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required rating.			
2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 04/02/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>

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