City of Portland, Maine	- Building or Use I	Permit Applicat	tion Pe	rmit No:	Issue Date:	CBL:
389 Congress Street, 04101	0			014-00544		075 A005001
Location of Construction:	Owner Name:			ddress:	Phone:	
195 FORE RIVER PKWY (the floor)		HCRI FORE RIVER MEDICAL FACILITIES LLC		4500 DORR ST TOLEDO, OH 43615		15
Business Name: Contractor Name DCM Painting roger@dirigon		:	Contractor Address:			Phone
		g & Remodeling ngmt.com	59 Sanford Drive Gorham ME 04038			(207) 856-1838
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Commercial		Zone:	
					C26 IL	
Past Use:	Proposed Use:		Permit F		Cost of Work:	CEO District:
medical office (third floor)	medical office	medical office (third floor)		\$1,100.00 FION:	\$108,000	.00 6
Proposed Project Description: Third Floor renovation of an n Health suite at Mercy Fore Riv	n Occupational	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved Denied				
					Date:	
Permit Taken By:		Zoning Approval				
bjs	03/24/2014		Sound white an			
1. This permit application do	bes not preclude the	Special Zone or Ro	eviews	Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Varianc	e	Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	aneous	Does Not Require Review
3. Building permits are void within six (6) months of the	Flood Zone		Condition Condition	onal Use	Requires Review	
False information may inv permit and stop all work	Subdivision		Interpre	tation	Approved	
		Site Plan		Approve	ed	Approved w/Conditions
		Maj 🗌 Minor 🗌 N	MM	Denied		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 APPLICANT	ADDRESS	DATE	PHONE
DECRANCIPI E DERCAN IN CUARCE OF WORK TITLE		DATE	DUONE