City of Portland, N	Iaine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street,	04101 Tel: (207) 874-8703	, Fax: (207) 874-8	3716	2014-01596		075 A005001	L
Location of Construction:		Owner Name:			r Address:	-	Phone:	
195 FORE RIVER PKWY		HCRI FORE RIVER MEDICAL FACILITIES LLC		PO BOX 92129 SOUTHLAKE, TX 76092			ζ	
Business Name:		Contractor Name:		Contractor Address:			Phone:	
Mercy Medical Office Building		DCM Painting & Remodeling		59 Sanford Drive Gorham ME 04038			38 (207) 856-1838	1
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:	
Past Use:		Proposed Use:		Alterations - Commercial Permit Fee: Cost of Work:			C26 L CEO District:	
Medical Office Building		_	l Office Building	reriii	\$520.00	\$46,00		
				INSPECTION:				
Proposed Project Description	n:			1				
Phase 2 Third Floor rea	suite to an							
Occupational Health suite at Mercy Fore River				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
					ction: Appro	ved Approve	ed w/Conditions Denied	d
D			Signature:				Date:	
bjs Date Applied For: 07/21/2014				Zoning Approval				
This permit application does not preclude the			Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	n
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland		☐ Varianc	e	Not in District or Lan	ndmaı
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. 			☐ Wetland		Miscella Miscella	aneous	Does Not Require Ro	eview
			Flood Zone		Condition Condition	onal Use	Requires Review	
False information permit and stop all	•	a building	☐ Subdivision		Interpre	tation	Approved	
			Site Plan		Approve	Approved		ions
			Maj Minor MM		☐ Denied	☐ Denied ☐		
			Date:		Date:		Date:	
I hereby certify that I ar I have been authorized I jurisdiction. In addition shall have the authority such permit.	by the owner to , if a permit for	o make this appl or work describe	ication as his authord in the application	at the rized a is issu	proposed work in agreed and I agreed and I certify that	to conform to a the code officia	all applicable laws of the al's authorized represent	is tative
SIGNATURE OF APPLICANT			ADDRESS			DATE		