City of Portland, Maine - Bu	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel:	(207) 874-8703	3, Fax: (207) 874-8	3716	2014-01729		075 A005001
Location of Construction: Owner Name:			Owner Address: Phone:			Phone:
195 FORE RIVER PKWY - SUITI 390	RIVER PKWY - SUITE HCRI FORE RIV FACILITIES LLO		PO BOX 92129 SOUTHLAKE, TX 76092		X	
Business Name:						<u> </u>
Mercy Fore River Medical Office Building						
Lessee/Buyer's Name	Phone:			it Type:	Zone:	
				erations - Comn	C26 IL	
Past Use:	Proposed Use:			Permit Fee: Cost of Work:		CEO District:
Medical Office Building	Same: Medica	Same: Medical Office Building		\$696.00 \$61,250.00 ECTION:		50.00 6
Proposed Project Description:						
Alterations - Interior fit-up of offic	0 in the existing					
shell space (vacant space) at Mercy	<u> </u>		DESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved Approved		oved Approv	ed w/Conditions Denied	
				ignature:	Date:	
ermit Taken By: Date Applied For: dmc 08/05/2014			Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State ar Federal Rules.		Special Zone or Reviews Shoreland		Zoni	ing Appeal	Historic Preservation
				☐ Variano	ce	Not in District or Landmar
2. Building permits do not includ septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if we within six (6) months of the da	☐ Flood Zone		Conditi	ional Use	Requires Review	
False information may invalidate permit and stop all work	Subdivision		Interpre	etation	Approved	
	Site Plan		Approv	red	Approved w/Conditions	
	Maj Minor MM		Denied		☐ Denied	
	Date:		Date:		Date:	
		CERTIFICA	TIO	N.		
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this app for work describe	amed property, or the lication as his authored in the application	nat the rized a is issu	proposed work agent and I agree ued, I certify tha	e to conform to t the code offic	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE				DATE	PHONE