

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

SECTION

PERMIT

Permit Number: 041135

Please Read Application And Notes, If Any, Attached

AUG 31 2004

CITY OF PORTLAND

This is to certify that — Maine Medical Center/Hebert Construction LLC

has permission to — construct one wall & install reception windows

AT 214 Vaughan St

063 B008001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. *[Signature]*

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD (

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

Permit No: 04-1135	Issue Date:	CBL: 063 B008001
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Location of Construction: 214 Vaughan St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
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Business Name:	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: 2077832091
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Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: R-6
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Past use: commercial	Proposed Use: commercial	Permit Fee: \$66.00	Cost of Work: \$5,000.00	CEO District: 2
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Proposed Project Description: construct one wall & install reception windows <i>legal use: Professional offices</i>	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>3A</i> <i>8/31/04</i>
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Signature: *[Signature]* Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 08/10/2004	Zoning Approval
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Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>8/19/04</i>	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____

Any exterior work requires a separate review and approval

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

 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-1135	Date Applied For: 0811012004	CBL: 063 B008001
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Location of Construction: 214 Vaughan St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
Business Name:	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	

Proposed Use: commercial - professional offices	Proposed Project Description: construct one wall & install reception windows
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Dept: Zoning Note:	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 0811912004 Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building Note:	Status: Approved	Reviewer: Mike Nugent	Approval Date: 0813112004 Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire Note:	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 0813012004 Ok to Issue: <input checked="" type="checkbox"/>



Commercial Building Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

1000 0 1 977

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>263</u> Block# <u>B</u> Lot# <u>008</u>	Owner: <u>MAINE MEDICAL CENTER</u>		Telephone: <u>871-6149</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>HEBERT CONSTRUCTION</u> <u>9 GOULD ROAD</u> <u>LEWISTON, ME 04240</u>	Cost Of Work: \$ <u>5,000.00</u>	Fee: \$ <u>66.00</u>
Current Specific use: <u>OFFICE</u>			
Proposed Specific use: <u>OFFICE</u>			
Project description: <u>CONSTRUCT ONE WALL & INSTALL RECEPTION WINDOWS</u>			

Contractor's name, address & telephone:

Who should we contact when the permit is ready: DANIEL R HEBERT

Mailing address: 9 GOULD ROAD
LEWISTON, ME 04240

Phone: 783-2091

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

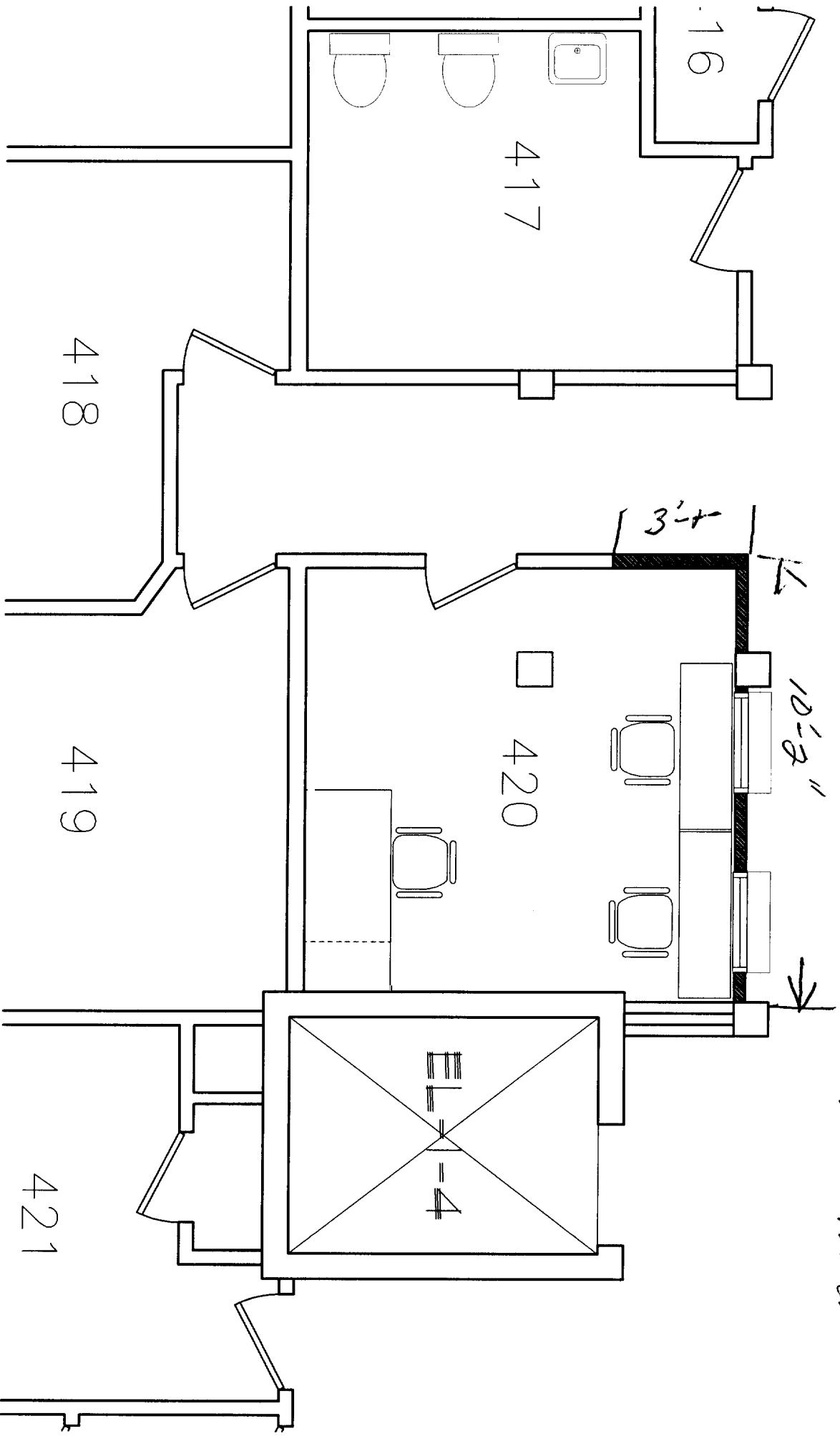
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 574-8703.

I hereby **certify** that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at my reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Daniel R Hebert</u>	Date: <u>8-10-04</u>
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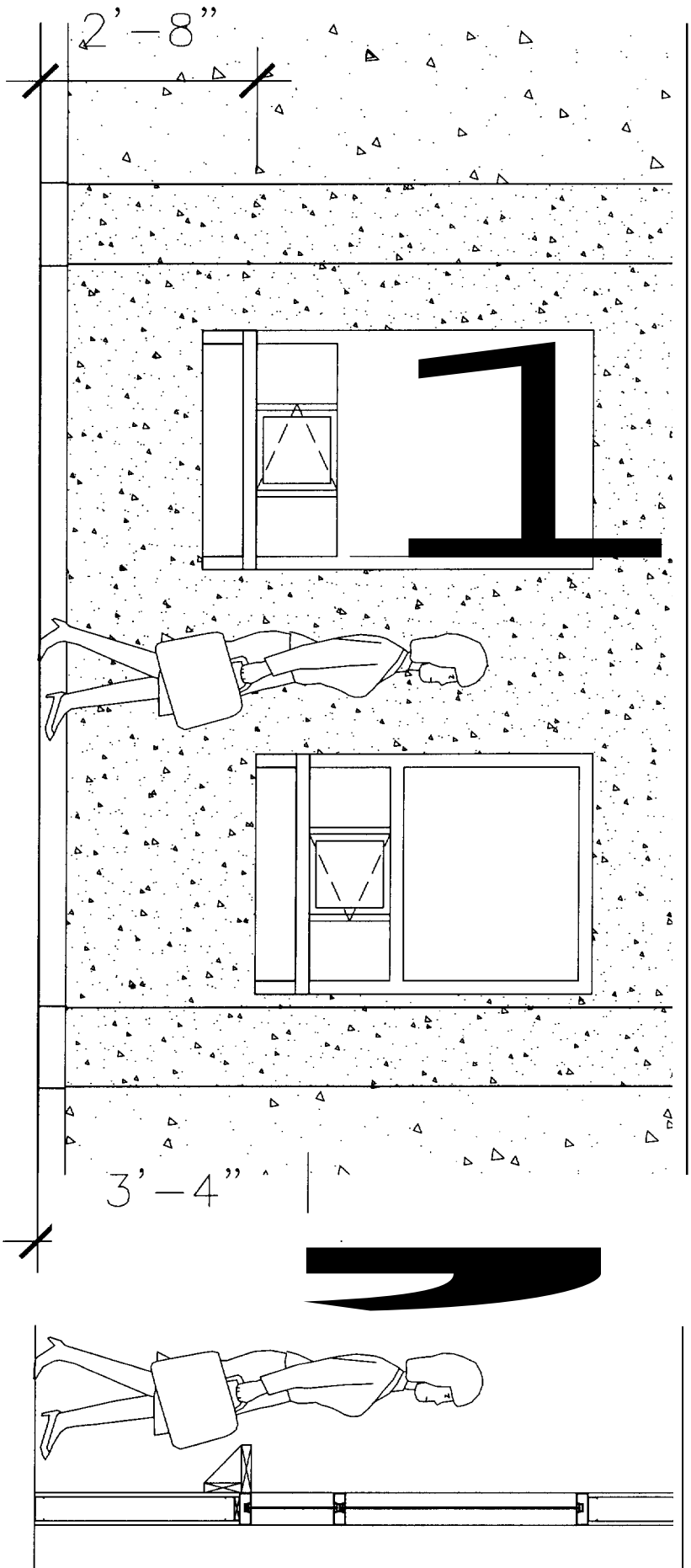
Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



GC-4-1

2x4x studs metal
INS.
5/8 sheetrock
Alum Windows



GC-4

