City of Portland, Maine - Build		Permit No:	Issue Dat	e:	CBL:					
					03-0504			114 D00	5001	
Location of Construction:	Owner Name:			Owner Address:				Phone:	Phone:	
302 Forest Ave	University Of Maine System			107 Maine Ave				207-780-47	207-780-4742	
Business Name:	Contractor Name:			Contractor Address:				Phone		
n/a	Wright Ryan Construction, Inc			10 Danforth Street Portland			2077733625			
Lessee/Buyer's Name	essee/Buyer's Name Phone:				ermit Type:		Zone:			
n/a	n/a			Alterations - Commercial						
Past Use:	Proposed Use:			Permit Fee:		Cost of Work: CE		CEO District:	7	
University of Southern Maine /	Library / Additional Library Spa Interior fit-up of floors 5, 6, and also minor renovations on lower		floors 5, 6, and 7,		\$13,533.00 \$1,929,11		10.00	2		
Library					IRE DEPT:	Approved INSI		CTION:	•	
			s on lower			Denied	Use Gr	oup:	Type	
					_					
Proposed Project Description:										
Additional Library space on the 5th, of	s; mino	r renovations	Signature: Sign			Signatu				
on the lower floors.				PEDESTRIAN ACTIVITIES DISTRIC				T (P.A.D.)		
				☐ ☐ Approve			proved w	ed w/Condition		
					_	_		_		
	pplied For:									
gg			· 1.7		-			т		
1. This permit application does not	•	Special Zone or Review			s			Historic Pres	ervation	
Applicant(s) from meeting applicable State Federal Rules.								☐ Not in District or Landma		
2. Building permits do not include plumbing, septic or electrical work.								Does Not Require Revie		
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										
								☐ Approved w/Condition		
		Maj ☐ ☐ MM								
								_		
			CERTIFICATIO	N						
I hereby certify that I am the owner of	record of the na				proposed work is	authorized	by the	owner of recor	d and that	
I have been authorized by the owner to	o make this appli	cation a	as his authorized	d ag	gent and I agree	to conform t	to all ap	plicable laws o	of this	
jurisdiction. In addition, if a permit fo shall have the authority to enter all are										
to such permit.										
SIGNATURE OF APPLICAN			ADDRES	S		DATE	<u> </u>	PI	HO	

DATE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:		Owner Address:	Phone:							
302 Forest Ave University Of Maine System		System	107 Maine Ave	207-780-4742							
Business Name: Contractor Name:			Contractor Address:	Phone							
n/a	Wright Ryan Construction, Inc			10 Danforth Street Portland							
Lessee/Buyer's Name	Phone:		Permit Type:								
n/a	n/a		Alterations - Commerci	al							
Dont: Status:	Approved	Reviewer	: Marge Schmuckal	Approval Dat	05	/14/2003					
=	Approved	Keviewer	. Marge Schilluckar								
Note:					Ok to Issu	e: 💌					
Dept: Building Status:	Pending	Reviewer	: Mike Nugent	Approval Dat	· P•						
Note:	Tonomg	1101101101	· William Ragolit		Ok to Issu	a• 🗆					
note.					OK to 1550						
Dept: Fire Status:	Approved with Conditio	ns Reviewer	: Lt. McDougall	Approval Dat	e: 05/	19/2003					
Note:	11		C		Ok to Issu	_					
	ify Ren Diaz @ 874-8480	for information of	on masterboxes		TO 100 H	-					
1) the fire alarm company shall notify Ben Diaz @ 874-8489 for information on masterboxes											
2) the sprinkler system and fire also	arm system shall be tested	d in accordance	with thier standard and th	e results submitt	ted to the Po	ortland					
Fire Department											
Comments:				-							
05/14/2003-gg: Wright Ryan constr	ruction brout in 11" x 17".	, I sent him back	and asked for PDF File.	The reduced set	was much t	o thick					
to scan. WAITING FOR PDF. /GC											
		CERTIFICATIO	ON								
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 to such permit.	to make this application for work described in the	as his authorized application is iss	agent and I agree to consued, I certify that the cod	form to all applice official's autho	cable laws orized repres	of this sentative					
CICNATUDE OF ADDITION		ADDDEG	3	DATE	D	10					
SIGNATURE OF APPLICAN		ADDRESS)	DATE	P	НО					
DECDONGIDI E DEDCON IN CHARCE (OF WORK TIT			DATE	D	10					

DATE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT