

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 070273

This is to certify that UNIVERSITY OF MAINE - STEM / Weir Ryan Construction, Inc.

has permission to USM 4 Story Structure - FOUNDATION ONLY

AT 65 WINSLOW ST PL 114 D023001

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 when permission procured before this building or part thereof is leased or occupied. 48 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. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

James Bonke for Mike Nugent
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

4/12/07

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0273		Issue Date:		CBL: 114 D023001	
Location of Construction: 65 WINSLOW ST		Owner Name: UNIVERSITY OF MAINE SYSTE		Owner Address: 96 FALMOUTH ST	
Business Name:		Contractor Name: Wright Ryan Construction, Inc		Contractor Address: 10 Danforth Street Portland	
Lessee/Buyer's Name		Phone:		Permit Type: Foundation Only/Commercial	
Past Use: Commercial / USM 4 story structure w/partial basement & mechanical penthouse (Bldg.#1) - Osher Life Long Learning Institute Connected W/# 070148		Proposed Use: FOUNDATION ONLY for USM 4 Story Structure - FOUNDATION ONLY Connected W/# 070148		Permit Fee:	
Proposed Project Description: USM 4 Story Structure - FOUNDATION ONLY		Cost of Work: \$0.00		CEO District: 2	
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: <i>FOUNDATION ONLY</i>	
		Signature:		Signature: <i>AMB FORMAN</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>9/12/07</i>			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature: Date:			
Permit Taken By: ldobson		Date Applied For: 03/19/2007		Zoning Approval	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..		Special Zone or Reviews		Zoning Appeal	
		<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:		<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:	
		Historic Preservation			
		<input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied 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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE