

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

Location of Construction: 96 Falmouth St		Owner: University of Maine		Phone: 780-4751	
Owner Address: SAA Ptld, ME 04104-9300		Lessee/Buyer's Name:		Phone:	
Contractor Name: Schiavi Leasing Corp		Address: 102 Industrial Dr Oxford, ME		Phone: 04270	
Past Use: College Campus		Proposed Use: Student Health Center		COST OF WORK: \$	
				PERMIT FEE: \$ 24,800	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: B Type: 5B	
				Signature: <i>WMM</i>	
				Signature: <i>190CA96</i>	
Proposed Project Description: Install pre-engineered 28 x 66 manufactured building west of heating plant as a temp structure to house Student Health Services during construction work From 14 Oct 98 to 13 Oct 99		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
		Signature: _____		Date: _____	
Permit Taken By:		Date Applied For: 08 Sept 98			

Permit No: **981085**

PERMIT ISSUED

Permit Issued:
SEP 25 1998

CITY OF PORTLAND

Zone: **R-5** CBL: 114A-A 001

Zoning Approval: *temporarily - Alex*

Special Zone or Reviews: *9/2/98*

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

temporarily - Alex

Zoning Appeal *9/2/98*

Variance *OK*
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

10 Sept 98

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **2**

KC/TR