

Location of Construction: 20 HOLLIS RD		Owner: MAINE MEDICAL CENTER		Phone: 879-8006		Permit No: <b>001354</b>	
Owner Address: 335 BRIGHTON AVE		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: *** AMERICAN CONCRETE *** 1022 MINOT AVE. AUBURN ME 04210		Address:		Phone:		Permit Issued:  0	
Past Use:  XXXX SINGLE FAMILY		Proposed Use:  SAME		COST OF WORK: \$ XXX 2,798.00		PERMIT FEE: \$ 42.00	
Proposed Project Description:  REPLACE FRONT STEPS ETC		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group R-2 Type 5/3 <i>MOCAR</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature:	
Action:		Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature:		Date:	
				Signature:		Date:	
Permit Taken By:  K		Date Applied For:  NOV 20 2000		Zone: <b>R-3</b>		CBL: 121-B-008	

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

**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

NOV 20 2000 K

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**Zoning Appeal**

Variance  
 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: \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**

**CEO DISTRICT** 3