

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

Location of Construction: 33 <sup>1/2</sup> Brighton Ave Ground Floor		Owner: Maine Medical Center		Phone: 871-4118		Permit No: 1000444
Owner Address: 22 Bramhall St. Portland, ME		Lessee/Buyer's Name: N/A		Phone: N/A		
Contractor Name: ** LedgeWood Inc. Scott Cristina		Address: ** 27 Main St. South Portland		Phone: 04106 767-1866		Permit Issued:  9
Past Use:  Hospital		Proposed Use:  Same		<b>COST OF WORK:</b> \$ 70,266 <b>PERMIT FEE:</b> \$ 450.00 <b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: Type: BOCA 99 Signature: <i>[Signature]</i>		
Proposed Project Description:  Interior renovations.		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature: <i>[Signature]</i> Date: _____		Zone: 125 CBL: 121-C-009 Zoning Approval: <i>[Signature]</i> <b>Special Zone or Reviews:</b> <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"/> 5/9/00
Permit Taken By: ub		Date Applied For: 5-5-00				

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..

**PERMIT ISSUED WITH REQUIREMENTS**

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**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

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: 5-5-00 PHONE: \_\_\_\_\_

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

**PERMIT ISSUED WITH REQUIREMENTS**  
 CEO DISTRICT