



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Address/ Location of Construction: MAINE MEDICAL CENTER - 335 BRIGHTON AVE		
Total Square Footage of Proposed Structure:		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: STEVE JANOSCO Address 9 GOULD RD City, State & Zip LEWISTON, ME 04240	Telephone: 783-2091 Email: SIANOSCO@HEBERTCONSTRUCTION.COM
Lessee/ Owner Name : (if different than applicant) Address: City, State & Zip: Telephone & E-mail:	Contractor Name: HEBERT CONST. (if different from Applicant) Address: 9 GOULD RD City, State & Zip: LEWISTON, ME 04240 Telephone & E-mail: 783-2091 SIANOSCO@HEBERTCONSTRUCTION.COM	Cost Of Work: \$ 750,000.00 C of O Fee: \$ 8,250.00 +25,000 Historic Rev \$ _____ Total Fees : \$ _____
Current use (i.e. single family) _____ VACANT If vacant, what was the previous use? _____ MEDICAL SPACE Proposed Specific use: _____ WOUND CARE / HYPERBARIC MEDICINE Is property part of a subdivision? _____ If yes, please name _____ Project description:		
Who should we contact when the permit is ready: STEVE JANOSCO		
Address: 9 GOULD ROAD		
City, State & Zip: LEWISTON, MAINE 04240		
E-mail Address: SIANOSCO@HEBERTCONSTRUCTION.COM		
Telephone: CELL - 212-2177 OFFICE - 783-2091		

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/ her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: _____	Date: _____
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This is not a permit; you may not commence ANY work until the permit is issued.