

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:	335 Brighton Ave Portland,	ME 04102
Total Square Footage of Proposed Struct	ure: 45sf	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: Address City, State & Zip	Telephone: 207-783-2091 Email:
Lessee/Owner Name: (if different than applicant) Address: Maine Medical Center Brighton Campus City, State & Zip: 335 Brighton Ave Telephone E-mail: Current Use (i.e. single family) state	Contractor Name: (if different from Applicant) Address: Hebert Construction City, State & Zip: 9 Gould Rd, Lewiston ME Telephone 207-783-2091 E-mail: sjanosco@hebertcon	Cost of Work: \$ 7,653.00 C of O Fee: \$ Historic Rev \$ Total Fees: \$ ISTruction.com
If vacant, what was the previous use?	oom lease Name	
Who should we contact when the permit is readdress: 9 Gould Rd City, State & Zip: Lewiston ME 0424 E-mail Address: sjanosco@hebertco	0	o@hebertconstruction.cc
Telephone: 207-783-2091 Please submit all of the information of	outlined on the applicable checklis	t. 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 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 Department of Permitting and Inspections on-line at www.portlandmaine.gov, or stop by the 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.

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ı	Signature: Stove	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ı	Signature: Ologe ~	Date: 1/4/16	
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