

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

Location of Construction: 335 Brighton Avenue, 04101		Owner: MMC Realty Corp. Maine Medical Center		Phone: 207-871-2447	Permit No: 991387
Owner Address: 22 Bramhall St. Ptld, ME		Lessee/Buyer's Name: N/A		Phone: N./A.	BusinessName: N/A
Contractor Name: Welch Architectural Signage		Address: 26 Thomas Drive, Westbrook, ME 04112		Phone: 207-774-3173	
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ 0	PERMIT FEE: \$ 40.78
Proposed Project Description: 3 Signs.		<input type="checkbox"/> FIRE DEPT. Approved <input type="checkbox"/> Denied Signature:		INSPECTION: 3190990 Use Group: I-2 Type: 23 BOCA 96 Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (PAID.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature:		Zoning Approval: <i>[Signature]</i> 12/16/99 Special Zone or Reviews: <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"/>	
		Date:		Zone: <i>3</i> CBL: 121-C-009	
Permit Taken By: UB		Date Applied For: 12-13-99			

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..

***Call Dan Doughty at Maine Medical Center for Pick Up
**871-2013

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 12-14-99 PHONE: _____

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

Permit No: 991387

Permit Issued:

Zone: *3* **CBL:** 121-C-009

Zoning Approval: *[Signature]* 12/16/99

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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: *[Signature]*

PERMIT ISSUED
WITH REQUIREMENTS
W/ CEO DISTRICT
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