## 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			Phone: 879-8000		Permit No:
Owner Address: 22 Bramhall St. Ptld, ME 04101	Lessee/Buyer's Name: N.E. Rehab Hospital	Phone:	Phone: BusinessName:		990642
Contractor Name:	Address: Phone:				Permit Issued:
Ed Hebert & Sons	9 Gould Rd. Lewiston, ME 04240 783-2091				
Past Use:	Proposed Use:	COST OF WORK: \$ 221,000		<b>PERMIT FEE:</b> <b>\$</b> 1,125	
Office/Treatment	Same	FIRE DEPT. 🗹	Approved	INSPECTION:	= The second secon
			Denied	Use Group: <u>T</u> =2Type: <u>2</u> /3	
		Signature:	ym	BOCA95 Signature: Holfree	Zone: CBL: 121-C-009
Proposed Project Description:	PEDESTRIAN A	CTIVITIE	Zoning Approver		
Interior renovations including partitions, Action: Approved with Conditions: [ Denied [ Signature: Date:					Special Zone or Reviews: Shoreland Wetland Flood Zone Subdivision
Permit Taken By: SP	Date Applied For: 6-	-15-99	□Site Plan maj □minor □mm □		
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> <li>Call for Pick Up: 783-2091</li> </ol> PERMIT ISSUED WITH REQUIREMENTS					Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied Historic Preservation Wot in District or Landmark Does Not Require Review Requires Review Action:
<b>CERTIFICATION</b> 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					□ Appoved □ Approved with Conditions □ Denied Date:
June 15, 1999					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	·
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE			PHONE:	
White–Pe	ermit Desk Green–Assessor's Ca	nary–D.P.W. Pink–Pu	blic File	Ivory Card–Inspector	CEO DISTRICT