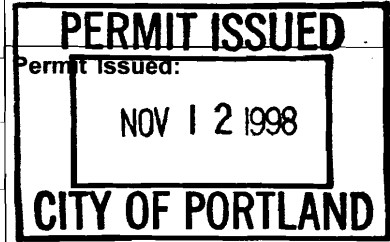


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 616 Forest Ave		Owner: Mercy Hospital	Phone: 879-3309	Permit No: 9 81286
Owner Address: 144 State St 04101		Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: Allied/Cook Construction		Address: P.O. Box 1396 Portland, ME 04104		Phone: 772-2888
Past Use: XXXXXXXXXX Medical Office		Proposed Use: Same	COST OF WORK: \$ 453,900	PERMIT FEE: \$ 2,290.00
Proposed Project Description: Make 2nd floor renovations, 1st floor demo only, Exterior Bldg Modifications See Attached Drawings.		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group B Type: 3B COCA 96
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>
Permit Taken By: MG		Date Applied For: 04 November 1998		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied
		Signature: _____ Date: _____		Zone: B-2 CBL: 125-L-007 Zoning Approval: <i>[Signature]</i>



Special Zone or Reviews:

Shoreland *Sup permit*

Wetland *Needed for*

Flood Zone *signature*

Subdivision

Site Plan maj minor mm

11/10/98

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

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..

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: *[Signature]*

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

04 November 1998

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 2

KC/TR