



General Building Permit Application

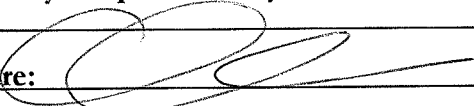
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Address/Location of Construction: <i>building is called "980 Forest Ave" City block from 978 - 988</i>		
Total Square Footage of Proposed Structure:		<i>3650 +/- for Suite 207</i>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <i>143 A665001</i>	Applicant Name: <i>COR</i> Address: <i>Health Services</i> <i>980 Forest Ave Suite 207</i> City, State & Zip: <i>Portland ME 04103</i>	Telephone: <i>207 347 6106</i> Email: <i>cbattista@homehealthcareolutions.me</i>
Lessee/Owner Name: (if different than applicant) <i>Mike Pride</i> Address: <i>980 Forest Ave</i> City, State & Zip: <i>Portland Me 04103</i> Telephone: <i>207 - 310 - 8922</i> E-mail: <i>Pridemike@hotmail.com</i>	Contractor Name: (if different from Applicant) <i>N/A</i> Address: City, State & Zip: Telephone: E-mail:	Cost Of Work: <i>Care solutions me</i> \$ <i>N/A</i> C of O Fee: \$ _____ Historic Rev \$ <i>N/A</i> Total Fees : \$ _____
Current use (i.e. single family) <i>law offices</i>		
If vacant, what was the previous use? <i>law offices</i>		
Proposed Specific use: <i>Corporate offices for a health care facility (no medical or patient care on site)</i>		
Is property part of a subdivision? <i>N</i> If yes, please name _____		
Project description: <i>- No changes -</i>		
Who should we contact when the permit is ready: <i>Charlotte Battista</i>		
Address: <i>999 Forest Ave Suite 1</i>		
City, State & Zip: <i>Portland Me 04103</i>		
E-mail Address: <i>cbattista@homehealthcareolutions.me</i>		
Telephone: <i>207 - 347 - 6106</i>		

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: *6/3/15*

This is not a permit; you may not commence ANY work until the permit is issued.