

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

Location of Construction: 716 Stevens Ave		Owner: University of New England		Phone: 283-0170		Permit No: <b>980572</b>			
Owner Address: Hills Beach Rd Biddeford, ME		Lessee/Buyer's Name: 04605		Phone:		BusinessName:			
Contractor Name: Allied Construction		Address: P.O. Box 1396 Ptld, ME 04104		Phone: 772-2888		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>JUN - 4 1998</b>  <b>CITY OF PORTLAND</b> </div>			
Past Use:  Classroom/Office		Proposed Use:		COST OF WORK: \$ 275,000.00				PERMIT FEE: \$ 1,395.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				INSPECTION: Use Group: <b>B</b> Type: <b>20</b> Signature: <i>Hoffa</i>	
Proposed Project Description:  ADA and Nursing program renovations, add an elevator to serve 4 levels, lobby renovations, elevator machine room, and all associated electrical, structural and mechanical work. Selective demolition including 5000 Sq Ft <del>interior renovations.</del>				PEDESTRIAN ACTIVITIES DISTRICT (PAD) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Zone: <b>R-5</b> CBL: 145-A-003 Zoning Approval: <i>interior only OK</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>MS 5/21/98</i> <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"/>			
Permit Taken By:		Date Applied For: 18 May 1998		Signature: _____ Date: _____					

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..

**PERMIT ISSUED WITH REQUIREMENTS**

*Approved for Interior Renovations*

**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

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action: \_\_\_\_\_

Approved *only*  
 Approved with Conditions  
 Denied

Date: 5/21/98

*DA*

SIGNATURE OF APPLICANT		ADDRESS:		DATE: 19 May 1998		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:			

**CEO DISTRICT** *A*