

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

Location of Construction: 257 Canco Rd		Owner: Portland Retirement Residence LLC		Phone:		Permit No: 980740
Owner Address:		Lessee/Buyer's Name: Portland Retirement Residence		Phone:		
Contractor Name: Colson & Colson Construction Co.		Address: P.O. Box 14111 Salem, OR		Phone: 97309 503-370-7070		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: JUL - 9 1998 CITY OF PORTLAND </div>
Past Use: Vacant Land		Proposed Use: Retirement Complex		COST OF WORK: \$ 4,731.00		
				PERMIT FEE: \$ 23,675.87		
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Proposed Project Description: Construct Retirement Complex				INSPECTION: Use Group: <i>R-2</i> Type: <i>5A</i> Signature: <i>[Signature]</i>		
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		
Permit Taken By: Mary Gresik		Date Applied For: 24 March 1998				Zone: <i>R-5A</i> CBL: 149-B-001 Zoning Approval: <i>[Signature]</i> 7/7/98 <input type="checkbox"/> Special Zone or Reviews. <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

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..

Mail To: Curry Brandaw Architects
 2260 McGilchrist St SE, Ste #100
 Salem OR 97302

? 's CALL: Clifford Curry 503-399-1090
 FAX: 503-399-0565

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

06 July 1998 - Permit Routed
 24 March XXXX 1998

SIGNATURE OF APPLICANT *[Signature]* Owens McCullough ADDRESS: _____ DATE: _____ PHONE: _____

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

PERMIT ISSUED WITH REQUIREMENTS

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]*

CEO DISTRICT *[Signature]*