Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE PERMIT

## Y OF PORTLAND

Please Read Application And Notes, If Any, Attached

990075

## MODECTION PERMI

The Pochehit Co

JAN 2 9 1999

This is to certify that		Tocheoi		Oll Contraction
has permission to	Ren		(entry	Resident area)
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provided that the person or persons of the provisions of the Statutes of I the construction, maintenance and the of buildings and selectures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

f inspe fication n mus n and w en permi on proce lding or re this rt there ed or osed-in UR NOMBLE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER	REQUIR	ED API	PROVALS

Fire Dept. Hogmy Health Dept. Appeal Board \_\_\_\_\_

Other \_\_\_\_\_ Department Name

PENALTY FOR REMOVING THIS CARD

nances of the City of Portland regulating

rm or the stion are epting this permit shall comply with all

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

Signature:   Signature:   Date:   Da							
Owner Address:  222 St John St Ptld Contractor Nume:  The Pochebit Co. Inc.  Proposed Use:  Nursing Home  Proposed Use:  Same  Proposed Use:  Same  Proposed Use:  Same  Proposed Use:  Signature:  Proposed Project Description:  Renovate & Update interior centercore of existing nursing home relocate main entry to parking lot side minor renovations to resident wings – heat conversion  Permit Taken By:  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.  CERTIFICATION  Thereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of make this application as his authorized general 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  January 28, 1999  PERMIT ISSUED  ***PERMIT SSUED  ***PERMIT SSUED  ***PERMIT SSUED  ***PERMIT SSUED  ***PERMIT SSUED  ***PERMIT SSUED  ***PRINT SSUED  ***PERMIT SSUED  ***PRINT SSUE			4 . 1		Phone:	77/ 7070	Permit No: Q 0 0 7 5
Contractor Name: The Pochebit Co. Inc. The Pochebit Co. Inc.  Proposed Use: Norsing Home  Proposed Use: Norsing Ho			Atlantic	<del></del> _	Dusings		
Contractor Name: The Pochebit Co. Inc.  Address: The Pochebit Co. Inc.  Past Use: Nursing Home Proposed Use: Same Same Same Same Same Same Same Same		Lessee/Buyer's Name:		Phone:	Busines	sname:	I PERMIT ISSUED
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Nursing Home   Same	The Pochebit Co. Inc.		en Ave Pt1				MM 2 0 1000
Fire Dept. Approved   Signature:   Use Group   Type		-		l .	K:		GW 2 5 1000
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Call 797-3369 for pick up   WITH REQUIREMENTS   Historic Preservation   Mot in District or Landmar   Does Not Require Review   Requires Review   Requires Review   Requires Review   Action:   Approved   Approved   Approved with Conditions   Danied   Date:   Date:   PHONE:   Date:   PHONE:   Date:   PHONE:   Date:	tion may invalidate a building permit and sto	p all work					
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE  PHONE:  CFO DISTRICT  VOLUME  PROPRIED TO STANDARD TO STA	SIGNATURE OF APPLICANT	ADDRESS:		DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE  PHONE:  CFO DISTRICT  PLOYER  PHONE:							
	RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE				PHONE:	CEO DISTRICT KO'TM

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