City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	Issue Date:	CBL:
2014-01067		166 A010001

Location of Construction:	Owner Name:	Owner Address:	Phone:
850 BAXTER BLVD	SEASIDE HEALTHCARE LLC	850 BAXTER BLVD PORTLAND, ME 04103	

Business Name:	Contractor Name:	Contractor Address:	Phone
Seaside	High Tech Fire Protection jfoss@htfp.me	PO Box 156 Minot ME 04258	(207) 998-2551

Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		Fire Suppression Water Based	R5

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
Long Term and extended Care Facility	Same: Long Term and extended Care Facility	$190.00	$17,000.00	5

INSPECTION:

Proposed Project Description:

Fire Supression system install. Renovations of existing units, update finishes, MEP systems, fire alarm and new bathrooms.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: ☐ Approved ☐ Approved w/Conditions ☐ Denied

Signature: Date:

Permit Taken By:	Date Applied For:
bjs	05/19/2014

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..

Zoning Approval

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☐ Not in District or Landmark
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Conditions
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied
Date:	Date:	Date:

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE