City of Portland, Maine - B	uilding or Use	Pormit Annlicot	ion Pe	ermit No:	Issue Date:	CBL:
389 Congress Street, 04101 Te	0			014-00953		166 A010001
Location of Construction:	Owner Name:	, ( ,	Owner A	ddress:	<u> </u>	Phone:
850 BAXTER BLVD	SEASIDE HE	SEASIDE HEALTHCARE LLC		AXTER BLVI 4103	,	
Business Name:	Contractor Name	Contractor Name:		or Address:	Phone	
Seaside		Ranor Mechanical pauline@ranormech.com		x 5036 North	(207) 645-5109	
Lessee/Buyer's Name	Phone:	Phone:		ype:	Zone:	
				2	R5	
Past Use:	Proposed Use:		Permit H		Cost of Work:	CEO District:
Long term & extended care facilit	care facilities	Same: Long term & extended		\$80.00 TION:	\$6,000	0.00 5
Proposed Project Description: Install HVAC; Seaside Wing - ER	Model HE2XINH.	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)   Action: Approved   Approved Approved w/Conditions				
		Signature:			Date:	
	e Applied For: 5/06/2014		Zoning Approval			
1. This permit application does i	not preclude the	Special Zone or Reviews		Zonii	ng Appeal	<b>Historic Preservation</b>
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Require Review
3. Building permits are void if w within six (6) months of the d	Flood Zone		Conditional Use		Requires Review	
False information may invalid permit and stop all work	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 DERSON IN CLUADCE OF WORK TITLE		DATE	DUONE