

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

Location of Construction: 1133 Washington Ave		Owner: St Joseph's Manor		Phone:	
Owner Address:		Lessee/Buyer's Name:		BusinessName:	
Contractor Name: St Joseph's Manor		Address: Randy Spoffard 1133 Washington Ave		Phone: Ptld, ME 04103 797-0600	
Past Use: Nursing Home		Proposed Use: Same		COST OF WORK: \$ 84,000.00 PERMIT FEE: \$ 440.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <i>F-2</i> Type: <i>5A</i> Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>	
Proposed Project Description: Convert four living units to physical therapy gym				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: 03 March 1998			

Permit No: **80202**

PERMIT ISSUED

Permit Issued:

MAR 11 1998

CITY OF PORTLAND

Zone: *R-3* CBL: 408-D-005

Zoning Approval: *Existing Use*

Special Zone or Reviews:

Shoreland *3/6/98*

Wetland

Flood Zone

Subdivision

Site Plan maj minor mm

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: *3/4/98*

[Signature]

PERMIT ISSUED WITH REQUIREMENTS

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

SIGNATURE OF APPLICANT: *Randy Spoffard* ADDRESS: _____ DATE: 03 March 1998 PHONE: _____

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

CEO DISTRICT

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