



**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number _____

January 18, 1996

Application Date _____

Project Name/Description _____

Applicant
Mercy Hospital,
144 State Street, Portland, ME

Applicant's Mailing Address
DeLuca-Hoffman Associates

Consultant/Agent
A1 - 775-1121 Fax 879-0896
Applicant or Agent Daytime Telephone, Fax

10 Edgeworth Ave.
Address of Proposed Site
183-B-2&3
Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):
 ___ New Building ___ Building Addition XX Change of Use ___ Residential
 ___ Office ___ Retail ___ Manufacturing ___ Warehouse/Distribution ___ Other (specify) tear down bldg for parking
XXX 5,050 sq ft Proposed Building Square Feet or # of Units
 .24 Acres Acreage of Site
 lot Zoning

Check Review Required:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan 300.00 subdivision _____

Approval Status:

Reviewer _____

- Approved Approved w/Conditions listed below Denied

1. _____
2. _____
3. WITHDRAWN
4. _____

Approval Date _____ Approval Expiration _____ date Extension to _____ date Additional Sheets Attached

Condition Compliance _____ signature _____ date

Performance Guarantee Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

- | | | | |
|---|----------------------|-------------------------|-----------------------|
| <input type="checkbox"/> Performance Guarantee Accepted | _____ date | _____ amount | _____ expiration date |
| <input type="checkbox"/> Inspection Fee Paid | _____ date | _____ amount | |
| Performance Guarantee Reduced | _____ date | _____ remaining balance | _____ signature |
| Performance Guarantee Released | _____ date | _____ signature | |
| Defect Guarantee Submitted | _____ submitted date | _____ amount | _____ expiration date |
| Defect Guarantee Released | _____ date | _____ signature | |

Address: 10 Edgeworth Ave 183-B-2&3