## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 945-3160 Olympia Equity Investors 1198 Congress street 000242 Owner Address: Lessee/Buver's Name: Phone: BusinessName: Portland Gastro, Assoc, 500 Main St Bangor ME Permit Issued: Contractor Name: Address: Phone: \*\* 160 Pleasant Hill Rd Scarborough ME 885-0846 \*\*\* Alliance Const. John Brockington COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 3,333,00 Medical office FIRE DEPT. Approved vacant INSPECTION: Use Group: B Type: 2B ☐ Denied Zone: CBL: 189-A-013 130CA99 Signature: AMM Źoning ∕Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PALD.) Action: Approved Special Zone or Rev Approved with Conditions: ☐ Shoreland Third Floor fit out of 10,000 sf medical office space Denied □ Wetland including private doctors offices and exam rooms ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: March 13 2000 K K **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Mistoric Preservation ☑Not in District or Landmark □ Does Not Require Review ☐ Requires Review PERMIT ISSUED WITH REQUIREMENTS Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions 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, ☐ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit March 13 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED WITH REQUIREMENTS RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**