

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

Location of Construction: 33 Sewall St		Owner: Orthopedic Associates		Phone: 838-2100		Permit No: 980933	
Owner Address: SAA 04102		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Ledgewood, Inc.		Address: P.O. Box 8107 Portland, ME 04104		Phone: 767-1866		Permit Issued: AUG 20 1998	
Past Use: Medical Offices		Proposed Use:		COST OF WORK: \$ 375,000.00		PERMIT FEE: \$ 1,895.00	
Proposed Project Description: Construct 2500 Sq Ft Addition <i>50' x 5'-0'</i>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>AS</i> Type: <i>RP</i>		Zone: <i>RP</i> CBL: 190-D-003	
Signature: <i>MG</i>		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval: <i>OK</i> <i>01/17/98</i>	
Permit Taken By: <i>MG</i>		Date Applied For: <i>07 August 1998</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>N/A</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Zone C</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>major</i> <input type="checkbox"/> minor <input type="checkbox"/> imm <input type="checkbox"/>	

PERMIT ISSUED
AUG 20 1998
CITY OF PORTLAND

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..

**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

10 August 1998

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

- 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: *[Signature]*

CEO DISTRICT **2**