## 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:
33 Sewall Street Portland Fore River Rea					
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	991015
SAA	Health South				
Contractor Name: Chapman Construction designAddress: 84 Winchester Street Newton Ma.Phone: 617 630 8408					Permit Issued:
Past Use:	Proposed Use:	COST OF WO	RK:	PERMIT FEE:	74
		\$64,400.00		\$ 414.00	
Medical Office	Same	FIRE DEPT.	FIRE DEPT. Approved		
			l Denied	Use Group: $\mathcal{B}$ Type: $\mathcal{B}$	
		5.	tim	BOCA96-1.00	Zong: CBL: 190-D-003
Proposed Project Description:				Signature: Herfrer - ES DISTRICT (P.A.D.)	Zoning Approval
		Action:		00 _	01-3 9/23/90
				with Conditions:	Special Zone or Reviews://
INterior Renovations	Denied			□ Shoreland Sch. Promit	
					Flood Zone Ferning
		Signature:		Date:	
Permit Taken By: SP	Date Applied For:	Sept. 13 1999 K			☐ □ Site Plan maj □minor □mm □
					Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance
2. Building permits do not include plumbing, septic or electrical work.					□ Miscellaneous
					Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work.					Interpretation Approved
tion may invalidate a building permit an	a stop all work.				
					Historic Preservation
**** 617-630-8408 ext 29					☐Not in District or Landmark □Does Not Require Review
					□ Requires Review
			PER	IMIT ISSUED	
			WITH R	REQUIREMENTS	Action:
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					Approved with Conditions
authorized by the owner to make this applica					Denied
if a permit for work described in the application					
areas covered by such permit at any reasonal	ble hour to enforce the provisions of the	code(s) applicable to su	ch permit		Date:
		Sept. 13, 1	999		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	·
RESPONSIBLE PERSON IN CHARGE OF V	VOPK TITI F			DUONE	3
RESPONSIBLE PERSON IN CHARGE OF V	VORA, IIILE			PHONE:	
Whit	e–Permit Desk Green–Assessor's	Canary-D.P.W. Pink-I	Public File	lvory Card-Inspector	