Cit	y of Portland, Maine	- Build	ing or Use Po	ermit .	Application	Pe	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 04101	Tel: (2	07) 874-8703,	Fax: (2	207) 874-8716		03-0845			190 D00	06002
Location of Construction: Owner Na			Owner Name:	Name:		Owner Address:				Phone:	
51 Sewall St			Mcdavitt Stepl	hen C F	1	6 Be	entridge Dr				
Business Name: Contractor Nam North Shore Co Lessee/Buyer's Name Phone:			Contractor Nan	ne:		Cont	tractor Addres	s:		Phone	
			North Shore C	onstruc	tion	P.O. Box 2564 South Portland			207774280	00	
			Phone:			Pern	nit Type:				Zone:
					Alt	erations - Con	nmercial				
Past Use: Proposed Use: Medical Offices/Commercial Medical Offices			es/Commercial		Permit Fee: (Cost of Wo	rk:	CEO District:		
						\$120.00	\$11,0	00.00	3		
					FIRE DEPT:		Approved	INSPE	SPECTION:		
							_	Denied	Use G	roup:	Type
							L	_ Dellieu			
Proj	posed Project Description:		•								
Rei	move 3 Interior Walls with	Installa	tion of New Wal	ls, Doors and Window		Signature: Si			Signatu	ignature:	
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)	
						Acti	on: Appro	ved 🖂 An	aroved w	ed w/Condition Denied	
						Action: Approved Approved Approved			proved w	d w/Condition Defined	
						Signature:				Date:	
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval					
gad 07/16/2003			/2003			8 11 ***					
1.	This permit application d	loes not	preclude the	Spec	cial Zone or Revi	ews	Zonii	ng Appeal		Historic Pres	servation
		Applicant(s) from meeting applicable State and		☐ Sì	noreland		☐ Variance			☐ Not in District or Landm	
2.	Building permits do not i or electrical work.	nclude p	clude plumbing, septic		Wetland		Miscellaneous			Does Not Require Revie	
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			☐ Flood Zon		Conditional Us			Requires Review			
			Subdivision		☐ Interpretatio			Approved			
				Site Plan			Approved			Approved w/Condition	
			Maj Minor MM			Denied			☐ Denied		
			Date:			Date:		D	Date:		
I ha juris shal	reby certify that I am the ove been authorized by the soliction. In addition, if a place the authority to entouch permit.	owner to ermit for	make this appli work described	med prication a	as his authorized application is is	ne pro d ager sued,	nt and I agree I certify that t	to conform he code offi	to all ap	oplicable laws athorized repre	of this sentative
SIG	SNATURE OF APPLICAN				ADDRES	S		DATI	E	P	НО

	6 Bentridge Dr Contractor Address: P.O. Box 2564 South Portland	Phone 207774280	00
	P.O. Box 2564 South Portland		00
		207774280	00
1	D	•	
1.	Permit Type:		Zone:
	Alterations - Commercial		
Reviewer:	Marge Schmuckal Approv	ral Date: 07	7/23/2003
		Ok to Issu	ıe: ✓
		FF.	Ok to Issu

Dept:	Zoning	Status: Approved	Reviewer:	Marge Schmuckal	Approval Date:	07/23/2003	
Note:					Ok to Issue:		
Dept: Note:	Building	Status: Approved	Reviewer:	Mike Nugent	Approval Date: Ok t	07/24/2003 o Issue: ✓	
Dept: Note:	Fire	Status: Approved	Reviewer:	Lt. MacDougal	Approval Date: Ok t	07/24/2003 o Issue:	

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО