

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

Location of Construction: 53 Sewall Street Phase I		Owner: Eye care and surgery center		Phone: 774-2020		Permit No: 990748	
Owner Address: Saa		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Ledgewood Inc.		Address: P.O. Box 2530 Portland		Phone: 767-1866		Permit Issued: JUL 15 1999	
Past Use: Commercial use		Proposed Use: same		COST OF WORK: \$ 500,000		PERMIT FEE: \$ 2510.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>B</i> Type: <i>2B</i>	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zone: <i>RR</i> CBL: 190-D-009	
Proposed Project Description: <i>renovations phase 1 interior work only -</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>OK with conditions</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: SP		Date Applied For: July 2, 1999 KA		Signature: _____		Date: _____	

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..

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

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

July 2, 1999

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT *00*

SAN