

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 080994

This is to certify that CHARTER WESTGATE LLC Langford & Low, Inc.has permission to Install 12'x14' Therapy PoolAT 1372 CONGRESS ST

City of Portland 191 B019001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is rendered. A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

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OTHER REQUIRED APPROVALS

Fire Dept. Carey Cross

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Deanne Bonifacio 8/28/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0994		Issue Date:		CBL: 191 B019001	
Location of Construction: 1372 CONGRESS ST		Owner Name: CHARTER WESTGATE LLC		Owner Address: 800 WESTCHESTER AVE STE S-63	
Business Name:		Contractor Name: Langford & Low, Inc.		Phone: 914-701-4002	
Contractor Address: PO Box 662 Portland		Phone: 2077975141			
Lessee/Buyer's Name		Phone:		Permit Type: Swimming Pools	
Past Use: Retail Commercial - medical office - change of use permit 08-0815		Proposed Use: Mercy Medical Offices - Install 12'x14' Therapy Pool.		Zone: B-2	
Permit Fee: \$30.00		Cost of Work: \$0.00		CEO District: 3	
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: Pool IBC-2003 Signature: [Signature] Date: 8/28/08			
Proposed Project Description: Install 12'x14' Therapy Pool.		Signature: [Signature] Date: 8/28/08			
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.): Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:			
Permit Taken By: lmd		Date Applied For: 08/08/2008		Zoning Approval	
<ol style="list-style-type: none">This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.Building permits do not include plumbing, septic or electrical work.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..		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"/> OK w/condition Date: 8/18/08 [Signature]		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	
		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied [Signature] Date:			

PERMIT ISSUED
[Stamp]
CITY OF PORTLAND

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 APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE