



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Address/Location of Construction: <u>1600 CONGRESS ST. (FRESENIUS MEDICAL)</u>		
Total Square Footage of Proposed Structure: _____		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>220 8010 1600</u>	Applicant Name: <u>BEN DAVIS</u> <u>NITTANY CONSTRUCTION INC.</u> Address <u>905 B SOUTH MAIN ST. SUITE 204</u> City, State & Zip <u>MANSFIELD, MA. 02048</u>	Telephone: <u>508-339-4747</u> Email: <u>bdavis@NITTANYINC.COM</u>
Lessee/Owner Name : (if different than applicant) <u>164 REALTY INC</u> Address: <u>100 SILVER ST.</u> City, State & Zip: <u>PORTLAND, ME 04101</u> Telephone & E-mail: <u>207-774-1885</u> <u>JMgerchey@COMMERCIALPROPERTIESINC.COM</u>	Contractor Name: <u>SAME</u> (if different from Applicant) Address: <u>AS</u> <u>APPLICANT</u> City, State & Zip: Telephone & E-mail:	Cost Of Work: <u>\$ 320,000</u> C of O Fee: \$ <u>100</u> Historic Rev \$ <u>50</u> Total Fees : \$ <u>3684</u>
Current use (i.e. single family) <u>DIALYSIS CLINIC</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SAME</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>INTERIOR REMODEL OF AN EXISTING WAITING RM AND HOME HEMO TRAINING ROOMS (NEW FLOORING, AC, LIGHTS, MILLWORK, SINKS, AND WALL FINISHES)</u>		
Who should we contact when the permit is ready: <u>BEN DAVIS</u>		
Address: <u>905 B SOUTH MAIN ST. SUITE 204</u>		
City, State & Zip: <u>MANSFIELD, MA. 02048</u>		
E-mail Address: <u>bdavis@NITTANYINC.COM</u>		
Telephone: <u>OFFICE. 508-339-4747 CELL- 617-816-2637</u>		

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: <u>[Signature]</u>	Date: <u>10/7/15</u>
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This is not a permit; you may not commence ANY work until the permit is issued.