

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

950099

Location of Construction: 1501 Congress St.		Owner: Maine Orthopaedics		Phone:		Permit No:			
Owner Address: 1501 Congress St - Portland, ME 04101		Leasee/Buyer's Name:		Phone:		Business Name:			
Contractor Name: LodgeWood Inc		Address: 134 1107 # 2011, ME 04101		Phone: 757-1265		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: FEB - 7 1995 CITY OF PORTLAND </div>			
Past Use: medical office bldg		Proposed Use: inter/exter work repairs - after truck crash & fire		COST OF WORK: \$ 10,000 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: 5 B Signature: <i>[Signature]</i> BOCA 93				PERMIT FEE: \$ 70 Zoning Approval: Zone: R-P CBL: 220 E-001 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"/>	
Proposed Project Description: make interior/exterior repairs - restore to previous condition				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____				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	
Permit Taken By: L Chase		Date Applied For: 1/27/95							

1. This permit application doesn't 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..

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 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

SIGNATURE OF APPLICANT <i>[Signature]</i>		ADDRESS: 1501 Congress St		DATE: 1/31/95		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 4
[Signature]

COMMENTS

Done w/out Insp.

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	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____

Maine Orthopaedics
1601 Congress St.
Portland, ME 04101

Reconstruction of existing
exterior wall and interior
partitions due to fire
and pick up truck damage

