

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

Location of Construction: 13 Blueberry Rd.		Owner: ** Marc Mason		Phone: ** 729-4164		Permit No: <b>000586</b>	
Owner Address: Mason Veterinary Realty 257 Bath Rd. Brunswick, ME 04011		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Monaghan Woodworkers		Address: 111 Commercial St. Portland, ME		Phone: 775-2683		Permit Issued:  JUN 1	
Past Use:  UNUM training facility		Proposed Use:  veterinary hospital		COST OF WORK: \$ 420,000		PERMIT FEE: \$ 2544.00	
Proposed Project Description:  new 360 sf addition		Signature: <i>[Signature]</i>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: JB	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Signature: <i>[Signature]</i>		Date: <i>[Date]</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved <input type="checkbox"/>		Approved with Conditions: <input type="checkbox"/>	
Permit Taken By: KA		Date Applied For: May 25, 2000		JF		Zone: <i>[Zone]</i> CBL: 237-B-011	

Zoning Approval:  
*OK - 5/30/00*  
**Special Zone or Reviews**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm   
*Exemption Approved by*  
**PLANNING Zoning Appeal 5/25/00**

Variance by S.H.  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

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

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: May 25, 2000 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 DISTRICTED  
WITH REQUIREMENTS *[Signature]*