	ty of Portland, Maine · O Congress Street, 04101	O			Pe	rmit No: 07-0185	Issue Dat	e:	CBL: 269 B00	01002
Loc	ation of Construction: 25 BRIGHTON AVE	Owner Name: CITY HOSPITA		<u> </u>		r Address: SABLE OAKS	S DR		Phone:	
Business Name: Contractor Nam HardyPond Co						Contractor Address: 1039 Riverside St Suite 11 Portland			Phone 2077976066	
Less	see/Buyer's Name	Phone:	nistract		Permit Type: Alterations - Commercial			rtiana	201171000	Zone:
	t Use: stitutional / Barron Ctr.	new door into	Barron Ctr Installing existing window new exterior stairway		Approved		00.00 INSPEC			
	posed Project Description: stall new door into existing v	window space with a nev	w exteri	or stairway	Signa:	ture: STRIAN ACTI	VITIES DIST	Signatur		
					Actio	on Appro	ved App	proved w	w/Condition Denied	
Permit Taken By: Date Applied For:					Signa		Approval		Date:	
	nartin	02/21/2007				1		1		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			ial Zone or Revi	ews	Zonin	ng Appeal Historic Prese			
2.	Building permits do not include plumbing, septic or electrical work.			etland	Miscellaneous			☐ Does Not Require Revie		
3.	Building permits are void within six (6) months of t		☐ Flood Zon			Conditional Us			Requires Review	
	False information may inv permit and stop all work		☐ Subdivision ☐ Site Plan		☐ Interpretatio			Approved		
					Approved			☐ Approved w/Condition		
			Maj [Mino MM	☐ Denied			☐ Denied		
			Date:			Date:		Da	nte:	
I ha juri: shal	ereby certify that I am the o tive been authorized by the o sdiction. In addition, if a po Il have the authority to ente uch permit.	owner to make this appli ermit for work described	med procession and the second	as his authorized application is is:	ne prop d agen sued, I	t and I agree t certify that th	to conform to the code office	o all app cial's aut	plicable laws of thorized repres	of this sentative
SIC	GNATURE OF APPLICAN			ADDRES	S		DATE		P:	НО

Business Name: Contractor Name: HardyPond Construction 1039 Riverside St Suite 11 Portland 2077976066 Lessee/Buyer's Name Phone: Permit Type: Alterations - Commercial Zon Alterations - Commercial Zo	Business Name: Contractor Name: HardyPond Construction	Business Name: Contractor Name: HardyPond Construction	Location of Construction: 1125 BRIGHTON AVE	Owner Name: CITY HOSPITAL HOUSING	Owner Address: G ASSOC 707 SABLE OAKS		one:
Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 02/26/26 Note: Ok to Issue: E 1) Planning is reviewing plans under a site plan exemption and must first sign-off on the project prior to issuance of the building perm 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting th work. Dept: Building Status: Pending Reviewer: Approval Date: Ok to Issue: E Dept: Fire Status: Approved with Conditions Reviewer: Cptn Greg Cass Approval Date: 03/06/20 Note: Ok to Issue: E 1) Application requires State Fire Marshal approval.	Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 02/26/200 Note: Ok to Issue: ✓ 1) Planning is reviewing plans under a site plan exemption and must first sign-off on the project prior to issuance of the building permi 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. Dept: Building Status: Pending Reviewer: Approval Date: Note: Ok to Issue: ✓ 1) Application requires State Fire Marshal approval. Comments: 2/21/2007-mes: I called Jeff from Hardypond - I will need a general site plan to show me where this building is in reference to the rest of the building complex - He will get it for me I will make out a site plan exemption for planning.	Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 02/26/200 Note: Ok to Issue: ✓ 1) Planning is reviewing plans under a site plan exemption and must first sign-off on the project prior to issuance of the building permit. 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. Dept: Building Status: Pending Reviewer: Approval Date: Ok to Issue: □ Dept: Fire Status: Approved with Conditions Reviewer: Cptn Greg Cass Approval Date: 03/06/200 Note: Ok to Issue: ✓ 1) Application requires State Fire Marshal approval. Comments: 2/21/2007-mes: I called Jeff from Hardypond - I will need a general site plan to show me where this building is in reference to the rest of the building complex - He will get it for me I will make out a site plan exemption for planning.		Contractor Name:	Contractor Address:	Pho	
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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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO