

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 2014-00192	Issue Date:	CBL: 292 E001011
---------------------------------	--------------------	----------------------------

Location of Construction: 1250 FOREST AVE unit 11, 3rd floor	Owner Name: PAYTON HARRY H	Owner Address: 1250 FOREST AVE #11 PORTLAND, ME 04103		Phone:
Business Name:	Contractor Name: Langford & Low, Inc. amadison@langfordandlow.com	Contractor Address: PO Box 662; 248 Warren Ave Portland ME 04104		Phone (207) 797-5141
Lessee/Buyer's Name Maine Medical Partners	Phone: (207) 396-8600	Permit Type: Alterations - Commercial		Zone: B2 B4
Past Use: Medical Office - MMP Otolaryngology	Proposed Use: Medical Office -MMP Otolaryngology	Permit Fee: \$1,420.00	Cost of Work: \$140,000.00	CEO District: 8
		INSPECTION:		
Proposed Project Description: Renovations to existing medical space - MMP Otolaryngology - unit 11 - 3rd floor		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: bjs	Date Applied For: 01/29/2014	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"/> 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 Date: _____	Historic Preservation <input 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 Date: _____

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