



Permitting and Inspections Department
 Michael A. Russell, MS, Director

General Building Permit Application

Project Address: 1250 Forest Ave

Tax Assessor's CBL: _____ Chart # _____ Block # _____ Lot # _____ Cost of Work: \$ 177,000

Proposed use (e.g., single-family, retail, restaurant, etc.): Medical Office Space

Current use: Medical Office Space Past use, if currently vacant: _____

Commercial Multi-Family Residential One/Two Family Residential

Type of work (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Change of Ownership - Condo Conversion |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence | <input type="checkbox"/> Change of Use |
| <input checked="" type="checkbox"/> Alteration | <input type="checkbox"/> Pool - Above Ground | <input type="checkbox"/> Change of Use - Home Occupation |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Pool - In Ground | <input type="checkbox"/> Radio/Telecommunications Equipment |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Radio/Telecommunications Tower |
| <input type="checkbox"/> Demolition - Structure | <input type="checkbox"/> Replacement Windows | <input type="checkbox"/> Tent/Stage |
| <input type="checkbox"/> Demolition - Interior | <input type="checkbox"/> Commercial Hood System | <input type="checkbox"/> Wind Tower |
| <input type="checkbox"/> Garage - Attached | <input type="checkbox"/> Tank Installation/Replacement | <input type="checkbox"/> Solar Energy Installation |
| <input type="checkbox"/> Garage - Detached | <input type="checkbox"/> Tank Removal | <input type="checkbox"/> Site Alteration |

Project description/scope of work (attach additional pages if needed):

Renovate and add to processing Labs to existing Medical office space

Applicant Name: Langford and Low, Inc. Gus Doughty Phone: (207) 318 - 0546

Address: 248 Warren Ave Email: gdoughty@langfordandlow.com

Lessee/Owner Name (if different): Maine Medical Partners Phone: (207) 661 - 2051

Address: 300 Southborough Email: hughec@mmc.org

Contractor Name (if different): Same As Applicant Phone: () _____ - _____

Address: _____ Email: _____

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: [Signature] Date: 1-24-17

Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.