

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

Location of Construction: 331 Veranda Street Portland		Owner: Penobscot Bay Medical ASSOC.	Phone: 774-5801
Owner Address: SAA	Lessee/Buyer's Name: Martin's Point Health Care	Phone:	BusinessName:
Contractor Name: *** LedgeWood Inc.	Address: *** P.O. Box 8107 Portland ME 04104	Phone:	
Past Use: Medical Building	Proposed Use: same	COST OF WORK: \$ 225,000	PERMIT FEE: \$1,374.00
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: <input type="checkbox"/>
Proposed Project Description: Renovations 1st, 2nd, 3rd floor and reception area		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Permit Taken By: <i>[Signature]</i>	Date Applied For: March 9 2000 K	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____	

Permit No: **000186**

**PERMIT ISSUED**

MAR 16 2000

**CITY OF PORTLAND**

Zone: \_\_\_\_\_ CBL: 434-C-001

Zoning Approval: \_\_\_\_\_

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**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: March 9 2000	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

**PERMIT ISSUED WITH REQUIREMENTS**

**CEO DISTRICT**

- Gene -

COMMENTS

14 Aug 2000 Permit Turn over to me for inspections - #

14 Aug 2000 Called general contractor - Work completed - Went to project  
 met with Martin Point project manager Gene? - Inspected all  
 work done - Plbg, Bldg, etc: Work done as per plans - All  
 parties happy with work - #. Job Completed -

Inspection Record

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