

**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: B Type: 3B BOCA 99	
Proposed Project Description: Renovations 1st, 2nd, 3rd floor and reception area		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: K		Date Applied For: March 9 2000 K			

Permit No:  
**000186**

**PERMIT ISSUED**

Permit Issued:  
MAR 16 2000

**CITY OF PORTLAND**

Zone: *R-5* CBL: 434-C-001

Zoning Approval: *[Signature]* 3/15/00

Special Zone or Reviews:

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

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:

**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: *[Signature]*

**PERMIT ISSUED WITH REQUIREMENTS**

CEO DISTRICT 2