

Summary

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

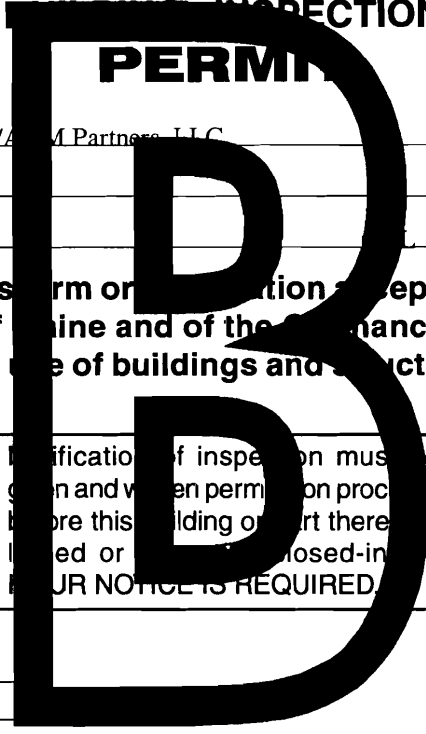
INSPECTION PERMIT

Permit Number: 061371

PERMIT ISSUED
OCT 13 2006
CITY OF PORTLAND

This is to certify that A & M PARTNERS LLC / A & M Partners LLC
has permission to Tenant fit-up
AT 59 WASHINGTON AVE L. 013 J043001

provided that the person or persons performing or accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.



Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or enclosed-in-4
YOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cass PFD
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

William C. Collins 10/03/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1371	Issue Date:	CBL: 013 I043001
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Location of Construction: 59 WASHINGTON AVE	Owner Name: A & M PARTNERS LLC	Owner Address: 120 EXCHANGE ST	Phone:
Business Name:	Contractor Name: A&M Partners, LLC	Contractor Address: 120 Exchange Street Portland	Phone 2077752100
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B4

Past Use: Commercial / vacant space	Proposed Use: Commercial tenant fit-up	Permit Fee: \$225.00	Cost of Work: \$12,200.00	CEO District: 1
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FIRE DEPT: Approved Denied

INSPECTION: Use Group: **B** Type: **3A**
FAC 2003

Signature: *Greg Cass* Signature: *[Signature] 10/23/06*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

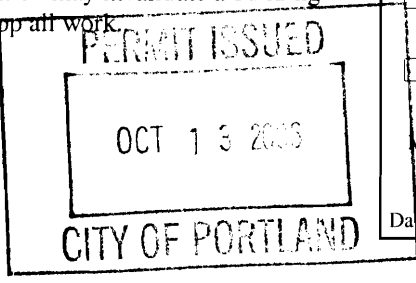
Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Proposed Project Description:
 Tenant fit-up - (the for counseling families w/terminally ill children - ("Jabari's Program")
 (75 Washington Ave)

Permit Taken By: dmartin	Date Applied For: 09/18/2006	Zoning Approval	
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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.	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"/> <i>Oke w/ conditions</i> Date: <i>8/27/06</i> <i>ASU</i>	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 checked="" 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 <i>ASU</i> Date: _____
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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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 59 WASHINGTON AVE CBL 013 I043001

Issued to A & M PARTNERS LLC /A&M Partners, LLC

Date of Issue 12/07/2006

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. ⁰⁶⁻¹³⁷¹, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES
1st floor Front

APPROVED OCCUPANCY
Counseling Center
Use Group B
Type 3A
IBC 2003

Limiting Conditions:
none

This certificate supersedes
certificate issued

Approved:

.....
(Date)

.....
Inspector

.....
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.