



Certificate of Occupancy

LOCATION 247 Congress St

CBL 021 F009001

Issued to Sawyer Jane N/Applicant

Date of Issue 05/02/2003

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. 03-0162, 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

First Floor

APPROVED OCCUPANCY

Bookstore and Cafe
Use Group: M
Type: 5B
BOCA: 1999

Limiting Conditions:

Limited to nine seats

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.

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

PERMIT ISSUED

Permit No: 03-0162	Issue Date: MAR 28 2003	CBL: 021 F009001
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Location of Construction: 247 Congress St	Owner Name: Sawyer Jane N	Owner Address: Po Box 7225	Phone: 761-1955
Business Name:	Contractor Name: Applicant	Contractor Address: CITY OF PORTLAND Portland	Phone:
Lessee/Buyer's Name: Julie Lesser	Phone: 761-1955	Permit Type: Change of Use - Commercial	Zone: 62B

Past Use: Consignment Store/Vacant	Proposed Use: Bookstore/Cafe	Permit Fee: \$30.00	Cost of Work: \$900.00	CEO District: 1
Proposed Project Description: Addition of Bookshelves/Counters and Sinks <i>Considered A Retail use showing freight seats for the cafe</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: M Type: JB NO USE CHANGE	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	

Conditions of C of U - No more than nine (9) seats

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: gad	Date Applied For: 03/07/2003	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"/> Denied Date: <i>3/13/03</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 Date:
	<i>Separate permits be required for new signage</i>		<i>[Signature]</i>

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