

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 061421

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
OCT 23 2006
CITY OF PORTLAND

This is to certify that METROPOLITAN APARTMENTS LLC
has permission to Change of use from office to retail Galleria Construction
AT 439 CONGRESS ST 027 B004001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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.

Classification of inspection must be given and when permission procedure before this building or part thereof is started or service proposed in 4 HOUR NOT REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. Jay Kelley P.F.D. 10/3/06
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Michael A. Collins
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1421	Issue Date:	CBL: 027 B004001
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Location of Construction: 439 CONGRESS ST	Owner Name: METROPOLITAN APARTMENTS	Owner Address: 429 ELMWOOD RD	Phone:
Business Name: Mainely Masters	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name Forest Keever	Phone: 207-807-0250	Permit Type: Change of Use - Commercial	Zones B-3

Past Use: Commercial- Office	Proposed Use: Commercial - Retail - Change of use from office to Art Gallery no construction	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A3 Type: 2B ART GALLERY	

Proposed Project Description:
Change of use from office to Art Gallery no construction

Signature: *JLK-D P.R.D. 10/3/06*

Signature: *NET 10/20/06*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

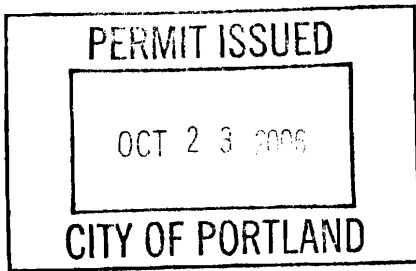
Action: Approved Approved w/Conditions Denied

Signature: *[Signature]* Date: **9/27/06**

Permit Taken By: Idobson	Date Applied For: 09/27/2006	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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"/> Date: 9/27/06	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:
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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 _____