

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

Location of Construction:		Owner:		Phone:		Permit No: <b>990050</b>	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name:		Address:		Phone:		<b>PERMIT ISSUED</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Permit Issued:</b>  <b>JAN 22 1999</b> </div> <b>CITY OF PORTLAND</b>	
Past Use:		Proposed Use:		<b>COST OF WORK:</b> \$ _____ <b>PERMIT FEE:</b> \$ _____			
Proposed Project Description:		<b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action:      Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____      Date: _____		<b>Zone:</b> <b>CBL:</b>	
						Zoning Approval: <b>Special Zone or Reviews:</b> <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"/>	
Permit Taken By:		Date Applied For:				<b>Zoning Appeal</b> <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	

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**

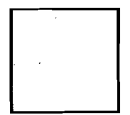
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk   Green-Assessor's   Canary-D.P.W.   Pink-Public File   Ivory Card-Inspector

**CEO DISTRICT**





CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 111 Commercial St. Portland, ME 04101

Issued to 111 Commercial St. Assoc. Inc.

Date of Issue 14 May 2009

**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. 800050, 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

APPROVED OCCUPANCY

Street Address

Detail  
Use Group: A3  
Dept: 35  
BOCA 106

**Limiting Conditions:**

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.

COMMENTS

2/3/99 Pre-con meeting w/ Bruce, Al

2/18/99 Framing ok Plumbing ok. A. Rowe

3/24/99 CJO for inspection. Comments on stairs - Hallways!  
A Rowe

3/26/99 Head room problem resolved. A Rowe  
CJO OK

*[Handwritten signature]*

990050

28 - M - 5

Inspection Record  
Type

Date

Foundation: \_\_\_\_\_

Framing: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Final: \_\_\_\_\_

Other: \_\_\_\_\_