



Department of Building Inspection

## Certificate of Occupancy

LOCATION

113 MIDDLE ST

CBL 028 N009001

Issued to

Brothers Three Llc/Monaghan Woodworks, Inc.

Date of Issue

03/06/2009

This is to certify that the building, premises, or part thereof, at the above location, built - altered

07-1159 has had final inspection, has been found to conform - changed as to use under Building Permit No. 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

Aging Excellence

Commercial Office/Retail Use Group B/M Type 4

**Limiting Conditions:** 

This is a change of use only permit and is not intended to certify building code compliance.

This certificate supersedes certificate issued

Approved:

13/14/09/1 (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.

P.F.V BEN WAKINE

Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## Y OF PORTLAND

Please Read Application And Notes, If Any, Attached

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Permit Number: 071159

epting this permit shall comply with all ances of the City of Portland regulating

ctures, and of the application on file in

This is to certify that

BROTHERS THREE LLC /N aghan Woodworks, Inc.

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has permission to

Change of use from office to ce w/ re

AT 113 MIDDLE ST

028 N009001

provided that the person or persons, of the provisions of the Statutes of I the construction, maintenance and u this department.

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

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of buildings and sa

rtion.

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

OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_

9/27/2007

Health Dept. **Appeal Board** 

Other Department Name

PENALTY FOR REMOVING THIS CARD

