| | | | 1 | PFRMIT | ISSULU | | |
|---|-----------------------------|--|------------------------|---------------------------------------|-------------------------|--|------------|
| City of Portland, Mai | ine - Building or Use | Permit Applicati | on Pe | rmi | Issue Date: | CBL: | |
| 389 Congress Street, 041 | 101 Tel: (207) 874-8703 | 207) 874-8703, Fax: (207) 874-871 | | 6 02-1059 2002 | | 033 K004001 | |
| Location of Construction: | Owner Name: | wner Name: | | Owner Address: 4 7.004 | | Phone: | |
| 343 Cumberland Ave Preble Str | | Resource Center | Po B | Po Box 1459 | | 775-0026 | |
| Business Name: | Contractor Name | Contractor Name: | | Contractor Add St. PUNILAN | | Phone | |
| | WRIGHT RY | WRIGHT RYAN CONSTRUCTIO | | 10 DANFORTH STREET Portlan | | nd 2077733625 | |
| Lessee/Buyer's Name Phone: -14- | | 7570 159316 | Permi Alte | Permit Type: Alterations - Commercial | | | |
| Past Use: | Proposed Use: | Proposed Use: | | it Fee: | Cost of Work: | CEO District: | |
| Vacant/Box Manufacturer | OfficeSpace/I | OfficeSpace/Dental Clinic/Teen Center | | \$9,998.00 | \$1.425.000.00 |) 2 | |
| | Center | | | DEPT: | Approved INSI | PECTION: | |
| | | | | | | Group: | Type: 36 |
| | , | | | | | 1.1. | 100 |
| | | | | | ł | 10/3 | 4001 |
| "'roposed Project Description: | | | | | Mu | $\mathcal{O}_{\mathcal{U}}\mathcal{N}$ | 1,1 |
| Zonstruct Office Space/Dental Clinicmeen Center | | | 5 0. | | / * | gnature: UU MAT | |
| | | | PEDE | STRIAN ACTIV | r (P.A.D.) | P.A.D.) | |
| | | | Action: Approved Appro | | d Approved | ved w/Conditions Denied | |
| | | | Signa | iture: | | Date: | |
| 'ermit Taken By: | Date Applied For: | | Zoning Approval | | | | |
| gad | gad 09/13/2002 | | | | | | |
| 1. This permit application | n does not preclude the | Special Zone or Re | jews | Zoning Appeal | | Historic Preservation | |
| Applicant(s) from mee Federal Rules. | eting applicable State and | and Shoreland | | ☐ Variance | | Not in District or Landmark | |
| 2. Building permits do no | ot include plumbing | Wetland | | Miscellaneous | | Does Not Require Review | |
| septic or electrical wo | | wednesday with the second second | | | Boes Not Require Review | | |
| 3. Building permits are void if work is not started | | Flood Zone | Zone Conditional Use | | ıal Use | Requires Review | |
| within six (6) rnonths of the date of issuance. | | zeda | Now | X X | * | 1 | |
| False information may invalidate a building | | Subdivision | | [] Interpretation | | Approved | |
| permit and stop all work | | | j. | | | | |
| | | Site Plan Que | 18 hus | Approved | l | Approved w/ | Conditions |
| | 4 | 14 red pre | VY . | 1 | | | |
| | _ / | Maj Minor M | Y | Denied | | Denied / |) |
| | $\mathcal{V}^{\mathcal{D}}$ | x/ (~ | <i>>></i> , | 1 | | | < |
| ø | Date: Of 9 7 1 Pate: | | | Date: | | | |
| · · | | 11, | , 11. L | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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'? 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 343 Cumberland Ave

CBL 033 K0040

Issued to Preble Street Resource Center/WRIGHT RYAN CONSTRUC Date of Issue 05/23/2003

. This is to certify that the building, premises, or part thereof, at the above location, built — alte — changed as to use under Building Permit No.02-1059 —, has had final inspection, has been found to confc substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

First Floor and Basement Level

Office Space, Dental Clinic, Teen Cent

Use Group: B

and the control of th

Type: 3B

BOCA 1999

Limiting conditions:

None

This certificate supersedes certificate issued

Approved:

不是一個教徒的 经存款的现在分词 医阴茎腔 医阴茎腔 医阴茎的 医阴茎的 医神经神经 医神经神经 医生物 医神经病 医水子病 医克雷氏病

C/3

Date) /

Inspector

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

5/22/03