

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 070073
FEB - 5 2007
CITY OF PORTLAND

This is to certify that ATLANTIC BAYSIDE SQUARE LLC / Great Falls Builders Inc./Jo
has permission to Change of use to driving school. Install 2 new doors in the space. Remove temp office partition
AT 54 MARGINAL WAY Portland, OR 97201 034A A002001

provided that the person or persons who apply for or 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.

Notification of inspection must be given and when permission procured before this building or part thereof is leased or occupied. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cross
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

Jeanie Bonke 2/14/07
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: 07-0073	Issue Date:	CBL: 034A A002001
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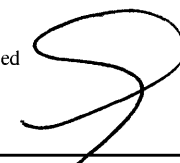
Location of Construction: 54 MARGINAL WAY	Owner Name: ATLANTIC BAYSIDE SQUARE L	Owner Address: 340 FORE ST	Phone:
Business Name:	Contractor Name: Great Falls Builders, Inc./Jon Smith	Contractor Address: 20 Mechanic Street Gorham	Phone: 2078922744
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B7

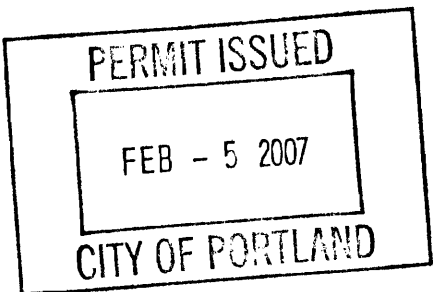
Past Use: Commercial - office space	Proposed Use: Commercial Driving School- Change of use to driving school Install 2 new doors in the space. Remove temp office partition	Permit Fee: \$155.00	Cost of Work: \$6,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied see conditions	INSPECTION: Use Group: B Type: 2B IBC-2003	

Proposed Project Description:
Change of use to driving school Install 2 new doors in the space. Remove temp office partition
1st floor

Signature: *Greg Cross* Signature: *AMB 2/14/07*
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: ldobson	Date Applied For: 01/22/2007	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"/> Date: <i>3/12/07</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: _____
			



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

2/16/07 - Framing for two new doors - metal studs -
non-bearing OK to close-in. JMM

3/16/07 - Final insp - OK to
close out. JMM



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 54 MARGINAL WAY CBL 034A A002001

Issued to ATLANTIC BAYSIDE SQUARE LLC /Great Falls Builders, Date of Issue 03/20/2007

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. 07-0073, 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 Right

APPROVED OCCUPANCY

Driving School
Use Group B Type 2B
IBC 2003

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.