Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

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ation

PERMIT ISSUED

Permit Number: 041028

epting this permit shall comply with all

ances of the City of Portland regulating tures, and of the application on file in

037 H010001

JUL 3 0 2004

CONTRACTOR OF THE PROPERTY OF

This is to certify that ____Center City Plaza Assoc/T &

Develop

m or

ine and of the

CITY OF PORTLAND

AT _510 Congress St

has permission to _____ Tenant fit-up of commercial of

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.

fication insped n must g b h and w n permi: n procu re this ding or t thered la ed or d osed-in. IR NOTICE IS REQUIRED.

of buildings and sa

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

OTHER REQUIRED APPROVALS

Fire Dept. A M M ()

Health Dept.

Appeal Board

Other __

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

CITY OF PORTLAND, MAINE

Department of Building Inspection



Certificate of Occupancy

LOCATION 5 10 Congress St

CBL 037 HOIOOOI

Issued to Center City Plaza Assoc/T & T Development LLC

Date of Issue 12/02/2004

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. 04-1028 , 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

2nd floor

Tenant fit-up

Limiting Conditions:

none

APPROVED OCCUPANCY

Commercial office space

Use group B

Type 2C

Boca 1999

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.

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18/08/04 6Kgy to 1810 6 C/o Enter

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City of Portland, Main 389 Congress Street, 0410	_		04 1000 90 1 /90/	CBL: 037 HOIOOOI	
Location of Construction:			Owner Address:	Phone:	
510 Congress St Center City P		laza Assoc	567 Congress St	774-5541	
Business Name:	Contractor Name: T & T Development LLC		Contractor Address:	Phone	
			PO Box 11018 Portland	2072535025 Joya	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Commercial	Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:	CEO District:	
Commercial office space	Tenant fit-up	of commercial office	\$1,497.00 \$164,000.0	00 1	
	2nd Fl	cor per Joy 1/24/04	Denied Us	SPECTION: Je Group: Type: 7 June 1 June 1	
			PEDESTRIAN ACTIVITIES DISTRIC		
			Action: Approved Approve	ed w/Conditions Denied	
			Signature:	Date:	
Permit Taken By: jodinea	Date Applied For: 07/22/2004		Zoning Approval		
 This permit application Applicant(s) from meetin Federal Rules. Building permits do not septic or electrical work Building permits are voit within six (6) months of False information may in permit and stop all work 	ing applicable State and include plumbing, and if work is not started the date of issuance, invalidate a building	Shoreland Separate Wetland Year New Flood Zone Subdivision Site Plan Mai Minor M O Pate: 7/2	Variance Variance Miscellaneous Conditional Use Interpretation Approved Denied Late:	Not in District or Landmark Does Not Require Review Requires Review Approved Approved w/Conditions Denied Denied Date:	
I have been authorized by the urisdiction. In addition, if a p	owner to make this appli permit for work described	med property, or that cation as his authoriz I in the application is	the proposed work is authorized by the dagent and I agree to conform to all sissued, I certify that the code official conable hour to enforce the provision	l applicable laws of this l's authorized representative	
SIGNATURE OF APPLICANT		ADDRE	ESS DATE	PHONE	

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

, CEWA RELEDY

DATE

PHONE