Form # P 04	DISPLAY	THIS C	ARD ON		AL FRON	TAGE OF WORK
Please Read Application An Notes, If Any, Attached	d	C	BU		TLAN	Permit Number: 090227
This is to certify	y thatMAINE	EMPLOYER		NSUR	1PANY/2	PERMIT ISSUED
AT -245 COM	MERCIAL-ST					Fp06001 MAE 3 1 2009
provided that the person or persons, fille or consideration according this permit shall comply with all of the provisions of the Statutes of Marie and of the Original according to the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.						
	Iblic Works for s f nature of work ation.		giver and before thi lather for	on of spectio writte termissic s builting or pa othe DTICE IS REQUI	pirocured piereof is ed-in. 24	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
	REQUIRED APPR					
Health Dept.						
Appeal Board Other					ffor	m la Mala 3/3/09
PENALTY FOR REMOVING THIS CARD						



Close glas/or

9-24-09 Friscullet per permit class Smith