City of Portland, Maine 389 Congress Street, 04101		rmit No: Issue Date: 05-0539		2:	CBL: 052 C003001			
Location of Construction: 189 Park Ave	Owner Name:	For The Blind &	Owne	er Address: Park Ave			Phone:	
Business Name:	Contractor Nan Benchmark			Contractor Address 34 Thomas Dr. West		2	V Phone 2075917600	
Lessee/Buyer's Name	Phone:		1	it Type: litions - Com	mercial			Zone:
Past Use: SRO housing and offices		Proposed Use: SRO housing and offices/ create 30 apartments and renovate existing 33' x 46' three story building		nit Fee: \$31,002.00	Cost of Wo \$3,433,88		CEO District: 1]
							SPECTION: se Group: Type	
Proposed Project Description: create 30 new apartments and renovate existing 33' x 46' three story CONDITIONAL PERMIT			Signature: Sig PEDESTRIAN ACTIVITIES DISTRIC		Signature RICT (P.			
		Action Approved Approve				ed w/Condition 🔲 Denied		
Permit Taken By: Idobson	Date Applied For: 05/06/2005	Zoning Approval						
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Rev			Zoning Appeal /ariance		Historic Preservation	
2. Building permits do not include plumbing, septic or electrical work.		□ Wetland	Wetland Wetland		Miscellaneous		Does Not Require Revie	
 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 		🗍 Flood Zon		Conditional Us			Requires Review	
		Subdivision		Interpretatio			Approved	
		Site Plan		Approv	ed		Approved w	/Condition
		Maj 🗌 Mino 🗌 MM		Denied		[Denied	
		Date:		Date:		Dat	te:	

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	РНО	

CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy



LOCATION 189 Park Ave

CBL 052 C003001

Issued to Iris Park Apartment LP/Benchmark

Date of Issue 03/21/2008

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. 05-0539, 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

Entire

APPROVED OCCUPANCY

30 Dwelling Units 1 Staff Apartment Type 2B/3B IBC 2003

Limiting Conditions: none

This certificate supersedes certificate issued

COM 2 20 March 21

Inspector

Approved:

(Date)

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.