

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

PERMIT ISSUED
Permit Number: 050391
APR 25 2005
CITY OF PORTLAND

This is to certify that Sawyer Deborah A
has permission to Home Occupation for a law office
AT 169 Clinton St

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 inspection must be given and work on permit on procedure before this building or part thereof is occupied or closed-in. FOUR 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
4/22/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0391	Issue Date: PERMIT ISSUED APR 25 2005	PL: 135 CO 8001
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Location of Construction: 169 Clinton St	Owner Name: Sawyer Deborah A	Owner Address: 169 Clinton St	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: R5

Past Use: Dwelling 2 family	Proposed Use: Dwelling/ Home Occupation for a law office 2 family with one D.U. having a home occupation for law office	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 4	
Proposed Project Description: Home Occupation for a law office		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied NA	INSPECTION: Use Group: R-3 Type: SB IRCC 2003		
		Signature:	Signature:		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied			
		Signature: _____ Date: _____			

Permit Taken By: Idobson	Date Applied For: 04/11/2005	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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>4/20/05</i>	<p>Zoning Appeal</p> <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: _____	<p>Historic Preservation</p> <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: _____
	<p><i>ok with conditions</i></p>		

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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 169 Clinton St

CBL 135 C018001

Issued to Sawyer Deborah A /Seth Berner

Date of Issue 06/01/2005

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. 05-0391 , 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

Change of Use-Adding Law office on 1st Floor

APPROVED OCCUPANCY

Use Group R-3 Type 5B

Limiting Conditions:

None

Closed

This certificate supersedes certificate issued

Approved:

6/1/05
.....
(Date)

[Signature]
.....
Inspector

[Signature]
.....
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.