

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 070205

Please Read Application And Notes, If Any, Attached

This is to certify that BJEC LCC/Benchmark
has permission to FOUNDATION & SLAB ONLY - for a factory 1,008 sq ft addition to Caravan Beds
AT 915 FOREST AVE 142 F004001

PERMIT ISSUED
MAR 23 2007
CITY OF PORTLAND

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this line 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 procedure before this building or part thereof is started or closed-in. 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 3/20/07
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: 07-0205	Issue Date:	CBL: 142 F004001
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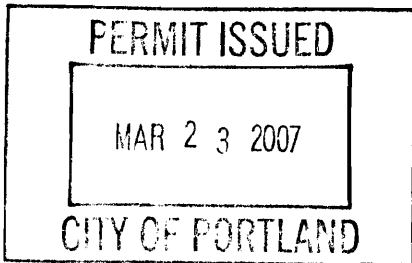
Location of Construction: 915 FOREST AVE	Owner Name: BJFC LCC	Owner Address: 915 FOREST AVE	Phone:
Business Name:	Contractor Name: Benchmark	Contractor Address: 34 Thomas Dr. Westbrook	Phone 2075917600
Lessee/Buyer's Name	Phone:	Permit Type: Foundation Only/Commercial	Zone: B-2

Past Use: Retail - Caravan Beads	Proposed Use: Retail - Caravan Beads- FOUNDATION & SLAB ONLY- for a 1 Story 12,308 sq ft addition to Caravan Beads	Permit Fee: \$970.00	Cost of Work: \$95,000.00	CEO District: 4
Proposed Project Description: FOUNDATION & SLAB ONLY- for a 1 Story 12,308 sq ft addition to Caravan Beads		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>SEE ORIGINAL</i>	INSPECTION: Use Group: <i>FOUNDATION ONLY</i> Type: Signature: <i>3/20/07</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 02/26/2007	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>SEE ORIGINAL</i> <i>Comment</i> <i>3/23/07</i>	Date: _____	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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 915 FOREST AVE

CBL 142 F004001

Issued to BJFC LCC /Benchmark

Date of Issue 07/02/2007

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. 07-0305 , 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

(1) Story Addition

APPROVED OCCUPANCY

Retail/Warehouse
Use Group B/M/SI
Type 2B
IBC 2003

Limiting Conditions:

none

**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.