•	*	e - Building or Use	-	• •	07-0692	Issue Date	•	147 AC	24001	
389 Congress Street, 04101 Tel: (207) 874-8703 Location of Construction: Owner Name:			3, Fax: (207					147 A024001 Phone:		
			Owner Name: TESSMANN ALEX & ROWENA			Owner Address: 33 STATE ST			Phone:	
Business			Contractor Name:			Contractor Address:				
		Tim Bernard				33 State Street Bangor			Phone 2079927010	
Lessee/B	uyer's Name	Phone:	Phone:		Permit Type:			Zone:		
					Change of Use -	Commercia	.1		B-L	
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		k: CE	CEO District:		
Commo	ercial / Daycare		Commercial / Office Change of use		\$0.00			4		
		permit # 05-12	from Daycare to office & Amend permit # 05-1276 to show handicap ramp w/ new stairs		Approved			PECTION: Group: Type:		
							1	TB(-2003		
Proposed	l Project Description:						1 20	Rain	1/010	
			& Amend permit # 05-1276 to show		Signature: Signa PEDESTRIAN ACTIVITIES DISTRICT			TBC-2003 nature: MB 6/18/07 T (P.A.D.)		
handica	ap ramp w/ new stairs									
				<i>A</i>	Action: Approv	ed App	proved w/Co	nditions [Denied	
					Signature:		Da	nte:		
Permit T	•	Date Applied For:		Zoning Approval			ıl			
dmarti	n 	06/13/2007	0 : 15	, <u>n</u> .				Historic Preservation		
		does not preclude the	Special Z	Zone or Reviews	ws Zoning Appeal		1			
_	oplicant(s) from meeti deral Rules.	ng applicable State and	Shorela	nd	[] Variance			Not in District or Landma		
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			Does Not Require Review		
	ailding permits are voithin six (6) months of	d if work is not started the date of issuance.			Conditional Use			Requires Review		
	lse information may in rmit and stop all work	_	Subdivision		Interpretation			Approved		
			Site Pla	stengw	Approve	ed		Approved w	/Conditions	
			Maj Minor MM		Denied			_ Denied		
			Date:	1/10	Date:		Date:			
			·		_					
				TIFICATIO						
I have b jurisdict	een authorized by the tion. In addition, if a ve the authority to ent	owner of record of the national owner to make this applement for work describe er all areas covered by so	ication as hi	s authorized a lication is issu	igent and I agree lied, I certify that	to conform the code of	to all appl ficial's auth	icable laws norized repi	of this resentative	
poi	·•									
SIGNAT	URE OF APPLICANT			ADDRESS		DATE		PHC)NE	
SIGNAT	URE OF APPLICANT			ADDRESS			DATE	DATE	DATE PHO	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

6-11-67- Conserted all extstanding hissels & Supplied for a change of Se- Old



CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 1011 FOREST AVE

CBL 147 A024001

Issued to LOWRY DONALD GREY /Tim Bernard

Date of Issue 06/18/2007

This is to certify that the building, premises, or part thereof, at the above location, built — altered

	Inspector	Inspector of Buildings					
Approved:							
This certificate issu							
Limiting Cond	ditions:						
		Use Group B Type 5B IBC 2003					
1	Entire	Office					
Po	ORTION OF BUILDING OR PREMISES	APPROVED OCCUPANCY					
substantially		05-1276 , has had final inspection, has been found to conform ace and Building Code of the City, and is hereby approved for ted below.					

owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.