

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

Permit Number: 070912

AUG 20 2007

CITY OF PORTLAND

This is to certify that SPINNAKER HOLDINGS L /Landry /ion Corp/ is

has permission to Tenant Fit-up

AT 2401 CONGRESS ST 239A A004002

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 of inspection must given and written permission procured before this building or part thereof is entered or closed-in. HEAVY 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. [Signature]
Health Dept.
Appeal Board
Other Department Name

[Signature] 8/20/07
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: 07-0912	Issue Date:	CBL: 239A A004002
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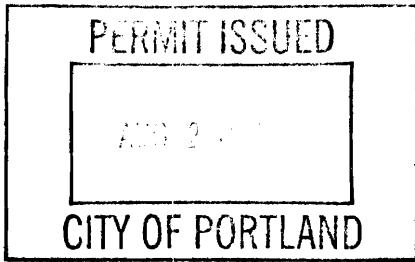
Location of Construction: 2401 CONGRESS ST	Owner Name: SPINNAKER HOLDINGS LLC	Owner Address: 6 COTTONWOOD LN	Phone:
Business Name:	Contractor Name: Landry Construction Corp /Denis La	Contractor Address: P.O. Box 1039 Lewiston	Phone 2078382792
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: I-M

Past Use: Commercial Office connected w/ permit#070243	Proposed Use: Commercial Office - Tenant fit-up <i>"DENTAL Arts"</i>	Permit Fee: \$370.00	Cost of Work: \$34,500.00	CEO District: 3
Proposed Project Description: Tenant Fit-up		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>ZB</i> <i>IBC-2003</i>	
		Signature: <i>[Signature]</i> Date: <i>8/20/07</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: 07/30/2007	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"/> Date: <i>7/31/07</i>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied



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