

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0803	Issue Date:	CBL: 296 A005001
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Location of Construction: 313 Warren Ave	Owner Name: Baker, Skip	Owner Address: 336 Warren Ave	Phone: 207-797-3159
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: <i>Lynn Carter</i>	Phone: <i>627-7380</i>	Permit Type: Alterations - Dwellings	Zone: <i>B4</i>

Past Use: Single Family	Proposed Use: Change of Use / From Single Family to Day Care center <i>for 20 children</i>	Permit Fee: \$105.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: Change of Use from Single Family to Day Care Center <i>per Lynn Carter 7/24/03</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>E</i> Type: <i>5B</i> <i>LIMITED TO 20 CHILDREN</i> <i>NOT MORE THAN 2</i> <i>UNDER THE AGE OF</i> <i>2 1/2 YEARS</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>8/30/03</i>		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

Permit Taken By: <i>gg</i>	Date Applied For: 07/14/2003	Zoning Approval		
<ol style="list-style-type: none"> 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 <input type="checkbox"/> Shoreland <i>N/A</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>attached sketch signed site plan exemption</i> Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> <i>OK with conditions</i> Date: <i>8/5/03</i>	Zoning Appeal <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: _____	Historic Preservation <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: <i>[Signature]</i>	

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 - Building or Use Permit

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

Permit No: 03-0803	Date Applied For: 07/14/2003	CBL: 296 A005001
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Location of Construction: 313 Warren Ave	Owner Name: Baker, Skip	Owner Address: 336 Warren Ave	Phone: 207-797-3159
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Change of Use - Commercial	

Proposed Use: Change of Use / From Single Family to Day Care center with 20 children	Proposed Project Description: Change of Use from Single Family to Day Care Center with 20 children
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/05/2003

Note: 7/24/03 Left a message with Lynn Carter - I need to know how many kids this will be licensed for - if over 12 kids this requires a site plan review or site plan exemption. - on hold
7/25/03 there will be 20 children - I sent her a site plan exemption application.
8/1/03 I received a signed site plan exemption for the daycare use signed by sarah

- 1) Any increase in the number of children (for which 20 has been approved with this permit) shall require a separate review.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 08/26/2003

Note: **Ok to Issue:**

- 1) Limited to 20 children. NOT MORE THAT 5 OF THESE CAN BE LESS THAN 2 1/2 YEARS OLD>
- 2) Must comply with State Fire Marshall's findings, Jon Reed's Inspections report

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 08/06/2003

Note: **Ok to Issue:**

- 1) the fire alarm system shall be monitored by an approved central station or the city of portland masterbox system
- 2) Application requires State Fire Marshal approval.

Comments:

8/12/2003-jjr: Went to property on 8/12/03. Met on site with Owner(Skip Baker), and applicant. There are issues that must be resolved:
1) There is no guard around the gas heater 2) There is no handrail off the rear deck. 3) There is a large gap between the front(right) steps w/ no handrail 4) The brick front steps do not meet requirements and also have no handrails.

8/7/2003-mjn: Need more info about ages of clients, type of construction, better plans, state fire marshall involvement

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.



Location/Address of Construction: <u>313 Warren Ave.</u>		
Total Square Footage of Proposed Structure <u>1600 sq ft.</u>	Square Footage of Lot <u>10,884 sq ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>296</u> Block# <u>A</u> Lot# <u>005</u>	Owner: <u>336 Warren Ave</u> <u>Skip Baker</u>	Telephone: <u>797-3159</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ _____ Fee: \$ <u>30.00</u>
Current use: <u>vacant - 2 yrs.</u> (900 75.00)		
If the location is currently vacant, what was prior use: <u>in home day care</u> 105.00		
Approximately how long has it been vacant: <u>2 yrs.</u>		
Proposed use: <u>day care center</u>		
Project description: <u>change of use to Day care Center</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>none</u>		
Mailing address: <u>Cell Sun Center</u> <u>16 Gethsemane Blvd, Casco ME 04112</u> <u>607-7380</u> <u>712-3147</u>		
<p>We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>797-3159</u></p>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Lyn Carter</u>	Date: <u>7/8/03</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the
Planning Department on the 4th floor of City Hall**

John Elias Baldacci Governor Phone 207-624-8744	 Maine Department of Public Safety State Fire Marshal's Office 164 State House Station Augusta, Maine 04333-0164	 Michael P. Cantara Commissioner Chief John C. Dean State Fire Marshal Fax 207-624-8767
Statement of Deficiencies and Plan of Corrections		
Facility Name: Lynna Carter Location: 313 Warren Ave. Portland, Maine 04101 Facility Type DCC (20) Telephone: (207) 627-7380 Resource ID: 428061 File: 68527	Owner Name: Same Address: 16 Kathryn Blvd. Casco, Maine 04015	
During an inspection of your facility a certified State Inspector has found the following violations.	In this right hand column you are required to indicate how and when you will have these violations corrected. Complete this information and return this "Plan of Correction" to the above address within 10 days of receipt of this statement.	

1. **dc04** All rooms used for Daycare or sleeping purposes must have two means of escape, one of which is normally a door. The second may be a window, which allows 5.7 square feet of clear opening when the window is in the normal open position. (NFPA 101 LSC, 16.2.2.1 & 17.6.2.4.2) Toddler room.
2. **dc04** All rooms used for Daycare or sleeping purposes must have two means of escape, one of which is normally a door. The second may be a window, which allows 5.7 square feet of clear opening when the window is in the normal open position. (NFPA 101 LSC, 16.2.2.1 & 17.6.2.4.2) Napping room. 22 x 23. **NOT MET.** However being met with smoke detection option.
3. Additional AC interconnected smoke detector compatible with the system required on the second floor.
4. **dc28** Childproof electrical outlets or safety caps must be installed in all areas childcare is being done. (NFPA 101 LSC, 16.5.1.2, 17.5.1.2)
5. **dc29** All electrical outlet and switch boxes must have proper covers to protect children and other occupants from electric shock. (NEC, NFPA 70)

Ordered unit will be in on 9/20/03 installed by 10/20/03

done

done


done

Date of inspection: July 25, 2003
 Inspector: Robert Cadigan
 Date Sent: 30 July, 2003

Owner/Occupant Signature: *Lyn Carter*
 Date: 8/6/03

AUG-08-03 07:42AM FROM:SY:CO OF NORTHERN NEW ENGLAND

T-108 P.03/05 F-958

John Elias Baldacci Governor Phone 207-624-8744	 Maine Department of Public Safety State Fire Marshal's Office 164 State House Station Augusta, Maine 04333-0164	Michael P. Casara Commissioner Chief John C. Dean State Fire Marshal Fax 207-624-8767
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Statement of Deficiencies and Plan of Corrections


Facility Name: Lynene Center Location: 313 Warren Ave. Portland, Maine 04101 Facility Type: DCC (20) Telephone: (207) 627-7380 Resource ID: 428061 File# 68527	Owner Name: Same Address: 16 Kadenya Blvd. Casco, Maine 04015
During an inspection of your facility a certified State Inspector has found the following violations.	In this right hand column you are required to indicate how and when you will have these violations corrected. Complete this information and return this "Plan of Corrections" to the above address within 10 days of receipt of this statement.

- 6. ee10 A certificate from a Licensed Master Electrician to be furnished this office certifying that the exposed wiring and components comply with the National Electric Code. (Open ended wires, wires not properly secured, outlets not properly covered etc).
- 7. dc42 An appropriate emergency plan shall be posted at the facility and all staff members shall be trained in the execution of the plan.
- 8. em01 Provide approved battery operated emergency lighting to sufficiently illuminate all required means of egress.
- 9. es03 Exit signs shall be installed at all exits and in areas that the exit is not readily apparent.
- 10. 16.3.1, 8.2.5 Protection of Vertical Openings. NOT MET. (A) Provide a 20-minute fire protection rated self-closing, positive latching doors at the top of the basement stairs and on both rooms to the corridor on the third story. (B) Provide a 1/2 hour fire barrier for the unused chimney from the basement to the second story and the drill hole in the floor and any other penetration. Also mortar in the opening in the unused chimney and remove the rag that is currently filling the hole.

90 days.
 30 - per
 done Skip Baker
 Owner
 done
 done
 basement door... ordered 8/10/03
 EA. Date 8/10/03 per order JC
 hall doors - 30 days
 30-45 days

Date of Inspection: July 25, 2003 Inspector: Robert Cadigan Date Sent: 30 July, 2003	Owner/Occupant Signature Date: <div style="text-align: right; font-size: 1.5em;"> <i>Lyn Carter</i> 8/6/03 </div>
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50-201d

John Elias Baldacci Governor Phone 207-624-8744	 Maine Department of Public Safety State Fire Marshal's Office 164 State House Station Augusta, Maine 04333-0164	Michael P. Cantara Commissioner Chief John C. Dean State Fire Marshal Fax 207-624-8767
Statement of Deficiencies and Plan of Corrections		
Facility Name: Lynette Carter Location: 313 Warren Ave. Portland, Maine 04101 Facility Type DCC (20) Telephone: (207) 627-7380 Resource ID: 428061 File: 68527	Owner Name: Same Address: 16 Kathryn Blvd. Casco, Maine 04015	
During an inspection of your facility a certified State Inspector has found the following violations.	In this right hand column you are required to indicate how and when you will have these violations corrected. Complete this information and return this "Plan of Correction" to the above address within 18 days of receipt of this statement.	

- 11. 16.3.2 Protection from Hazards-Boiler/furnace room. NOT MET. Needs to be separated from the remainder of the building by fire barriers having a fire resistance rating of not less than one-hour or protection of such rooms by automatic extinguishing system and smoke tight. (9.7.1.2) Sprinkler piping serving not more than six sprinklers for any isolated hazardous area shall be permitted to be connected directly to a domestic water supply system having a capacity sufficient to provide 0.15 gpm/ft² of floor area throughout the entire enclosed area. An indicating shut off valve shall be installed in an accessible location between the sprinklers and the connection to the domestic water supply.
- 12. 16.2.2.2.5 Bathrooms Doors. Every bathroom door lock shall be designed to allow opening of the locked door from the outside in an emergency. The opening device shall be readily accessible to the staff.
- 13. de03 Locking devices on exit doors must allow opening by the simple function of turning of the knob. Exiting must never require the use of a key. (NFPA 101 LSC, 16.2.2.1 & 7.2.1.5.1)
- 14. No locks against egress (door between rooms).

30 days

done

done

done



Date of Inspection: July 25, 2003
 Inspector: Robert Cadigan
 Date Sent: 30 July, 2003

Owner/Occupier Signature
 Date:

Lyn Carter

8/6/03

TOTAL P. 05

<p>John Elias Baldacci Governor Phone 207-624-8744</p>	 <p>Maine Department of Public Safety State Fire Marshal's Office 164 State House Station Augusta, Maine 04333-0164</p> 	<p>Michael P. Cantara Commissioner Chief John C. Dean State Fire Marshal Fax 207-624-8767</p>
Statement of Deficiencies and Plan of Corrections		
<p>Facility Name: Lynette Carter Location: 313 Warren Ave. Portland, Maine 04101 Facility Type DCC (20) Telephone: (207) 627-7380 Resource ID: 428061 File# 33527</p>	<p>Owner Name: Same Address: 16 Kathryn Blvd. Casco, Maine 04015</p>	
<p>During an inspection of your facility a certified State Inspector has found the following violations:</p>	<p>In this right hand column you are required to indicate how and when you will have these violations corrected. Complete this information and return this "Plan of Correction" to the above address within 18 days of receipt of this statement.</p>	

- 15. All means of egress more than 30" above the surrounding grade shall be provided with 42" high guards with ornamentation such that a 4" sphere cannot pass through on open sides. Stairs shall also have handrails of 1 1/4 - 2" in diameter. Returned to the walls or post at the ends. Stairs shall have a maximum riser height of 8". Stairs shall have a minimum tread depth of 9". There shall be no variation in excess of 3/16 of adjacent treads or risers, and no variations in a flight of stairs to exceed 3/8".
- 16. 16.3.3.2 Interior wall and ceiling finish shall be Class "A" in stairways, corridors, and lobbies. In all other occupied areas wall and ceiling finish shall be Class A or Class B.
- 17. State Fire Marshal's Office determination 02/14/00 DCC up to 20 children that are not fully sprinkler protected shall be provided with a complete NFPA-96 hood, duct, and extinguishing system. ???
- 18. 16.5.2.3 Protection or division shall be provided to prevent children from being injured on any hot surface or open flame.
- 19. Discontinue the use of gang plugs.

15 days

done by August 11th 2003
stove will be removed by 15. days
if monitor heater gets hot will put screen in front
done

RC/djt
Cc: Portland Fire Department, Nelson Collins, DHS, and Steve Dodge
(PENDING)

<p>Date of Inspection: July 25, 2003 Inspector: Robert Cadigan Date Sent: 30 July, 2003</p>	<p>Owner/Occupant Signature Date: <i>Lynn Carter</i> 8/6/03</p>
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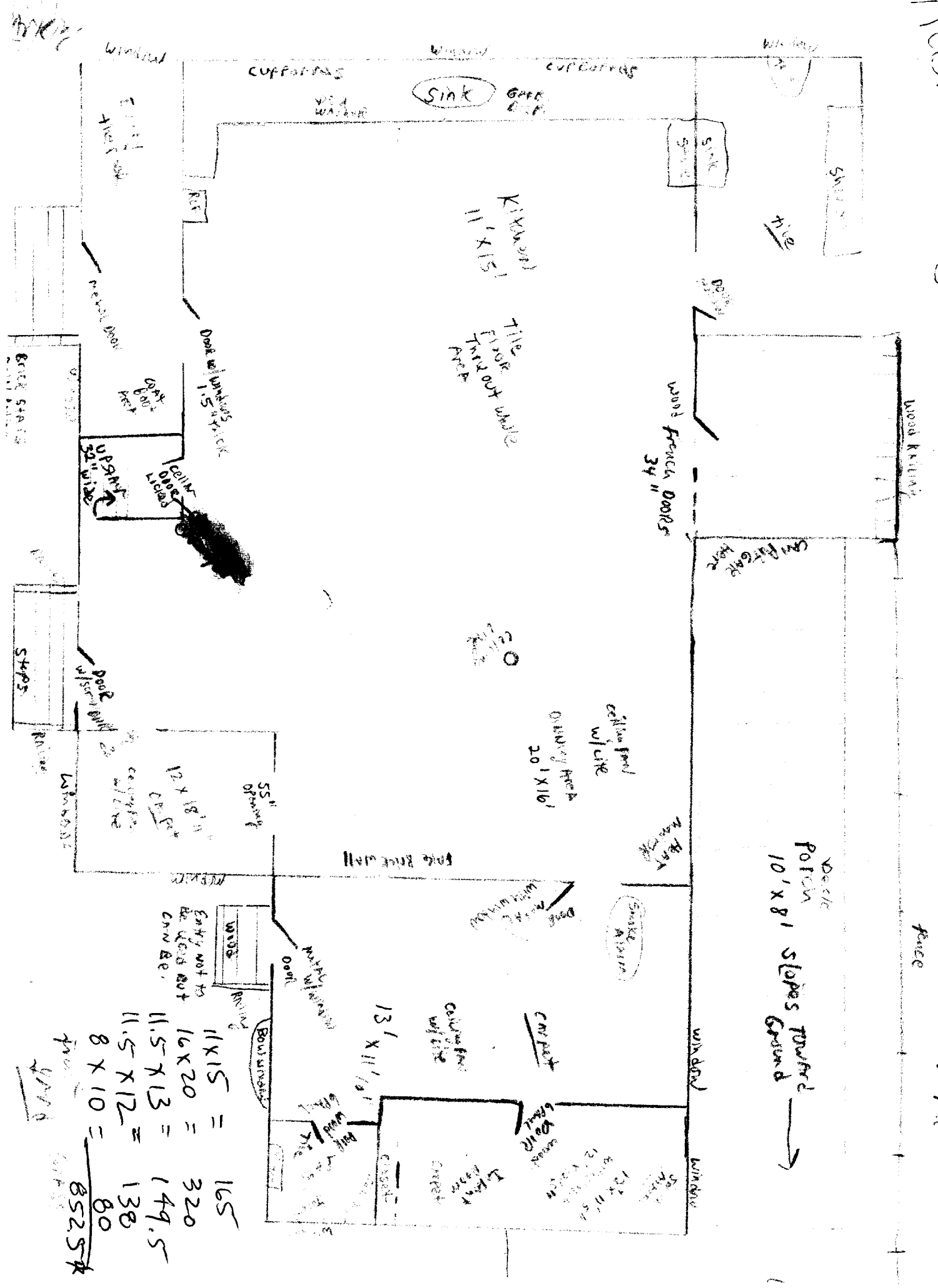
July 8, 2003

I give my permission for Lynn Carter to put a Day Care Center at 313 Warren Ave.

Skip Baker
Owner of Property

• Power Sunroofs • Leather Interiors • Video Systems • Tops •
336 Warren Avenue, Portland, ME 04103 • 207-797-3159 • E-mail: www.autoimag@maine.me.com
SERVING THE MAINE DEALER GROUP SINCE 1970

Passit Changed

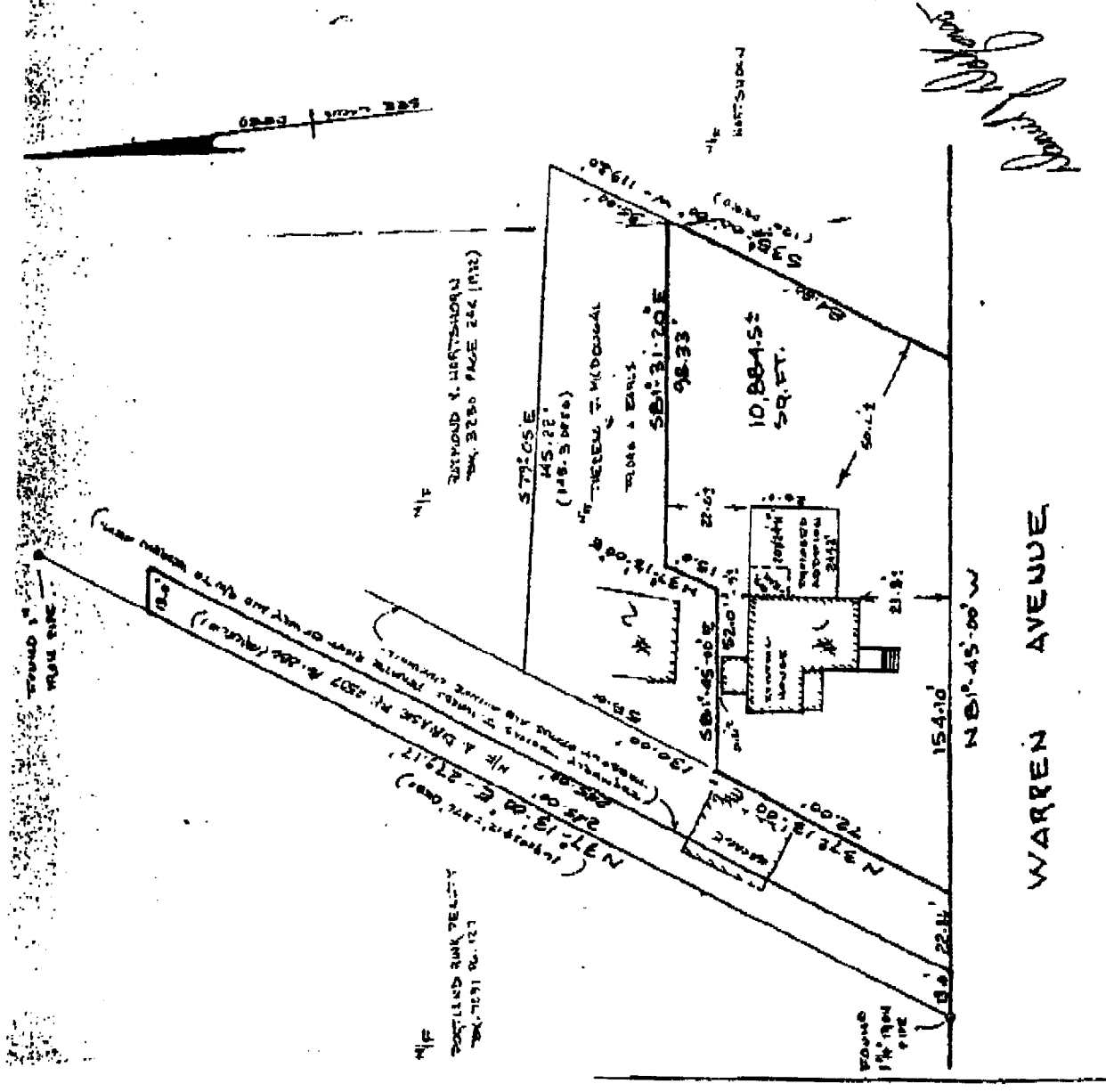


11x15 = 165
 16x20 = 320
 11.5x13 = 149.5
 11.5x12 = 138
 8x10 = 80
 852.5*

Changing basement doors
wooden door to a twenty
minute fire proof door with
2 ft. x 6 ft. * 8"
a automatic metal door closer.

LOCUS DEED REFERENCE:
 SANTS AND LINDS DEEDS TO ANTHONY D. DIBASE
 BOOK 2507 PAGE 286, 1977, UNCOR. WE

B-4 ZONE



PLAN SHOWING A STANDARD BOUNDARY SURVEY MADE FOR
ANTHONY D. DIBASE
 313 WARREN AVENUE
 PORTLAND, MAINE

DATE: 7-29-03	PROJECT:
DATE: 1-17-98	PROJECT:
BY: BOUWEL, J. & ASSOCIATES	PROJECT:
107 S. MAIN ST.	PROJECT:
PORTLAND, ME 04104	PROJECT:

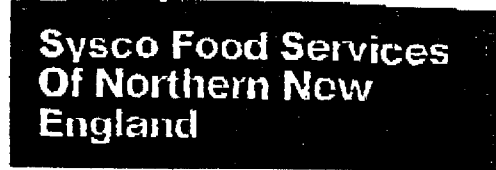
SCALE: 1/8" = 1'-0"
 DATE: 7-29-03
 PROJECT: 107-213

EXCEPT: NO OTHER WALLS SET

5

Anthony D. Dibase

PO Box 4657
Portland, ME 04112
(207) 871-0700
(207) 828-2597 Purchasing Fax



Fax

To: <i>Marge</i>	From: <i>L. Carter</i>
Fax:	Page: <i>2.</i>
Re:	Date: <i>7/29</i>

Urgent For Review Please Comment Please Reply Please Recycle

● **Comments:**

in plan to Planning - 4th floor City Hall



APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

Applicant 547 Clatta

Application Date 7/31/03

Applicant's Mailing Address 14 Kottkamp Blvd. Casco, ME

Project Name/Description 313 Warren Ave. Portland, ME

Consultant/Agent/Phone Number 209-627-7380

Address of Proposed Site 313 Warren Ave. Portland, ME

CBL: _____

Description of Proposed Development:

Day care use. No site changes, No building additions.

* Please Attach Sketch/Plan of Proposal/Development

Criteria for Exemptions:
See Section 14-523 (4) on back side of form

- a) Within Existing Structures; No New Buildings, Demolitions or Additions
- b) Footprint Increase Less Than 500 Sq. Ft.
- c) No New Curb Cuts, Driveways, Parking Areas
- d) Curbs and Sidewalks in Sound Condition/Comply with ADA
- e) No Additional Parking/ No Traffic Increase
- f) No Stormwater Problems
- g) Sufficient Property Screening
- h) Adequate Utilities

Applicant's Assessment (Yes, No, N/A)	Planning Office Use Only
<u>no</u>	<input checked="" type="checkbox"/>
<u>no</u>	<input checked="" type="checkbox"/>
<u>no</u>	<input checked="" type="checkbox"/>
<u>yes</u>	<input checked="" type="checkbox"/>
<u>no</u>	<input checked="" type="checkbox"/>
<u>no</u>	<input checked="" type="checkbox"/>
<u>yes</u>	<input checked="" type="checkbox"/>
<u>yes</u>	<input checked="" type="checkbox"/>

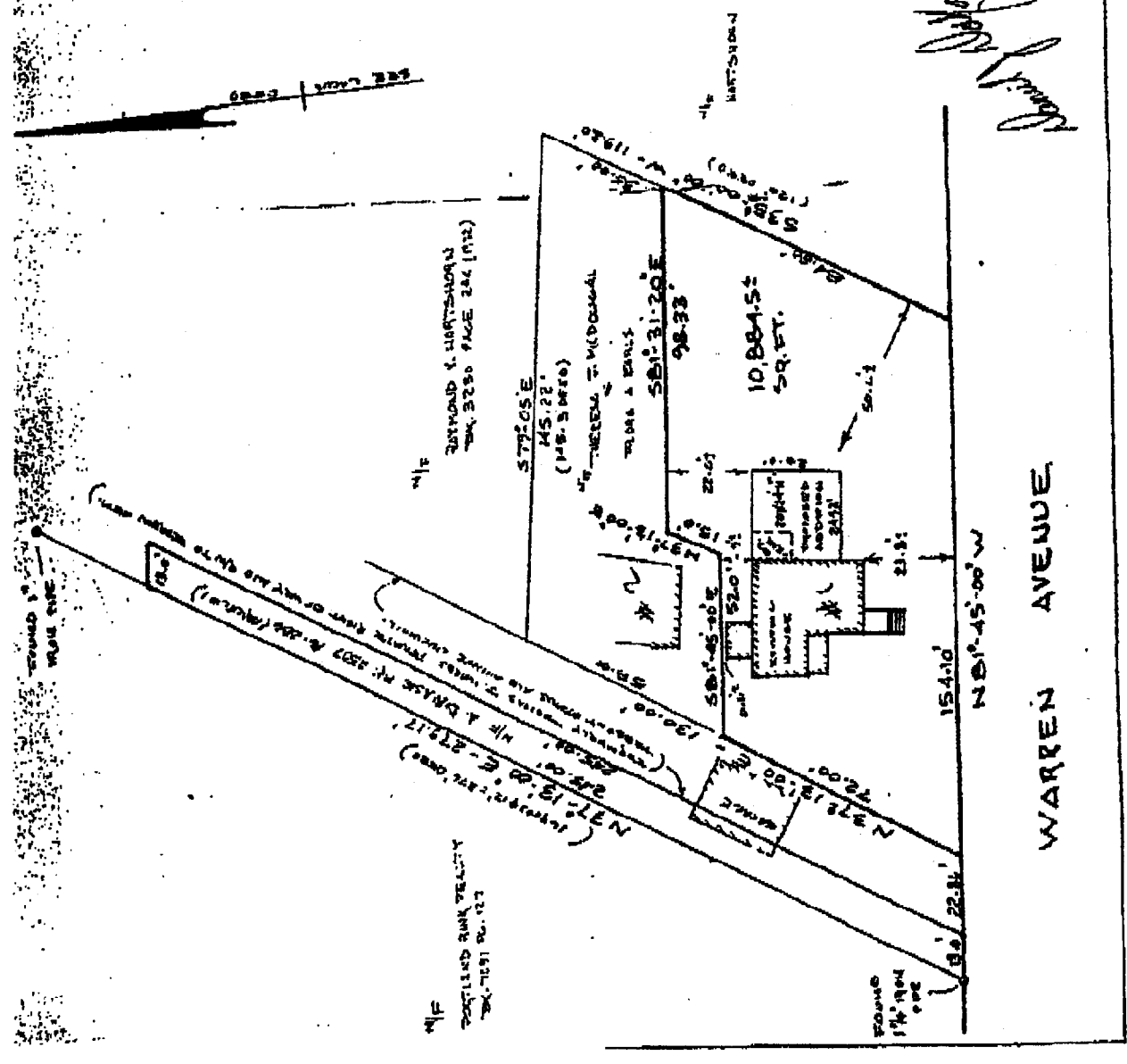
Planning Division Use Only

Exemption Granted Partial Exemption _____ Exemption Denied _____

Planner's Signature [Signature] Date 7/31/03

LOCAL DEED REFERENCE:
 SAATCHI AND SAATCHI BUREAU TO ADVERTISING BOARD
 BOOK 2507 PAGE 284, 3192, 3193, 3194, 3195

B-4 ZONE



PLAN SHOWING A STANDARD BOUNDARY SURVEY MADE FOR
ANTHONY D. DIBIASE
 213 WARREN AVENUE
 PORTLAND, MAINE

DATE: 1-17-98
 TIME: 10:30

BY: DANIEL J. BAPPIE
 LAND SURVEYOR
 174 SOUTHWEST
 PORTLAND, MAINE 04108

SCALE: 1" = 40'

PROJECT: NO. 0492, NUMBER 127

PLANNING BOARD NO. 5

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BUILDING INSPECTION

Permit Number: 030803

Please Read Application And Notes, If Any, Attached

BB

This is to certify that Baker, Skip/n/a

has permission to Change of Use from Single Family to Day Care for children *NOT MORE THAN 5 UNDER 2 1/2 YEARS OLD*
AT 313 Warren Ave 296 A005001

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 be given and when permission is procured before this building or part thereof is started or otherwise used-in. **NO PERMITS 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]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

_____ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

Footing/Building Location Inspection: Prior to pouring concrete

Re-Bar Schedule Inspection: Prior to pouring concrete

Foundation Inspection: Prior to placing ANY backfill

Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

_____ **If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

_____ **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

L. Carter
Signature of applicant/designee

9/3/03
Date

Jeanie Souke
Signature of Inspections Official

9/3/03
Date

CBL: 296A005 Building Permit #: 030803