

**'SPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND**

BUILDING INSPECTION

PERMIT

Permit Number: 080313
PERMIT ISSUED
JUN - 4 2008
CITY OF PORTLAND

Certify that PENDE ASSOCIATES INC property owner

intention to build 3 oxygen storage close Build vertical into or into of the area

470 RIVERSIDE ST

321 A004001

Provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 occupied or services are used in it. HOUR NOT REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cross

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Sam Kowke 5/4/08
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: 08-0313	Issue Date:	CBL: 321 A004001
-----------------------	-------------	---------------------

Location of Construction: 470 RIVERSIDE ST	Owner Name: PENDE ASSOCIATES INC	Owner Address: 42 SOUTH ST	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions Alteration Commercial	Zone: I-M

Past Use: Commercial office warehouse	Proposed Use: Commercial office warehouse - build 3 oxygen storage closets, Build vestibule w/ door into office area <i>for "Acadia Home Care Inc."</i>	Permit Fee: \$110.00	Cost of Work: \$8,500.00	CEO District: 5	Zone: <i>Primary zone</i>
--	--	-------------------------	-----------------------------	--------------------	------------------------------

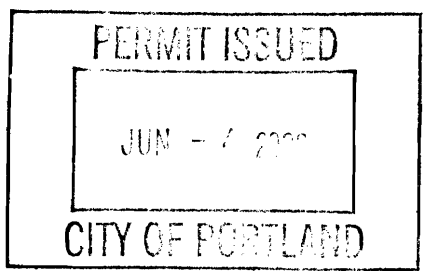
Proposed Project Description:
build 3 oxygen storage closets, Build vestibule w/ door into office area

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>Corey Cruz</i>	INSPECTION: Use Group: <i>B/SZ</i> Type: <i>3B</i> <i>IBC-2003</i> Signature: <i>JMB 5/4/08</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: 04/07/2008	Zoning Approval		
-----------------------------	---------------------------------	------------------------	--	--

- 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 <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>9/9/08</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>S</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

05/06/08

(10) Doors need self closing / latching
hardware

signage



Ally to Waste-08



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 470 RIVERSIDE ST CBL 321 A004001

Issued to PENDE ASSOCIATES INC /property owner

Date of Issue 06/16/2008

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. 08-0313, 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

Entire UNIT #1110

APPROVED OCCUPANCY

Home Health Care
Use Group B/S2
Type 3B

Limiting Conditions: This does not certify building code compliance.

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.