



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 21 Riverton Dr

CBL 327 B012001

Issued to Portland Housing Authority/Child Care Connections

Date of Issue 05/12/2003

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. 03-0305, 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

Entire Apartment

APPROVED OCCUPANCY

Home Based Day Care  
Use Group: R-3  
Type: 5B

Limiting Conditions:

None

This certificate supersedes  
certificate issued

Approved:

(Date)

5/12/03

Inspector

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.

Inspector of Buildings

# PERMIT ISSUED

## City of Portland, Maine - Building or Use Permit Application

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

<b>Permit No:</b> 03-0305	<b>Issue Date:</b> APR 29 2003	<b>CBL:</b> 327 B012001
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<b>Location of Construction:</b> Riverton Dr	<b>Owner Name:</b> Portland Housing Authority	<b>Owner Address:</b> 14 Baxter Blvd CITY OF PORTLAND	<b>Phone:</b> 773-4753
<b>Business Name:</b>	<b>Contractor Name:</b> Child Care Connections	<b>Contractor Address:</b> P.O. Box 10480 Portland	<b>Phone:</b> 2078717449
<b>Applicant/Owner/Buyer's Name:</b> Rada Elias	<b>Phone:</b> 871-7449 x299	<b>Permit Type:</b> Change of Use Home Occupation	
			<b>Zone:</b> R5

<b>Use:</b> Multi Family/Housing	<b>Proposed Use:</b> Multi Family/Housing	<b>Permit Fee:</b> \$105.00	<b>Cost of Work:</b> \$105.00	<b>CEO District:</b> 1
		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: R3 Type: 50 4/29/03 <i>[Signature]</i>	

**Proposed Project Description:**  
Home Based Day Care/Tenant-wa Haji Mohamed

**Signature:** *[Signature]*      **Signature:** *[Signature]*

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved     Approved w/Conditions     Denied

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

<b>Permit Taken By:</b> id	<b>Date Applied For:</b> 04/07/2003	<b>Zoning Approval</b>		
<p>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>Building permits do not include plumbing, septic or electrical work.</p> <p>Building permits are void if work is not started within six (6) months of the date of issuance.</p> <p>False information may invalidate a building permit and stop all work..</p>	<b>Special Zone or Reviews</b>	<b>Zoning Appeal</b>	<b>Historic Preservation</b>	
	<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"/> <input type="checkbox"/> Denied Date: 4/17/03	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved  Date: _____	<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: _____	

### 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 will 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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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5/9/03

CJO.

As \_\_\_\_\_

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