



Certificate of Occupancy

LOCATION 43 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. 03-0307, 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

APPROVED OCCUPANCY

Entire Apartment

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

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

5/12/03
(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.

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0307	Issue Date: APR 29 2003	CBL: 327 B012001
-----------------------	----------------------------	---------------------

Location of Construction: 43 Riverton Dr	Owner Name: Portland Housing Authority	Owner Address: 14 Baxter Blvd CITY OF PORTLAND	Phone: 773-4753
Business Name:	Contractor Name: Child Care Connections	Contractor Address: P.O. Box 10480 Portland	Phone: 2078717449
Lessee/Buyer's Name: Linda Elias	Phone: 871-7449 x299	Permit Type: Change of Use Home Occupation	Zone: R5

Past Use: Multi Family/Housing	Proposed Use: Multi Family/Housing	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: 5B	

Proposed Project Description: Home Based Day Care/Tenant- Alia/Mohamed	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</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: gad	Date Applied For: 04/07/2003	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 <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"/> Denied Date: <i>05/17/03</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: <i>05/17/03</i>	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



John Elias Balducci
Governor

COMMUNITY SERVICES CENTER
STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DEPARTMENT OF
BEHAVIORAL AND DEVELOPMENTAL SERVICES
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

March 28, 2003

To Whom It May Concern:

The Department of Human Services Division of Licensing has issued a Certificate to Operate a Home Day Care for Children to the following persons:

Hawa Anshur, 11 Pinewood Drive, Portland, ME 04103. Certificate #: 420975, effective date: 3/14/03, for 6 children.

Run Muse, 43 Springbrook Way, Portland, ME 04103. Certificate # 420982, effective date: 3/14/03, for 6 children.

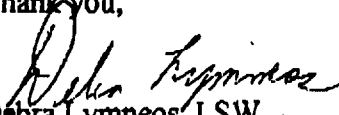
Hawa Mohamed, 21 Riverton Drive, Portland, ME 04103. Certificate # 420977, effective date: 3/24/03, for 6 children.

Habibo Hussein, 9 Springbrook Way, Portland, ME 04103. Certificate # 420986, effective date: 3/24/03, for 6 children.

Alia Mohamed, 43 Riverton Drive, Portland, ME 04103. Certificate # 420981, effective date: 3/28/03, for 6 children.

If you have any questions, please call me at 822-2325.

Thank you,


Debra Lymneos, LSW
Child Care Licensing Specialist

#11 State House Station
221 State Street
Augusta, Maine 04333

Phone: 207-287-5060
Fax: 207-287-5031
TTY (Deaf/Hard of Hearing): 207-287-5048

TOTAL P.05