

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

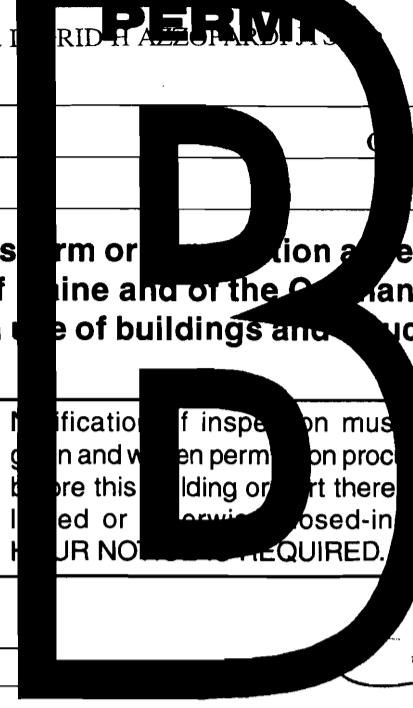
CITY OF PORTLAND

BUILDING INSPECTION

Permit Number: 061556

Please Read Application And Notes, If Any, Attached

AZZOPARDI JOHANN & ERIC R. AZZOPARDI



PERMIT ISSUED
NOV 29 2006

This is to certify that Change of use, Daycare

has permission to WINGTON AVE

371 A014001

AT

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 service is rendered. 4 HOUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature]
11/01/06
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 ISSUED

Permit No: 06-1556	Issue Date: NOV 29	CBL: 37 A01 #001
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Location of Construction: 1925 WASHINGTON AVE	Owner Name: AZZOPARDI JOHANN & INGRID	Owner Address: 1925 WASHINGTON AVE	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: R-2

Past Use: Single Family	Proposed Use: Single Family change of use, Daycare	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 5
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Proposed Project Description: Change of use, Daycare	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R-3 Type: SB IRC 2003 City ordinance <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: dmartin	Date Applied For: 10/24/2006	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 checked="" 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 checked="" type="checkbox"/> Approved with condition	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>10/27/06</i>	Date: <i>8/3/06</i>	Date: <i>9</i>

1. Paved turn around area must be created at existing driveway similar to that depicted on submitted survey map for adequate dropoff/exit area. Improved turn around (ie. gravel paving stones but not dirt or grass)

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

2/9/04

DayCare - C.O. Insp.

SMOKES in all Rooms

Hardwood intercombed

Elect outlets covered.

O.K. to Issue.

Ch: NB



Certificate of Occupancy

LOCATION 1925 WASHINGTON AVE CBL 371 A014001

Issued to AZZOPARDI JOHANN & INGRID H AZZOPARDI JTS/n/ a Date of Issue 12/14/2006

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. 06-1556, 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
Basement level Family room

APPROVED OCCUPANCY
Residential unit w/ Home Occupation/Child
CareMax.of 12 children
R-3 Type 5B
Irc 2003

Limiting Conditions: This is a change of use only, this does not certify compliance of the existing buildindw/ the IRC 2003.

This certificate supersedes
certificate issued

Approved:

12/14/06 [Signature]
(Date) Inspector

[Signature]
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.