

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-1207	Issue Date: 10/01/2003	CBL: 003 C015001
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Location of Construction: 29 Morning St	Owner Name: Davison Jeffrey B	Owner Address: 29 Morning St	Phone:
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 Home Occupation	Zone: R6

Past Use: Single Family	Proposed Use: Single Family / Home Occupation for Message Therapy.	Permit Fee: \$150.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description:		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R3 Type: N/A NO construction Signature: JMB 10/24/03		

Signature:		Signature: JMB 10/24/03	
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: gg	Date Applied For: 10/01/2003	Zoning Approval	
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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: 10/17/03	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:
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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

7/16/04 final exam



Certificate of Occupancy

LOCATION 29 Morning St

CBL 003 C015001

Issued to Davison Jeffrey B /n/a

Date of Issue 07/15/2004

is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 03-1207, 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

second floor first room on right

APPROVED OCCUPANCY

Message Therapy
Use Group: R-3

Limiting conditions:

none

This certificate supersedes
certificate issued

Approved:

7/16/04 *Judith A. Adams*

(Date) Inspector

Ally C. ...

Inspector of Buildings

JAM

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.