

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 195 Congress Street		Owner: Richard & Josh Whaley	Phone: 978-465-2056	Permit No: 010119
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	Permit Issued: FEB 22 2001
Contractor Name: Josh Whaley	Address: 195 Congress St.	Phone: 207-775-7731		
Past Use: Commercial / Art gallery	Proposed Use: Commercial / Professional	COST OF WORK: 15,000.00 15,000.00	PERMIT FEE: \$ 66.00	Zone: B-1 CBL: 013-M-022
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 5B BOCS 99	
Proposed Project Description: <i>doctor's office = Jade Trade Aurachin Chiropractic Herbal Medicine</i> Construct <u>partitions</u> to create rooms, for doctors office. Change of use From Art gallery To doctor's office. see previous permit for change of use		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	Zoning Approval: <i>[Signature]</i> 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 <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Other <input type="checkbox"/>
Permit Taken By: Jodine	Date Applied For: February 6, 2001	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

- 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..

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

February 9, 2001

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS

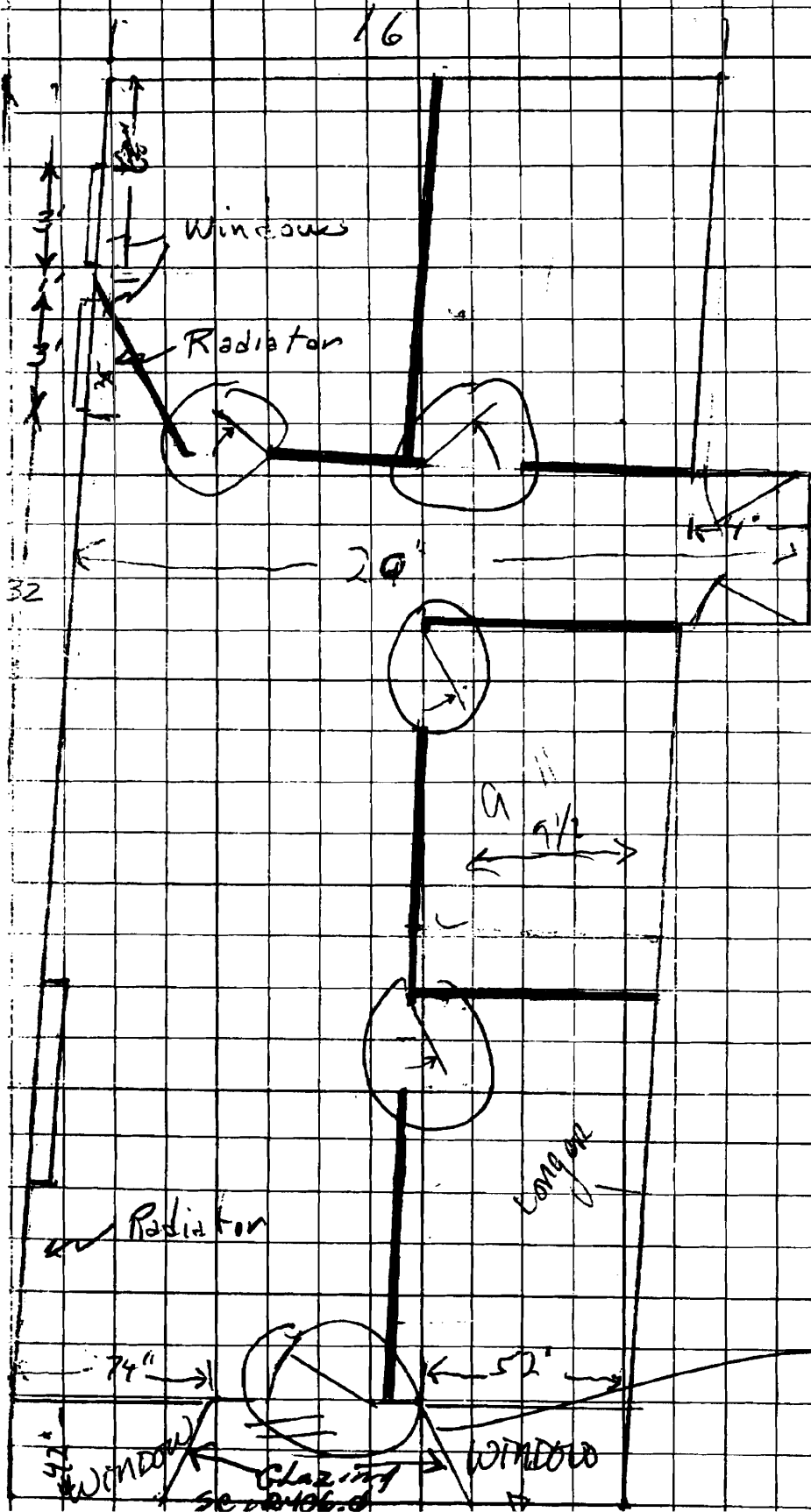
CEO DISTRICT 1

permit # 01-0119

4-3' Doors

12' Ceilings

≈ 672 sq' of wall space
to make 4
Treatment
Rooms



2x4 studs ✓
1/2" Sheet Rock ✓
4 Doors ✓

Guardrails - sec. 1022.0
Handrails - sec. 1023.0

