

Location of Construction: 319 Marginal Way		Owner: Southern Maine Properties		Phone: 774-9413	Permit No: 981386
Owner Address: SAA 04101		Lessee/Buyer's Name: Pierre's Beauty School		Phone:	BusinessName:
Contractor Name: *****Pierre's Beauty School		Address: 319 Marginal Way Ptld, ME 04101		Phone: 774-9413	
Past Use: Retail	Proposed Use: Same (Beauty School) <i>See change of use permit - Sept</i>		COST OF WORK: \$ 1,000.00	PERMIT FEE: \$ 25.00	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: DEC - 9 1998 CITY OF PORTLAND </div>
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>312</i> <i>BOCA 96</i>		
Proposed Project Description: Renovations/Interior - 1st & 2nd floors		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
Permit Taken By: MG		Date Applied For: 24 23 November 1998		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

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

25 November 1998

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

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zone: *B3* CBL: 023-E-002

Zoning Approval: *OK see sep permit for change of use*

Special Zone or Reviews:

Shoreland *N/A 12/8/98*

Wetland

Flood Zone *Zone C*

Subdivision

Site Plan maj minor mm

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]*

CEO DISTRICT 1