

Please Read Application And Notes, If Any, Attached

CITY OF PORTLAND PERMITS DEPARTMENT

This is to certify that Marginal Way Properties Inc has permission to Upgrade dressing room area AT 211 Marginal Way

PERMIT

provided that the person or persons, of the provisions of the Statutes of the construction, maintenance and use of this department.

Apply to Public Works for street line and grade if nature of work requires such information.

OTHER REQUIRED APPROVALS
Dept. _____
Dept. _____
Board _____

Notification and work to be done in this building or structure shall be in accordance with the provisions of the City of Portland Building Code. Inspection must be procured in accordance with the provisions of the City of Portland Building Code. A certificate of inspection must be procured by the applicant or the contractor.

PENALTY FOR REMOVING THIS CARD

[Signature]

A certificate of inspection must be procured by the applicant or the contractor.

Permit Number: 030409

02A-C001001

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0409	Issue Date:	CBL: 024 C001001
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Location of Construction: 211 Marginal Way	Owner Name: Marginal Way Properties Inc	Owner Address: 87 Sea Meadows Ln	Phone:
Business Name:	Contractor Name: Allied/Cook Construction	Contractor Address: PO Box 1396 Portland	Phone: 2077722882
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B5

Past Use: Strictly Formal retail	Proposed Use: Strictly Formal retail with upgrades to dressing room area	Permit Fee: \$191.00	Cost of Work: \$24,000.00	CEO District: 1
Proposed Project Description: Upgrade dressing room area		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: M Type: 2C 5/6/03 Signature: <i>[Signature]</i>	
		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: kwd	Date Applied For: 04/29/2003	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 checked="" type="checkbox"/> Date: <i>ok 5/2/03</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:	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>9</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

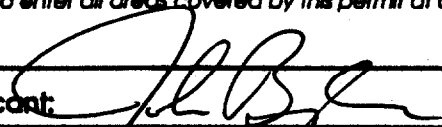
All Purpose Building Permit Application 03-0409

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>211 MARGINAL WAY, PORTLAND</u>		
Total Square Footage of Proposed Structure <u>EXISTING</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>024</u> Block# <u>C</u> Lot# <u>001</u>	Owner: <u>JOEL TRANUM</u> <u>TRANUM & COMPANY</u>	Telephone: <u>781-237-3677</u>
Lessee/Buyer's Name (If Applicable) <u>STRICTLY FORMAL</u> <u>211 MARGINAL WAY</u> <u>PORTLAND, ME 04101</u>	Applicant name, address & telephone: <u>772-2888</u> <u>ALLIED/COOK CONSTRUCTION</u> <u>PO Box 1396</u> <u>PORTLAND, ME 04104</u>	Cost Of Work: \$ <u>24,000</u> Fee: \$ <u>191.⁰⁰</u>
Current use: <u>RETAIL</u>		
If the location is currently vacant, what was prior use: <u>NO</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>RETAIL - STRICTLY FORMAL</u>		
Project description: <u>Minor upgrades to dressing room area</u>		
Contractor's name, address & telephone: <u>ALLIED/COOK CONSTRUCTION, PO Box 1396, PORTLAND, ME 04104</u>		
Who should we contact when the permit is ready: <u>JOHN BROCKINGTON</u> <u>772-2888</u>		
Mailing address: <u>P.O. Box 1396</u> <u>PORTLAND, ME 04104</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 772-2888		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: 	Date: <u>4/28/03</u>
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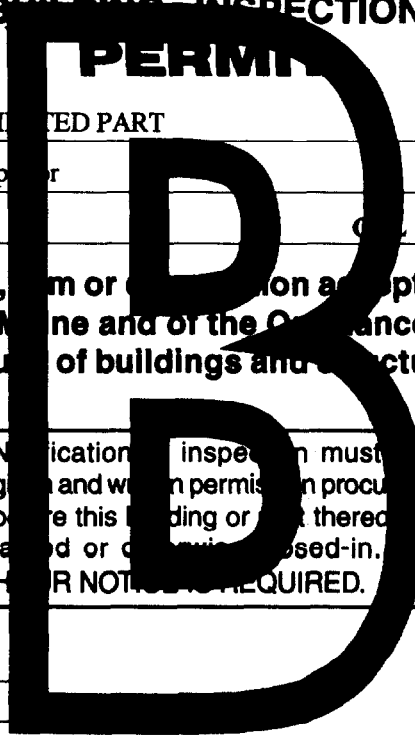
**This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the
Planning Department on the 4th floor of City Hall.**

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Permit Number: 030405

Please Read Application And Notes, If Any, Attached



This is to certify that LAFAYETTE SQUARE LIMITED PART
has permission to Change of use to ice cream parlor
AT 638 Congress St 045 A003001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 inspection must be given and when permit is procured before this building or part thereof is occupied or closed-in. HOUR NOTICES REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 5/6/09
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 No: 03-0405	Issue Date:	CBL: 045 A003001
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Location of Construction: 638 Congress St	Owner Name: LAFAYETTE SQUARE LIMITED	Owner Address: 130 Park St	Phone: 409-6828
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B3

Past Use: Antique shop	Proposed Use: Ice cream parlor	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: M Type: NA <i>Thompson</i>	

Proposed Project Description: Change of use to ice cream parlor	Signature: <i>MMW</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: kwd	Date Applied For: 04/25/2003	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..

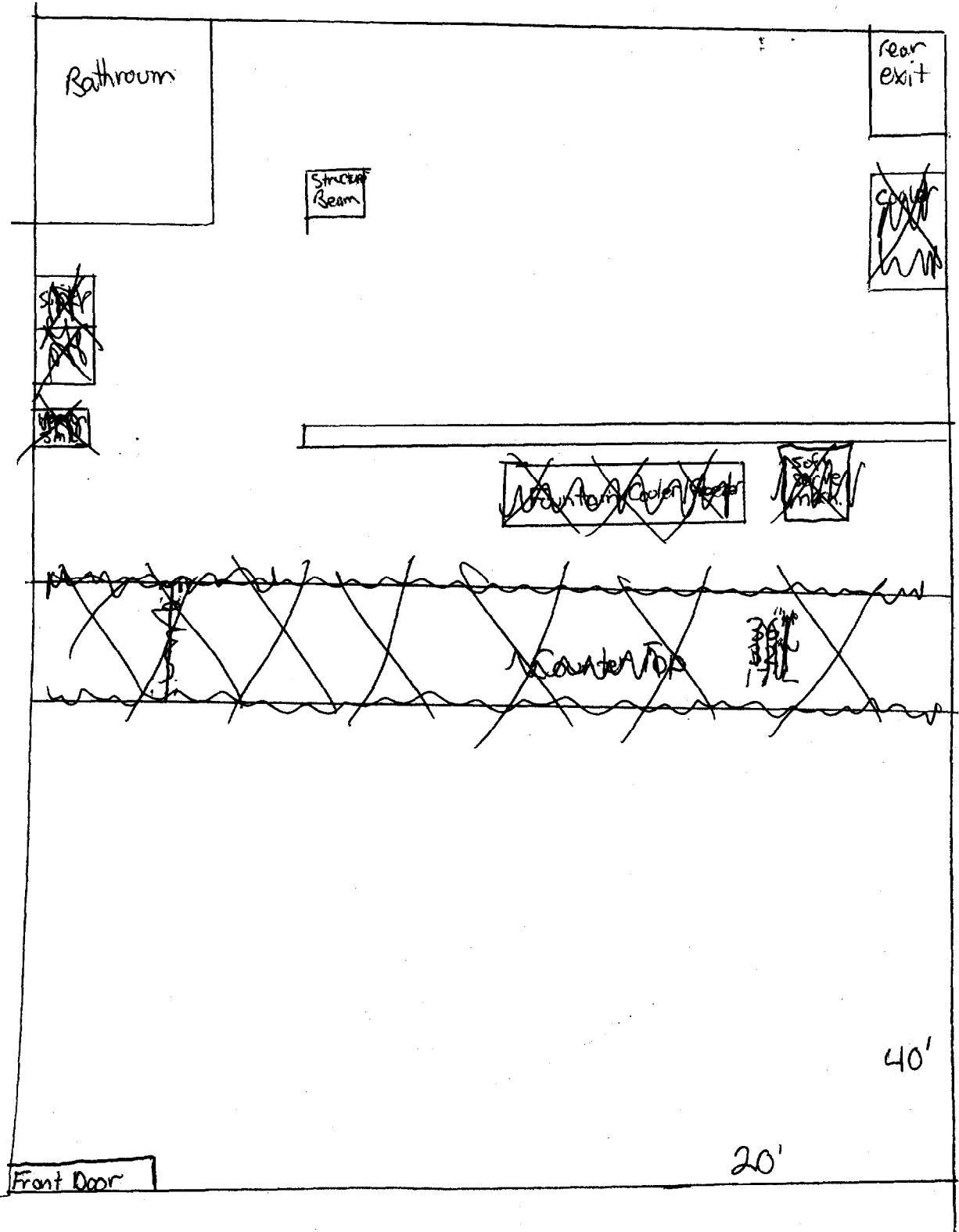
Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <i>New signage requires separate permit</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> Min <input type="checkbox"/> Date: <i>ok 5/1/03</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:	Historic Preservation <input 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>any exterior work requires a separate permit</i>
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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.

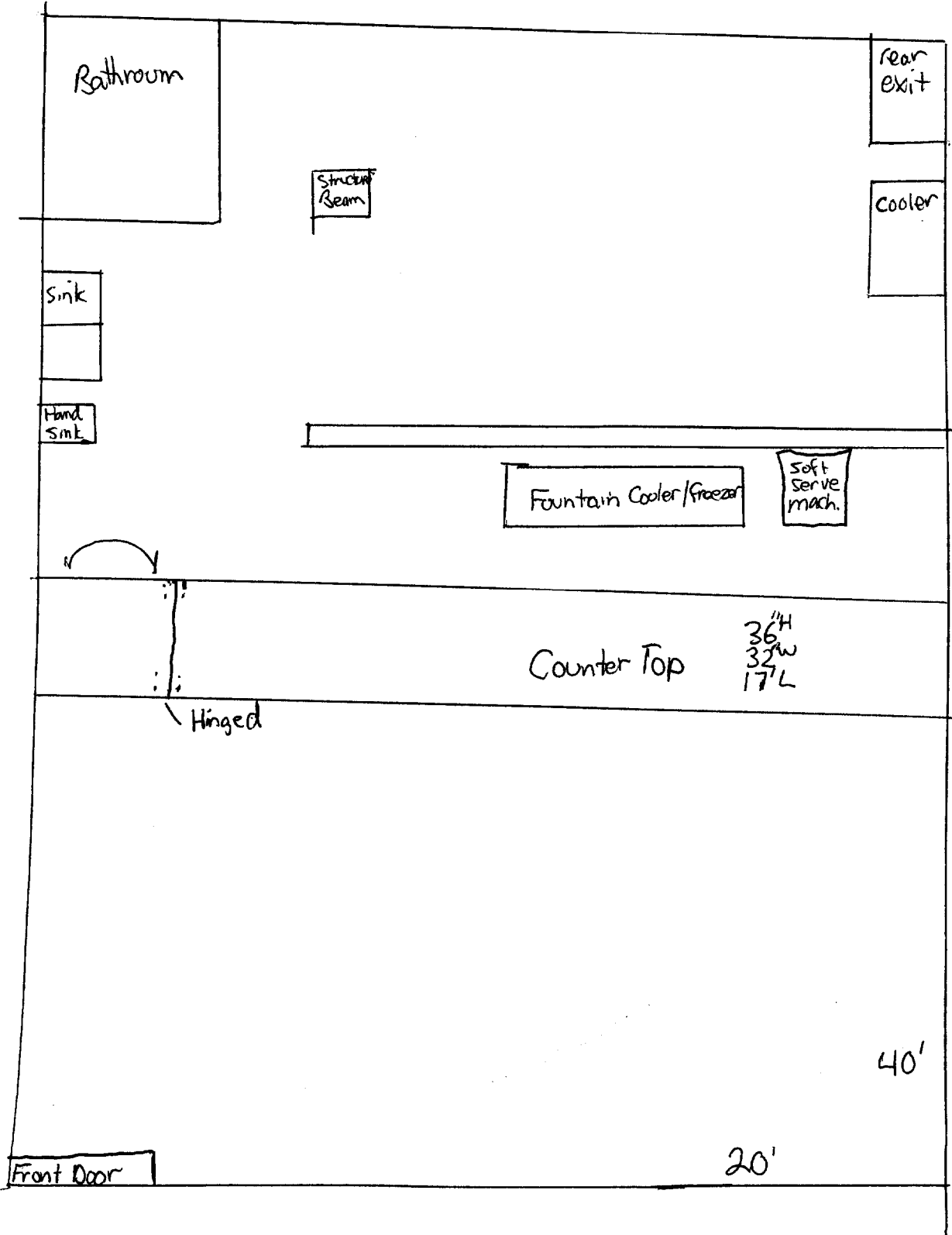
SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



648 Congress Street

Before



648 Congress Street
After

03-0405

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>648 Congress St. Portland, Me</u>		
Total Square Footage of Proposed Structure <u>800 SF</u>	Square Footage of Lot <u>call</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>045</u> Block# <u>A</u> Lot# <u>003</u>	Owner: <u>Hans Tebbenhoff</u>	Telephone: 284-5161 <u>409-6828</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Hans Tebbenhoff Biddeford, Me. 04005</u> <u>20 Beacon Ave. Apt 11</u>	Cost Of Work: \$ _____ Fee: \$ <u>30.00</u>
Current use: <u>Vacant / was Antique Shop</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Change of use / ice cream parlor</u>		
Project description: _____		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>Hans Tebbenhoff</u> Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>409-6828</u>		

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Signature of applicant: <u>Hans Tebbenhoff</u>	Date: <u>4-24-03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall