Inspections Division
Date: 12/12/13

General 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.

Address/Location of Construction: 145 MARGINAL WAY		
Total Square Footage of Proposed Structure:	324 sq. ft.	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# FIVE RIVER CO.	Applicant Name: PLANET FITNESS Address P.O. BOX 7098 City, State & Zip PORTSMOUTH, NH 03802	Telephone: 603.781.5021 Email: MCLEARY@GRANITECOAST.COM
Lessee/Owner Name (if different than applicant) c/o FORE RIVER CO Address: 5 MILK ST. P.O. BOX 7525 City, State & Zip: PORTLAND, ME 04112 Telephone & E-mail: 207.772.6404 DANHOGAN@ForeriverCompany.com	Contractor Name: GARY NICHOLS (if different from Applicant) Address: P.O. BOX 8027 48 LIBERTY DRIVE City, State & Zip: BANGOR, ME 04402 Telephone & E-mail: 207.947.0048 GARY@NICHOLSCONSTRUCTIONCompany.com	Cost Of Work: $ 8000.00 C of O Fee: $ 100.00 Historic Rev $ — Total Fees : $ $100.00

Current use (i.e. single family) PLANET FITNESS
If vacant, what was the previous use? _____
Proposed Specific use: FITNESS FACILITY
Is property part of a subdivision? NO If yes, please name _____
Project description: BUILD OUT OF EXISTING OPEN INTERIOR ROOM WITH 42" KNEE WALLS AND 10' WALLS TO CREATE SPACE FOR 2 HYDRO MASSAGE BEDS AND 2 MECHANICAL MASSAGE CHAIRS.

Who should we contact when the permit is ready:	MIKE CLEARY
Address:	P.O. BOX 7098
City, State & Zip:	PORTSMOUTH, NH 03802
E-mail Address:	MCLEARY@GRANITECOAST.COM
Telephone:	603.781.5021

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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: [signature] Date: 11.25.13

This is not a permit; you may not commence ANY work until the permit is issued.