

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

**BUILDING INSPECTION
PERMIT**

Please Read
Application And
Notes, If Any,
Attached

PERMIT ISSUED
Permit Number: 061141
AUG 18 2006
CITY OF PORTLAND

This is to certify that 322 FORE STREET LLC / Key Construction
has permission to Change of use storage space chair sale
AT 320 FORE ST 029 C006001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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.

Classification of inspection must be given and when permission procedure is complete this building or part thereof is closed or services closed-in. 4 HOUR NOTIFICATION REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Handwritten Signature]
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: 06-1141	Issue Date: PERMIT ISSUED AUG 1 8 2006	GBL: 029 C006001
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Location of Construction: 320 FORE ST	Owner Name: 322 FORE STREET LLC	Owner Address: PO BOX 682	Phone:
Business Name:	Contractor Name: Keeley Construction	Contractor Address: P.O. Box 1174 Portland	Phone: 2077738499
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: S3

Past Use: Commercial	Proposed Use: Commercial change of use storage space to hair salon w/ fitup (basement) "Amor Stylys"	Permit Fee: \$195.00	Cost of Work: \$10,000.00	CEO District: 1
Proposed Project Description: Change of use storage space to hair salon w/ fitup (basement) "Amor Stylys"		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 3B <i>8/14/06</i> <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: dmartin	Date Applied For: 08/02/2006	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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"/> <i>OK w/ conditions</i> Date: <i>8/9/06</i>	<p>Zoning Appeal</p> <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: _____	<p>Historic Preservation <i>yes</i></p> <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 <i>Any exterior work requires a separate review, approval thru Historic Preservation.</i> 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 _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 320 FORE ST

CBL 029 C006001

Issued to 322 FORE STREET LLC /Keeley Construction

Date of Issue 01/26/2006

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-1141, 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

Rear Basement

APPROVED OCCUPANCY

Hair Salon/Amore Styles
Use Group U/B
Type 3B
IBC 2003

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

.....
(Date)

.....
Inspector

.....
Inspector of Buildings

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.

ELECTRICAL PERMIT

City of Portland, Me.

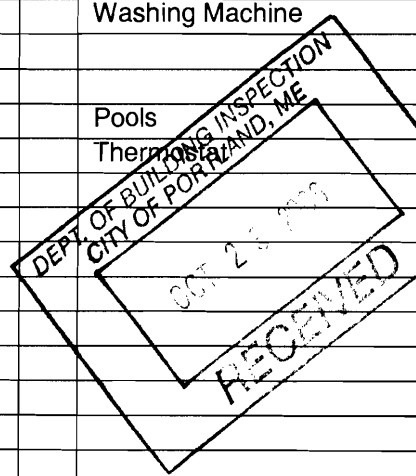


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 10/23/06
 Permit # 2006-1929
 CBL# 29CL6

LOCATION: 320 Fore St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER 322 Fore St. LLC
 TENANT _____ PHONE # _____

						TOTAL EACH FEE		
OUTLETS	<u>30</u>	Receptacles	<u>8</u>	Switches		Smoke Detector	.20	<u>5.60</u>
FIXTURES	<u>6</u>	Incandescent	<u>2</u>	Fluorescent		Strips	.20	<u>1.60</u>
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING	<u>//</u>	oil/gas units		Interior		Exterior	5.00	<u>5</u>
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters		Fans	2.00	
		Dryers		Disposals		Dishwasher	2.00	
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
	<u>/</u>	Air Cond/cent				Pools	10.00	<u>10</u>
		HVAC		EMS		Thermostats	5.00	
		Signs					10.00	
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	
		Alterations					5.00	
		Fire Repairs					15.00	
		E Lights					1.00	
		E Generators					20.00	
PANELS		Service		Remote		Main	4.00	
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		
						MINIMUM FEE/COMMERCIAL	55.00	
						MINIMUM FEE	45.00	



CONTRACTORS NAME Macisso Electric MASTER LIC. # 07055
 ADDRESS 30 Bismark St LIMITED LIC. # _____
 TELEPHONE 329 7596

SIGNATURE OF CONTRACTOR John Macisso [Signature] 1334

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	320-324 FOX ST.

PROPERTY OWNERS NAME

Last: <u>Knecht</u>	First: <u>Serry</u>
Applicant Name: <u>Marc Gauthier</u>	
Mailing Address of Owner/Applicant (If Different): <u>84 Target Rd New Brunswick</u>	

PORTLAND PERMIT # 9988 TOWN COPY

Date Permit Issued: 8/23/06 \$ 1154 # Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 0244

29 CC

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature] Signature of Owner/Applicant 8/23/06 Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] Local Plumbing Inspector Signature 08/26/06 Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Hair Salon</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>11560070</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
	<u>2</u>	Other: <u>sewer Taps</u>	<u>2</u>	Water Heater
		Fixtures (Subtotal) Column 2	<u>6</u>	Fixtures (Subtotal) Column 1
			<u>2</u>	Fixtures (Subtotal) Column 2
			<u>8</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

