

Location of Construction: 82-86 Middle St		Owner: 80-90 Corps		Phone:	
Owner Address:		Lessee/Buyer's Name: ★ Kutz Salon & Retail 86 Middle St Ptld,		Phone: ME 04101 773-9717	
Contractor Name: Willow Ledge Builders, Inc.		Address: P.O. Box 859 Yarmouth, ME 04096		Phone:	
Past Use: print shop/Salon		Proposed Use: Message Therapy/retail salon		COST OF WORK: \$ 2,000.00 PERMIT FEE: \$ 35.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: Signature: <i>HYS</i> Signature: <i>Hoffner</i>	
Proposed Project Description: Change Use/Make Interior Renovations		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Signature: <i>7/15/97</i> Date: <i>DA</i>		PERMIT ISSUED JUL 25 1997 CITY OF PORTLAND Zone: <i>B-3</i> CBL: 029-L-004 Zoning Approval: <i>OK 7/22/97</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>sep. permits</i> <input type="checkbox"/> Wetland <i>req. for</i> <input type="checkbox"/> Flood Zone <i>Signage</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 14 July 1997			

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..

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

SIGNATURE OF APPLICANT <i>Katherine Collopy</i>		ADDRESS:		DATE: 14 July 1997	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		ADDRESS:		PHONE:	

Permit No: 70792	
PERMIT ISSUED	
JUL 25 1997	
CITY OF PORTLAND	
Zone: <i>B-3</i>	CBL: 029-L-004
Zoning Approval: <i>OK 7/22/97</i>	
Special Zone or Reviews:	
<input type="checkbox"/> Shoreland <i>sep. permits</i>	
<input type="checkbox"/> Wetland <i>req. for</i>	
<input type="checkbox"/> Flood Zone <i>Signage</i>	
<input type="checkbox"/> Subdivision	
<input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
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	
Historic Preservation	
<input type="checkbox"/> Not in District or Landmark	
<input type="checkbox"/> Does Not Require Review	
<input checked="" type="checkbox"/> Requires Review	
Action:	
<input type="checkbox"/> Approved	
<input checked="" type="checkbox"/> Approved with Conditions	
<input type="checkbox"/> Denied	
Date: <i>7/15/97</i>	
<i>DA</i>	
CEO DISTRICT	
<i>m wls</i>	

COMMENTS

8/4/97

Leak from Inspector, bulby
sprinkled checked HW seats told them
to install extension pipe

3/17/2000

Completed. CJO. A Lowe

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 42-46 Middle Street CB# 229-1-500

Issued to 2122-1111

Date of Issue 3-26-09

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. 975-090, 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

First Floor

APPROVED OCCUPANCY

Use Group - Massage Therapy
Type III - Retail Sales
Area 96

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

[Handwritten Signature]

(Date)

[Handwritten Date]

[Handwritten Signature]

Inspector

[Handwritten Signature]

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.