

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING INSPECTION

## PERMIT

Permit Number: 091385

## PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

This is to certify that OLD PORT ARMS /Andiamo Salon & Spa

has permission to Change of use from Vacant Space to hair Salon "Andiamo Salon & Spa" DEC 22 2009

AT 52 EXCHANGE ST CB# 032-1002001

provided that the person or persons, firm or corporation accepting this permit City of Portland 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 of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise enclosed-in. 24 HOUR NOTICE IS REQUIRED.

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

**OTHER REQUIRED APPROVALS**

Fire Dept. CAPT. R. Lathier

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*Ann Burke* 12/22/09  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY)**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

  X   **Final/Certificate of Occupancy: Prior to any occupancy of the structure or use.**  
**NOTE: There is a \$75.00 fee per inspection at this point.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

*Nelli Loznella*

Signature of Applicant/Designee

12-22-09

Date

*[Signature]*

Signature of Inspections Official

12/22/09

Date

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 09-1385	Issue Date:	CBL: 032 I002001
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Location of Construction: 52 EXCHANGE ST	Owner Name: OLD PORT ARMS	Owner Address: PO BOX 368	Phone:
Business Name:	Contractor Name: Andiamo Salon & Spa	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B-3

Past Use: Commercial Vacant Space	Proposed Use: Commercial Vacant Space - Change of use from Vacant Space to hair Salon "Andiamo Salon & Spa" <i>Lower level</i>	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: B Type: 3B	

Proposed Project Description: Change of use from Vacant Space to hair Salon "Andiamo Salon & Spa" <i>Lower level</i>	Signature: <i>(Signature)</i>	Signature: <i>AMB 12/22/09</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: Ldobson	Date Applied For: 12/04/2009	<b>Zoning Approval</b>
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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><b>Special Zone or Reviews</b></p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<p><b>Zoning Appeal</b></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	<p><b>Historic Preservation</b></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
	<p>Date: <i>12/7/09</i></p>	<p>Date: <i>12/7/09</i></p>	<p>Date: <i>Requires A</i></p>

**PERMIT ISSUED**

DEC 22 2009

City of Portland

**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 - Building or Use Permit**

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

Permit No: 09-1385	Date Applied For: 12/04/2009	CBL: 032 1002001
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<b>Location of Construction:</b> 52 EXCHANGE ST	<b>Owner Name:</b> OLD PORT ARMS	<b>Owner Address:</b> PO BOX 368	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Andiamo Salon & Spa	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use - Commercial	

<b>Proposed Use:</b> Commercial Vacant Space - Change of use from Vacant Space to hair Salon "Andiamo Salon & Spa" on lower level	<b>Proposed Project Description:</b> Change of use from Vacant Space to hair Salon "Andiamo Salon & Spa" on lower level
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 12/07/2009  
**Note:** **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) Separate permits shall be required for any new signage.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 12/22/2009  
**Note:** **Ok to Issue:**

- 1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 12/15/2009  
**Note:** **Ok to Issue:**

- 1) Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.
- 2) Fire extinguishers required. Installation per NFPA 10
- 3) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 4) This permit is for change of use only, any construction shall require additional permits. The occupancy shall meet NFPA 101 code requirements upon inspection.

**Comments:**

12/22/2009-jmb: Applicant came in to confirm there will be some electrical and plumbing work as well as cosmetic upgrades

**PERMIT ISSUED**

DEC 22 2009

City of Portland



# 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.

Location/Address of Construction: <u>58 Exchange St. Unit 2, Portland</u>		
Total Square Footage of Proposed Structure/Area ( <u>1100 sq. ft. space</u> )	Square Footage of Lot	Number of Stories ( <u>lower level basement</u> )
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>I</u> Lot# <u>2</u>	Applicant * <u>must be owner</u> ( <u>Lessee or Buyer</u> ) Name <u>Noelle Tognella</u> Address <u>58 Exchange St. #2</u> City, State & Zip <u>Portland, ME 04101</u>	Telephone:
Lessee/DBA (If Applicable) <u>Andiamo! Salon + Spa</u>	Owner (if different from Applicant) Name <u>Old Port Arms Partnership</u> Address <u>c/o Cheryl Hugill Maine Properties, Inc.</u> City, State & Zip <u>197 USR+1 PO BOX 368 Scarborough, ME 04070</u>	Cost Of Work: \$ <u>30</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>105</u>
Current legal use (i.e. single family) <u>Commercial property</u> Number of Residential Units _____ If vacant, what was the previous use? <u>Bakery</u> Proposed Specific use: <u>Salon</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Plumbing in 2 <del>rooms</del> <sup>Sinks</sup> so that space can be used as a hair salon - (currently a vacant space)</u>		
Contractor's name: _____ Address: _____ City, State & Zip: _____ Telephone: <u>207-632-0712</u> Who should we contact when the permit is ready: <u>Noelle Tognella</u> Telephone: <u>207-671-7566</u> Mailing address: <u>169 High St. #406, Portland, ME 04101</u> OR <u>207-553-2299</u>		

RECEIVED

DEC 4 2009

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

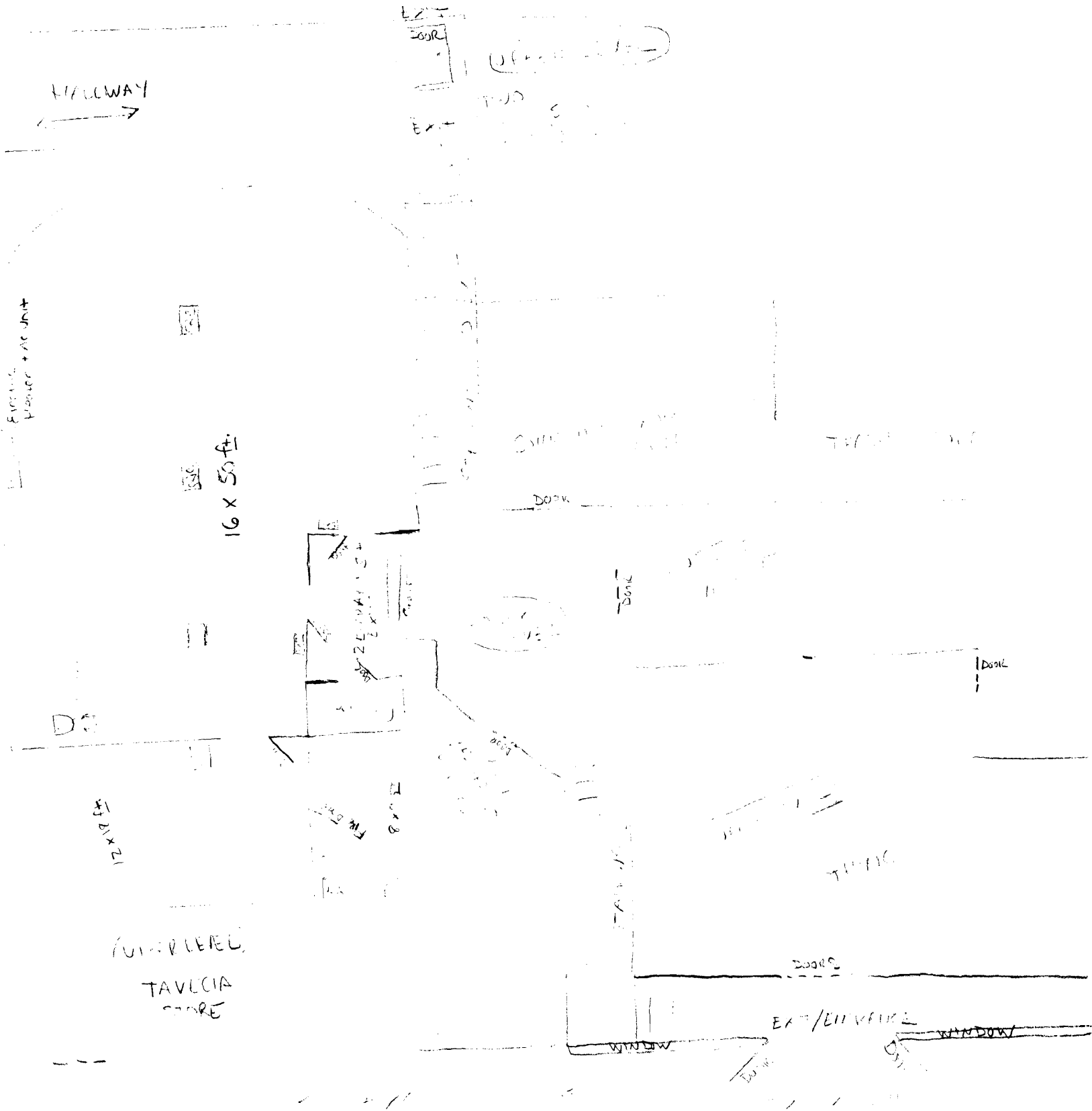
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: 12-4-09

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

Floor Plan for Andiamo's Salon + Spa  
 at SE Exchange  
 (Total approx 1100 sq.ft)

OUTSIDE



## LEASE AGREEMENT

THIS LEASE is made this 4<sup>th</sup> day of December , 2009, by and between Old Port Arms Partnership, a general partnership with a mailing address of c/o Cheryl Hugill, Maine Properties, Inc., 197 U.S. Route 1, P.O. Box 368, Scarborough, ME 04070-0368 (“Landlord”) and Noelle Tognella, with a mailing address of 58 Exchange Street, Portland, Maine (“Tenant”).

1. PREMISES. Landlord hereby leases to Tenant, and Tenant hereby accepts from Landlord, upon the terms, conditions, covenants and provisions hereof, space, including all fixtures, improvements and appurtenances, situated in the City of Portland, County of Cumberland, and State of Maine, and located at 52 Exchange Street, #2, and consisting of approximately 1,100 square feet (the “Premises”). The Premises are a portion of a Complex situated at 52-58 Exchange Street, and any reference to Complex shall include the Premises.
2. TERM. This Lease shall have a term of two years commencing January 1, 2010 (“Lease Commencement Date”), unless earlier terminated as provided herein, and ending on December 31, 2011.