

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: 070392

MAY - 2 2007

CITY OF PORTLAND

This is to certify that 193 LLC/Breggia Constructi

has permission to Change of use from Office to Air Salon tenant set-up on the right side ground floor and 2nd & 3rd floor

AT 193 MIDDLE ST 032 H022001

provided that the person or persons, firm or corporation accepting 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.

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or closed-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. Craig Cass
Health Dept. _____
Appeal Board _____
Other _____
Department Name

James Burke 4/27/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0392	Issue Date:	CBL: 032 H022001
-----------------------	-------------	---------------------

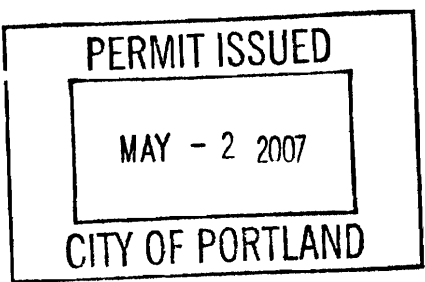
Location of Construction: 193 MIDDLE ST	Owner Name: 193 LLC	Owner Address: 100 Silver Street	Phone:
Business Name:	Contractor Name: Breggia Construction	Contractor Address: 46 Congress St Portland	Phone 2074504545
Lessee/Buyer's Name Allan Labos	Phone: 772-4210	Permit Type: Change of Use - Commercial	Zone: B3

Past Use: Commercial / Office	Proposed Use: Commercial Change of use from Office to Hair Salon w/ tenant fit-up on the right side ground floor and 2nd & 3rd floor	Permit Fee: \$2,020.00	Cost of Work: \$200,000.00	CEO District: 1
Proposed Project Description: Change of use from Office to Hair Salon w/ tenant fit-up on the right side ground floor and 2nd & 3rd floor		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 3B FBC 2003 Signature: JMB 4/27/07	

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: 04/09/2007	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 type="checkbox"/> Date: 4/17/07 <i>[Signature]</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 Yes <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 Any extra work reviewed as separate How Historic Preservation.
	Date: 4/17/07 <i>[Signature]</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

07/10/17 Planning code > ~~the~~

09/19/17 pre-final code (not working)

- RTA
- Smoke tests on specific nodes
1st, 2nd, 3rd
 - Label process
 - Fix bugs, including
 - Test reports time, optimized

09/20/17 Final debug to issue 4/0 ~~the~~



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 193 MIDDLE ST

CBL 032 H022001

Issued to 193 LLC/Breggia Construction

Date of Issue 10/10/2007

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. 07-0392, 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

1st Right, 2nd & 3rd Floor

APPROVED OCCUPANCY

Hair Salon/Personal Service
Use Group 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.



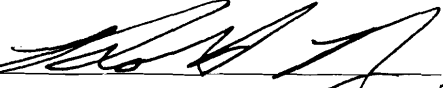
To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date _____
 Perm# 2007-4367
 CBL# 32-11-22

LOCATION: 193 Middle Street METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Allan Labos (Akari) Savi Realty
 TENANT _____ PHONE # _____

							TOTAL EACH FEE			
OUTLETS	100	Receptacles	80	Switches	24	Smoke Detector		.20	40.80	
FIXTURES	100	Incandescent	50	Fluorescent		Strips		.20	30.00	
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		oil/gas units		Interior		Exterior		5.00		
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		
	3	Air Cond/cent				Pools		10.00	30.00	
		HVAC		EMS		Thermos		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		
	12	E Lights						1.00	12.00	
		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 DUE		112.80	
MINIMUM FEE/COMMERCIAL 55.00							FEE	45.00		

CONTRACTORS NAME Caron and Waltz P.I.C. # MCG0018750
 ADDRESS 321 Lincoln St. South Portland, ME P.I.C. # _____
 TELEPHONE 799-2228

SIGNATURE OF CONTRACTOR 
 White Copy - Office Yellow Applicant

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	<u>Portland</u>
Street Subdivision Lot #	<u>175 Union St</u>

PROPERTY OWNERS NAME

Last: <u>Amor</u>	First: <u>John</u>
-------------------	--------------------

Applicant Name:	<u>John Amor</u>
-----------------	------------------

Mailing Address of Owner/Applicant (If Different)	<u>175 Union St Portland ME 04102</u>
---	---

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 of Owner/Applicant

Date

PORTLAND

PERMIT # 10307

TOWN COPY

Date Permit Issued:

6/15/07

\$ 1150.00

If Double Fee Charged

Janie Bourke
Local Plumbing Inspector Signature

L.P.I. # 0732

32 H 000

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

10/12/07
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 _____	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>1546</u>
---	--	---

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.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain	<u>2</u>	Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>2</u>	Sink
		Drinking Fountain	<u>14</u>	Wash Basin
OR TRANSFER FEE [\$6.00]	<u>3</u>	Indirect Waste	<u>2</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>4</u>	Clothes Washer
		Grease / Oil Separator	<u>1</u>	Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
	<u>11</u>	Other: <u>transfer fee</u>		Water Heater
		Fixtures (Subtotal) Column 2	<u>25</u>	Fixtures (Subtotal) Column 1
			<u>14</u>	Fixtures (Subtotal) Column 2
			<u>39</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE