

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 09-1385	<b>Issue Date:</b>	<b>CBL:</b> 032 I002001
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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>Zone:</b>

<b>Past Use:</b> Commercial Vacant Space	<b>Proposed Use:</b> Commercial Vacant Space - Change of use from Vacant Space to hair Salon "Andiamo Salon & Spa" on lower level	<b>Permit Fee:</b> \$105.00	<b>Cost of Work:</b> \$105.00	<b>CEO District:</b> 1
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group: Type
<b>Proposed Project Description:</b> Change of use from Vacant Space to hair Salon "Andiamo Salon & Spa" on lower level		Signature:		Signature:
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Signature: Date:		

<b>Permit Taken By:</b> Ldobson	<b>Date Applied For:</b> 12/04/2009	<b>Zoning Approval</b>		
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landma
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Revie
<input type="checkbox"/> Flood Zon	<input type="checkbox"/> Conditional Us	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretatio	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Condition
Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date:	Date:	Date:

**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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<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>Zone:</b>

**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

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SIGNATURE OF APPLICAN

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ADDRESS

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DATE

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PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

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DATE

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