Location of Construction:	Owner:	Phone:	Permit No:	
34 Exchange St	Palacci, Albe		970416	
Owner Address:	Lessee/Buyer's Name: Port Side Hair 34 Exch	Phone: BusinessName: hange St Ptld, ME 04101	PERMIT ISSUED	
Contractor Name:	Address:	Phone:	Permit Issued:	
		773-7575	MAY - 7 1997	
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE:		
		\$ 25.00	CITY OF PORILAN	
Retail	Hair Salon	FIRE DEPT. E Approved INSPECTION:	CHILON FURILAN	
Recall	nair Salon	□ Denied Use Group: Type:	Zone: CBL:	
		Signature: JUM Signature:	B 032-I-010	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	Zoning Approvat to a ft to	
		Action: Approved	Special Zone or Reviews:	
		Approved with Conditions:	Shoreland SunAle	
Change use		Denied 🗆		
		C'e esturat	□ Flood Zone □ Subdivision	
Demit Takan Duu	Data Applied For	Signature: Date:	☐ Subdivision	
Permit Taken By: Mary Gresik	Date Applied For:	. May 1997		
Zoning Appeal				
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.			□ Variance □ Miscellaneous	
2. Building permits do not include plumbing, septic or electrical work.				
3. Building permits are void if work is not started	□ Interpretation			
tion may invalidate a building permit and stop all work				
			Denied	
		VAT THE REAL PROPERTY OF THE R	Historic Preservation	
			□ Not in District or Landmark	
		Aug ax ting a st	Requires Review	
			Action: includi _ manaja	
		1 Chapadanse	-includi manaja	
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 with Conditions 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,				
Multiplication and appreciation and the second state of the second				
areas covered by such permit at any reasonable h	Date: 5/1/97			
SIGNATURE OF APPLICANT Margaret Russo ADDRESS: J DATE: PHONE:				
SIGNATURE OF APPLICANT Margaret Ru	- R. Hudans			
Sister of Million and Margaret Ri	1550			
<b>RÉSPONSIBLE PERSON IN CHARGE OF WOF</b>	RK, TTFLE	PHONE:		
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				
			A, Kowe	

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



## CITY OF PORTLAND, MAINE Department of Building Inspection **Certificate of Pccupancy**

LOCATION

Issued to

Date of Issue

**Unis is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. \_\_\_\_\_\_, 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

APPROVED OCCUPANCY

-Venderstation 1

Limiting Conditions:

	certificate sup icate issued	ersedes		
Appro	oved:	1		
(Da	te)	Inspector	Inspector of Buildings	
çî e st	271111		ertificate identifies lawful use of building or premises, and ought to be transferred from when property changes hands. Copy will be furnished to owner or lessee for one dollar.	