Form # P 04 DISPLAY THIS CARD	ON PRINCIPAL FRONT	AGE OF WORK
Please Read Application And Notes, If Any, Attached	OF PORTLAN	Permi PERMITUSSUED
This is to certify that <u>10 EXCHANGE PROPERT</u>	LLC	MAR - 3 2008
has permission to Change of use to Retail gift a	souvenie top.	
AT 10 EXCHANGE ST	C 032_10	2001CITY OF PORTLAND
provided that the person or persons of the provisions of the Statutes of the construction, maintenance and u this department.	ine and of the Originances of	his permit shall comply with all the City of Portland regulating and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	n and ween permit on procide re this I ding or the there is ed or convict osed-in. JR NOT	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Health Dept.	nan	ue bouke
Other Department Name		Director - Building & Inspection Services
DENAL	IV FOR REMOVING THIS CARD	

PENALTY FOR REMOVING THIS CARD

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City of Portland, Maine - Bu	-		лц <sub>(</sub>	rmit No:	Issue Date:	CBL:		
389 Congress Street, 04101 Tel	· · · · ·	8, Fax: (207) 874-87		08-0166	<u> </u>	032 101	2001	
	ation of Construction: Owner Name:			Owner Address:			Phone:	
10 EXCHANGE ST Business Name:		GE PROPERTIES LL		PO BOX 4894		051-8418 Phone	651-8418	
Jusidess Iname:	Contractor Name:		Contr	Contractor Address:		ruoue	rnone	
Lessee/Buyer's Name	Phone:			t Type: nge of Use - (	Commercial		Zone:	
Past Use:	Proposed Use:		Perm	it Fee:	Cost of Work:	CEO District:	1	
Commercial - Hair Exchange Commercial - Retail		Retail gift and	\$105.00 \$0.00 1					
	souvenier sho		Se	DEPT:	Denied Use	CTION: Group:MBRZ	Туре:	
Proposed Project Description: Change of use to Retail gift and souvenier shop.		Signat	ture (rea	Cisas Sign	ature: AMB	3 3 08		
			PEDE	STRIAN AC <b>T</b> I	VITIES DISTRICT	(P.A.D.) b where it	- Actini	
			Action	n: 🗌 Approv	red Approved		Denied	
			Signa	ture: 🦟	-Om	Date: 22	6/00	
	Applied For:			Zoning	Approval			
lmd 02/	/25/2008							
<ol> <li>This permit application does no Applicant(s) from meeting app Federal Rules.</li> </ol>		Special Zone or Revi	ews	Zonin	ng Appeal	Historic Pres		
2. Building permits do not include septic or electrical work.	e plumbing,	Wetland		Miscella Miscella	neous	Does Not Rea	quire Review	
<ol> <li>Building permits are void if we within six (6) months of the data</li> </ol>		Flood Zone		Conditio	nal Use	Requires Rev	iew	
False information may invalida permit and stop all work		Subdivision		Interpret	ation	Approved		
		Site Plan			d	Approved w/	Conditions	
PERGAN ISCUED		Maj Minor MM	ngul blig	Date:		Denied Date: Cequin	SA Sel	
MAR - 3 2002 CITY OF POTILAN			1.0	, ,		Teventa	Mpr	

#### 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

### **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.

Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. X 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.

Signature of Applicant/Designee

Signature of Inspections Official

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Building Permit #: 08-0166

will need

not Building



## **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:	one 1 * Exempe		
Total Square Footage of Proposed Structure,	Area Square Footage of Lot		
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buye	r <sup>*</sup> Telephone:	
Chart# Block# Lot#	Name RockLobster LLC 2076518418		
A E	Address & Exchange St.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
32 = 14	City, State & Zipfor + I and me 041	12	
Lessee/12BA (If Applicable)	Owner (if different from Applicant)	Cost Of Work: \$O	
The second	Name Joseph Soley	work. φ	
FEB 2 5 2008	Address	C of O Fee: \$	
	City, State & Zip	Total Fee: \$	
Current legal use (i.e. single family)	How find and Security		
Proposed Specific use:	HAIT Exchange (Service) ouverier 61FT		
Is property part of a subdivision?	If yes, please name		
Project description:			
Contractor's name:			
Address:			
City, State & Zip	T	elephone:	
Who should we contact when the permit is re-	eady: To	elephone:	
Mailing address:			

# 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 <u>www.portlandmaine.gov</u>, 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 Date:

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

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### <u>Change of use Request</u> 8 Exchange St. Portland, Maine 04112

A. Rock Lobster P.O. Box 1453 Ogunquit, Maine 03907

(207) 651-8522 Owner: Sandra Plaisted

B. Project Architect N/A

C. Former use of structure "Hair Exchange" Service Industry

D. Proposed use of structure: Retail Store: Gift/Souvenir

E. Square Footage: Approx. 1,300 sq. ft.

F. Fire Protection: Sprinkled and Alarmed

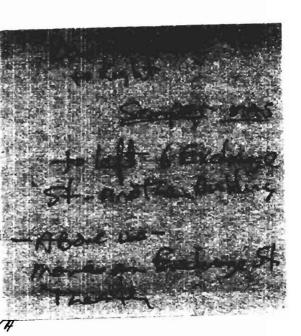
G.Life Safety—See drawing provided

H.Elevator: N/A

#### Fire Department requirements.

The following shall be submitted on a separate sheet:

- □ Name, address and phone number of applicant **and** the
- Proposed use of structure (NFPA and IBC classification)
- $\Box$  Square footage of proposed structure (total and per stor
- $\Box$  Existing and proposed fire protection of structure.
- $\Box$  Separate plans shall be submitted for n/A
  - a) Suppression system
  - b) Detection System (separate permit is required)
- □ A separate Life Safety Plan must include:
  - a) Fire resistance ratings of all means of egress
  - b) Travel distance from most remote point to exit a
  - c) Location of any required fire extinguishers
  - d) Location of emergency lighting
  - e) Location of exit signs
  - f) NFPA 101 code summary
- $\Box$  Elevators shall be sized to fit an 80" x 24" stretcher.  $N_{T}$



For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

## Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

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 <u>www.portlandmaine.gov</u>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

