

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that 10 EXCHANGE PROPERTIES, LLC

Located At 10 EXCHANGE ST

Job ID: 2011-12-2871-CH OF USE

CBL: 032-1-012-001

has permission to Change the Use from an office to a Tattoo Shop – Dynamic Tattoo, no construction/alterations provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

[Signature] 1/4/12

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-12-2871-CH OF USE	Date Applied: 12/6/2011	CBL: 032-1-012-001	
Location of Construction: 10 EXCHANGE ST (Suite 207)	Owner Name: 10 EXCHANGE PROPERTIES, LLC	Owner Address: PO BOX 4894 PORTLAND, ME 04112	Phone:
Business Name: Dynamic Tattoo	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name: Michael Nile	Phone: 207-318-9931	Permit Type: BLDG - Building	Zone: B-3
Past Use: Office	Proposed Use: Tattoo Shop – change of use	Cost of Work: 1000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Björnsdóttir</i> (58)	Inspection: Use Group: B Type: 3B Signature: <i>JMB</i> 4/4/12
Proposed Project Description: office to tattoo parlor		Pedestrian Activities District (P.A.D.)	
Permit Taken By:	Zoning Approval		

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 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.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>01/12/12</i> <i>ASB</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 <input type="checkbox"/> Not in Dist 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 Date: <i>Any exterior work requires a separate review</i> <i>approval thru Historic Preservation</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

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Certificate of Occupancy Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-12-2871-CH OF USE

Located At: 10 EXCHANGE ST

CBL: 032-1-012-001

Conditions of Approval:

Zoning

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

Fire

1. This permit is for zoning change of use only; any construction shall require additional permits. The occupancy shall comply with City Code Chapter 10 for existing business occupancy upon inspection.
2. All outstanding code violations shall be corrected prior to final inspection.
3. Inspection test reports for fire alarm and sprinkler systems are required prior to issuance of Certificate of Occupancy.

Building

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

B-3
1/12/12

10 Exchange Properties LLC

2011 12 28/1 66



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>10 Exchange St. Suit 207 Portland Me</u>		
Total Square Footage of Proposed Structure/Area <u>542.33</u>	Square Footage of Lot	Number of Stories <u>1</u>
Tax Assessor's Chart, Block & Lot Chart# <u>032</u> Block# <u>I</u> Lot# <u>012</u>	Applicant * <u>must be owner, Lessee or Buyer*</u> Name <u>Michael L. Nite</u> Address <u>10 Exchange St sts 207</u> City, State & Zip <u>Portland, Me 04101</u>	Telephone: <u>207 318-9931</u>
Lessee/DBA (If Applicable) <u>Dynamic TATTOO</u> RECEIVED DEC - 6 2011	Owner (if different from Applicant) Name <u>Michael L. Nite</u> Address <u>30 Saunders St</u> City, State & Zip <u>Portland Me 04103</u>	Cost Of Work: \$ <u>0</u> C of O Fee: \$ <u>75.00</u> Total Fee: \$ <u>30.00</u> <u>105.00</u>
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed specific use: <u>office</u>	Number of Residential Units	<u>Change of use office to TATTOO</u>
Is property part of a subdivision? _____ If yes, please name _____	Project description: <u>Tattoo Shop</u> <u>interior renovation / space refresh</u>	
Contractor's name: _____		
Address: _____		
City, State & Zip _____		Telephone: _____
Who should we contact when the permit is ready: _____		Telephone: _____
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 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: Michael Nite Date: 12-6-11

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



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Dec 6 2011

Received from Michael New

Location of Work 10 East

Cost of Construction \$ _____ Building Fee: 30.00

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: 75.00

Total: _____

Building (IL) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 037 I012

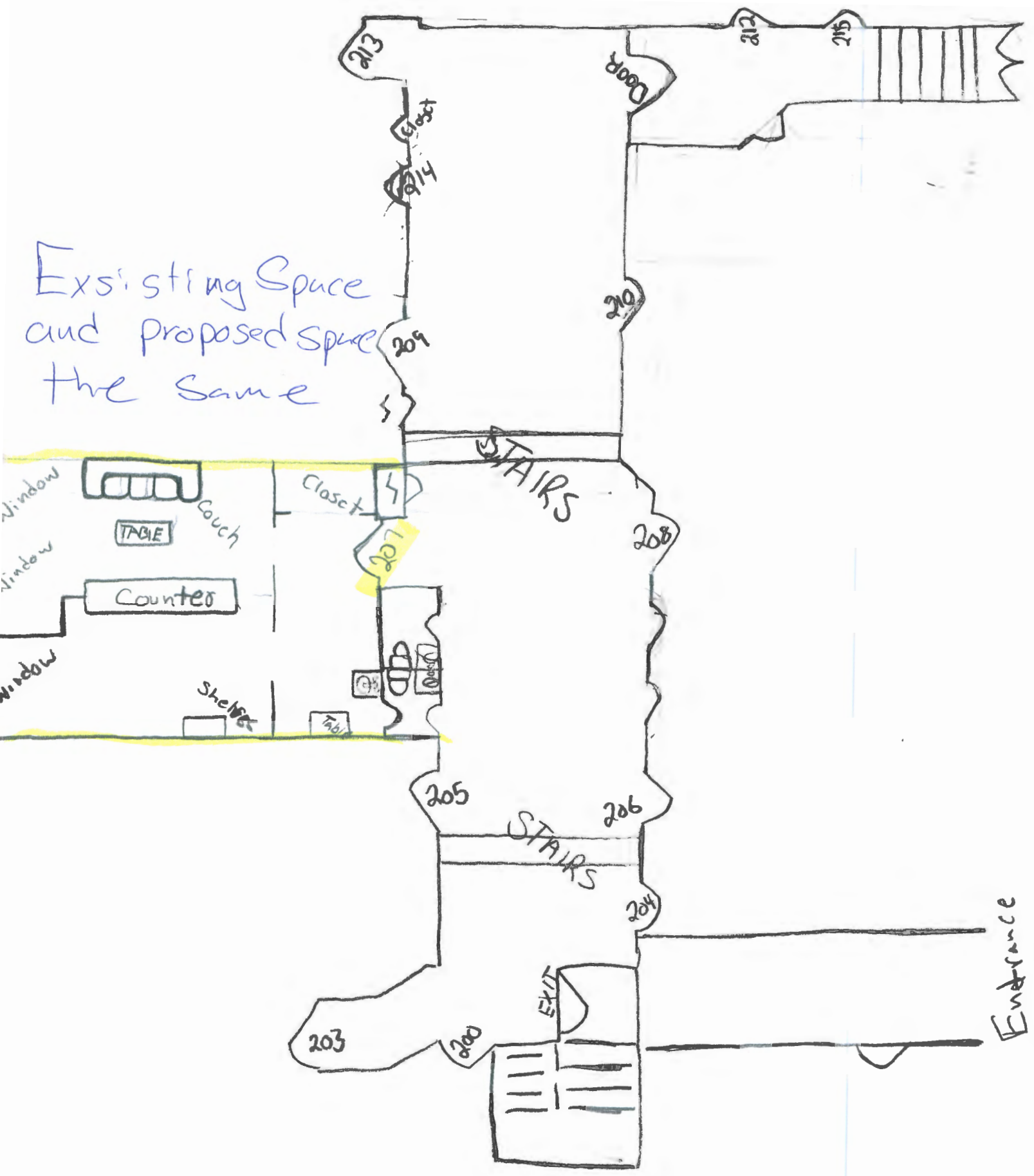
Check #: cash Total Collected \$ 105.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: Rayle

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

Existing Space
and proposed space
the same



State of Maine
CITY OF PORTLAND

CERTIFICATE OF SOLE PROPRIETOR ADOPTING A NAME OTHER THAN OWN
(Title 31 M. R. S. A. Section 2)

The undersigned hereby certifies that (s)he intends to engage in the
Tattoo Studio business, as sole proprietor thereof, and to
(type of business)

adopt the name, style or designation of Dynamic Tattoo
(name of business)

in the conduct of said business.

Michael L. Nile
Printed Name of Proprietor

Michael L Nile
Signature of Proprietor (signature must be witnessed by
a Notary Public or attorney)

30 Saunders St Portland Me
Home Address
Zip Code 04103

10 Exchange St Portland Me
Business Location Address (cannot be a PO Box)
(MUST be in Portland) Zip Code 04101

207-318-9931
Home (or Cell) Phone Number

207-318-9931
Business Phone Number

Mnile954@gmail.com
Email

www. _____
Business Website

BELOW INFORMATION MUST BE COMPLETED BY A NOTARY PUBLIC OR ATTORNEY

STATE OF MAINE

Cumberland County, SS.

10-31 A.D. 20 11

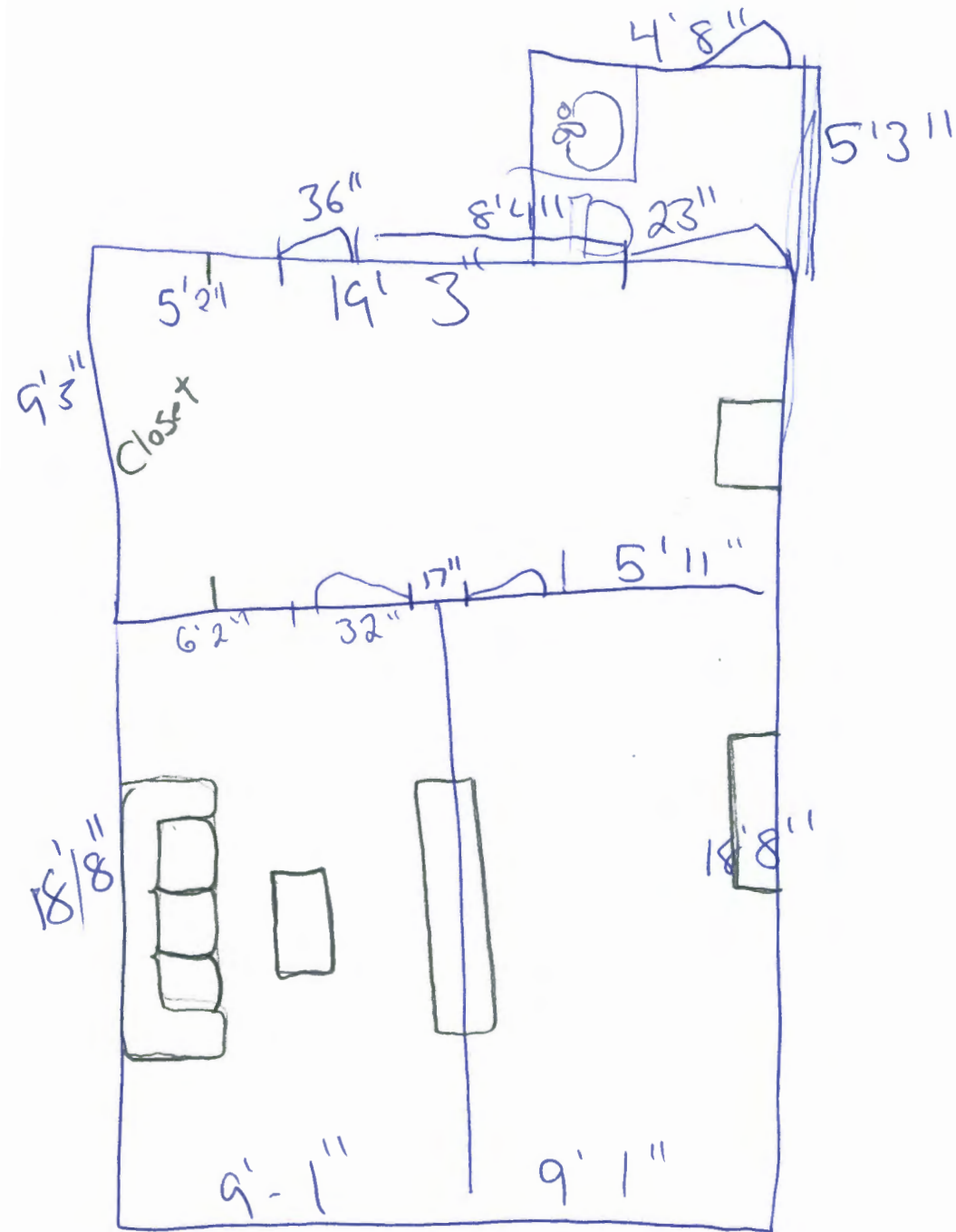
Then Michael L. Nile, personally appeared and made oath
to the foregoing certificate that the same is true.

Before me,

Chapman Johnson
Attorney or
Notary Public (Commission Expires 9-26-2017)

Note: This certificate shall be deposited in the City of Portland Office of the Clerk in which the business is to be carried on. The City Clerk's Office is entitled to a fee of TEN dollars (\$10.00) for recording this certificate.

233
1657



Ceiling Tiles

Toilet

Moldings

Threshold