

PERMIT ISSUE

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|----------------------|-------------|---------------------|
| Permit No: 02-045 | Issue Date: | CBL: 082 V014001 |
|----------------------|-------------|---------------------|

| | | | |
|---|-------------------------------|-------------------------------|-----------------------------------|
| Location of Construction: 50 Wharf St 9-13 Union | Owner Name: Soley Joseph L | Owner Address: Po Box 4894 | Phone: CITY OF PORTLAND |
|---|-------------------------------|-------------------------------|-----------------------------------|

| | | | |
|----------------|----------------------------------|---------------------|--------|
| Business Name: | Contractor Name: LESLIE, DREW | Contractor Address: | Phone: |
|----------------|----------------------------------|---------------------|--------|

| | | | |
|---------------------|--------|--|--------------|
| Lessee/Buyer's Name | Phone: | Permit Type: Change of Use - Commercial | Zone: B-3 |
|---------------------|--------|--|--------------|

| | | | | |
|---------------------------|--|-------------|---------------|---------------|
| Past Use: office space | Proposed Use: tattoo shop "change of use" | Permit Fee: | Cost of Work: | CEO District: |
|---------------------------|--|-------------|---------------|---------------|

| | |
|---|--|
| FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION Use Group: B Type: <i>BOCA 101</i> |
| Signature: <i>[Signature]</i> | Signature: <i>[Signature]</i> |

Proposed Project Description:
CHANGE OF USE tattoo shop

All State and local licenses shall be acquired prior to opening

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action Approved Approved w/Conditions Denied

Signature: _____ Date: _____

| | | | |
|-----------------------------|---------------------------------|------------------------|--|
| Permit Taken By: jodinea | Date Applied For: 05/01/2002 | 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 checked="" type="checkbox"/> <i>with conditions</i> Date: <i>5/1/02</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 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 <i>Any exterior changes require a separate review</i> 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 APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE _____ DATE _____ PHONE _____

5/22/02

OK for G.O. as soon as
electrical permit has been

obtained. MR

5/25/02 OK as per M. Collins's electrical
inspector MR