

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## DEPARTMENT OF BUILDING INSPECTION PERMIT

Permit Number: 021276

This is to certify that Slc Enterprises Inc/Applicant  
has permission to Change of Use from Office Space to Child Care  
AT 102 Portland St Call 036 H001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit on procedure before this building or part thereof is altered or closed-in. 48 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. *A. H. M. J.*  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 02-1276	Issue Date:	CBL: 036 H001001
-----------------------	-------------	---------------------

Location of Construction: 102 Portland St	Owner Name: Slc Enterprises Inc	Owner Address: Po Box 8754	Phone: 780-6653
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B2b

Past Use: Vacant/Office Space	Proposed Use: Chiropractic Office	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: NA 11/24/02	

**Proposed Project Description:**  
Change of Use from Office Space to Chiropractic Office

Signature: *[Signature]* Signature: *[Signature]*  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
 Action:  Approved  Approved w/Conditions  Denied  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: gad	Date Applied For: 11/12/2002	<b>Zoning Approval</b>
-------------------------	---------------------------------	------------------------

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..	<b>Special Zone or Reviews</b> <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"/> MIM <input type="checkbox"/> Date: <i>OK</i> 11/15/02	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input checked="" 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 Date: <i>[Signature]</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

02-1276

# All Purpose 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.

102 Portland St

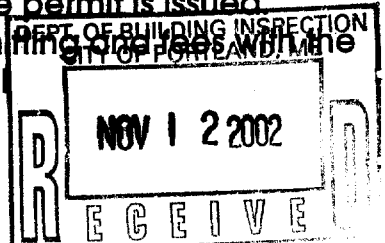
Location/Address of Construction: 105 Forest Ave Suite 4 Portland ME 04101	
Total Square Footage of Proposed Structure	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# 036 Block# H Lot# 001	Owner: SLC Enterprises Inc Telephone: 207 780-6653
Lessee/Buyer's Name (If Applicable) Chiropractic Center of Portland	Applicant name, address & telephone: Derek J Gellis D.C. 105 Forest Ave Suite 4 207 450 2086 Cost Of Work: \$ 2 Next Fee: \$ 30 -
Current use: Vacant	If the location is currently vacant, what was prior use: Executive Placement Approximately how long has it been vacant: 175 wks Total \$ 105.00
Proposed use: Chiropractic office	Project description: personal service
Contractor's name, address & telephone:	
Who should we contact when the permit is ready: Derek J Gellis D.C. call	
Mailing address: 105 Forest Ave Suite 4 Portland ME 04101	
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 207 450-2086 call	

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: *Derek J Gellis* Date: 11/8/02

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



November 7, 2002

Derek J. Gellis D.C.  
105 Forest Ave Suite 4  
Portland, ME 04101

Dear City of Portland,

This is to state in writing that I wish to use the above address as a chiropractic office. The address was previously used as an executive placement agency. The building itself is zoned for both residential and commercial use and has 7 units. 4 of the units are commercially used and 3 are used as residential only.

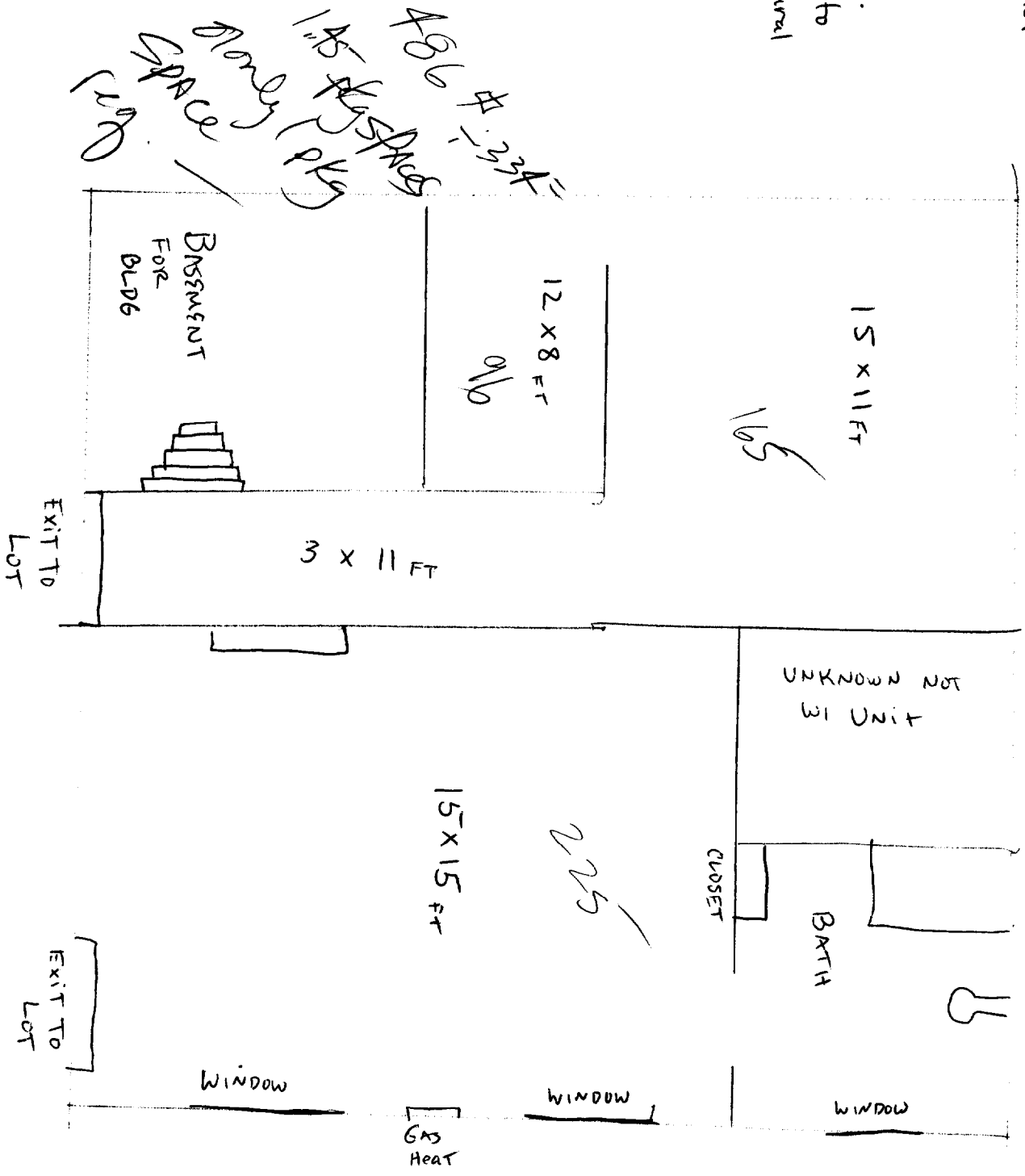
Thank You

A handwritten signature in cursive script, appearing to read "Derek J. Gellis D.C.", written in black ink.

Derek J. Gellis, D.C.

105 Forest Ave  
Suite 4  
Portland ME 04101

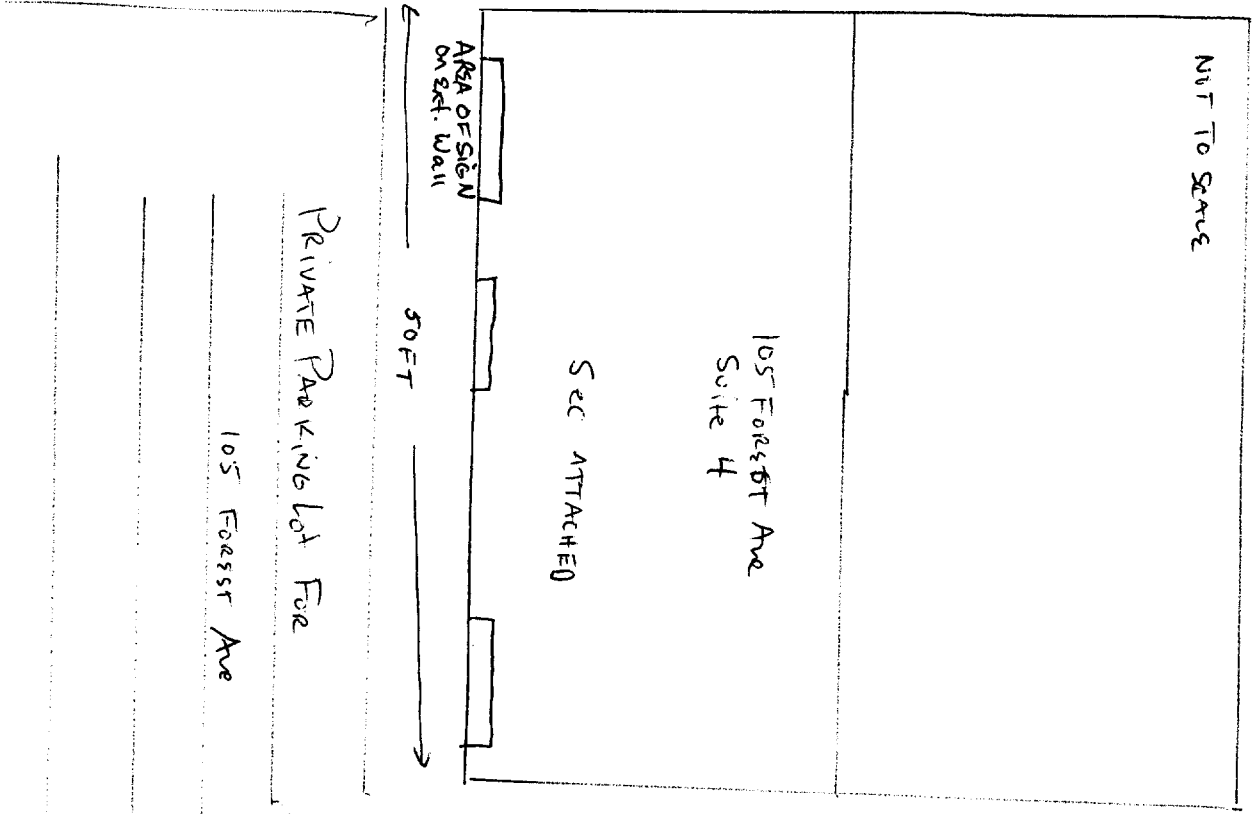
Same as before.  
No work to  
change internal  
structure.



Forest Ave

105 Forest Ave  
Portland ME 04101

Portland Ave



7 units in Bldg.  
 4 Commercial  
 3 Residential