

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

## BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 01000  
**PERMIT ISSUED**  
SEP - 5 2007  
**CITY OF PORTLAND**

This is to certify that RREEF AMERICA REIT II DRP Z4 /Reagan & Company

has permission to Tenant fit-up for Hair Salon

AT 2 PORTLAND SQ

038 B002001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission procured before this building or part thereof is laid or service closed-in. 24 HOUR NOTICE REQUIRED.

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

### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*Jeannie Bourke* 9/5/07  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

*Scanned*

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

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

Permit No: 07-1000	Issue Date:	CBL: 038 B002001
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Location of Construction: <i>called 2 PORTLAND SQ / 479 Fore</i>	Owner Name: RREEF AMERICA REIT III CORP	Owner Address: PO BOX 4900 DEPT 207	Phone:
Business Name:	Contractor Name: Reagan & Company	Contractor Address: 106 Merrill Rd. Gray	Phone: 2076536353
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: <i>B-3</i>

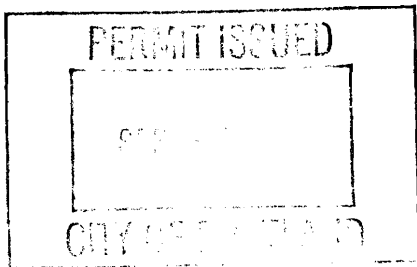
Past Use: Commercial / Retail	Proposed Use: Commercial / Personal Service Tenant fit-up for Hair Salon <i>Sator's Salon &amp; SPA</i>	Permit Fee: \$475.00	Cost of Work: \$475.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type:	

Proposed Project Description: Tenant fit-up for Hair Salon	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 9/5/07
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: <i>[Signature]</i>	Date: <i>8/17/07</i>	

Permit Taken By: dmartin	Date Applied For: 08/16/2007	<b>Zoning Approval</b>	
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- 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..

<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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>8/17/07</i>	<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: <i>8/17/07</i>	<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>
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**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



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 2 PORTLAND SQ CBL 038 B002001

Issued to RREEF AMERICA REIT III CORP Z4 /Reagan & Company Date of Issue 10/05/2007

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 07-1000, 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

First Floor Left Side

APPROVED OCCUPANCY

Hair Salon  
IBC 2003  
Use Group B Type 2

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

10/5/07 [Signature] (Date) Inspector

[Signature] Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

# ELECTRICAL PERMIT

## City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date 10/17/07  
 Permit # 07-4699  
 CBL# 038 B002

LOCATION: 2 Portland - Retail METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER \_\_\_\_\_  
 TENANT Hair Salon PHONE # \_\_\_\_\_

**TOTAL EACH FEE**

<b>OUTLETS</b>	<u>20</u>	Receptacles	<u>5</u>	Switches		Smoke Detector	.20
<b>FIXTURES</b>		Incandescent	<u>20</u>	Fluorescent		Strips	.20
<b>SERVICES</b>		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
<b>Temporary Service</b>		Overhead		Underground		TTL AMPS	25.00
							25.00
<b>METERS</b>		(number of)					1.00
<b>MOTORS</b>		(number of)					2.00
<b>RESID/COM</b>		Electric units					1.00
<b>HEATING</b>		oil/gas units		Interior		Exterior	5.00
<b>APPLIANCES</b>		Ranges		Cook Tops		Wall Ovens	2.00
		Insta-Hot		Water heaters		Fans	2.00
		Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa		Washing Machine	2.00
		Others (denote)					2.00
<b>MISC. (number of)</b>		Air Cond/win					3.00
		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00
		Signs					10.00
		Alarms/res					5.00
		Alarms/com					15.00
		Heavy Duty(CRKT)					2.00
		Circus/Carnv					25.00
		Alterations					5.00
		Fire Repairs					15.00
		E Lights					1.00
		E Generators					20.00
<b>PANELS</b>		Service		Remote		Main	4.00
<b>TRANSFORMER</b>		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
						TOTAL AMOUNT DUE	
		<b>MINIMUM FEE/COMMERCIAL</b>	<b>55.00</b>			<b>MINIMUM FEE</b>	<b>45.00</b>

SEP 17 2007

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CONTRACTORS NAME EMI MASTER LIC. # ME60017571  
 ADDRESS P.O. Box 6807, Scarborough LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 207-883-9595 Ch# 17361

SIGNATURE OF CONTRACTOR [Signature]