

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: ***470 Fore Street 04101		Owner: Dictor Assoc.		Phone: 772-2992		Permit No: 991162	
Owner Address: 261 Commercial Street		Lessee/Buyer's Name: AKARI Allan Jabos		Phone: 772-9060		BusinessName:	
Contractor Name: n/a		Address:		Phone:		Permit Issued: 01 26 1999	
Past Use: Vacant		Proposed Use: Massage Therapy		COST OF WORK: \$		PERMIT FEE: \$30.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>AKARI</i>		Signature:	
Proposed Project Description: Change of Use to include Massage Therapy				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>			
				Signature:		Date:	
Permit Taken By: Una		Date Applied For: 18 October 1999					

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..

Please mail permit to:  
AKARI  
470 Fore Street  
Portland, ME 04101

**PERMIT ISSUED  
WITH REQUIREMENTS**

**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 provisions of the code(s) applicable to such permit

19 October 1999

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

Zone: B-3	CBL: 038-F-008
Zoning Approval: <i>26/09/99</i>	
<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"/> mm <input type="checkbox"/>	

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**PERMIT ISSUED  
WITH REQUIREMENTS  
CEO DISTRICT**

1