

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 081011

Please Read Application And Notes, If Any, Attached

This is to certify that FRYE ASSOCIATES / Frye Associates has permission to Change of use from commercial office / Hair Salon / Spa "H Games Hair Salon" W/ tenant fit-up to 1st floor AT 44 OAK ST 039 B011001

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 proceeds before this building or part thereof is occupied or services 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. (checked), Health Dept., Appeal Board, Other. PERMIT ISSUED SEPT 19 2008

Signature of Director - Building & Inspection Services dated 9/19/08

CITY OF PORTLAND 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: 08-1011	Issue Date:	CBL: 039 B011001
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Location of Construction: 44 OAK ST	Owner Name: FRYE ASSOCIATES	Owner Address: 44 OAK ST	Phone:
Business Name: Head Games Hair Salon	Contractor Name: Frye Associates	Contractor Address: 44 Oak St Portland	Phone 2077753184
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B-3

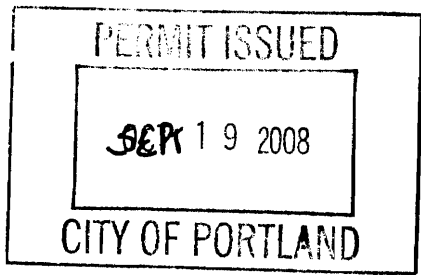
Past Use: Commercial - Office	Proposed Use: Commercial - Hair Salon / Spa - Change of use from commercial office to Hair Salon / Spa "Head Games Hair Salon" W/ tenant fit-up to 1st floor & basement	Permit Fee: \$895.00	Cost of Work: \$80,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i>	INSPECTION: Use Group: B Type: 3 IBX-2003	

**Proposed Project Description:**  
Change of use from commercial office to Hair Salon / Spa "Head Games Hair Salon" W/ tenant fit-up to 1st floor & basement

Signature: *Corra Curran* Signature: *JMS 9/18/08*  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)** *within on Free St*  
 Action:  Approved  Approved w/Conditions  Denied  
 Signature: *[Signature]* Date: *9/25/09*

Permit Taken By: Idobson	Date Applied For: 08/15/2008	<b>Zoning Approval</b>	
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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"/> MM <input type="checkbox"/> Denied Date: <i>9/25/09</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:	<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:
	Date:	Date:	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

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

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

Permit No: 08-1011	Date Applied For: 08/15/2008	CBL: 039 B011001
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<b>Location of Construction:</b> 44 OAK ST	<b>Owner Name:</b> FRYE ASSOCIATES	<b>Owner Address:</b> 44 OAK ST	<b>Phone:</b>
<b>Business Name:</b> Head Games Hair Salon	<b>Contractor Name:</b> Frye Associates	<b>Contractor Address:</b> 44 Oak St Portland	<b>Phone</b> (207) 775-3184
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use - Commercial	

<b>Proposed Use:</b> Commercial - Hair Salon / Spa - Change of use from commercial office to Hair Salon / Spa "Head Games Hair Salon" W/ tenant fit-up to 1st floor & basement	<b>Proposed Project Description:</b> Change of use from commercial office to Hair Salon / Spa "Head Games Hair Salon" W/ tenant fit-up to 1st floor & basement
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 08/15/2008**Note:** **Ok to Issue:** 

- 1) This property is located within a Pedestrian Activities District (PAD) along Free Street that regulates first floor uses to be of interest to pedestrians such as retail or personal services uses. All existing windows shall be maintained and not blocked or closed up.
- 2) Separate permits shall be required for any new signage.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:****Note:** **Ok to Issue:** 

- 1) Handrails to be installed at ramp per code
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 3) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 08/26/2008**Note:** **Ok to Issue:** 

- 1) Fire extinguishers required. Installation per NFPA 10
- 2) Emergency lights are required to be tested at the electrical panel.
- 3) Emergency lights and exit signs are required
- 4) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 5) A single source supplier should be used for all through penetrations.
- 6) All construction shall comply with NFPA 101

**Comments:**

9/10/2008-jmb: Rick Goduti, the architect came in to go over the plans and he will submit details on new walls, bathroom fixture count, floor layout for the salon etc.

<b>Location of Construction:</b> 44 OAK ST	<b>Owner Name:</b> FRYE ASSOCIATES	<b>Owner Address:</b> 44 OAK ST	<b>Phone:</b>
<b>Business Name:</b> Head Games Hair Salon	<b>Contractor Name:</b> Frye Associates	<b>Contractor Address:</b> 44 Oak St Portland	<b>Phone</b> (207) 775-3184
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use - Commercial	

9/11/2008-jmb: Received revised plans

9/12/2008-jmb: Left voicemail with Rick G. These plans are not for construction, no details, window details for healing arts curved walls, ramp construction with elevation change, rails, interior finishings and sewage ejector pump specs and if it is existing. Also need archiving file

9/17/2008-jmb: Rick G. Came in and we discussed the details, he will submit. This space was previously Rubys Choice restaurant, the ejector pump is existing and the parts will be upgraded. Rick stated the capacity was well under what it will be.

9/18/2008-jmb: revisions submitted oke to issue



# 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>44 OAK / 116 FREE ST</u>		
Total Square Footage of Proposed Structure/Area <u>4000 +/-</u>		Square Footage of Lot <u>3500 ±</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>39            B            11</u>	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>FRYE ASSOCIATES</u> Address <u>44 OAK ST.</u> City, State & Zip <u>PORTLAND ME 04101</u>	Telephone: <u>775-3184</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>80,000.</u> C of O Fee: \$ _____ Total Fee: \$ <u>830.00</u>
Current legal use (i.e. single family) <u>OFFICE / COMMERCIAL</u> If vacant, what was the previous use? <u>PORTLAND CONSERVATORY OF MUSIC</u> Proposed Specific use: <u>HAIR SALON / SPA</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>TENANT FIT-UP OF THE 1ST FLOOR &amp; BSMT FOR HEADGAMES HAIR SALON</u>		
Contractor's name: _____ Address: _____ City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: <u>FRYE ASSOC.</u> Telephone: <u>775-3184</u> Mailing address: <u>44 OAK ST PORTLAND MAINE</u>		

**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](http://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: [Signature] Date: 02/03/08

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



# Commercial Interior & Change of Use Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

## One (1) complete set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- Cross sections w/framing details
- Detail of any new walls or permanent partitions
- Floor plans and ~~elevations~~
- ~~Window and door schedules~~
- Complete electrical and plumbing layout. *PARTIAL (RENOVATION)*
- Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review *EXISTING EQUIPMENT*
- Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IEEC 2003 *EXIST*
- Proof of ownership is required if it is inconsistent with the assessors records.
- Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17". *8 1/2 X 11*
- Per State Fire Marshall, all new bathrooms must be ADA compliant.  
*ONE BATHROOM 1ST FLOOR*  
*ONE BATHROOM BSMT*

Separate permits are required for internal and external plumbing, HVAC & electrical installations.

For additions less than 500 sq. ft. or that does not affect parking or traffic, a site plan exemption should be filed including:

- The shape and dimension of the lot, footprint of the existing and proposed structure and the distance from the actual property lines.
- Location and dimensions of parking areas and driveways, street spaces and building frontage.
- Dimensional floor plan of existing space and dimensional floor plan of proposed space.

A Minor Site Plan Review is required for any change of use between 5,000 and 10,000 sq. ft. (cumulatively within a 3-year period)

**Fire Department requirements.**

The following shall be submitted on a separate sheet:

- Name, address and phone number of applicant **and** the project architect.
- Proposed use of structure (NFPA and IBC classification)
- Square footage of proposed structure (total and per story)
- Existing and proposed fire protection of structure.
- Separate plans shall be submitted for
  - a) Suppression system *EXISTING*
  - b) Detection System (separate permit is required) *EXISTING*
- A separate Life Safety Plan must include:
  - a) Fire resistance ratings of all means of egress ✓
  - b) Travel distance from most remote point to exit discharge
  - c) Location of any required fire extinguishers
  - d) Location of emergency lighting ✓
  - e) Location of exit signs ✓
  - f) NFPA 101 code summary
- Elevators shall be sized to fit an 80" x 24" stretcher. *N/A*

**For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.**

**Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.**

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](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

**Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost**

**This is not a Permit; you may not commence any work until the Permit is issued.**



# Certificate of Design Application

From Designer: \_\_\_\_\_

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

Job Name: \_\_\_\_\_

Address of Construction: \_\_\_\_\_

*Existing Structure (TENANT FIT-UP ONLY) NO STRUCTURAL CHANGES*  
2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year \_\_\_\_\_ Use Group Classification (s) \_\_\_\_\_

Type of Construction \_\_\_\_\_

Does the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC \_\_\_\_\_

Is the Structure mixed use? \_\_\_\_\_ If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_

Emergency alarm System? \_\_\_\_\_ Geotechnical/Soils report required? (See Section 1802.2) \_\_\_\_\_

## Structural Design Calculations

\_\_\_\_\_ Submitted for all structural members (106.1 - 106.11)

## Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
<i>N/A</i>	_____
_____	_____
_____	_____

## Wind loads (1603.1.4, 1609)

\_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)

*N/A* Basic wind speed (1809.3)

*N/A* Building category and wind importance Factor,  $I_w$ , table 1604.5, 1609.5)

\_\_\_\_\_ Wind exposure category (1609.4)

\_\_\_\_\_ Internal pressure coefficient (ASCE 7)

\_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)

\_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

## Seismic design data (1603.1.5, 1614-1623)

\_\_\_\_\_ Design option utilized (1614.1)

\_\_\_\_\_ Seismic use group ("Category")

\_\_\_\_\_ Spectral response coefficients,  $S_D$  &  $S_{DI}$  (1615.1)

\_\_\_\_\_ Site class (1615.1.5)

\_\_\_\_\_ Live load reduction

\_\_\_\_\_ Roof live loads (1603.1.2, 1607.11)

\_\_\_\_\_ Roof snow loads (1603.7.3, 1608)

\_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)

\_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$

\_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$

*NA* If  $P_g > 10$  psf, snow load importance factor,  $I_s$

\_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)

\_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)

\_\_\_\_\_ Seismic design category (1616.3)

\_\_\_\_\_ Basic seismic force resisting system (1617.6.2)

\_\_\_\_\_ Response modification coefficient,  $R$ , and

\_\_\_\_\_ deflection amplification factor,  $C_d$  (1617.6.2)

\_\_\_\_\_ Analysis procedure (1616.6, 1617.5)

\_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

## Flood loads (1803.1.6, 1612)

\_\_\_\_\_ Flood Hazard area (1612.3)

\_\_\_\_\_ Elevation of structure

## Other loads

\_\_\_\_\_ Concentrated loads (1607.4)

\_\_\_\_\_ Partition loads (1607.5)

\_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)





# Accessibility Building Code Certificate

Designer: Godoli/Thomas Architects  
 Address of Project: 44 OAK ST PORTLAND MAINE  
 Nature of Project: TENANT FIT-UP FOR HAIR SALON/SPA  
1ST FLOOR ROOMS

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.

*BUILDING IS ON THE NATIONAL HISTORIC REGISTER  
 ADA CHANGES WILL AFFECT THE STATUS —*

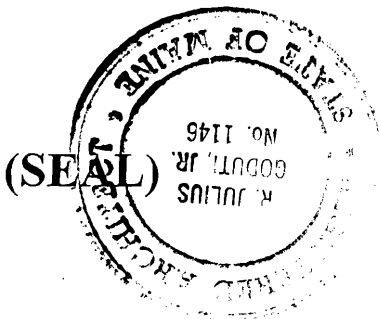
Signature: B.

Title: OWNER

Firm: GODOLI/THOMAS ARCHITECTS

Address: 44 OAK ST

Phone: 775-3184



For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Certificate of Design

Date: 08/14/09

From: RICK GODUTI : GODUTI/THOMAS ARCHITECTS  
ALSO BUILDING OWNER

These plans and / or specifications covering construction work on:

REQUEST MEETING TO DISCUSS ACCESSIBILITY ISSUES  
AND BUILDING CODE REQUIREMENTS.

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.

EXISTING Bldg. : only partially applicable



Signature: B

Title: owner

Firm: GODUTI/THOMAS ARCHITECTS

Address: 44 OAK ST

Phone: 775-3184

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)

9/18/08

FRYE BLDG 44 OAK / 116 FR BERT.

date

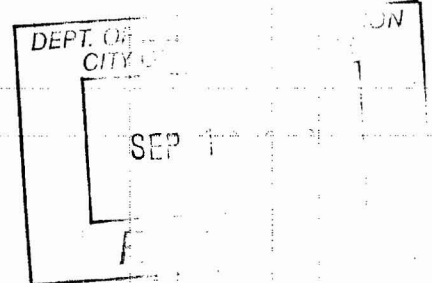
project

participants

re

PERMIT PLANS.

TO: JEANIE BURKE.  
INSPECTION SERVICE.



JEANIE,

PER OUR CONVERSATION I HAVE  
ADDED INFORMATION TO DRAWINGS  
AS DISCUSSED TUESDAY.

- USE TYPE
- OCCUPANT LOAD
- DEMOLITION PLANS (PREVIOUSLY SUBMITTED)
- FIXTURE LAYOUT
- CLASSIFICATION OF WALL TYPES.

PLEASE LET ME KNOW IF YOU NEED  
ADDITIONAL INFORMATION.

Thanks.

Rich Goduti

SEP 11 2008

fax

sh. of

44 oak street

portland, maine

04101

p. 207-775-3184

f. 207-774-0846