

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 081011

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

provided that the person or persons firm or organization 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 when permission procedure before this building or part thereof is started or service closed-in. 4 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. [Signature]
Health Dept. [Signature]
Appeal Board [Signature]
Other [Signature]
Department Name [Signature]

PERMIT ISSUED

SEP 19 2008

[Signature]
Director - Building & Inspection Services

CITY OF PORTLAND 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: 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
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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

FIRE DEPT: Approved Denied
See conditions

INSPECTION: Use Group: B Type: 3
 IBC-2003
 Signature: *[Signature]* Date: 9/18/08

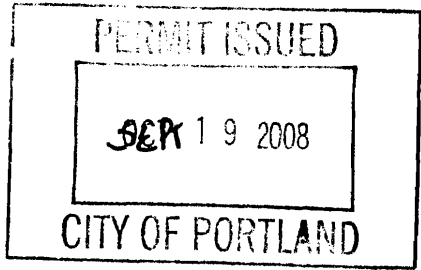
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) *within on Free St*

Action: Approved Approved w/Conditions Denied
 Signature: *[Signature]* Date: 8/25/09

Permit Taken By: Idobson	Date Applied For: 08/15/2008	Zoning Approval	
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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..

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 type="checkbox"/> Date: <i>[Signature]</i> 8/25/09	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: <i>[Signature]</i>	Historic Preservation <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

12-19-08

Not Ready - See list: label panels + E-light, fix holes (fire rate), need
E-lights in bathroom, secure meters wires, fill spaces + label panels, additional
lights in electrical room, estimate sprinkler heads and engineer report on
beams in basement that were cut into.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 44 OAK ST CBL 039 B011001

Issued to Frye Associates/Frye Associates Date of Issue 12/24/2008

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. 08-1011, 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

Basement and 1st Floor

APPROVED OCCUPANCY

Commerical - Hair Salon/Spa
Use Group : B Type : 3
IBC 2003

Limiting Conditions: none

NOTE : Front door entrance on 116 Free Street

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

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 9-22-08
 Permit # 2008-4623
 CBL# 039-B-011

LOCATION: 44 OAK ST METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER ALLANNA PETERKIN
 TENANT ALLANNA PETERKIN PHONE # 207-318-9898

							TOTAL EACH FEE	
OUTLETS	32	Receptacles	26	Switches	10	Smoke Detector	.20	13.60
FIXTURES	30	Incandescent	3	Fluorescent		Strips	.20	6.60
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters		Fans	2.00	
	2	Dryers		Disposals		Dishwasher	2.00	4.00
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
		Air Cond/cent				Pools	10.00	
		HVAC		EMS		Thermostat	5.00	
	1	Signs					10.00	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	
	14	E Lights					1.00	14.00
		E Generators					20.00	
PANELS		Service		Remote		Main	4.00	
TRANSFORMER	2	0-25 Kva					5.00	10.00
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
							TOTAL AMOUNT DUE	54.20
							MINIMUM FEE/COMMERCIAL 55.00	45.00

CONTRACTORS NAME COLIN HUNT MASTER LIC. # MS60019330
 ADDRESS 49 WEST LN ARUNDEL ME 04046 LIMITED LIC. # _____
 TELEPHONE 207-468-0029

SIGNATURE OF CONTRACTOR [Signature]

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 44 Oak St

PROPERTY OWNERS NAME

Last: Frye asic First: _____
Applicant Name: Craig R Aube
Mailing Address of Owner/Applicant (If Different): 14 A.M. Woods way Fairbath

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

PORTLAND

PERMIT # 10774 TOWN COPY

Date Permit Issued: 10/01/08

\$ 1112 If Double Fee Charged

Local Plumbing Inspector Signature: [Signature]

L.P.I. # 101691

3008-8270

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 8878

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain	<u>4</u>	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	<u>10</u>	Wash Basin
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>2</u>	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>16</u>	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE