

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

PERMIT ISSUED
Permit Number: 041832
DEC 22 2004
CITY OF PORTLAND

This is to certify that Baxter Place Associates/n/a has permission to Change of Use; from office personal (mess therapy) AT 305 Commercial St 040 F009001

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 inspection must be given and written permission procured 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. [Signature]
Health Dept.
Appeal Board
Other
DepartmentName

[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: 04-1832	Issue Date: DEC 22 2004	CBL: 040 F009001
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Location of Construction: 305 Commercial St	Owner Name: Baxter Place Associates	Owner Address: 305 Commercial St	Phone: 207-871-1080
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone: CITY OF PORTLAND
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Change of Use - Commercial	Zone: <del>B-3</del>
Past Use: Commercial I Visitor Center	Proposed Use: Change of Use; from office to personal use (message therapy).	Permit Fee: \$105.00	Cost of Work: \$0.00
Proposed Project Description: Change of Use; from office to personal use (message therapy).		CEO District: 1	
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group <b>B</b> Type Signature: <i>[Signature]</i> Date: <b>12/21/04</b> Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
Permit Taken By: gg		Date Applied For: 12/14/2004	
<b>Zoning Approval</b>			

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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"/> MMD <input type="checkbox"/>	<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	<input 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: <b>OK 12/16/04</b>	Date:	Date: <b>Any exterior work requires A separate request and approval</b>

**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

<b>Permit No:</b> 04-1832	<b>Date Applied For:</b> 12/14/2004	<b>CBL:</b> 040 F009001
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<b>Location of Construction:</b> 305 Commercial St	<b>Owner Name:</b> Baxter Place Associates	<b>Owner Address:</b> 305 Commercial St	<b>Phone:</b> 207-871-1080
<b>Business Name:</b> n/a	<b>Contractor Name:</b> n/a	<b>Contractor Address:</b> n/a Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Change of Use - Commercial	
<b>Proposed Use:</b> Change of Use; from office to personal use (message therapy).		<b>Proposed Project Description:</b> Change of Use; from office to personal use (message therapy).	

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 12/16/2004  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Mike Nugent      **Approval Date:** 12/21/2004  
**Note:**      **Ok to Issue:**

1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.

**Dept:** Fire      **Status:** Approved      **Reviewer:** Lt. MacDougal      **Approval Date:** 12/20/2004  
**Note:**      **Ok to Issue:**

# 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.

Location/Address of Construction: <u>305 Commercial Street Portland</u>		
Total Square Footage of Proposed Structure <u>192</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>040</u> Block# <u>F</u> Lot# <u>009</u>	Owner: <u>Baxter Place Associates</u> <u>do Dirigo Management</u>	Telephone: <u>871.1080</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Nichole Raemisch</u> <u>403 Chandler's Wharf</u> <u>Portland 745.2383</u>	Cost Of Work: \$ <u>30.00</u> Fee: \$ <u>75.00</u>
Current use: _____		
If the location is currently vacant, what was prior use: <u>Visitors Center</u>		<u>\$105.00</u>
Approximately how long has it been vacant: <u>?</u>		
Proposed use: <u>Massage Therapy Practice</u>		
Project description: <u>Change of use</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: _____		
Mailing address:		
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:		

**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: Nichole Raemisch Date: 12.13.04

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 4<sup>th</sup> floor of City Hall

↑  
4  
Hallway

Hallway ←

Door

waiting room

Door

Window

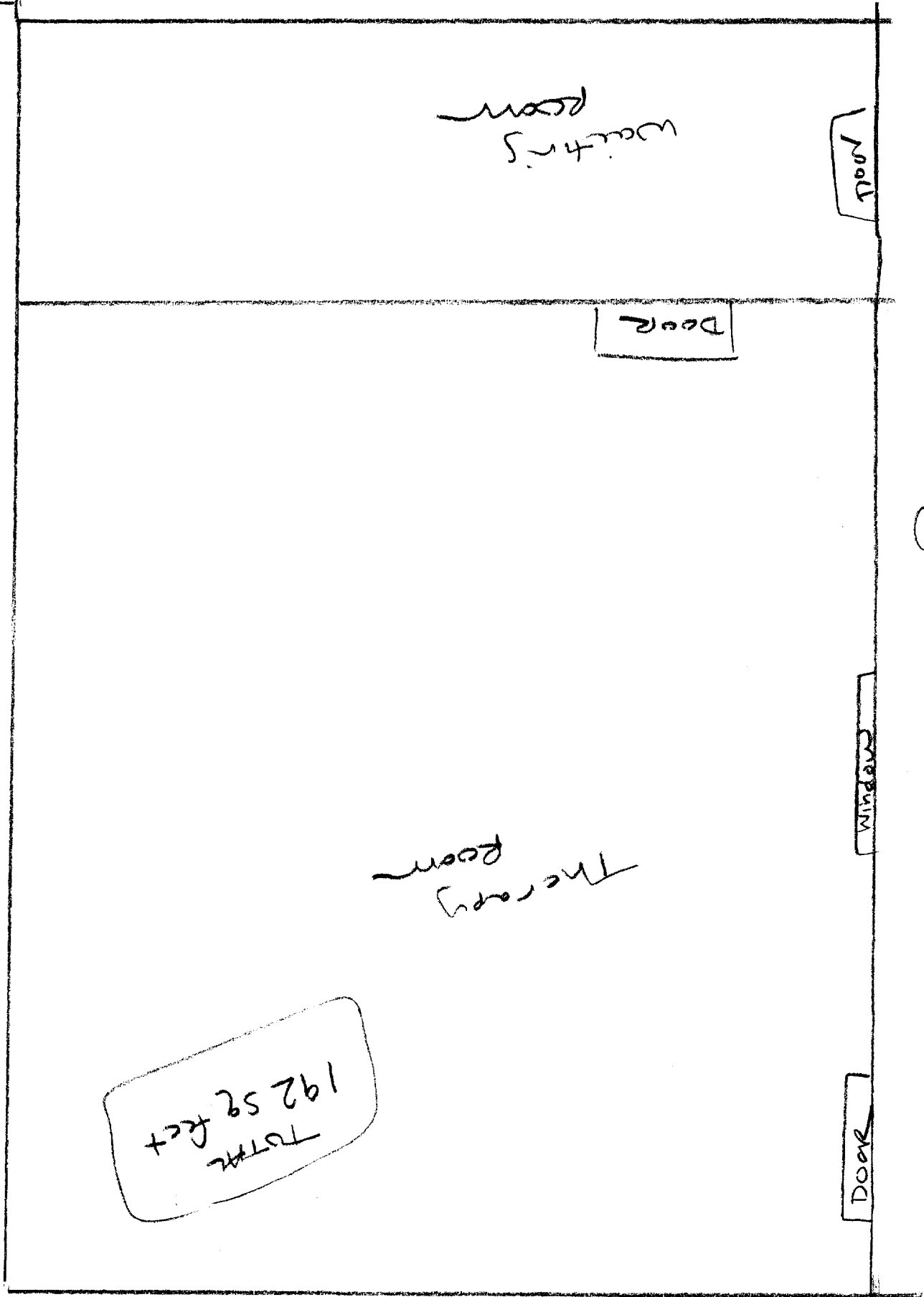
Therapy room

192 sq feet  
TOTAL

Door

Kitchen (Common Area)  
see diagram

Main



# Kitchen (Common Area)

See Diagram

