

Form # P04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 041832

PERMIT ISSUED

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 (massage therapy)
AT 305 Commercial St Permit No. 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

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or closed-in. 24 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. A.H.M.
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[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:	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
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Change of Use - Commercial	Zone: Commercial

Past Use: Commercial / Visitor Center	Proposed Use: Change of Use; from office to personal use (message therapy).	\$105.00	\$0.00	1
Proposed Project Description: Change of Use; from office to personal use (message therapy)		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group B Type 12/21/04 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 Signature _____ Date _____		

Permit Taken By: gg	Date Applied For: 1211412004	Zoning Approval	
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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..	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"/>	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	Historic Preservation <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: <i>OK 12/16/04</i>	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

01/27/05 - w/ Lt McDougal (FD) - no problems
seen - no new construction - OK for message
therapy - OK to issue Coy O.

Cloans CB # 40-F-9
permit # 04-1832



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 305 Commercial St CBL 040 F009001

Date of Issue 01/27/2005

Issued to Baxter Place Associates/n/a

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. 04-1832, 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

APPROVED OCCUPANCY

Massage Therapy Office

Use Group B, Massage Therapy Practice

Limiting Conditions:

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.

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1832	Date Applied For: 1211412004	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:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Change of Use - Commercial	

Proposed Use: Change of Use; from office to personal use (message therapy).	Proposed Project Description: Change of Use; from office to personal use (message therapy).
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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.

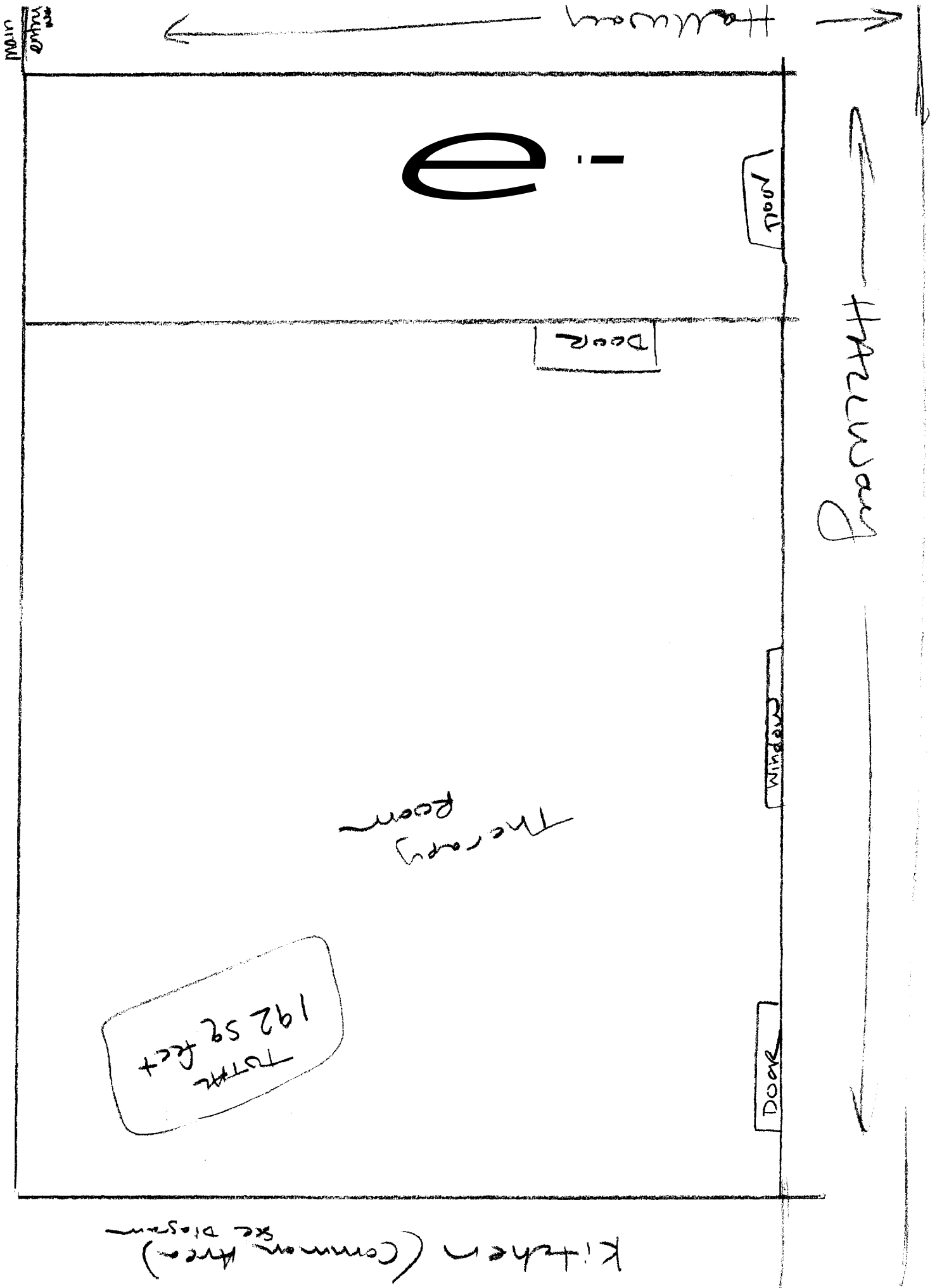
Location/Address of Construction: <u>305 Commercial Street Portland</u>		
Total Square Footage of Proposed Structure <u>19?</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>040</u> Block# <u>F</u> Lot# <u>009</u>	Owner: <u>Baxter Place Associates</u> <u>40 Dirigo Management</u>	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 775.2383</u>	Cost Of Work: \$ Fee: \$ <u>30.00</u> <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.

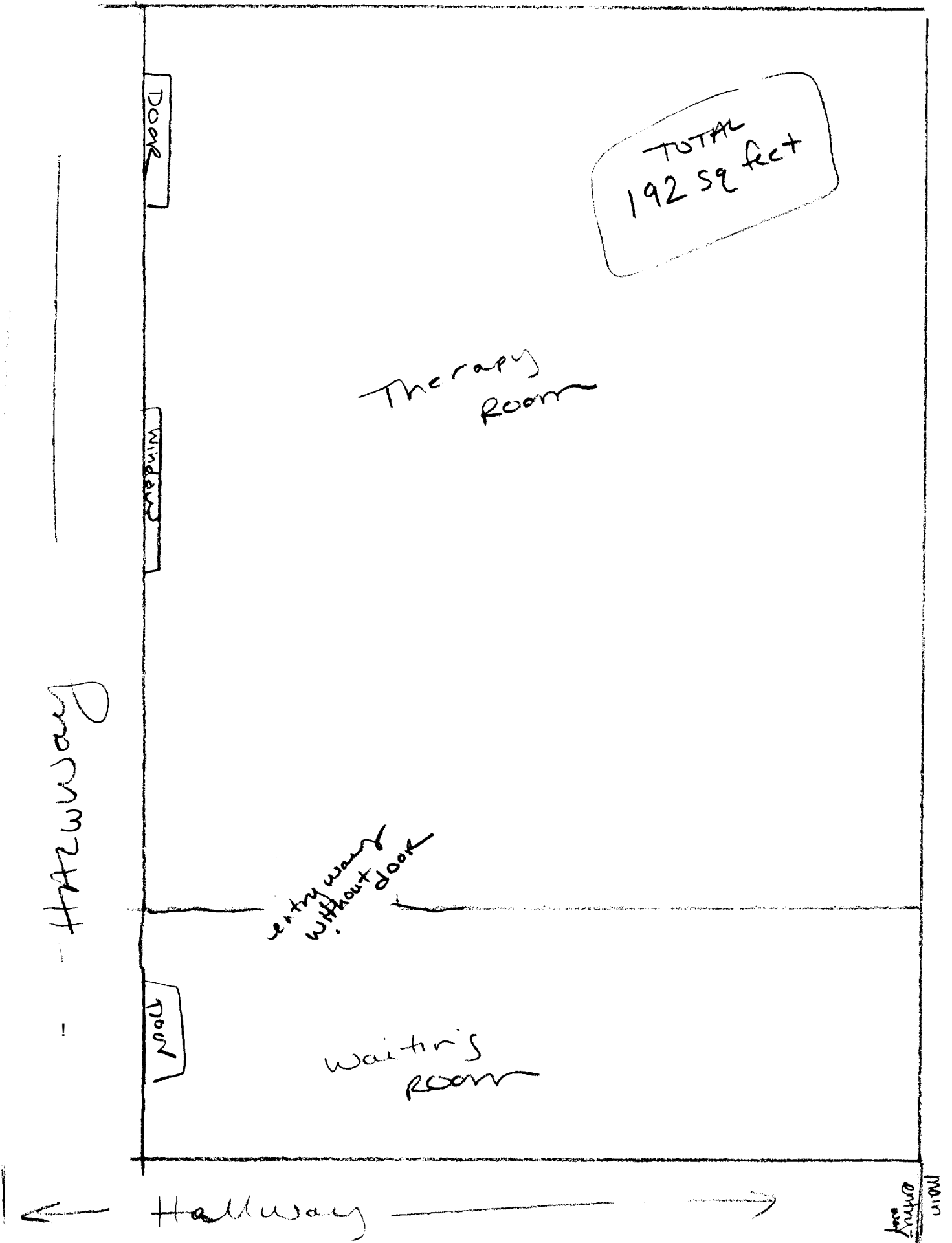
Signature of applicant: <u>Nichole Raemisch</u>	Date: <u>12.13.04</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



Kitchen (Common Area)

SEE DIAGRAM



TOTAL
192 sq feet

Therapy
Room

entry way
without
door

waiting
room

Door

Window

Door

Hallway

Hallway

Hallway