

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

BUILDING DEPARTMENT PERMIT

PERMIT ISSUED
Permit Number: 001596

This is to certify that STONE COAST PROPERTIES INC

has permission to Change of use from artist studio Skin Care spa "Relaxation Organics"

AT 142 HIGH ST suite 325

CE 046-D031001 PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regarding the construction, maintenance and use of buildings and structures, and of the application of 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 written permission procured before this building or portion thereof is lath or other work is used-in. 2 HOUR NOTICE IS REQUIRED.

A certificate of occupancy is procured by owner before the building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. Fontana
Health Dept. _____
Appeal Board _____
Other _____
Department Name

James Burke
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: 10-1396	Issue Date:	CBI: 046 D031001
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Location of Construction: 142 HIGH ST suite 325	Owner Name: STONE COAST PROPERTIES I.L	Owner Address: 142 HIGH ST STE 320	Phone:
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Business Name: Room Organic Spa	Contractor Name:	Contractor Address:	Phone:
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License/Buyer's Name: Erin Campbell	Phone: 207-318-6374	Permit Type: Change of Use - Commercial	Zone: B-3
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Fast Use: Commercial Artist Studio	Proposed Use: Commercial - Skin Care Spa - Change of use from artist studio to Skin Care Spa "Room Organic Spa"	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 2
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group B Type 2B
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 11/24/10

Proposed Project Description:
Change of use from artist studio to Skin Care Spa "Room Organic Spa"

*New Use: personal service * See Conditions*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

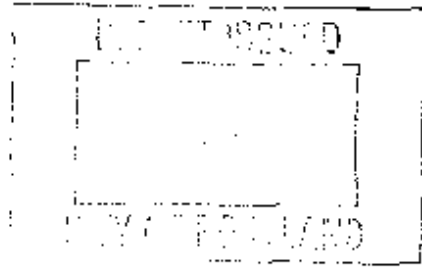
Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 11/08/2010	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 Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/18/10</i>	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: _____	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: _____
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Any exterior work requires a separate review! Approval

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

 DATE PHONE

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-1396	Date Applied For: 11/08/2010	CBL: 046 D031001
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Location of Construction: 142 HIGH ST suite 325	Owner Name: STONE COAST PROPERTIES LL	Owner Address: 142 HIGH ST STE 320	Phone:
Business Name: Room Organic Spa	Contractor Name:	Contractor Address:	Phone:
Lessor/Buyer's Name: Erin Campbell	Phone: 207-318-6374	Permit Type: Change of Use - Commercial	

Proposed Use: Commercial - Skin Care Spa - Change of use from artist studio to Skin Care Spa "Room Organic Spa"	Proposed Project Description: Change of use from artist studio to Skin Care Spa "Room Organic Spa"
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Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 11/08/2010

Note: Ok to Issue:

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 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: Jeanne Bourke Approval Date: 11/24/2010

Note: Ok to Issue:

- 1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial kitchen exhaust hood systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

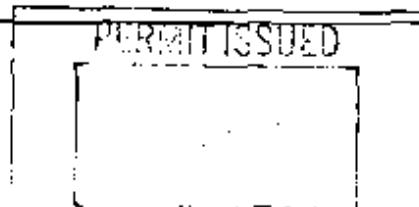
Dept: Fire Status: Approved with Conditions Reviewer: Capt Keith Gauthreau Approval Date: 11/16/2010

Note: Ok to Issue:

- 1) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
- 2) This permit is for change of use only, any construction shall require additional permits. The occupancy shall meet NFPA 101 code requirements upon inspection.

Comments:

11/24/2010-jmb: Spoke with Erin C. To verify no construction, plumbing, bathrooms. There is an existing sink and she had a plumber and electrician inspect for state licensing. The bathrooms are public on the 3rd floor.





CITY OF PORTLAND, MAINE
 Department of Building Inspections

Original Receipt

11-9 2010

Received from

Elin Campbell

Location of Work

142 High Street

Cost of Construction \$

Building Fee: 30

Permit Fee \$

Site Fee:

Certificate of Occupancy Fee: 75

Total: 105

Building (B)

Plumbing (P)

Electrical (E)

Site Plan (S)

Other

CEL: 46-D-31

Check #:

606

Total Collected \$ 105

**No work is to be started until permit issued.
 Please keep original receipt for your records.**

Taken by:

[Signature]

WHITE - Applicant's Copy
 YELLOW - Office Copy
 PINK - Permit Copy



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>142 High St Suite 325 04101</u>		
Total Square Footage of Proposed Structure/Area <u>265</u>	Square Footage of Lot <u>265</u>	Number of Stories <u>1</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessor or Buyer* Name <u>Erin Campbell</u> Address <u>7 Kensington St</u> City, State & Zip <u>Portland ME 04101</u>	Telephone: <u>207</u> <u>318-6374</u>
Lessee/DBA (If Applicable) <u>Room Organic Spa</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work \$ <u>30</u> C of O Fee \$ <u>75</u> Total Fee \$ <u>105</u>
Current legal use (i.e. single family) <u>skin care/spa</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? <u>Artist studio</u> Proposed Specific use <u>facials, waxing</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Change from Artist Studio to Skin care spa</u>		
Contractor's name: _____		
Address: _____		
City, State & Zip <u>7 Kensington St Portland ME 04103</u>		Telephone: <u>207-318-6374</u>
Who should we contact when the permit is ready: <u>Erin Campbell</u>		Telephone: " "
Mailing address: <u>same</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, or stop by the Inspections Division office, room 315 City Hall or call #74-8703.

RECEIVED

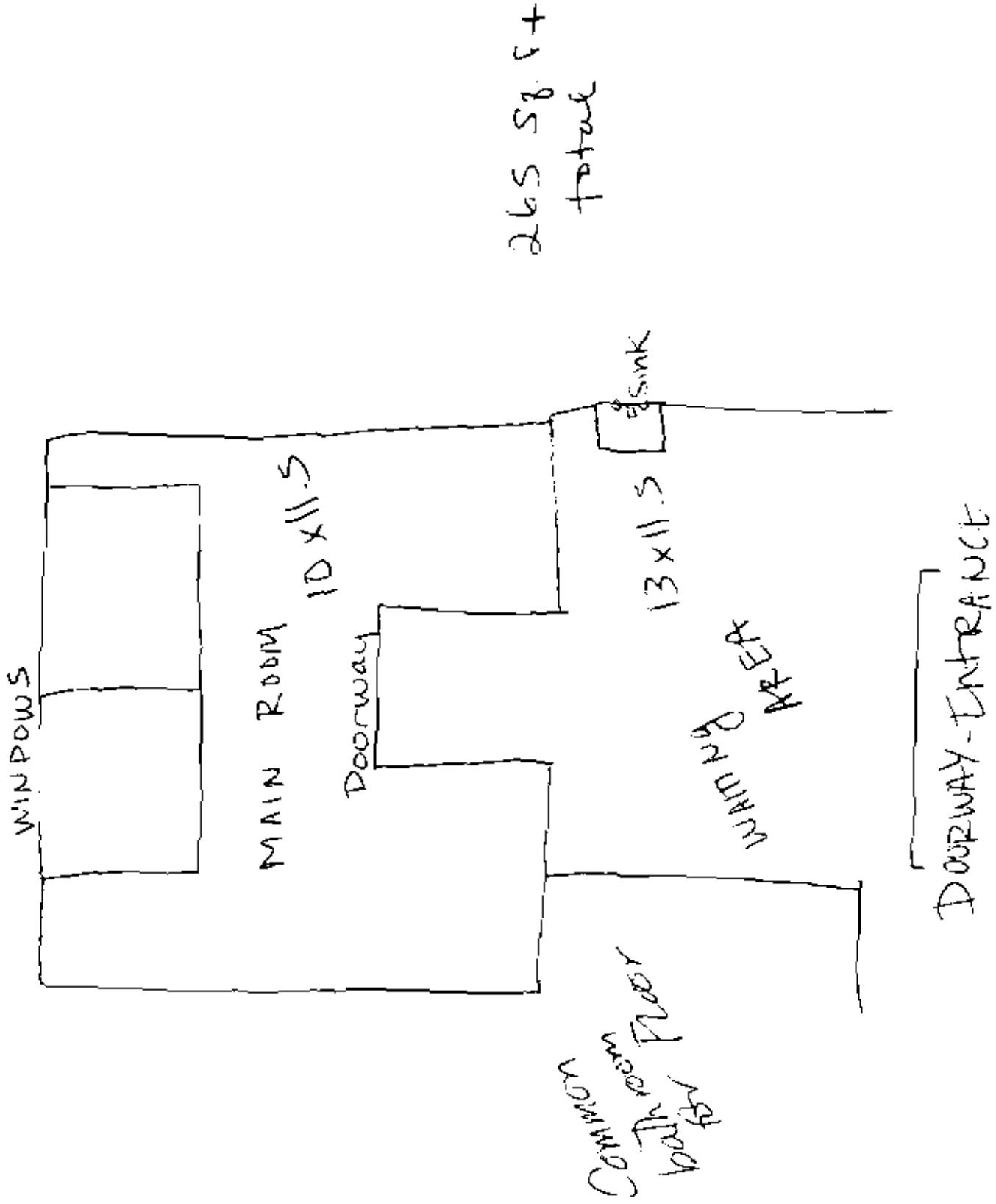
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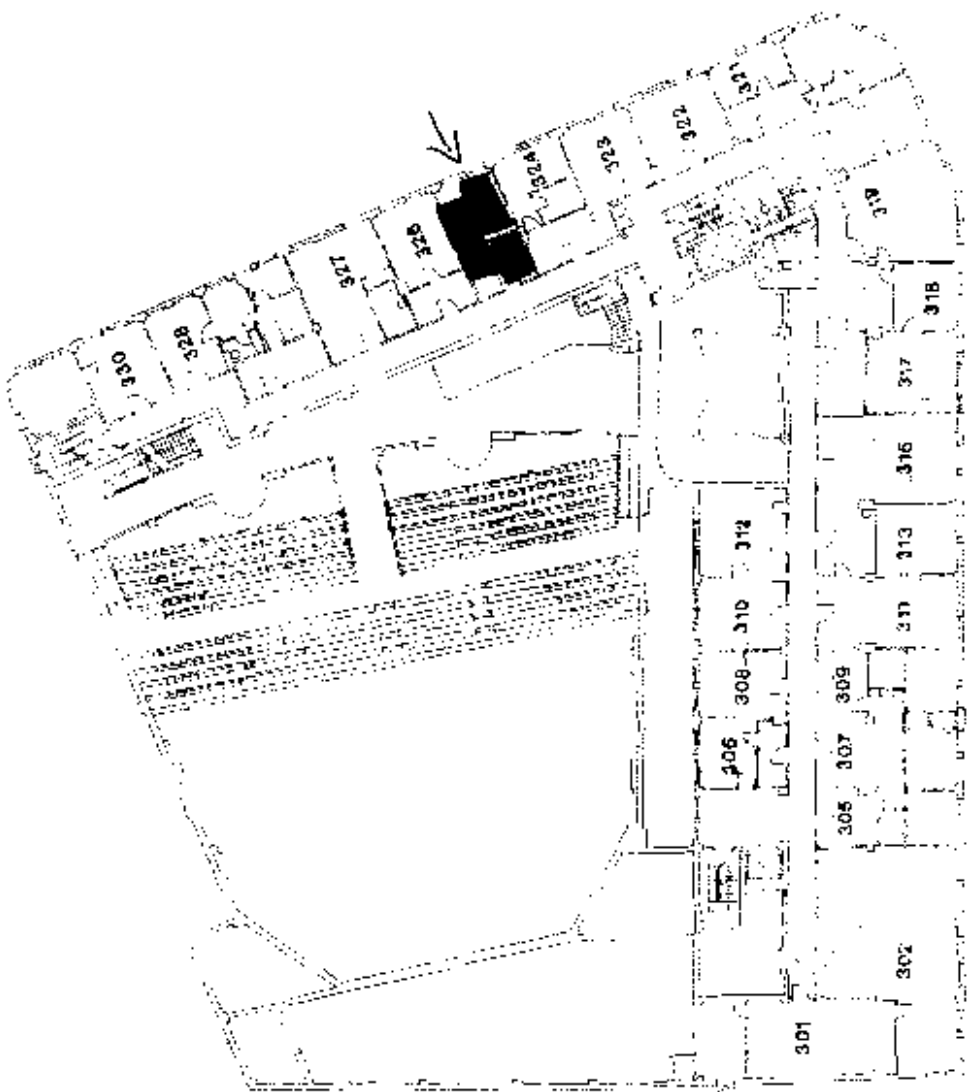
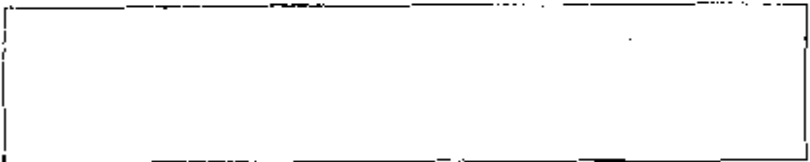
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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 Erin Campbell Date: 11.8.10

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

Floor Plan - Suite 325





BUSINESS LEASE

For due consideration received by both parties, STONE COAST PROPERTIES, LLC, a Maine limited company with a principal place of business at 142 High Street, Portland, Maine 04101 (hereinafter called the "Landlord"), hereby leases certain premises described below to ERIN CAMPBELL (hereinafter called "Tenant"), and Tenant hereby leases said premises from Landlord, on the following terms and conditions:

1. **PREMISES:**
SUITE #325 (the Premises) in the building (the "Building") located at 142 High Street, Portland, Maine 04101. THE PREMISES CONSISTS OF APPROXIMATELY 267 SQUARE FEET.
2. **TERM:**
This Lease shall commence on NOVEMBER 11, 2010 and shall end on OCTOBER 31, 2011.
3. **RENT:**

The tenant shall pay to Landlord the following base rent:

<u>Lease Year</u>	<u>Annual Base Rent</u>	<u>Monthly Rent</u>
Year 1	\$4380.00	\$365.00
Prorated rent @ \$12.17/day x 20 = \$243.30		

Payable in advance to Landlord in equal monthly installments each at the above address without notice or demand on the first day of each month, in advance, without any defense, deduction or setoff whatsoever. The Landlord may assess a late payment fee equal to the greater of Twenty-Five Dollars and 00/100 (\$25.00) or Ten Percent (10%) of the amount due, for each payment not made on or before the 10th day of the month. Tenant will be in default immediately if rent is not paid on or before the 15th day of the month. A \$25.00 fee will be charged on any checks returned for insufficient funds, or any other reason.

USE:

The Premises shall be used only for purposes of a ESTHETICIAN OFFICE, which use must be made in accordance with all applicable laws, ordinances, regulations and all other governmental requirements, as well as all rules adopted from time to time by Landlord for the Building. Tenant covenants that it shall at all times have all necessary permits and approvals, if any, for such use. Tenant shall not do or allow anything in the Premises or the Building that could increase Landlord's fire insurance rates or cause any of Landlord's insurance to be adversely affected, or that would be considered extra-hazardous by insurance companies. It is not to be use as a residence. LEASE CONDITIONAL ON GETTING PERMITTING.

4. **UTILITIES:**
Tenant shall pay for all separately metered utilities used by Tenant, including, but not limited to electricity, telephone and cable modem. The Landlord will pay for heat and hot water. Except as provided by law, interruption of any such services shall not constitute an eviction nor shall it entitle Tenant to any compensation or abatement of rent, but Landlord shall use its best efforts to restore service as promptly as practicable.



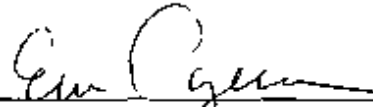
28. NO REPRESENTATIONS:

Except as otherwise provided by law, Landlord makes no representations as to the condition of the Premises or as to any of the contents thereof, or of any personal property located therein, and the Tenant accepts the same in their present condition. AS IS. The tenant acknowledges the fact that the building (142 High St, 609 Congress St.) is considered a "Working Theatre" and therefore has been given notice by Landlord that there may be times where there is excessive noise throughout the building, mainly concentrated on Friday and Saturday nights.

This Lease may be executed in counterpart originals and copies transmitted by facsimile shall have the same effect as originals.

IN WITNESS WHEREOF, the Landlord and Tenant have hereunto set their hands and seals on the 5TH of NOVEMBER, 2010.

Tenant



ERIN CAMPBELL
Room Organic Spa, Sole Proprietor

Landlord

Stone Coast Properties, LLC

By: 
KERRYANN MCQUADE
Title: Rental Manager

