

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

## PERMIT

Permit Number: 050981

PERMIT ISSUED  
AUG - 1 2005  
CITY OF PORTLAND

This is to certify that Stone Coast Properties Llc  
has permission to Change of use from an art gallery to a hab salon  
AT 603 Congress St

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 of inspection must be given and written permission procured before this building or part thereof is loaded or closed-in.  
HOURS 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. Capt. Gary Cass 7-2-05  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Customer left Her Copy  
on Counter

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                              |                    |                            |
|------------------------------|--------------------|----------------------------|
| <b>Permit No:</b><br>05-0981 | <b>Issue Date:</b> | <b>CBL:</b><br>046 D031001 |
|------------------------------|--------------------|----------------------------|

|   |  |   |               |
|---|--|---|---------------|
| <b>Location of Construction:</b><br>603 Congress St | <b>Owner Name:</b><br>Stone Coast Properties Llc | <b>Owner Address:</b><br>Po Box 4152              | <b>Phone:</b> |
| <b>Business Name:</b>                               | <b>Contractor Name:</b>                          | <b>Contractor Address:</b>                        | <b>Phone</b>  |
| <b>Lessee/Buyer's Name</b>                          | <b>Phone:</b>                                    | <b>Permit Type:</b><br>Change of Use - Commercial | <b>Zone:</b>  |

|  |   |   |                                       |                           |
|--|---|---|---------------------------------------|---------------------------|
| <b>Past Use:</b><br>Commercial art gallery   | <b>Proposed Use:</b><br>Commercial change of use from a art gallery to a hair salon | <b>Permit Fee:</b><br>\$105.00  | <b>Cost of Work:</b><br>\$105.00      | <b>CEO District:</b><br>2 |
| <b>Proposed Project Description:</b><br>Change of use from an art gallery to a hair salon                              |   | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>INSPECTION:</b><br>Use Group: Type |                           |
|  |   | Signature:  | Signature:                            |                           |
| <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>   |   |   |                                       |                           |
| Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied |   |   |                                       |                           |
| Signature: Date:   |   |   |                                       |                           |

|                                    |  |                        |  |  |
|------------------------------------|--|------------------------|--|--|
| <b>Permit Taken By:</b><br>dmartin | <b>Date Applied For:</b><br>07/20/2005 | <b>Zoning Approval</b> |  |  |
|------------------------------------|--|------------------------|--|--|

|  |  |  |  |
|--|--|--|--|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br><br>2. Building permits do not include plumbing, septic or electrical work.<br><br>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><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zon<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Us<br><input type="checkbox"/> Interpretatio<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landma<br><input type="checkbox"/> Does Not Require Revie<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Condition<br><input type="checkbox"/> Denied |
|  | 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 APPLICAN                     | ADDRESS | DATE | PHO |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT |         | DATE | PHO |

|   |  |   |               |
|---|--|---|---------------|
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|   |   |                                  |   |
|---|---|----------------------------------|---|
| <b>Dept:</b> Zoning   | <b>Status:</b> Approved                 | <b>Reviewer:</b> Marge Schmuckal | <b>Approval Date:</b> 07/21/2005                        |
| <b>Note:</b> 7/20/05 back to Donna to correct the application - this is not a home occupation |   |                                  | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| <b>Dept:</b> Building   | <b>Status:</b> Approved with Conditions | <b>Reviewer:</b> Mike Nugent     | <b>Approval Date:</b> 08/01/2005                        |
| <b>Note:</b>  |   |                                  | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| 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, or heating.                    |   |                                  |   |
| 3) Separate Permits shall be required for any new signage.                                    |   |                                  |   |
| <b>Dept:</b> Fire   | <b>Status:</b> Approved                 | <b>Reviewer:</b> Cptn Greg Cass  | <b>Approval Date:</b> 07/25/2005                        |
| <b>Note:</b>  |   |                                  | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |

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ADDRESS

DATE

PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO