City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner Nicholas Kampf Location of Construction: Phone: Permit No: 9 9 0 9 9 04101 Congress Property Management SErvices 207-879-0949 142 High Street #535 Lessee/Buver's Name: Owner Address: Phone: BusinessName: 142 High St. #535 Chinese Healing Arts Center/Mei Zhao address SAA Permit-Issued: Phone: Contractor Name: Address: N/A COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 30.00 Massage Therapy Office **FIRE DEPT.** □ Approved **INSPECTION:** ☐ Denied Use Group: 13 Type: 12 130CA96 CBL: 039-A-016 Signature: Signature: 🗡 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Change of Use from office to Massage Therapy. Action: Approved Approved with Conditions: □ Shoreland Needo Denied □ Wetland @M ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan Permit Taken By: Date Applied For: 9-1-99 IIB Zoning Appe □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-Chines Healing Arts Center □ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work... ☐ Denied Mei Zhao ***Send to: 142 High Street Suite 535 Mistoric Preservation Portland, ME 04101 Not in District or Landmark Does Not Require Review □ Requires Review PERMIT ISSUED WITH REQUIREMENTS Action: CERTIFICATION ☐ Approved with 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 □ Denied 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 provisions of the code(s) applicable to such permit 9 - 1 - 99SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT