

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Street Read
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 031266

This is to certify that Treat C. Stephen

has permission to home occupation: hypnotherapy and music recording

048 A022001

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 when permission is procured before this building or part thereof is occupied 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. _____

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: 03-1266	Issue Date:	CBL: 048 A022001
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Location of Construction: 113 Grant St Apt. #2	Owner Name: Treat C Stephen	Owner Address: 101 Virginia St	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: R6

Past Use: Three unit	Proposed Use: Three unit w/home occupation Apt. #2: hypnotherapy and music recording	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: home occupation Apt. #2: hypnotherapy and music recording <i>legal use: 3 Dwelling units</i> <i>musicians/computer programming (one combined use)</i>		INSPECTION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: R2 Type: SB 11/14/03 Signature: <i>[Signature]</i>		
Signature:		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: kwd	Date Applied For: 10/09/2003	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 checked="" type="checkbox"/> Wetland <i>OK with condition</i> <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"/> Date: 11/7/03	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 <i>Any explanation will require a separate review</i> Date:
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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

11/26/03 ok "Except" ^{H/W} Smoke was disconnected
& hanging by wires - didn't work
He will call when fixed. JB

12/1/03 Inspected - Smoke installed in hall of
unit #2 & working. Noticed in common
Hall that the handrail was torn off wall
called Steve Treat to install and notify
when ready. JB

12/9/03 Spoke with Steve Treat. He is out of town until
12/11. He is repainting the hallways and
removed the handrail. He will install them
this coming weekend - didn't realize it would
be an issue. ok to issue C.O. JB

Certificate of Occupancy

LOCATION 113 Grant St Apt. #2

CBL 048 A022001

Issued to Treat C Stephen

Date of Issue 12/11/2003

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. 03-1266 , 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

Apartment # 2

APPROVED OCCUPANCY

Three unit w/home occupation apt. # 2
musicians/computer programing

Use Group R2

Type 5B

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

12/11/03

(Date)

Jeanie Bouke
Inspector

[Signature]
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.