

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 041196

SEP 03 2004

Please Read Application And Notes, If Any, Attached

This is to certify that Rice Geoffrey I/T&T Development LLC
has permission to Tattoo Parlor/ Build 4' knee wall & inset sinks, Plexi glass
AT 684 Congress St 055 E035001

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 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 9/3/04
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: 04-1196	Issue Date:	CBL: 055 E035001
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Location of Construction: 684 Congress St	Owner Name: Rice Geoffrey I	Owner Address: 658 Congress St 1st Floor	Phone:
Business Name:	Contractor Name: T&T Development LLC	Contractor Address: 525 Madin St. South Portland	Phone: 2072535025
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B2b

Past Use: Commercial Office	Proposed Use: Commercial / Tatoo Parlor/ Build 4' knee wall, & insert 2 sinks, 2' plexi glass	Permit Fee: \$123.00	Cost of Work: \$2,350.00	CEO District: 2
Proposed Project Description: Tatoo Parlor/ Build 4' knee wall, & insert 2 sinks, 2' plexi glass		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 5B 9/3/04 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: Idobson	Date Applied For: 08/17/2004	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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/2/04</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved Date: _____	Historic Preservation <input checked="" 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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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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: PORTLAND
Street Subdivision Lot #: 688 CONGRESS ST

PROPERTY OWNERS NAME

Last: _____ First: _____
Applicant Name: JIMINOS RTH
Mailing Address of Owner/Applicant (If Different): 1407 KENNEDY ST PORTLAND ME 04103

2004-8402

Date Permit Issued: 9/27/04 \$ 2400 If Double Fee Charged
Local Plumbing Inspector Signature: [Signature] L.P.I. # 01744
55835

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a permit.

Signature of Owner/Applicant: [Signature] Date: 9/24/04

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Spoke Frame</u></p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>015683</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	Hosebibb / Sillcock	Bathtub (and Shower)
	Floor Drain	Shower (Separate)
OR	Urinal	Sink
	Drinking Fountain	2 Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.	Indirect Waste	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Water Treatment Softener, Filter, etc.	Clothes Washer
	Grease / Oil Separator	Dish Washer
OR	Dental Cuspidor	Garbage Disposal
	Bidet	Laundry Tub
OR	Other: <u>2004</u>	Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>TRANSFER FEE [\$6.00]</p> </div> <p style="text-align: center; font-weight: bold; font-size: 18px;">SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</p>	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
	Total Fixtures	
	Fixture Fee	
	Transfer Fee	
	Hook-Up & Relocation Fee	
Permit Fee (Total)		