

PERMIT ISSUED

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

Permit No: 01-042	Issue Date: MAY - 1	CEB: 056 D036001
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Location of Construction: 150 Clark St	Owner Name: Flagg, Nancy	Owner Address: 150 Clark St	Phone: 207-5530
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Change of Use - Dwellings	Zone: R-2

Past Use: Single Family	Proposed Use: Single Family / Home occupation, convert Dining Room into small neighborhood salon.	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 93/3 Type: 53 PERMIT ISSUED WITH REQUIREMENTS/1999	

Proposed Project Description: Home Occupation / Beauty Salon	Signature:	Signature:
	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Date:

Permit Taken By: gg	Date Applied For: 04/26/2001	<b>Zoning Approval</b>	
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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..	<b>Special Zone or Reviews</b> <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"/> <i>akw</i> Date: <i>4/30/01</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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 external work shall require a sep. perm</i> Date:
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PERMIT ISSUED WITH REQUIREMENTS

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

6-4-01 work done per plans -  
Plumbing OK  
issuing CoFO.

Permit # 01-0424  
CBL 56-D-36



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 150 Clark Street (CBL 056-D-036)

Issued to Nancy Flagg

Date of Issue 06/04/01

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. 01-0424, 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

first floor right rear

APPROVED OCCUPANCY

hair salon  
use group R3/B type 5B  
BOCA 1999

**Limiting Conditions:**

This is a use occupancy only. It does not certify the existing structure complies with the 1999 BOCA building code.

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

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.

# PLUMBING APPLICATION

056-D-36 #3 TAMMY

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Baldwin  
 Street Subdivision Lot #: 150 Clark St

## PROPERTY OWNERS NAME

Last: Flagg First: Nancy  
 Applicant Name: Craig R. Hebe  
 Mailing Address of Owner/Applicant (If Different): 19 Ash Woods Way Fairbush

PORTLAND Date Permit Issued: 5/22/91 PERMIT # 7711 STATE COPY \$ 240.00  Double Fee Charged  
 L.P.I. # 0640  
 [Signature] Local Plumbing Inspector Signature

## 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] Date: 5/22/91

## Caution: Inspection Required

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

[Signature] Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 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>8678</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  <b>OR</b>  TRANSFER FEE (\$6.00)		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			24.00	<b>Permit Fee (Total)</b>