## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Bridgeport Assoc. Phone: Permit No: 10 C Beach Street Lessee/Buyer's Name: Owner Address: Phone: BusinessName: P.O. Box350 Portland Maine 04104 Phone: Contractor Name: Address: COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$ \$ 30.00 Salon with Massage ther. **FIRE DEPT.** □ Approved INSPECTION: Salon Use Group: B Type: 3B ☐ Denied BOCA 96 $\overline{058}$ - E-002 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.X.D.) Action: Approved Special Zone or Revi Approved with Conditions: ☐ Shoreland < Change of use from salon to salon with massage therapy Denied ☐ Flood Zone Signature: Date: ☐ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: NW Aug. 25, 1999 K **Zoning Appeal** □ 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 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation □ Approved tion may invalidate a building permit and stop all work... ☐ Denied Historic Preservation Not in District or Landmark Does Not Require Review Jeannine Core 761-0099 ☐ Requires Review PERMIT ISSUE Action: WITH REQUIREMENTS CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions ☐ 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 Aug. 25, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT