

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081129

Please Read Application And Notes, If Any, Attached

This is to certify that UNION STATION LUNCH PARTNERSHIP

has permission to Change of use from Restaurant to Retail Sales/tenant shop

AT 294 ST JOHN ST CBL 064 A001001

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 work in progress must be reported before this building or part thereof is occupied 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.	<i>[Signature]</i>
Health Dept.	<i>[Signature]</i>
Appeal Board	SEP 17 2000
Other	

Department Name
CITY OF PORTLAND

9/17/00 *[Signature]*
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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RECEIVED

NOV 3 2000

City of Portland
Planning Division

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1129	Issue Date: 9/17/08	CBL: 064 A001001
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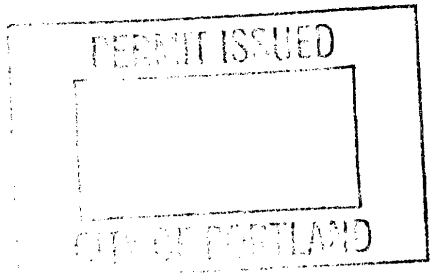
Location of Construction: 294 ST JOHN ST	Owner Name: UNION STATION LMT PARTNE	Owner Address: 12 BROOK ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B-2

Past Use: Commercial - Restaurant (Japanese Rest in the old Burger King Bldg)	Proposed Use: Commercial Nail Salon - Change of use from Restaurant to Nail Salon w/ tenant fit-up	Permit Fee: \$395.00	Cost of Work: \$30,000.00	CEO District: 2
Proposed Project Description: Change of use from Restaurant to Nail Salon w/ tenant fit-up		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied 2 Exits Required	INSPECTION: Use Group: Type: 5B IBC-2003	
		Signature: <i>Craig Cross</i>	Signature: <i>CL</i> 9/17/08	
		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: ldobson	Date Applied For: 09/08/2008	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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>9/19/08</i>	Date: _____	Date: _____



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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 294 ST JOHN ST CBL 064 A001001

Issued to Union Station Lmt Partnership Date of Issue 11/05/2008

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. 08-1129, 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

Restaurant

APPROVED OCCUPANCY

Nail Salon
Use Group U
Type 5B
IBC2003

Limiting Conditions: none

This certificate supersedes
certificate issued

Approved:

[Signature]

(Date) 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.

12/03/08 Case-in study

Framing

Planning

Execution

HTAC

1/10/08

Final study

Issue C/E

HTAC