

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 031019

This is to certify that Coffin Craig G Trustee
has permission to Change of Use to Massage Therapy, Suite 39
AT 222 St John St 064 A002001

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 tenanted 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] 10/20/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-1219	Date Applied For: 10/03/2003	CBL: 064 A002001
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Location of Construction: 222 St John St	Owner Name: Coffin Craig G Trustee	Owner Address: 222 St John St Ste 103	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	

Proposed Use: Office Space/ Massage Therapy Suite 39	Change of Use to Massage Therapy, Suite
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 10/03/2003	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 10/10/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 10/06/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) fire extinguishers shall be installed in accordance with NFPA 10 standards				

03-1219

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes & user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>222 ST. JOHN ST, SUITE 139</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>064</u> Block# <u>A</u> Lot# <u>002</u>	Owner: <u>First Allied Realty</u>	Telephone: <u>761-7900</u>
Lessee/Buyer's Name (If Applicable) <u>Patti Stevens, LMT</u> <u>222 Saint John St. Suite 139</u> <u>Portland, ME 04102</u>	Applicant name, address & telephone: <u>Patti Stevens, LMT</u> <u>874-222 Saint John St. Suite 139</u> <u>9859 Portland, ME 04102</u>	Cost Of Work: \$ _____ Fee: \$ <u>30.00</u> <u>+ 75.00 Cofo</u> <u>\$105.00 TOTAL</u>
Current use: <u>was office space, now massage therapy</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>massage therapy</u>		
Project description: _____		
Contractor's name, address & telephone: _____		
Who should we contact when the permits ready: <u>874-9859</u>		
Walling address: <u>[Signature]</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

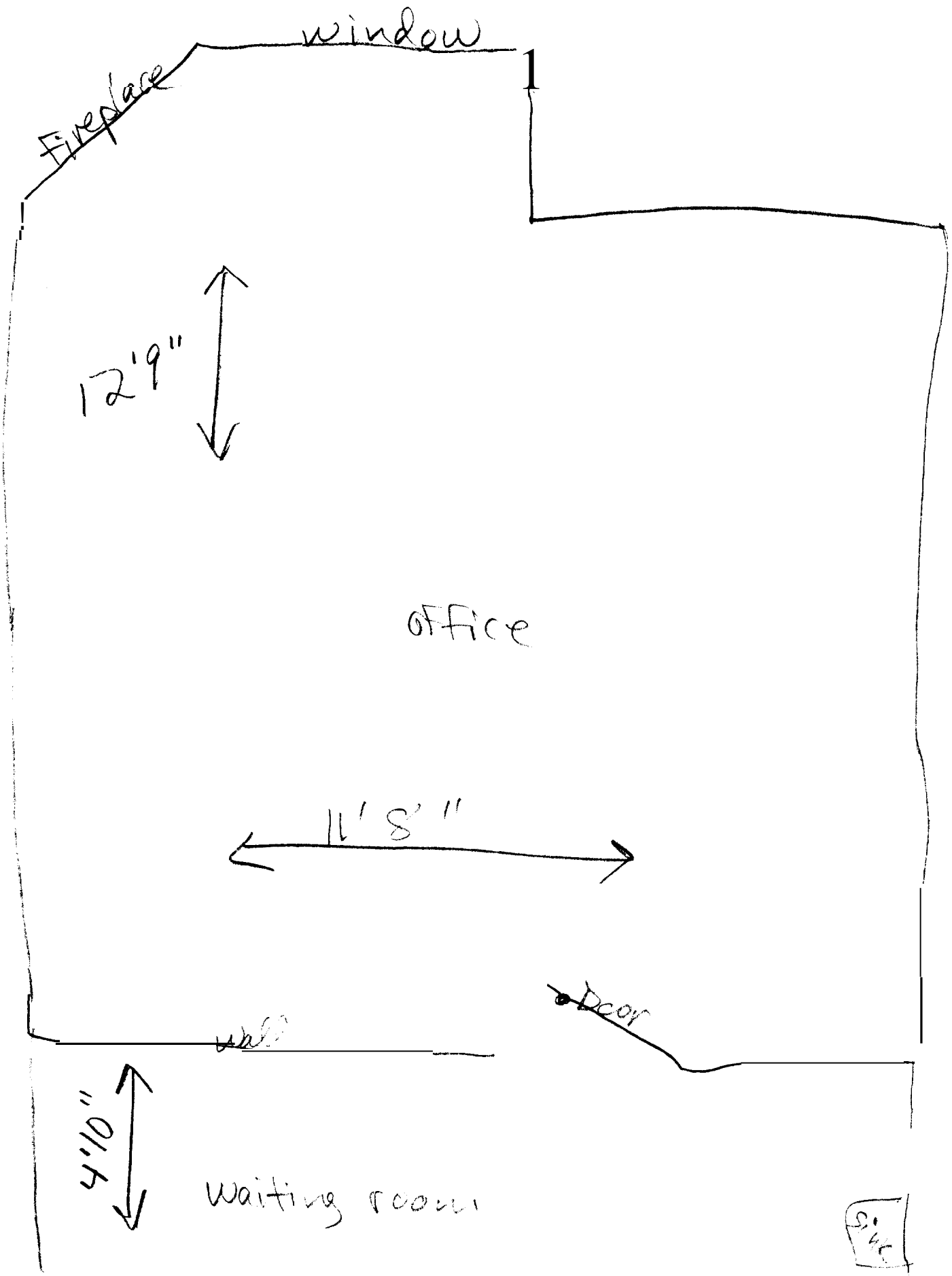
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>[Signature]</u>	Date: <u>9/29/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

Suite 139
[unclear]





CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 222 St John St

CBL 064 A002001

Issued to Coffin Craig G Trustee

Date of Issue 10/20/2003

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. 03-1219, 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

Suite 139 Only

APPROVED OCCUPANCY

Change of Use-Office Space to Commercial(Massage Therapy)

Use Group B Type 3B
(Boca 1999)

Limiting Conditions

None

This certificate supersedes certificate issued

Approved:

10/20/03 *[Signature]*
.....
(Date) Inspector

[Signature]
.....
Inspector of Buildings

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-1219	Issue Date:	CBI: 064 A002001
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Location of Construction: 322 St John St	Owner Name: Coffin Craig G Trustee	Owner Address: 222 St John St Ste 103	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B2

Past Use: Office Space/Commercial	Proposed Use: Office Space/ Massage Therapy Suite 139	Permit Fee: \$105.00	Cost of Work: \$0.00	CEO District: 3
		FIRE DEFT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group Type: 3B	

Proposed Project Description: Change of Use to Massage Therapy, Suite 139	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten 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: 10/03/2003	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>10/3/03</i>	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 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: <i>[Handwritten Signature]</i>
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Separate permit required for this new exterior sign

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 _____

10/20/03 Inspected ~~the~~ Suite w/ Mrs. Stewens. This
business HAS been here for 3 years. Issue c/d of R