

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMIT ISSUED

Permit Number: 060581 9 2006

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

INSPECTION PERMIT

This is to certify that Coffin Craig G Trustee /Cur Drafting & Design has permission to Demo interior partitions and install new walls and floor

AT 222 St John St 064 A002001

provided that the person or persons firm or person accepting this permit shall comply with all of the provisions of the Statutes of the State 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 procedure before this building or part thereof is issued or proposed 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. Jay Kallberg PFD 5/10/06

Health Dept.

Appeal Board

Other DepartmentName

Handwritten signature and date 5/10/06

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: 06-0381	Issue Date: PERMIT ISSUED MAY 1 2006	CBL: 064 A002001
Owner Name: Coffin Craig G Trustee	Owner Address: 222 St John St Ste 134	Phone:
Contractor Name: Curran Drafting & Design	Contractor Address: P.O. Box 4512 Portland ME 04108	Phone: 207-831-1844
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial
		Zone: B2

Past Use: Chiropractic Office (Suite 125)	Proposed Use: Beauty Salon
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Permit Fee: \$66.00	Cost of Work: \$5,000.00	CEO District: 2
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 3B 5/17/06 Signature: <i>[Signature]</i>	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:

Proposed Project Description:
Demo interior partitions and install new walls and floor.

Permit Taken By: gad	Date Applied For: 0412612006	Zoning Approval	
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<ol style="list-style-type: none"> 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 checked="" 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>Other conditions</i> Date: <i>5/15/06</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 <i>AFR</i> 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-058 1	Date Applied For: 04/26/2006	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 134	Phone:
Business Name:	Contractor Name: Curran Drafting & Design	Contractor Address: P.O. Box 4512 Portland	Phone (207) 831-1844
Tenant/Leasee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	

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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 05/15/2006
Note: Plenty of parking behind building. **Ok to Issue:**

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) Separate permits shall be required for any new signage.

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 05/17/2006
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved **Reviewer:** Jay Kelley **Approval Date:** 05/16/2006
Note: **Ok to Issue:**

- 1) Maintain all life safety devices and assure proper coverage after construction