

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT



**This is to certify that**  
COWCATCHER LLC

**Located at**  
222 ST JOHN ST - suite 227

**PERMIT ID:** 2013-00001

**CBL:** 064 A002001

has permission to **Personal Services (Massage Therapy) C of U NO CONSTRUCTION. Suite 227** 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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

\_\_\_\_\_  
**Fire Prevention Officer**

  
\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
THERE IS A PENALTY FOR REMOVING THIS CARD**

**PERMIT ID:** 2013-00001

**Located at:** 222 ST JOHN ST - suite 227

**CBL:** 064 A002001

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 2013-00001	Issue Date:	CBL: 064 A002001
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<b>Location of Construction:</b> 222 ST JOHN ST - suite 227	<b>Owner Name:</b> COWCATCHER LLC	<b>Owner Address:</b> 100 COMMERCIAL ST PORTLAND , ME 04101		<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b> ME		<b>Phone</b>
<b>Lessee/Buyer's Name</b> Wendi Dolloff	<b>Phone:</b> (207) 890-5272	<b>Permit Type:</b> Change of Use - Commercial		<b>Zone:</b> B2
<b>Past Use:</b> Professional Office in suite 227	<b>Proposed Use:</b> Personal Service in suite 227	<b>Permit Fee:</b> \$105.00	<b>Cost of Work:</b> \$1,000.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> Personal Services (Massage Therapy) C of U NO CONSTRUCTION. Suite 227		<b>FIRE DEPT:</b> 2/22/13 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	<b>INSPECTION:</b> Use Group: Type: B IBC, 2009	
		Signature: <i>[Signature]</i> (58)	Signature: <i>[Signature]</i>	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

<b>Permit Taken By:</b> bjs	<b>Date Applied For:</b> 01/02/2013	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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"/> <input type="checkbox"/> Denied Date: <i>5/10/13</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 Date: <i>Requires a separate Review &amp; Approval</i>
	<i>ok with conditions</i> Date: <i>5/10/13</i>		

**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

**BUILDING PERMIT INSPECTION PROCEDURES**  
Please call 874-8703 (ONLY)  
or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

**REQUIRED INSPECTIONS:**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 2013-00001	<b>Date Applied For:</b> 01/02/2013	<b>CBL:</b> 064 A002001
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<b>Location of Construction:</b> 222 ST JOHN ST - suite 227	<b>Owner Name:</b> COWCATCHER LLC	<b>Owner Address:</b> 100 COMMERCIAL ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b> Wendi Dolloff	<b>Phone:</b> 2078905272	<b>Permit Type:</b> Change of Use - Commercial	

<b>Proposed Use:</b> Personal Service in suite 227	<b>Proposed Project Description:</b> Personal Services (Massage Therapy) C of U NO CONSTRUCTION. Suite 227
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<b>Dept:</b> Zoning	<b>Status:</b> Approved w/Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 01/04/2013
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Suite #227 shall remain as personal services. Any change of use shall require a separate permit application for review and approval.			
2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
3) Separate permits shall be required for any new signage.			
<b>Dept:</b> Building	<b>Status:</b> Approved w/Conditions	<b>Reviewer:</b> Jon Rioux	<b>Approval Date:</b> 01/29/2013
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Construction activity was not applied for or reviewed as a part of this permit. This permit authorizes a change in ownership ONLY.			
2) Interior finishes shall be classified in accordance with ASTM E 84 for flame spread and smoke-developed indexes as specified in IBC 2009 Chapter 8.			
<b>Dept:</b> Fire	<b>Status:</b> Approved	<b>Reviewer:</b> Ben Wallace Jr	<b>Approval Date:</b> 02/20/2013
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or 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 SAINT JOHN STREET, SUITE 227, PORTLAND, ME 04102</u>		
Total Square Footage of Proposed Structure/Area <u>266.5 SQ.FT.</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <u>must be owner, Lessee or Buyer*</u> Name <u>WENDI DOLLOFF</u> Address <u>240 DOLLOFF RD.</u> City, State & Zip <u>STANDISH, ME 04084</u>	Telephone:  <u>207-890-5272</u>
<div data-bbox="73 556 446 945" style="border: 1px solid black; padding: 5px;"> <p>CHANGE OF USE - ONLY  NO CONSTRUCTION OR STRUCTURAL CHANGES BEING MADE.</p> </div>	Owner (if different from Applicant) Name <u>COW CATCHER LLC</u> Address <u>100 COMMERCIAL</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Cost Of Work: \$ <u>30.00</u>  C of O Fee: \$ <u>75.00</u>  Total Fee: \$ <u>105.00</u>
	(e) <u>PROFESSIONAL OFFICE</u> previous use? <u>LCSW'S PROFESSIONAL OFFICE</u> <u>MASSAGE THERAPY ESTABLISHMENT</u>	
Is property part of a subdivision? <u>NO</u> If yes, please name _____		
Project description: _____		
<div style="text-align: right;"> <b>RECEIVED</b>  <b>DEC 02 2013</b>            Dept. of Building Inspections            City of Portland Maine         </div>		
Contractor's name: _____		
Address: _____		
City, State & Zip _____		Telephone: _____
Who should we contact when the permit is ready: _____		Telephone: _____
Mailing address: _____		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the City may request additional information prior to the issuance of a permit. For more information on this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov) or visit the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that I have been authorized by the owner to make this application as his/her authorized representative shall have the authority to enter all areas covered by the provisions of the codes applicable to this permit.

Signature: Wendi Dolloff

Date: 11.29.13

This is not a permit; you may not commence ANY

1/29/13  
 Key Plan in  
 mail  
 → send to Fire Prev.  
 JGR



Cowcatcher LLC  
100 Commercial Street, Suite 306  
Portland, ME 04101

December 13, 2012

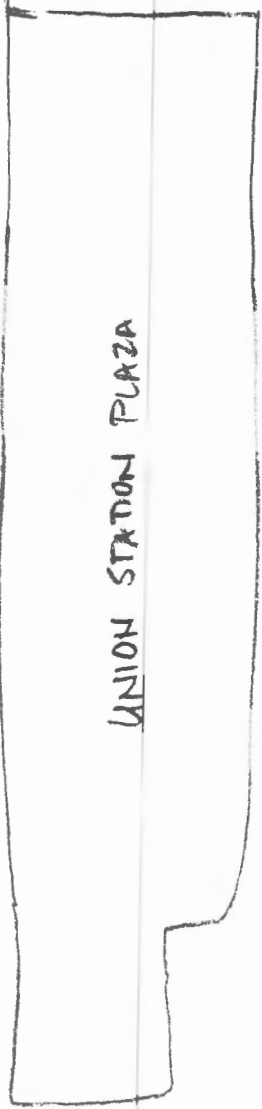
To Whom It May Concern:

Wendi Dolloff (Tenant) has Cowcatcher LLC's (Landlord) permission to operate a massage therapy practice at 222 St. John Street, Suite 227, Portland, ME.

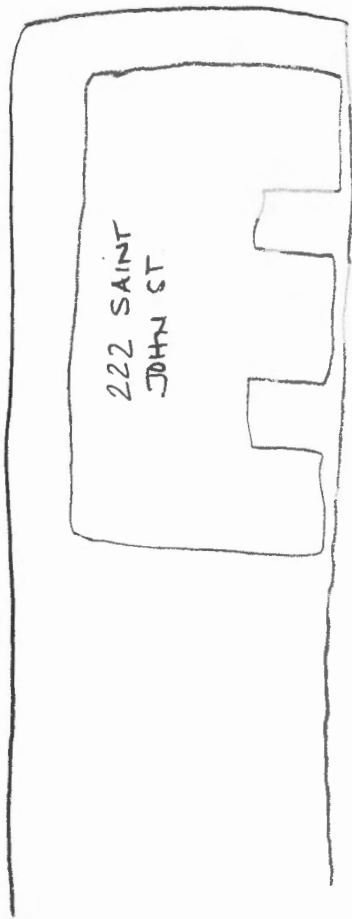
Sincerely,

Andrew Robertson  
Its Authorized Representative

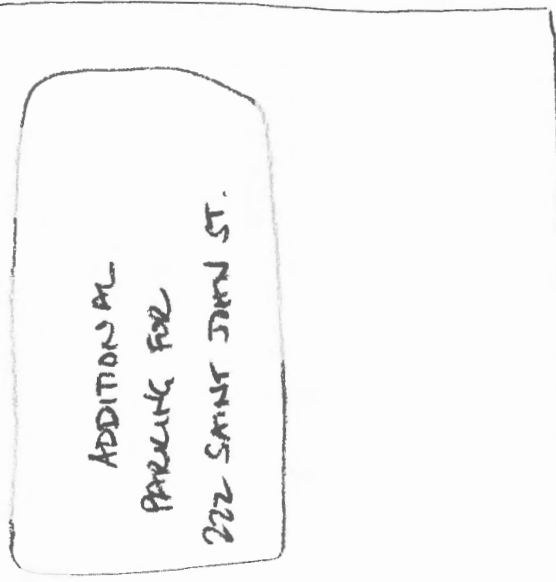
PARKING LOT  
FOR 222  
ST. JOHN STREET



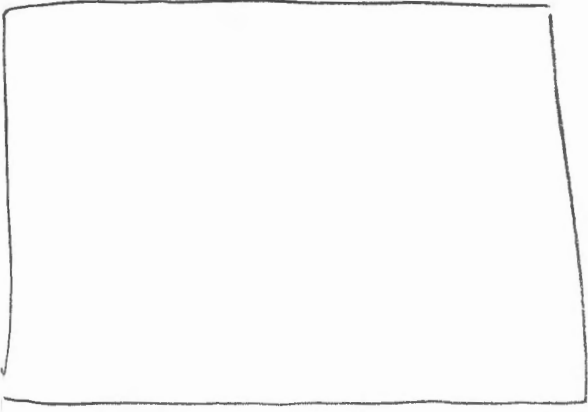
PARKING FOR  
UNION STATION PLAZA



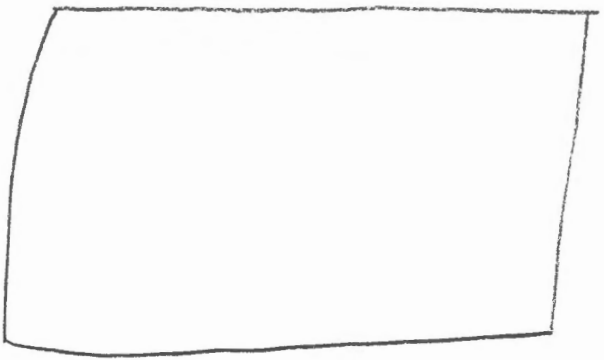
--- SAINT JOHN STREET ---



C STREET



A STREET



--- CONGRESS STREET ---

VALLEY STREET

