DISPLAY 950549 Please Read	THIS CARD ON PRINCIPAL FRONT CITY OF PORTLAN	D PERMIT ISSUED
Application And	BUILDING INSPECTION	No. MAY 3 1 1995
Notes, If Any, Attached	PERMIT Karen D. Schilling	CITY OF PORTLAND
his is to certify that as permission to		
T	222 St John St (Suite 21)	5)
omply with all of the City of Portlar	person or persons, firm or corporation a the provisions of the Statutes of Maine d regulating the construction, maintend d of the application on file in this depa	and of the Ordinances of ance and use of buildings
Apply to Public Works	of or street given and written permission pro-	A certificate of occupancy must be procured by owner before this building or part thereof is occu-

OTHER REQUIRED APPROVALS

Department Name

Health Dept. Appeal Board

Other \_\_\_

16 100

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection

	Iding or Use Permit Application	Phone:		Permit No: 95054
	First Atlantic	c Corp.		
	Leasee/Buyer's Name:		ssName:	PERMIT ISSUED
1		St John St (Ste 215)	Ptld, ME 04102	Permit Issued:
3×. 🧊	Address:	Phone:		
	Dramand Llas	COST OF WORK:	PERMIT FEE:	MAY 3 1 1995
di di	Proposed Use:	\$		
200	Manager Thereas			CITY OF PORTLAND
line i 👷	Message Therapy	FIRE DEPT.  Approved		CITY OF PORTLAND
	e.		Use Group: Type:	Zone: CBL:
1				Zone: CBL:
	and the second sec	Signature:	Signature:	Zoning Approval:
at a		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		5 PP
and the second sec		Action: Approved		Special Zone or Reviews:
<u>j</u>			with Conditions:	Shoreland
		Denied		U Wetland
		C:	Data	Flood Zone     Subdivision
		Signature:	Date:	Site Plan maj minor mm
Try Gresik	Date Applied For:	May 1995		
Stonay 1999				Zoning Appeal
ication doesn't preclude	□ Variance			
is do not include plumb	□ Miscellaneous			
F (107.)	<ul> <li>Conditional Use</li> <li>Interpretation</li> </ul>			
its are void if work is not	Approved			
idate a building permit and stop all work				
				Historic Preservation
				Not in District or Landmark
				Does Not Require Review
				Requires Review
				Action:
	Appoved			
I am the owner of record	Approved with Conditions			
wner to make this applic	Denied			
described in the applic	Date:			
ich permit at any reason				
	1 111		781-2693 hm	
N Sel	16-	30 May 1995	774-2154 office	e
PLICANT Karen	D Schilling ADDRESS:	DATE:	PHONE	- ×

ESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

certif ed by mit for covered

NATURE C

PHONE:

CEO DISTRICT

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