City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit Non Location of Construction: Owner Phone: 222 St John St Hourihan, Dan Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Polarity Realization Center Suite 301 Permit Issued: Contractor Name Address. Phone: St John St Realty 222 Auburn St Ptld, ME 04103 878-7500 Ste 3G COST OF WORK: MAR 2 n 1997 PERMIT FEE: Proposed Use: Past Use \$ 10,000,00 XXXXX 70.00 FIRE DEPT. D Approved INSPECTION: Office Use Group & Type: Message Therapy School □ Denied CBL: Zone: BOCA 96 064-A-002 Signature: Poning Approval. Sep Pe Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT A Equired for signA Action: Approved Special Zone or Reviews: Change Use - Make Interior Renovations Approved with Conditions: П □ Shoreland Denied □ Wetland □ Flood Zone Suite 301 ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Mary Gresik 17 March 1997 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... ☐ Denied WITH REQUIREMENTS Historic Preservation Not in District or Landmark 15487 Does Not Require Review RC-0173 5.00 ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ Denied 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 Date areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 17 March 1997 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICAN John Sevigny RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRIC

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

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