

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 222 St. John Street #114 04102		Owner: First Allied Realty Assoc.		Phone: 761-7900		Permit No: 99-0976	
Owner Address: **222 St. John St. 103 Portland, ME 04102		Lessee/Buyer's Name: *** Danielle M. Caron		Phone:		BusinessName:	
Contractor Name:		Address:		Phone:		Permit Issued: SEP 10	
Past Use: Therapy		Proposed Use: Massage Therapy		COST OF WORK: \$ 0		PERMIT FEE: \$ 30.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>B</i> Type: <i>3B</i> <i>BOCA 96</i>	
Proposed Project Description: Change of Use to Allow Massage Therapy				Signature:		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <i>B.2</i> CBL:064-A-002	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> 9/9/99 Special Zone or Reviews	
Permit Taken By: SP		Date Applied For: 9-7-99				<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"/>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

****Send To: Danielle M. Caron
222 St. John Street
Suite # 103
Portland, ME 04102

**PERMIT ISSUED
WITH REQUIREMENTS**

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT UB 3