

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 St. #132 04102		Owner: St. John Realty		Phone: N/A		Permit No: 991157	
Owner Address: 222 St. John St. #102 04102		Lessee/Buyer's Name: **Bodylogic NMT Inc. Valerie		Phone: M. Blais/Ionta Silverman/Joan Nelson		Business Name: M. Blais/Ionta Silverman/Joan Nelson	
Contractor Name: N/A		Address: N/A		Phone: 773-1215		Permit Issued: 26 1999	
Past Use: Office		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: B Type 303 1000-96	
				Signature:		Signature: <i>[Signature]</i>	
Proposed Project Description: Change of Use from Office to Massage Therapy.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: UB				Date Applied For: 10-20-99			

Zone: B-2 CBL: 064-A-002
 Zoning Approval: *[Signature]* 10/24/99
 Special Zone or Reviews:
 Shoreland *Separate*
 Wetland *Permit Fee*
 Flood Zone *for exterior*
 Subdivision
 Site Plan *Signage* maj minor mm

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..

Please Send To: Valerie M. Blais
 Bodylogic NMT Inc.
 222 St. John St. #132
 Portland, ME 04102

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

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

PERMIT ISSUED
WITH REQUIREMENTS

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 10-20-99 PHONE: _____

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

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

PERMIT ISSUED
WITH REQUIREMENTS
CEC DISTRICT
ub