

**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 Suite #220		Owner: Daniel Hourihan		Phone: 797-4177		Permit No: <b>991245</b>	
Owner Address: N/A		Lessee/Buyer's Name: ** Sue Anne Baker		Phone: N/A		Business Name: N/A	
Contractor Name: N/A		Address: N/A		Phone: N/A		Permit Issued: - 9	
Past Use:  Office		Proposed Use:  Office with massage therapy		COST OF WORK: \$ 0		PERMIT FEE: \$ 30.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 3B	
Proposed Project Description: Change of Use from Office to Office with massage therapy. <i>What Floor - office #? - Suite #220 -</i>		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zone: <i>32</i> CBL: 064-A-002	
Permit Taken By: KA		Date Applied For: 11-3-99		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: <i>[Signature]</i> 11/4/92 Special Zone of Reviews: <i>12</i> <input type="checkbox"/> Shoreland <i>A separate permit is required for</i> <input type="checkbox"/> Wetland <i>new survey</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>major</i> <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
				Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Appeal <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	

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: Sue Anne Baker  
222 St. John Street Suite #220  
Portland, ME 04101

**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: 11-3-99		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	

**PERMIT ISSUED WITH REQUIREMENTS**  
CEO DISTRICT 3  
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