

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, if Any,  
Attached

BUILDING INSPECTION

PERMIT

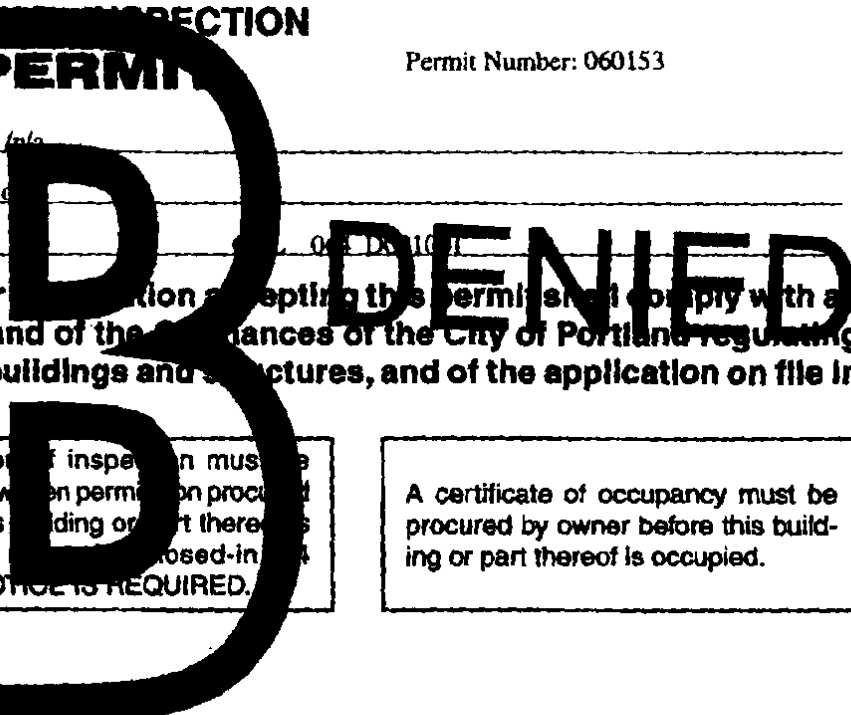
Permit Number: 060153

This is to certify that PHUONG TRANG PORTLAND LLC (n/a)

has permission to Change of use. Video store to mail sale

AT 269 ST JOHN ST 06010

provided that the person or persons in firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.



Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is altered or enclosed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS**

Fire Dept. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



# CITY OF PORTLAND, MAINE

Department of Building Inspections

Jan 31 2006

Received from Phuong Le

Location of Work 265 St John

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 105 30  
75 C70

Building (B)  Plumbing (P) \_\_\_\_\_ Electrical (E) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other type of Use

GBL 64 D 001

Check # 510

Total Collected \$ 105

## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

Denina  
WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-0153	Issue Date:	CBL: 064 D001001
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Location of Construction: 26 <sup>5</sup> ST JOHN ST	Owner Name: PHUONG TRANG PORTLAND L	Owner Address: 18 RICHMOND PL #4	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B-2

Past Use: Commercial	Proposed Use: Commercial change of use video store to a nail salon	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description:  
Change of use, Video store to a nail salon

**DENIED**

Signature: Signature:

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Date:

Permit Taken By: dmartin	Date Applied For: 02/01/2006	<b>Zoning Approval</b>
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date:</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
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**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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
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# City of Portland Health Inspection Report

Establishment Name <b>Saeng Thai House</b>		No. of Risk Factor/Intervention Violations	Date <b>11/05/08</b>
		No. of Repeat Risk Factor/Intervention Violations	Time In <b>2800</b>
License/Est. ID#	Address <b>267 S John St</b>	City/State <b>Portland, ME</b>	Score (optional) <b>69</b>
License Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Name <b>Saeng Thai House, Inc</b>	Purpose of Inspection <b>Annual</b>	Telephone <b>207.773.8988</b>
Time Out <b>2850</b>		Est. Type <b>cl. III IV</b>	Risk Category

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item      Mark "X" in appropriate box for COS and/or R  
 IN= in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable      COS=corrected on-site during inspection    R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>							
51	IN <u>OUT</u>			516	IN <u>OUT</u> N/A <u>N/O</u>		
PIC present, demonstrates knowledge, and performs duties				<b>Potentially Hazardous Food Time/Temperature</b>			
<b>Employee Health</b>							
52	<u>IN</u> <u>OUT</u>			517	IN <u>OUT</u> N/A <u>N/O</u>		
Management awareness; policy present				Proper reheating procedures for hot holding			
53	<u>IN</u> <u>OUT</u>			518	IN <u>OUT</u> N/A <u>N/O</u>		
Proper use of reporting, restriction & Exclusion				Proper cooling time & temperature			
<b>Good Hygienic Practices</b>							
54	IN <u>OUT</u>	<u>N/O</u>		519	IN <u>OUT</u> N/A <u>N/O</u>		
Proper eating, tasting, drinking, or tobacco use				Proper hot holding temperatures			
55	IN <u>OUT</u>	<u>N/O</u>		520	IN <u>OUT</u>	<u>N/A</u>	
No discharge from eyes, nose, and mouth				Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>							
56	IN <u>OUT</u>	<u>N/O</u>		521	IN <u>OUT</u> N/A <u>N/O</u>		
Hands clean & properly washed				Proper date marking & disposition			
27	IN <u>OUT</u> N/A <u>N/O</u>			522	IN <u>OUT</u> N/A <u>N/O</u>		
No bare hand contact with RTE foods or approved alternate method properly followed				Time as a public health control: procedures & record			
58	IN <u>OUT</u>			<b>Consumer Advisory</b>			
Adequate handwashing facilities supplied & accessible				523 IN <u>OUT</u> <u>N/A</u> Consumer advisory provided for raw or undercooked foods			
<b>Approved Source</b>							
59	<u>IN</u> <u>OUT</u>			<b>Highly Susceptible Populations</b>			
Food obtained from approved source				524 IN <u>OUT</u> <u>N/A</u> Pasteurized foods used; prohibited foods not offered			
510	<u>IN</u> <u>OUT</u> N/A <u>N/O</u>			<b>Chemical</b>			
Food received at proper temperature				525 IN <u>OUT</u> <u>N/A</u> Food additives: approved & properly used			
511	<u>IN</u> <u>OUT</u>			526	<u>IN</u> <u>OUT</u>		
Food in good condition, safe, & unadulterated				Toxic substances properly identified, stored, & used			
112	IN <u>OUT</u> N/A <u>N/O</u>			<b>Conformance with Approved Procedures</b>			
Required records available: shellstock tags, parasite destruction				527 IN <u>OUT</u> <u>N/A</u> Compliance with variance, specialized process, & HACCP plan			
<b>Protection from Contamination</b>							
213	IN <u>OUT</u>	<u>N/A</u>		<b>Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.</b>			
Food separated & protected							
214	<u>IN</u> <u>OUT</u>	<u>N/A</u>					
Food-contact surfaces: cleaned & sanitized							
515	<u>IN</u> <u>OUT</u>						
Proper disposition of returned, previously served, reconditioned, & unsafe food							

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.  
 Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
528	Pasteurized eggs used where required			241	In-use utensils: properly stored		
529	Water & ice from approved source			242	Utensils, equipment & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing			243	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>							
531	Proper cooling methods used; adequate equipment for temperature control			244	Gloves used properly		
532	Plant food properly cooked for hot holding			<b>Utensil, Equipment and Vending</b>			
533	Approved thawing methods used			245	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
134	Thermometers provided & accurate			146	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>							
135	Food properly labeled; original container			147	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>							
436	Insects, rodents, & animals not present			<b>Physical Facilities</b>			
237	Contamination prevented during food preparation, storage & display			448	Hot & cold water available; adequate pressure		
538	Personal cleanliness			549	Plumbing installed; proper backflow devices		
139	Wiping cloths: properly used & stored			550	Sewage & waste water properly disposed		
140	Washing fruits & vegetables			251	Toilet facilities: properly constructed, supplied, & cleaned		
				252	Garbage & refuse properly disposed; facilities maintained		
				53	Physical facilities installed, maintained, & clean		
				154	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature) <i>Statik Sampok</i>	Date: <b>11/05/08</b>
Health Inspector (Signature) <i>[Signature]</i>	Follow-up: <u>YES</u> NO (circle one)      Follow-up Date: <b>10 Days</b>

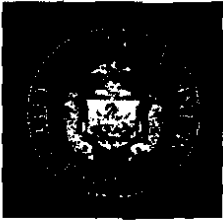
# City of Portland Health Inspection Report

<b>Establishment Name</b> Saeng Thai House	<b>As Authorized by 22 MRSA § 2496</b>	<b>Date</b> 11/03/08
<b>License/EST. ID #</b>	<b>Address</b> 267 St John St	<b>City/State</b> Portland, ME
	<b>Zip Code</b>	<b>Telephone</b>

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Handsink	110°	Cooler # 2	38°	Shrimp	70 + ° F
		Freezer # 2	65°	Chicken	78° F
				Eggs	80° F

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code.
1	Demonstration PIC did not demonstrate knowledge of proper Hot/cold holding & cross-contamination 2-102.11
6	Hand not washed properly after raw-food contact to warewashing - to food contact 2-301.14
8	Handwashing sinks not accessible (COS) 5-205.11
11	Food; Raw foods not presented honestly / Items stored in tin cans & fridge / un-labeled / un-refred. containers in basement 3-101.11
13	Food not separated / protected from contaminants 3-302.11
18	✓ Dented cans for source
20	✗ In-proper cold holding chicken/eggs throw-out on site 3-501.11
33	In-proper thawing methods (shrimp) throw-out on site 3-501.11
37	Contamination during food storage (Package containers stored under sanitary drain 3-307.11
39	Wiping cloths; stored in wet sink or dry cleaned / laundered 3-304.14
53	Physical Facilities remove all unused equip & debris
	Thai Saeng Tong 807.8663

<b>Person in Charge (Signature)</b> 	<b>Date</b>
<b>Health Inspector (Signature)</b>	<b>Date</b> 11/03/08



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

*Lee Urban- Director of Planning and Development  
Marge Schmuckal, Zoning Administrator*

February 9, 2006

Phuong Trang Portland LLC  
Phuong Le Trang K. Nhuyen  
60 Yale Street  
Portland, ME 04103

RE: 265 St. John Street – 064-D-001 – B-2 Business Zone - #06-0153

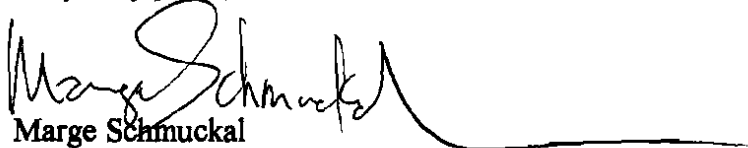
Dear Sir(s),

I am in receipt of your permit application to change the use of the building at 265 St. John Street from a retail video store to a personal service nail salon. Your permit is denied because you are required to show off-street parking. Your plans state that you have no off-street parking spaces. Section 14-332(j) requires one parking space for each 334 square foot of personal service space.

Please note that your submitted floor plan is deficient. It is not to scale. No dimensions are shown to determine the size of your area.

If you have any questions, please do not hesitate to contact this office.

Very truly yours,

  
Marge Schmuckal  
Zoning Administrator

Cc file



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>265 St. John Street Portland, ME, 04102</u>		
Total Square Footage of Proposed Structure <u>1,000 Square foot</u>	Square Footage of Lot <u>7,805 Square foot</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>64</u> Block# <u>D</u> Lot# <u>1</u>	Owner: <u>Phuong Trang Portland LLC</u> <u>Phuong Le &amp; Trang K. Nguyen</u>	Telephone: <u>917-435-5751</u>
Lessee/Buyer's Name (If Applicable) <u>Phuong Le</u>	Applicant name, address & telephone: <u>60 Yale St.</u> <u>Portland, ME 04103</u>	Cost Of Work: \$ <u>30 + 75,000</u> Fee: \$ _____ C of O Fee: \$ <u>105</u>
Current Specific use: <u>video store (closed)</u>		
Proposed Specific use: _____		
Project description: <u>Change of Use. Video Store to Nail Salon</u> <u>No Structural</u>		
Contractor's name, address & telephone: <u>N/A</u>		
Who should we contact when the permit is ready: <u>Phuong Le</u>		
Mailing address: <u>60 Yale Street</u> <u>Portland, ME 04103</u>	Phone: <u>917-435-5751</u> <u>917-435-5751</u>	

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

JAN 31 2006

RECEIVED

Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant:	Date: <u>1/31/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

✓ # 510

Prmt:

Permit Nbr: 
 Issue/Approval Number: 
 Address:

Status: 
 Additions - Commercial

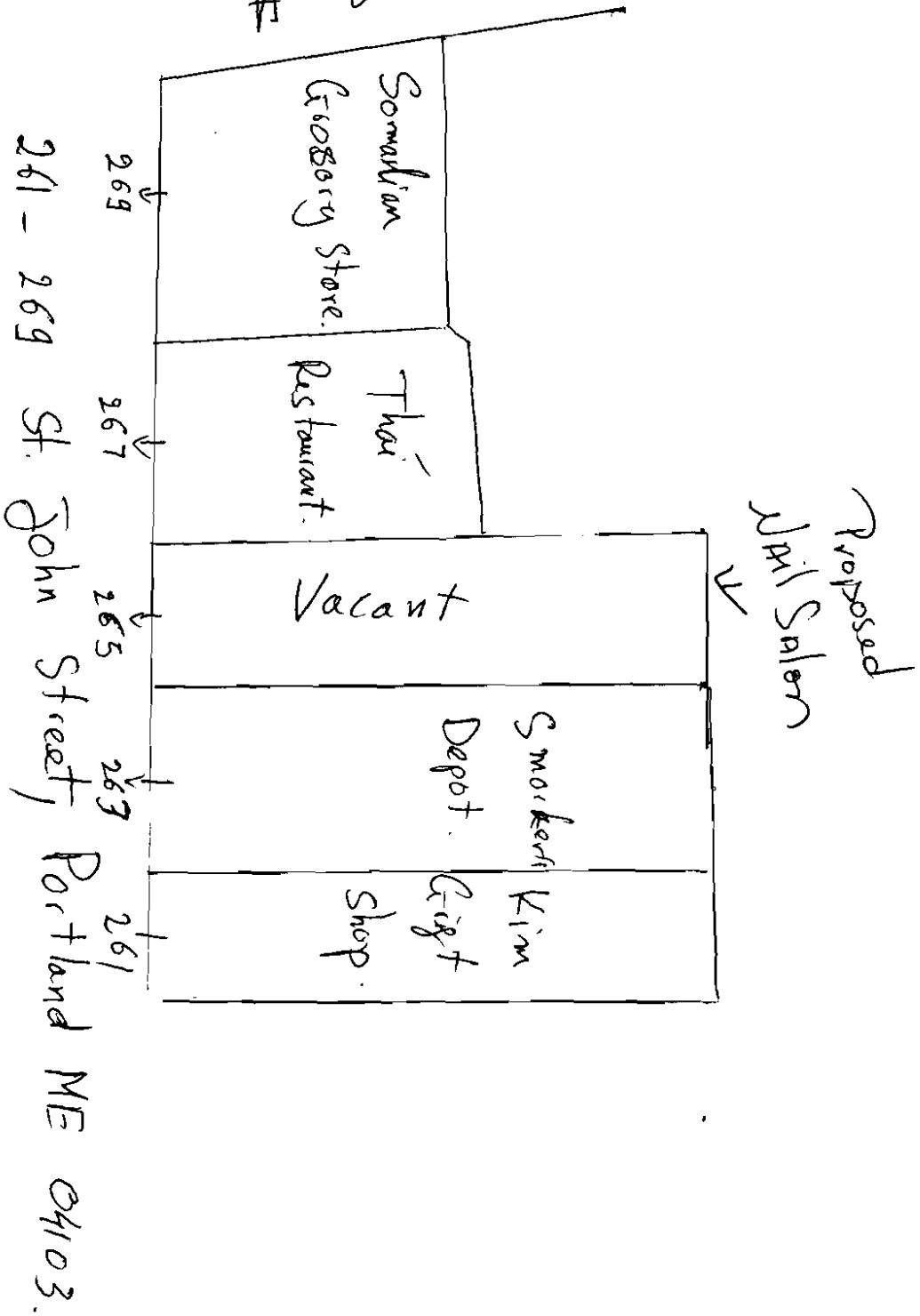
OSL: 
 District: 
 Estimated Cost:

**Other Permits Referenced**

Plan Appl Id	- 0	Lot #		Owner	Tran Monica R & Don V Jts
Contractor	Chau, Tsan			Address	531 Westbrook St
Address				City, State & Zip	South Portland, ME 04106
City, State, Zip	Portland	ME		Phone	773-8988
Phone	(207) 773-8988	Pager		Past Use	Vacant/Storage Room
Fax				Proposed Use	Bathroom
License Nbrs:				Project Desc	Install Emergency Door, Wit Partitions for Bathroom
Electrical		Plumbing			
Gas		Oil Burner			
Reg. Nbr		Professional			
Business Name					
Lessee/Buyer					
Phone					



A Street



There is no off Street Parking.

- public water
- public sewer.

Back door.  
Emergency Exit.

Bathroom.

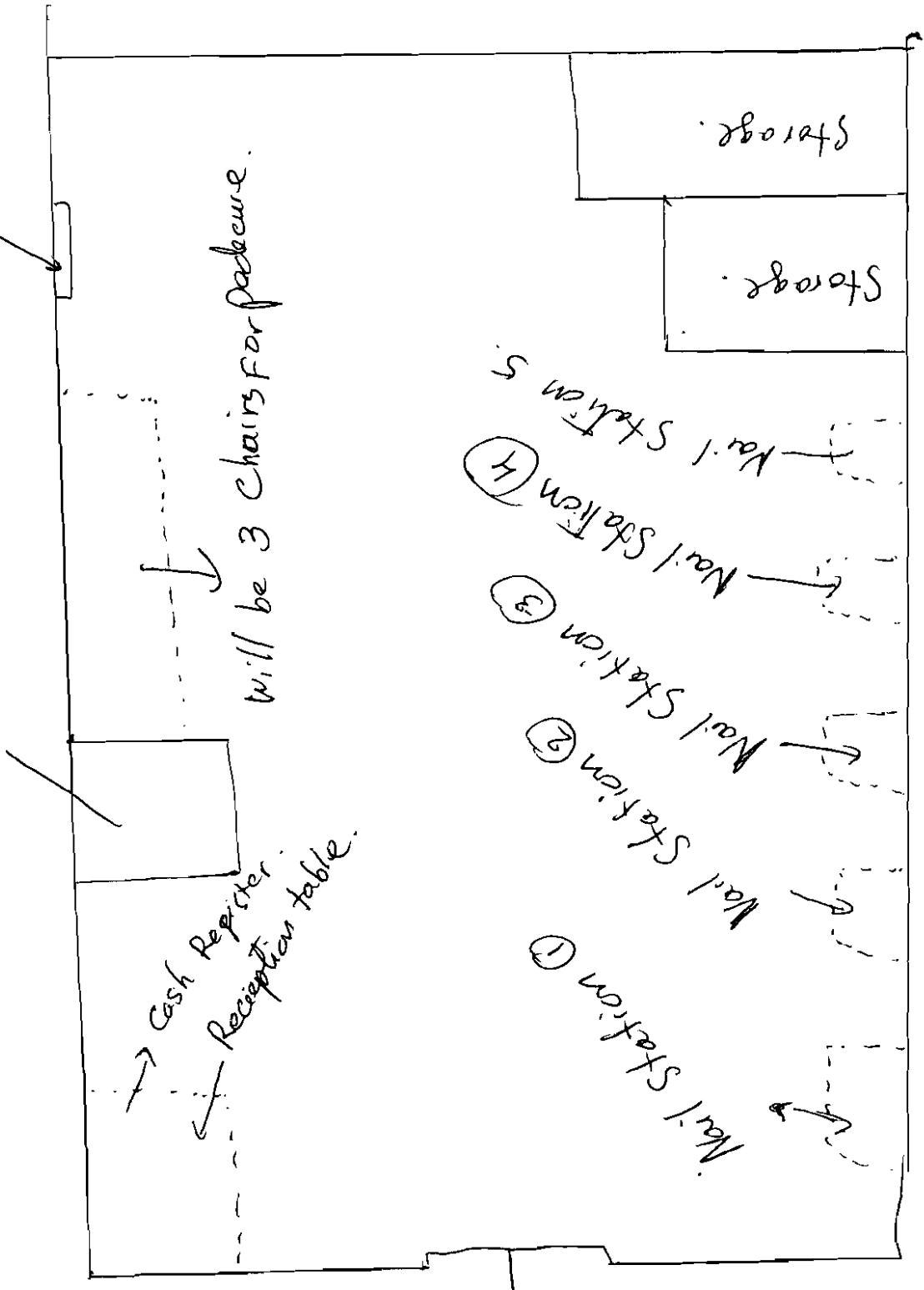
Cash Register.  
Reception table.

Will be 3 chairs for pedicure.

Storage.  
Storage.

Nail Station 1  
Nail Station 2  
Nail Station 3  
Nail Station 4  
Nail Station 5

Front door.



and interest in the job or career field. Finally, and not incidentally, it leaves a very favorable impression and could be the one factor that really makes you stand out from the crowd.

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