Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 040228

m or expection epting this permit shall comply with all ne and of the ences of the City of Portland regulating

of buildings and structures, and of the application on file in

This is to certify that	Coffin Craig G Trustee			
has permission to	Suite 236: Massage Therapy			
AT 222 St John St			L 064 A002001	

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

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

N ication inspec in must git and wron permis in procube this to thing or to the reculation of the recu

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

OTHER R	FOILIBED	APPROVAL	C

Director Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

					PERMIT ISSUED					
City of Portla	nd, Maine	- Building or Use	Permit A	Applicatior	Pe		Issue Date:		CBL:	
389 Congress St	treet, 04101	Tel: (207) 874-8703	3, Fax: (20)7) 874-8710	5 <u> </u>	04-0228	MAR	1 2 2004	064 A	002001
Location of Construction: Owner Name:					Owne	er Address:			Phone:	
222 St John St Coffin Craig G T					222 St John St Ste 13 TY OF PORTLAND					
Business Name: Contractor Name:			: :	Contractor Address:			Phone			
Lessee/Buyer's Name		Phone:			Perm	it Type:			<u> </u>	Zone;
					Change of Use - Commercial		l		132	
Past Use: Proposed Use:					Perm	nit Fee: C	ost of Wor	k: CE	O District:	
Suite 236: Office		Suite 236: Ma	Suite 236: Massage Therapy		L	\$105.00	\$	0.00	2	
					FIRE DEPT: Approved IN			INSPECTI	_	
					i		Denied	Use Group:	0	Type:
								R	OCA	1999
Proposed Project De	scription:				ı	45				1
Suite 236: Massa	ge Therapy				Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			du-		
								D.)		
					Actio	on: Approved	App	roved w/Con	ditions 💆]_Denied
					Signa	ature:		Da	te:	
Permit Taken By:		Date Applied For:				Zoning A	pprova	 .I		-
kwd		03/08/2004	<u> </u>						·····	
		oes not preclude the	Specia	Zone or Revie	VS	Zoning .	Appeal		Historic Pro	eservation
Applicant(s) Federal Rule		g applicable State and	Shore	land		☐ Variance			Not in Dist	rict or Landmar
2. Building per septic or elec		nclude plumbing,	Wetland Miscellaneous		ous	Does Not Require Review				
		if work is not started he date of issuance.	Flood	Flood Zone Condition		Conditiona	l Use	Requires Review		eview
	ation may inv top all work	validate a building	Subdi	ivision		[] Interpretati	on		Approved	
			Site F	lan		Approved			Approved v	v/Conditions
			Мај 🔲	Minor MM		Denied ·			Denied	/ ,
			Date: by	11/04		Date:		Date:	3/11/	04
									1 1	
I have been autho jurisdiction. In ac	rized by the oldition, if a p	wner of record of the na owner to make this appl ermit for work describe r all areas covered by s	amed prope lication as ed in the ap	his authorized plication is is	e pro l ager sued.	nt and I agree to I certify that the	conform e code of	to all appli ficial's auth	icable law iorized rej	s of this presentative
SIGNATURE OF AF	PPLICANT			ADDRESS	;		DATE		PH	ONE
RESPONSIBLE PER	SON IN CHAR	GE OF WORK, TITLE	 -				DATE	·	РН	ONE



04-0228 Commercial 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: 222	st. John St. S	vite 2	36
Total Square Footage of Proposed Structure	Square Footage of 300	Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: First Allied Real	fy	Telephone: 761-7900
Lessee/Buyer's Name (If Applicable)	Applicant name, address & teleph Jannett Matusiak 222 St. John St. Svite 236 749-6332	W c	st Of ork: \$:: \$
Current Specific use: Massage 7			
Proposed Specific use:			-
Project description: not buildit need certificate of a moved from the 1-	ng Just occupancy st floor of this buil	Iding to	the second
Contractor's name, address & telephone:			
Who should we contact when the permit is read	y:		i
Mailing address:			
		Phone:	
Please submit all of the information outli do so will result in the automatic denial of At the discretion of the Planning and Development D further information stop by the Building Inspections	f your permit. epartment, additional information ma	ay be required pr	
I hereby certify that I am the Owner of record of the namer authorized by the owner to make this application as his/her if a permit for work described in this application is issued, I areas covered by this permit at any reasonable hour to enfor	authorized agent. I agree to conform to a certify that the Code Official's authorized	all applicable laws I representative sha	of this jurisdiction. In addition,
Signature of applicant:	Margal Dar	te: 4-4-	04
Permit Fee: \$30.00 for the first \$100	0.00 Construction Cost, \$9.00	7 0 per additio	nal \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

City of Portland, Maine	- Building or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703, Fax: (2	04-0228	03/08/2004	064 A002001	
Location of Construction: Owner Name:			Owner Address:	Phone:	
222 St John St	Coffin Craig G Trustee	Coffin Craig G Trustee 222			
Business Name:	Contractor Name:	Contractor Name: Contractor Address: Phone			
Lessee/Buyer's Name	Phone:]	Permit Type: Change of Use - C	Zammarajal	
Proposed Use: Suite 236: Massage Therapy		1 -	d Project Description: 236: Massage Thera		
			-		
Dept: Zoning Sta	tus: Approved with Conditions	Reviewer:	Tammy Munson	Approval I	Oate: 03/11/2004 Ok to Issue: ✓
	or an additional dwelling unit. Yos stoves, microwaves, refrigerate				ent including, but
2) Separate permits shall be r	equired for any new signage.				
3) This permit is being appro work.	ved on the basis of plans submit	ted. Any deviat	ions shall require a	a separate approval	before starting that
Dept: Building Sta	tus: Approved with Conditions	Reviewer:	Tammy Munson	Approval I	Date: 03/11/2004 Ok to Issue: ✓
	NLY permit. It does NOT autho	rize any constru	ection activities.		
2) Separate permits are require	red for any electrical or plumbin	g work.			
Application approval base and approrval prior to wor	d upon information provided by k.	applicant. Any	deviation from app	proved plans require	s separate review
Dept: Fire Sta	itus: Approved	Reviewer:	Lt. MacDougal	Approval I	Date: 03/11/2004
Note:					Ok to Issue: