City of Portland, Maine - Build	_			Per	mit No: 09-0954	Issue Date	e:	CBL: 141 C01	9001
389 Congress Street, 04101 Tel: (207) 874-8703, Fa Location of Construction: 53 CANCO RD Owner Name: HOLLAND NAN			Owner Address:			Phone:			
Business Name:					Contractor Address:			Phone	
Lessee/Buyer's Name	Phone:				t Type:	ome Occup	Zone:		Zone:
Past Use: Single Family Home			Home w/ Home nange of use from ome to single family				5.00 4 INSPECTION:		Туре
Proposed Project Description: Change of use from single family hom Shop (Home Occupation)	ne to single famil	y home	w/ Beauty	Signat PEDES Action Signat	STRIAN ACTION Approv	VITIES DIST	proved w/C	A.D.)	Denied
-	pplied For: /2009			Zoning Approval					
This permit application does not Applicant(s) from meeting application.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing,		Special Zone or Reviews Shoreland Wetland		Zoning Appeal Variance			Historic Preservation Not in District or Landm	
					Miscellaneous			☐ Does Not Require Revie	
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		☐ Flood Zon			☐ Conditional Us			☐ Requires Review	
		Subdivision			☐ Interpretatio			Approved	
		☐ Si	te Plan		Approve	ed		Approved w	/Condition
		Мај [Mino MM	☐ Denied			☐ Denied		
		Date:			Date:		Dat	e:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are to such permit.	o make this appl r work described	med proication and the state of	as his authorized application is iss	ne prop d agent sued, I	and I agree to certify that the	o conform t e code offic	o all app cial's auth	licable laws on orized representations of the contract of the	of this sentative
SIGNATURE OF APPLICAN			ADDRESS	S		DATE		P	НО

Location of Construction:	Owner Name:		Owner Address:		Phone:	
53 CANCO RD Business Name:	HOLLAND NANCY		53 CANCO RD		Di Di	
Business Name:	Contractor Name:		Contractor Address: Phone		rnone	
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use Home Occupation			Zone:
Dept: Zoning Status: A	approved with Condition	ns Reviewer	: Marge Schmuckal	Approval Dat	te: 09/0	01/2009
Note:					Ok to Issue	:
1) During its existence, all aspects of	the Home Occupations	criteria, Section	14-410, shall be maintaine	ed.		
2) Separate permits shall be required	l for future decks, sheds	, pools, and/or g	garages.			
3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.						
4) This property shall remain a single family dwelling.with a Home Occupation for a Beauty Salon after the issuance of a Certificate of Occupancy. Any change of use shall require a separate permit application for review and approval.						
5) Separate permits shall be required	l for any new signage un	der the Home C	Occupation guidelines.			
6) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.						
Dept: Building Status: P	ending	Reviewer	: Residential Plan Revie	Approval Dat	te:	
Note: Ok to Issue:						
CERTIFICATION I have by contify that I are the arrows of record of the named magnety, on that the managed would is outhout and by the arrows of record and that						

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO