

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 031114

Please Read
Application And
Notes, if Any,
Attached

This is to certify that Msm Enterprises Ltd
has permission to Interior partition
AT 449 Forest Ave 111 A016001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is altered or otherwise used-in.
HOURS NOT REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. 4/11/13
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 9/25/13
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-1114	Issue Date:	CBL: 111 A016001
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Location of Construction: 449 Forest Ave	Owner Name: Msm Enterprises Ltd	Owner Address: 449 Forest Ave	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B2b

Past Use: Hair Salon	Proposed Use: Hair Salon w/ interior partition	Permit Fee: \$30.00	Cost of Work: \$250.00	CEO District: 2
Proposed Project Description: Interior partition		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 2B 9/25/03 Signature: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: [Signature] Date:		

Permit Taken By: kwd	Date Applied For: 09/11/2003	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 9/23/03	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 Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

03-1114

All Purpose 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>449 Forest Ave. Plaza</u>		
Total Square Footage of Proposed Structure <u>7'1/2" x 11'1/2"</u>	Square Footage of Lot <u>588 sq. ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>111</u> Block# <u>A</u> Lot# <u>016</u>	Owner: <u>Lisa Paratore</u>	Telephone: <u>Bus. 773-0039</u>
Lessee/Buyer's Name (If Applicable) <u>Lisa Paratore</u>	Applicant name, address & telephone: <u>Lisa Paratore</u>	Cost Of Work: \$ <u>950.00</u> Fee: \$ <u>30.00</u>
Current use: <u>Hair Salon</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Hair Salon</u>		
Project description: <u>adding 11' ft. wall partition</u>		
Contractor's name, address & telephone: <u>Carlo Paratore 139 Edwards St.</u>		
Who should we contact when the permit is ready: <u>Carlo or Lisa Paratore</u>		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>Home 774-2744</u> <u>Cell</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

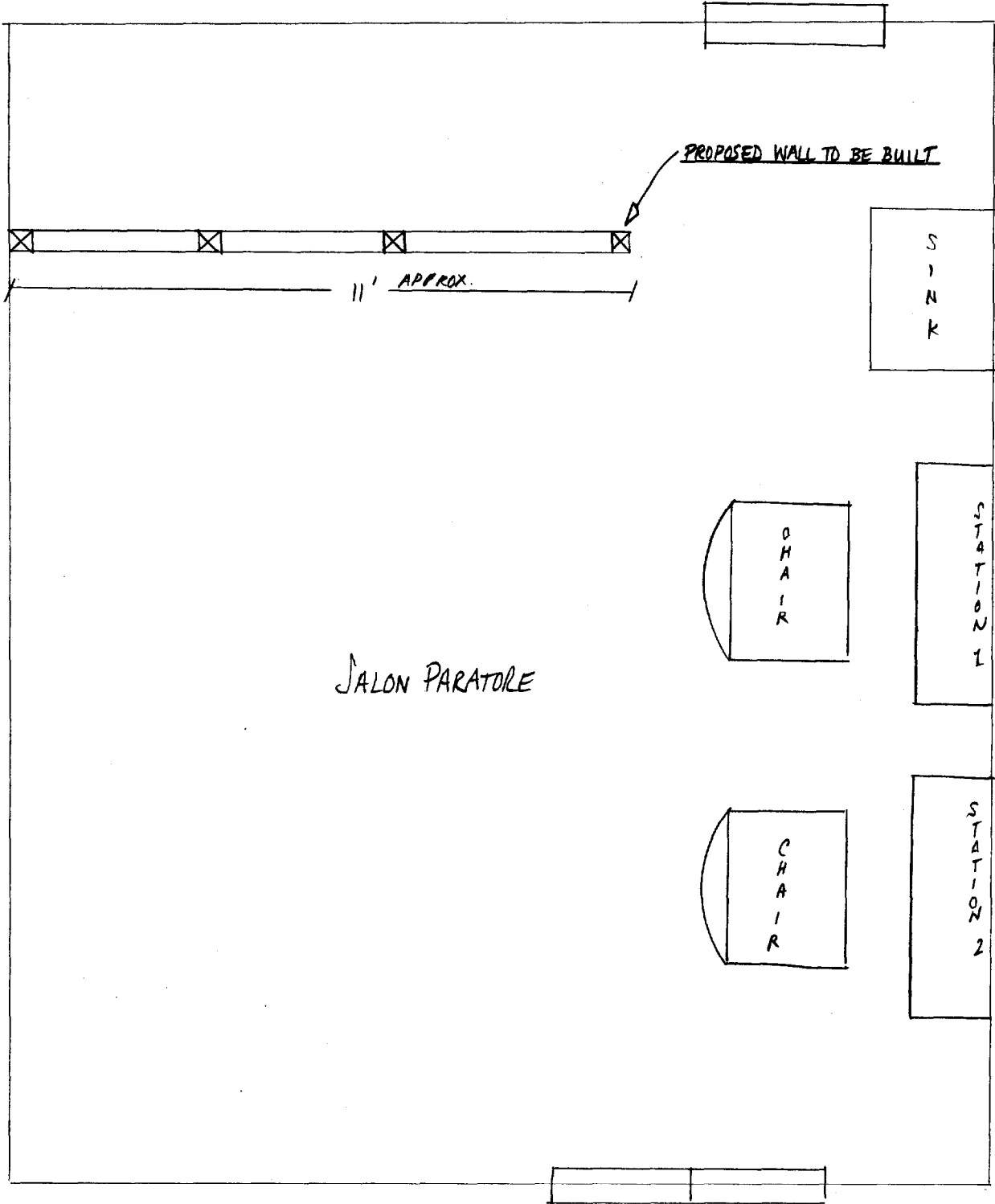
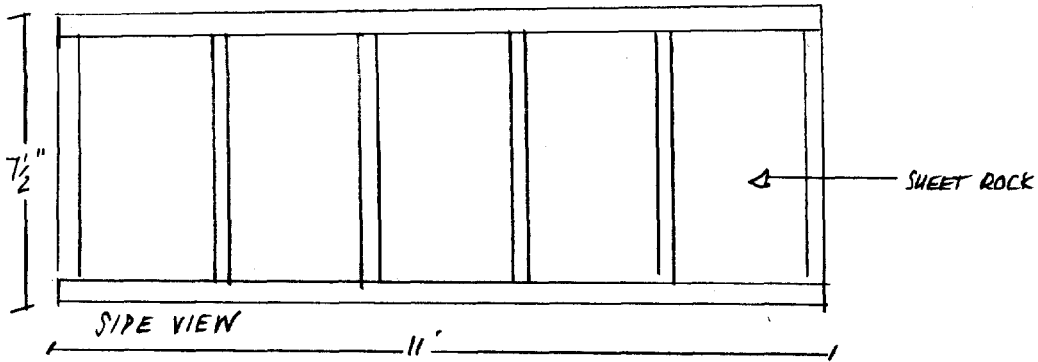
DEPT. OF BUILDING INSPECTION
CINCINNATI, OHIO

D **SEP 11 2003** **D**

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorized the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to comply with all applicable codes 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: <u>Lisa Paratore</u>	Date: <u>9.11.03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



2x4 & sheet rock