

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

Permit Number: 031347

This is to certify that Rice Geoffrey Ihas permission to Change of Use: Massage Therapy 2nd flAT 648-650 Forest Ave

L 125 M004001

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 when permission procured before this building or part thereof is leased or otherwise used-in-4 HOUR NOT REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. AM

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Al J. August 10/6/03
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: 03-1347		Issue Date:		CBL: 125 M004001			
Location of Construction: 648-650 Forest Ave		Owner Name: Rice Geoffrey I		Owner Address: 658 Congress St 1st Floor			
Business Name:		Contractor Name:		Contractor Address:			
Lessee/Buyer's Name		Phone:		Permit Type: Change of Use - Commercial			
Past Use: modeling school, offices		Proposed Use: Massage therapy 2nd floor right		Zone: B26			
Proposed Project Description: Change of Use: Massage Therapy 2nd floor right		Permit Fee: \$105.00		Cost of Work: \$0.00			
		CEO District: 2					
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 3B 11/6/03 Signature: [Signature]			
		Signature: [Signature]		Signature: [Signature]			
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied					
		Signature: _____ Date: _____					
Permit Taken By: kwd		Date Applied For: 10/27/2003		Zoning Approval			
<ol style="list-style-type: none">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		Zoning Appeal			
		<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 checked="" type="checkbox"/> Date: 11/4/03		<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: _____	
		Handwritten Note: Separate permits for my new sign age					

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-1347	Date Applied For: 10/27/2003	CBL: 125 M004001
------------------------------	--	----------------------------

Location of Construction: 648-650 Forest Ave	Owner Name: Rice Geoffrey I	Owner Address: 658 Congress St 1st Floor	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	

Proposed Use: Massage therapy 2nd floor right	Proposed Project Description: Change of Use: Massage Therapy 2nd floor right
---	--

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/04/2003
Note: **Ok to Issue:** ☒

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 11/06/2003
Note: **Ok to Issue:** ☒

1) No construction is authorized by this permit, simply a change in tenancy without building code implications.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 11/04/2003
Note: **Ok to Issue:** ☒

1) fire extinguishers shall be installed in accordance with NFPA 10 standards

Comments:

10/30/2003-kwd: left message with applicant requesting specific suite/room #s.

031347

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>650 Forest Ave. 2nd Floor Right</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>125</u> Block# <u>M</u> Lot# <u>004</u>	Owner: <u>Geoffery Rice</u>	Telephone: <u>773-1814</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>HEATHEN Zietz</u> <u>546 CUMBERLAND AVE #3</u> <u>PORTLAND, ME 04101</u> <u>207 541-3905</u>	Cost Of Work: \$ <u>0</u> Fee: \$ <u>30.00</u> <u>2070 75.00</u> <u>105.00</u>
Current use: <u>NONE</u>		
If the location is currently vacant, what was prior use: <u>modeling school also offices</u>		
Approximately how long has it been vacant: <u>3yrs</u>		
Proposed use: <u>Massage Therapy Practice</u>		
Project description: <u>NO change in structure</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Heather Zietz</u>		
Mailing address: <u>546 CUMBERLAND AVE #3</u> <u>Portland ME 04101</u>		
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>541-3905</u> <u>541-3905</u>		

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

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 City of Portland Planning Department 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: [Signature] Date: 10/23/03

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

