

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that ANITA T IFANTIDES

Located At 467 STEVENS AVE

Job ID: 2012-08-4636-CH OF USE

CBL: 132-J-014-001

has permission to Change of bz owner, salon to salon (state record)

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

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer


Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD



Certificate of Occupancy



CITY OF PORTLAND, MAINE

Department of Planning and Urban Development

Building Inspections Division

Location: 467 STEVENS AVE

CBL: 132- J-014-001

Issued to: IFANTIDES, ANITA T –
MEAGHAN ROSS / TWISTED ROOTS HAIR SALON

Date Issued: 10/19/2012

This is to certify that the building, premises, or part thereof, at the above location, built-altered-changed as to use under Building Permit No. 2012-08-4636-CH OF USE, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

FRONT RIGHT FIRST FLOOR

APPROVED OCCUPANCY

USE GROUP B/R HAIR SALON & DWELLING UNITS

TYPE 5B

IBC 2009

Approved:

10/19/2012

(Date)

Inspector

Inspections Division Director

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.



Certificate of Occupancy



COPY

CITY OF PORTLAND, MAINE

Department of Planning and Urban Development
Building Inspections Division

Location: 467 STEVENS AVE

CBE: 132-J-014-001

Issued to ANITA T IFANTIDES / TWISTED ROOTS HAIR SALON

Date Issued: 9/21/2012

This is to certify that the building, premises, or part thereof, at the above location, built-altered-changed as to use under Building Permit No. 2012-08-4636-CH OF USE, has had a final inspection, has been found to conform substantially to the requirements of the Building Code and the Land Use Code of the City of Portland, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

FRONT RIGHT FIRST FLOOR

USE GROUP: B/R HAIR SALON & DWELLING UNITS

TYPE:5B

IRC 2009

CONDITIONS: PLUMBING VENT, VERIFY ELECTRICAL

EXPIRATION DATE: 10/21/12

Approved:

9/21/12

(Date): *[Signature]*
Inspector

[Signature]
Inspections Division Director

Notice: This certificate identifies the legal use of the building or premises, and ought to be transferred from owner to owner upon the sale of the property.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-08-4636-CH OF USE

Located At: 467 STEVENS AVE

CBL: 132- J-014-001

Conditions of Approval:

Zoning

1. Separate permits shall be required for any new signage.
2. All sidewalk signs shall be removed when the business is closed or while any snow or ice exists on the walkway within eight feet of the sign in any direction. All sidewalk signs shall be located near the curb rather than the building face. The sidewalk shall maintain a width of no less than 4 1/2 feet of unobstructed sidewalk width perpendicular to major flows. For a single tenant listing, the maximum width is 24 inches or less if needed for the 4.5 feet of unobstructed sidewalk width. The maximum height of a sidewalk sign is 40 inches to the top of the sign in place. The minimum height of a sidewalk sign is 30 inches to the top of the sign in place.
3. This property shall remain a solon use on the first floor with a single family dwelling on the second floor. Any change of use shall require a separate permit application for review and approval.

Building

1. Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
2. This is a permit to Change the business ownership of an existing salon. It does NOT authorize any construction activities.
3. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

Fire

Installation shall comply with City Code Chapter 10.

All construction shall comply with City Code Chapter 10.

<http://www.portlandmaine.gov/citycode/chapter010.pdf>

Street addresses shall be marked on the structure and shall be as approved by the City E-911 Addressing Officer. Contact Michelle Sweeney at 874-8682 for further information.

All outstanding code violations shall be corrected prior to final inspection.

All smoke detectors and smoke alarms shall be photoelectric.

Carbon Monoxide is detection required in accordance with NFPA 720, Standard for Installation of Carbon Monoxide (CO) Detection and Warning Equipment, 2009 edition.

Fire extinguishers are required per NFPA 1.

Notification: Two means of egress are required from every story. "MRSA Title 25 § 2453"

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-08-4636-CH OF USE	Date Applied: 8/7/2012	CBL: 132- J-014-001	
Location of Construction: 467 STEVENS AVE	Owner Name: ANITA T IFANTIDES	Owner Address: 20 FOREST ST SACO, ME 04072	Phone:
Business Name: Twisted Roots Salon	Contractor Name: Meaghan Ross	Contractor Address: 53 Boyd Street, Portland, ME	Phone: 518-0831
Lessee/Buyer's Name: Meaghan Ross	Phone:	Permit Type: BLDG C of O	Zone: B-1
Past Use: Personal Service (salon) on 1 st floor and 1 residential DU on 2 nd floor	Proposed Use: Same: 1 st floor salon with 2 nd floor Dwelling unit – tenant fit up and C of O for new salon tenant	Cost of Work:	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: B/R Type: SB MUBEL'09 Signature: 9/10/12
Proposed Project Description: Change of use, salon to salon (state record)		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Gayle	Zoning Approval		
<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 informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>08/08/12</i>	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	Historic Preservation <input checked="" type="checkbox"/> Not in Dist 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: <i>[Signature]</i>
	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

9-20-12 GF BKL JM

- VERIFY K&T NOT COVERED
- PLUMBER - SINK VENTING
- TCO 30 DAYS

10-19-12 BKL OK W/ ELECTRICAL CORRECTIONS
OK COFO GF



General Building Permit Application

2012 08 4636 60

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.

B-1

Location/Address of Construction: <u>467 Stevens Ave 04103</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>132 5 014</u>	Applicant * must be owner, Lessee or Buyer* Name <u>Meaghan Ross</u> Address <u>53 Boyd St</u> City, State & Zip <u>Port. Me 04101</u>	Telephone: <u>207-518-0831</u>
Lessee/DBA (If Applicable) <u>Twisted Roots Salon</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost of Work: \$ <u>30</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>105</u>
Current legal use (i.e. single family) <u>Salon</u> If vacant, what was the previous use? Proposed Specific use: <u>Salon Twisted Roots</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>moving in to space need for State Requirements</u>	<u>1st floor beauty salon - 2nd floor</u> Number of Residential Units <u>104</u>	
Contractor's name: <u>Meaghan Ross</u> Address: <u>53 Boyd St</u> City, State & Zip <u>Portland, Me 04101</u> Telephone: _____ Who should we contact when the permit is ready: <u>Meaghan Ross</u> Telephone: <u>518-0831</u> Mailing address: <u>53 Boyd St Portland Maine 04101</u>		

RECEIVED
AUG 07 2012
Dept. of Building Inspections
City of Portland Maine

Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division 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: [Signature] Date: 8-2-12

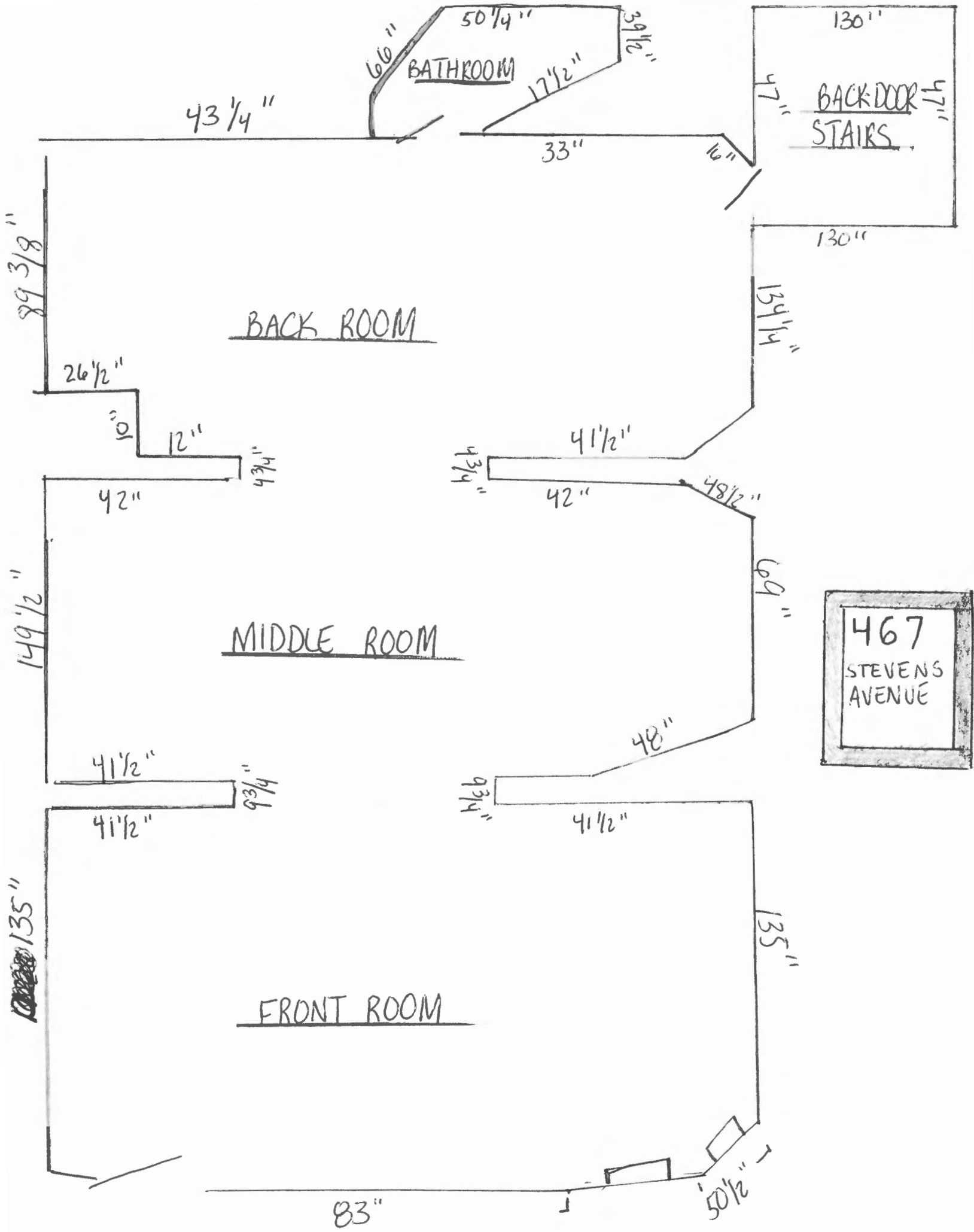
This is not a permit; you may not commence ANY work until the permit is issued

20 Forest Street
Saco Maine 04072

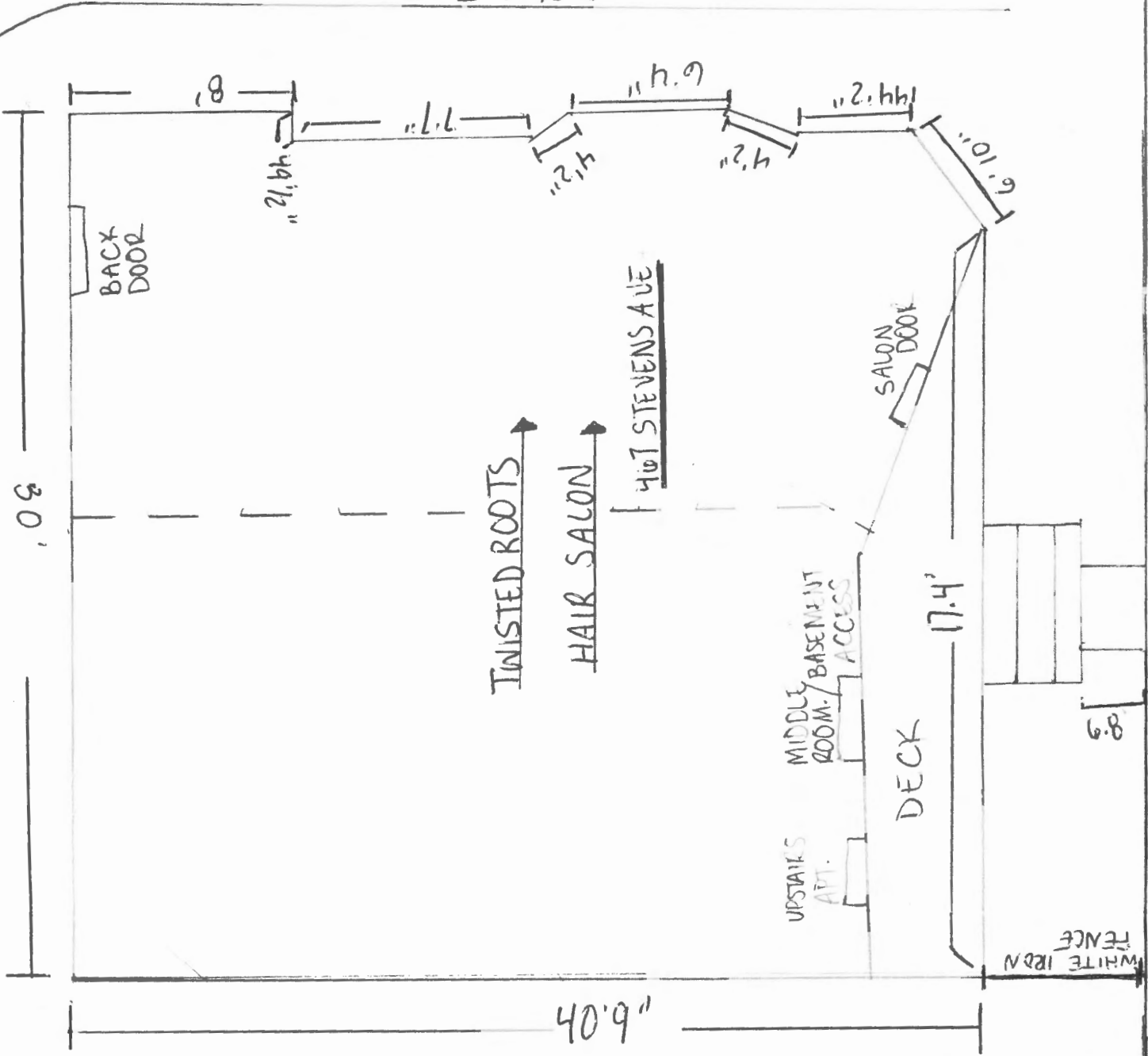
To whom It May Concern
We give permission to enter the premises
at 467 Stevens Avenue Portland, Me.

Sincerely,
Anita Spantides owner





SCANDINAVIAN
STORE



↑
PAVED
LOADING
DRIVEWAY
FOR
BAKERY ↑

BAKERY

30'

40.9'

BACK
DOOR

EXISTED ROOTS

HAIR SALON

4107 STEVENS AVE

UPSTAIRS
APT.
MIDDLE
BASEMENT
ROOM /
ACCESS

DECK

17.4'

SAUN
DOOK

WHITE IRON
FENCE

CURB

STEVENS AVE



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Receipts Details:

Tender Information: Check , BusinessName: Richard Ross, Check Number: 4488
Tender Amount: 105.00

Receipt Header:

Cashier Id: gguertin
Receipt Date: 8/7/2012
Receipt Number: 46798

Receipt Details:

Referance ID:	7534	Fee Type:	BP-C of O
Receipt Number:	0	Payment Date:	
Transaction Amount:	75.00	Charge Amount:	75.00
Job ID: Job ID: 2012-08-4636-CH OF USE - Change of use, salon to salon (state record)			
Additional Comments:			

Referance ID:	7535	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	30.00	Charge Amount:	30.00
Job ID: Job ID: 2012-08-4636-CH OF USE - Change of use, salon to salon (state record)			

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

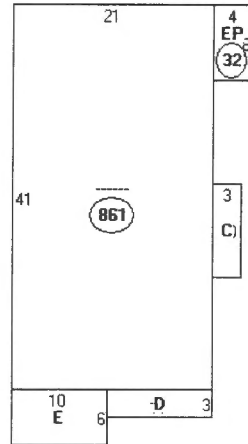
With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Certificate of Occupancy Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



Descriptor/Area

- A: ---
861 sqft
- B: EP
32 sqft
- C: 2FBAY/B
30 sqft
- D: FBAY/B
33 sqft
- E: OFF
60 sqft