

9 80863

Location of Construction: 927 Forest Ave		Owner: laCourse, Stan & Joyce		Phone: 878-8252	
Owner Address: 110 Main ST Unit #131 Saco, ME		Lessee/Buyer's Name: 04072 Picadilly Square		Phone: BusinessName:	
Contractor Name: Owner		Address:		Phone:	
Past Use: Hair Salon		Proposed Use:		COST OF WORK: \$ 7,500.00	
				PERMIT FEE: \$ 60.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: B Type: 5B	
				Signature: <i>[Signature]</i>	
				Signature: <i>[Signature]</i>	
Proposed Project Description: This is a renovation of a second floor-first floor is currently a hair salon. Second floor will be renovated space for expanding the salon. We will be moving two walls to 4' wall and 6'8" wall. Lighting, outlets, & heat will be reconfigured. New flooring installed		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Permit Taken By: SP		Date Applied For: 31 July 1998		Signature: _____ Date: _____	

Permit No: 9 80863

**PERMIT ISSUED**

Permit Issued:  
AUG - 7 1998

**CITY OF PORTLAND**

Zone: CBL: 142-F-003

Zoning Approval: *OK* → 8/5/98

Special Zone or Reviews:

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS

**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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: 31 July 1998 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

KC/TPI  
CEO DISTRICT *[Signature]*