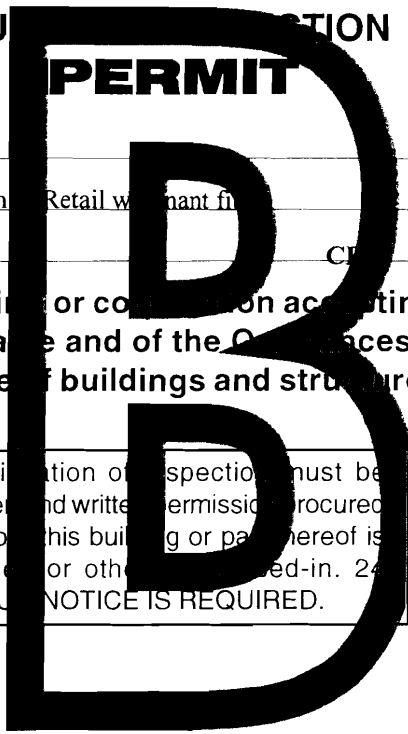


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

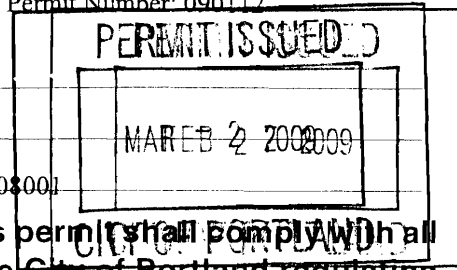
BUILDING DEPARTMENT

PERMIT



Please Read Application And Notes, If Any, Attached

Permit Number: 090112



This is to certify that ANGIE'S SERVICE INC
has permission to Change of use from Nail Salon Retail with tenant fit
AT 804 WASHINGTON AVE City of Portland 163 A008001

provided that the person or persons, firm or corporation accounting 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 lathed or otherwise red-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. H. Fontaine
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 3/2/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED



City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-0112	Issue Date: 3/2/09	CBL: 163 A008001
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Location of Construction: 804 WASHINGTON AVE	Owner Name: ANGIE'S SERVICE INC	Owner Address: 10 E BRIDGE ST	Phone:
Business Name: Victory's	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name Viktor Blazevic	Phone: 207-939-7135	Permit Type: Change of Use - Commercial	Zone: B-1/R-5

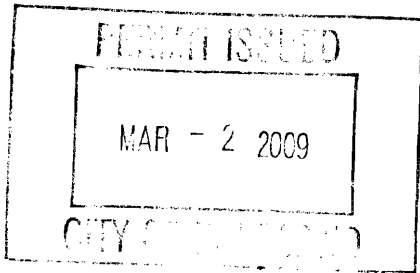
Past Use: Commercial - Nail ^{Nail} Salon	Proposed Use: Commercial - Retail - Grocery Store - Tenant fit-up for grocery store	Permit Fee: \$90.00	Cost of Work: \$7,000.00	CEO District: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: M Type: SB IBC-2003	

Proposed Project Description: Change of use from Nail ^{Nail} Salon to Retail w/ tenant fit up	Signature: 	Signature:  3/2/09
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: Ldobson	Date Applied For: 02/13/2009	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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 2/23/09 	Date:	Date: 



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 _____

03/06/09 - Cooler, freezer not to temp

- may sell pre-pack chicken (source?)
- maintain 44" for guests around air food islands
- need city & state licenses
- need to re-inspect

~~MTD~~

03/11/09

no show

need to re-schedule

~~MTD~~



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 804 WASHINGTON AVE CBL 163 A008001

Issued to Angie's Service Inc

Date of Issue 03/09/2009

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. 09-0112, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st floor Right

APPROVED OCCUPANCY

Retail Grocery Store
Use Group M
Type 5B

Limiting Conditions: This is a change of use only permit and is not intended to certify building code compliance.

This certificate supersedes
certificate issued

Approved:

03/09/09 *Michael A. Collins*
(Date) Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

SCANNED