

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0218		Issue Date:		CBL: 293 D014001	
Location of Construction: 844 Stevens Ave		Owner Name: McLeod Scott A Etal		Owner Address: 21 Cornerstone Dr	
Business Name:		Contractor Name: Shawn Looby		Contractor Address: 60 Davis St So Portland	
Lessee/Buyer's Name		Phone:		Permit Type: Change of Use - Commercial	
Past Use: Commercial		Proposed Use: Commercial change of use office to hair salon		Permit Fee: \$159.00	
				Cost of Work: \$7,000.00	
				CEO District: 5	
				FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type	
Proposed Project Description: Change of use office to hair salon				Signature:	
				Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied	
				Signature: Date:	
Permit Taken By: dmartin		Date Applied For: 03/03/2005		Zoning Approval	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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"/> Variance	
		<input type="checkbox"/> Wetland		<input type="checkbox"/> Miscellaneous	
		<input type="checkbox"/> Flood Zon		<input type="checkbox"/> Conditional Us	
		<input type="checkbox"/> Subdivision		<input type="checkbox"/> Interpretatio	
		<input type="checkbox"/> Site Plan		<input type="checkbox"/> Approved	
		Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>		<input type="checkbox"/> Denied	
		Date:		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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO

Location of Construction: 844 Stevens Ave	Owner Name: McLeod Scott A Etal	Owner Address: 21 Cornerstone Dr	Phone:
Business Name:	Contractor Name: Shawn Looby	Contractor Address: 60 Davis St So Portland	Phone 2077991073
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone:

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 03/08/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 03/09/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Advised Shawn Looby to check into his responsibility with regard to accessiblity for special needs clients			
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 03/08/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		

Comments:

3/9/2005-mjn: Left message with Mr. Looby, have questions about accessibility, other uses in the building etc.

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