Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

WCRECTION

PERM

ine and of the

e of buildings and

PERMIT ISSUED

Permit Number: 070686

epting this permit shall comply with all

yctures, and of the application on file in

Mances of the City of Portland regulating

JUL 1 2 2007

This is to certify that ___ HARBOR FISH MARKET] /P A Renovations, INC

rm or

has permission to _____ Tenant fit-up for Nail Salon

344_C011001

CITY OF PORTLAND

AT 321 ALLEN AVE

such information.

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires

ficatio on mus f inspe n and w on proc en perm re this lding or rt there ed or bsed-in JR NO QUIRED.

lion a

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

OTHER REQUIRED APPROVALS

Fire Dept. Oreo

Health Dept.

Appeal Board

Other Department Name

PENALTY FOR REMOVING THIS CARD



City of Portl	and. Maine	e - Buil	ding or Use	Permi	t Application	Peri	mit No:	Issue Date	:	CBL:	
•	•		207) 874-8703				07-0686			344 C0	11001
Location of Const	ruction:		Owner Name:			Owner	Address:			Phone:	
321 ALLEN A	VE		HARBOR FIS	H MAF	RKET INC	9 CU	он мотг	JSE WHAR	F		
Business Name:		Contractor Name:			Contra	ctor Address:			Phone		
		P A Renovation	ns, INC		POE	30x # 1288 S	Scarborough	1	20745044	140	
Lessee/Buyer's Na	me		Phone:			Permit		8			Zone:
					ļ	1	nge of Use I	Home Occur	pation		132
Past Use:			Proposed Use:		<u> </u>	Permit	<u> </u>	Cost of Wor		CEO District:	
Commercial / Accent Cleaners Commercial /			Nail &	Nail & Spa Tenant fit-		\$220.00	\$20,00		4		
			up for Nail Sa	-		FIRE			INSPEC	-	
					r	1			Use Gro	pup:63	Type:
								Denied	550 511		171105
									1 7	BC 20	22
Proposed Project	Description:		<u> </u>			-			-	00	رن
Tenant fit-up for	-	& Sna				Signatu	ire: (v ea	Can	Signatur	ro:	
Tenant III-up i	or itali Salon e	x opa					TRIAN ACT		_		
							TRAM MET				
						Action	: Approv	ved 🗌 App	proved w/0	Conditions	Denied
						Signatu	ure:			Date:	
Permit Taken By:		Date A	pplied For:				Zoning	Approva			
dmartin		1	1/2007				Zoning	Approve	41		
1. This permi	it application of	loes not	nreclude the	Spe	cial Zone or Revie	ws	Zoni	ng Appeal		Historic Pres	ervation
			cable State and	 [] St	oreland		☐ Varianc	A	ľ	Not in Distric	ct or Landma
Federal Ru		<i>8</i> F F			lorciand		varianc			V Not in Distric	or Landina
2 Puilding n	armita da nati	inaluda :	nlumbina	Wetland			Miscellaneous			Does Not Require Review	
	ermits do not i lectrical work.		piumbing,	'' ''	ctiand		Wilscella	incous		Does Not Re	quite Review
•			k is not started		ood Zone		Condition	onal Use		Requires Rev	/iew
	(6) months of				50 4 2 011 0						
	mation may in				bdivision		Interpre	tation	1	Approved	
permit and	stop all work.		_		-	-					
				│	te Plan		Approve	ed		Approved w/	Conditions
							rr				
			<u>1</u>	Maj [Minor MM		Denied		ŀ	Denied	
l PE	RMIT ISS	UED			il condition					ABIN	
				Date: i	INTOR AR	u l	Date:		Da	- ,,	
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'	JUL 1 2 20	JU/									
	an anno gallata anno anno anno anno anno anno anno a										
CITY	OF PORT	TAND)								
		457 1.115									
				C	ERTIFICATION	ON					
I hereby certify	that I am the o	wner of	record of the na				osed work is	sauthorized	hy the o	owner of recor	rd and that
I have been auth	orized by the	owner to	make this appl	ication a	as his authorized	l agent	and I agree	to conform	to all ap	plicable laws	of this
jurisdiction. In	addition, if a p	ermit fo	or work describe	d in the	application is is	sued, I	certify that	the code off	icial's a	uthorized repr	esentative
shall have the au	ithority to ente	er all are	as covered by su	ich pern	nit at any reasor	nable ho	our to enforc	e the provi	sion of t	the code(s) ap	plicable to
such permit.											
SIGNATURE OF A	APPLICANT	-			ADDRESS	5		DATE		PHO	NE
RESPONSIBLE P	ERSON IN CHAR	RGE OF W	ORK, TITLE					DATE		PHO	NE

3/2/07 O.K. to four Conont.

State States 70 Mark

State States 70 Mark

OS/MIZ Francias /phingho-oktory

CITY OF PORTLAND, MAINE Department of Building Inspection



Certificate of Occupancy

LOCATION

321 ALLEN AVE

CBL 344 C011001

Issued to Millenia Nail and Spa/P A Renovations, INC

Date of Issue 09/24/2007

IBC 2003

This is to rertify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 07-0686, 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

Entire

APPROVED OCCUPANCY

Nail Salon & Spa (Millenia) Use Group B Type 5B

Limiting Conditions:

This	certif	icate	supe	rsedes
	ficate			

Approved:

(Date) Inspecto

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.

Permit Fee

(Total)

PLU	MBING A	APPLICATION	ON			Division of Environmental Health		
	PROPERT	Y ADDRESS		-				
Town or Plantation	1000	1000			, -(ل	219G		
Street Subdivision Lot #			PORTL	AND F	PERMIT # 10348 TOWN COPY			
P	ROPERTY C	WNERS NAME		Date Permit 7 176	أصر			
				Issued: 7	14.1-	\$ Double Fee FEE Charged		
Last: Applicant		First:	,	Local Flumbing Inspecto	or Signature	_ L.P.I.# <u>10,6,7</u>		
Name: Mailing Address o	of		,	_	347	" <i>[]</i>		
Owner/Applicant (If Different)			1 Mye	· Oriosz		···		
knowledge ar Plumbing Insp	he information sub nd understand that pectors to deny a	- Carrier	best of my son for the Local	I have inspected the compliance with the	e installation aut e Maine Plumbin			
S	ignature of Owner	Table 1	Date			re Date Approve		
		_	PERMI					
This Applic		Тур	oe of Structu	ire To Be Served:		umbing To Be Installed By:		
1. ☑ NEW PI			FAMILY DWE		1. ☑ MASTER PLUMBER 2. □ OIL BURNERMAN			
	DITIMDING		MODULAR OR MOBILE HOME TIPLE FAMILY DWELLING			2. ☐ OIL BUHINEHMAN 3. ☐ MFG'D. HOUSING DEALER/MECHANIC		
				1/2 18135	4. PUBLIC UTILITY EMPLOYEE			
			-			PERTY OWNER		
		' 			LICENS	E# [<u>/,0,0,7,2</u>]3 4 2		
	k-Up & Piping Re aximum of 1 Hool		Number	Column 2 Type of Fixture	Number	Column1 Type of Fixture		
thos	OK-UP: to public se cases where	the connection	Hosebib / Sillcock			Bathtub (and Shower)		
is no the	ot regulated and local Sanitary D	d inspected by istrict.	Floor Drain			Shower (Separate)		
	OR		DE	Alfinal BUILDING INSPECTION CITY OF PORTLAND, ME	7 3	Sink		
		sisting subsurface		Drinking Fountain		Wash Basin		
was	tewater disposa	u system.		Irdirect Waste 2 4 2007	/	Water Closet (Toilet)		
lines	ING RELOCATION s, drains, and pion of the fixtures.	<u>QN:</u> of sanitary ping without		Water Treatment Softener, Filter, etc	.	Clothes Washer		
11044	- IXIU/03.			Grease / Oil Separator		Dish Washer		
		· · · · · · · · · · · · · · · · · · ·		Roof Drain		Garbage Disposal		
	OR TRANSFER FEE			Bidet		Laundry Tub		
			.5	Other:		Water Heater		
		[\$6.00]		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1		
	;				5	Fixtures (Subtotal) Column 2		
	1 A 1	SEE PERMI FOR CAL	IT FEE SCH .CULATING	·	13	Total Fixtures		
	:				-	Fixture Fee		
L					-	Transfer Fee Hook-Up & Relocation Fee		
					1 1	rioun op a riologation i de		

TON HOMY

Page 1 of 1 HHE-211 Rev. 08/05

ELECTRICAL PERMITCity of Portland, Me.

To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date	7/20/07	
Permit #	2007 - 4833	<u>-</u> -
CBI#	344011	

21/1/kn /11	•		CBL# <i>ン</i> 99	CII
LOCATION: TOTAL PIU	∠ METER MA	KE &,#		
CMP ACCOUNT #	OWNER	Hoang	Michael	TA
TENANT	PHONE # _			
			TOTAL	EACH FEE

					TOTA	L EACH FEE
OUTLETS	30	Receptacles	15	Switches	Smoke Detector	.20
FIXTURES		Incandescent	10	Fluorescent	Strips	.20
SERVICES		Overhead		Underground	TTL AMPS <800	15.00
		Overhead		Underground	>800	25.00
Temporary Service		Overhead		Underground	TTL AMPS	25.00
						25.00
METERS		(number of)				1.00
MOTORS		(number of)				2.00
RESID/COM		Electric units				1.00
HEATING		oil/gas units		Interior	Exterior	5.00
APPLIANCES		Ranges		Cook Tops	Wall Ovens	2.00
		Insta-Hot		Water heaters 2	Fans	2.00
		Dryers		Disposals	Dishwasher	2.00
		Compactors		Spa	Washing Machine	2.00
		Others (denote)				2.00
MISC. (number of)		Air Cond/win				3.00
	1	Air Cond/cent			Pools	10.00
	_//	HVAC		EMS	Thermostat	5.00
		Signs			Thermostat OFFICIAL TOTAL TOT	10.00
		Alarms/res				5,00
	_	Alarms/com			The state of the s	15.00
		Heavy Duty(CRKT)			SEPT CITY OF	2.00.
		Circus/Carnv			100	25.00
		Alterations			1012	5,00
		Fire Repairs				15.00
	4/	E Lights				1.00
	7	E Generators				20.00
			-			20.00
PANELS		Service		Remote	Main	4.00
TRANSFORMER		0-25 Kva		Tiomote	TVICITI	5.00
		25-200 Kva				8.00
		Over 200 Kva				10.00
		0 VCI 200 IVa			TOTAL AMOUNT DUE	10.00
		MINIMUM FEE/CO	NA RAE	BCIAL 65 00		
			VIIVIE		MINIMUM FEE 45.00	

CONTRACTORS NAME MACUSSO ELECTRIC MASTER LIC. # 07055

ADDRESS 38 BISMARK St. LIMITED LIC. #

TELEPHONE 339-7596

White Copy Office

SIGNATURE OF CONTRACTOR

Yellow Copy - Applicant