

Location of Construction: 500 Washington Ave.		Owner: Michael Scarks		Phone: <del>750-0808</del>	
Owner Address: 120 Exchange Street		Lessee/Buyer's Name: ** James Mason		Phone: **750-0808	
Contractor Name: Self		Address:		Phone:	
Past Use: Retail		Proposed Use: Hair Salon		COST OF WORK: \$ 4,000	
				PERMIT FEE: \$ 54.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: <i>B</i> Type: <i>3B</i> <i>B0C976</i>	
				Signature: <i>[Signature]</i>	
Proposed Project Description: Change of Use from Retail to Hair Salon w/Renovations.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
		Signature: _____ Date: _____			
Permit Taken By: SP		Date Applied For: 8-19-99			

Permit No: **990919**

**PERMIT ISSUED**

Permit Issued:  
**AUG 23 1999**

**CITY OF PORTLAND**

Zone: *B-2* CBL: 429-I-007

Zoning Approval:  
*ok [Signature] - Sep. 1999*

**Special Zone or Reviews:**

Shoreland *permit required*

Wetland *required*

Flood Zone *for signature*

Subdivision

Site Plan major  minor  imm.

*[Signature]* 8/20/99

**Zoning Appeal**

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

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..

\*\*\*Call for Pick Up 750-0808

**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: 8-19-99 PHONE: \_\_\_\_\_

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

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied *[Signature]*

Date: \_\_\_\_\_

**CEO DISTRICT** 2

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