

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 500 Washington Ave.		Owner: Michael Scarks		Phone: 750-0808		Permit No: 991070	
Owner Address: N/A		Lessee/Buyer's Name: James Mason		Phone:		BusinessName:	
Contractor Name:		Address:		Phone:		Permit Issued: SEP 28	
Past Use: Hair Salon		Proposed Use: Hair Salon with Massage Therapy		COST OF WORK: \$ 0		PERMIT FEE: \$ 30.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 3B 300896 Signature: <i>Huffman</i>	
Proposed Project Description: Amend permit#990919 Change of Use from Hair Salon to Hair Salon with massage therapy.				Signature:		Signature: <i>Huffman</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <i>B-2</i> CBL: 429-I-007	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>OK - All original conditions shall be still in place</i>	
Permit Taken By: NW		Date Applied For: 9-16-99		Signature:		Date:	

- 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..
- **Mail To: James Mason
500 Washington Ave.
Portland, ME 04103

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

9/27/99

**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: 9-16-99 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT 2
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