

PERMIT ISSUED

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

Permit No: 03-1207	Issue Date: OCT 20 2003	CBL: 003 C015001
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Location of Construction: 29 Morning St	Owner Name: Davison Jeffrey B	Owner Address: 29 Morning St CITY OF PORTLAND	Phone:
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Change of Use Home Occupation	Zone: R6

Past Use: Single Family	Proposed Use: Single Family / Home Occupation for Message Therapy.	Permit Fee: \$150.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: Home Occupation for Message Therapy.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: N/A NO construction	
		Signature:	Signature: <i>JMB</i> 10/20/03	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 10/01/2003	Zoning Approval	
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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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: <i>10/17/03</i>	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

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Location of Construction: 29 Morning St	Owner Name: Davison Jeffrey B	Owner Address: 29 Morning St	Phone:
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Change of Use Home Occupation	

Proposed Use: Single Family / Home Occupation for Message Therapy.	Proposed Project Description: Home Occupation for Message Therapy.
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/17/2003

Note: was originally assigned to Tammy

Ok to Issue:

- 1) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 4) Separate permits shall be required for any new signage under the home occupation guidelines.
- 5) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 10/20/2003

Note:

Ok to Issue:

- 1) This is a change of use only, there is no construction associated with this permit



03-1207

Residential Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>29 Morning St</u> <u>Portland ME</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>003</u> Block# <u>C</u> Lot# <u>015</u>	Owner: <u>Jeff + Diane Jausin</u>	Telephone: <u>774-2822</u>
Lessee/Buyer's Name (If Applicable) <u>—</u>	Applicant name, address & telephone:	Cost Of Work: \$ _____ Fee: \$ <u>150.00</u>
Current Specific use: <u>Single Family</u>		
Proposed Specific use: <u>Single Family w/ Home Occupation</u>		
Project description: <u>message therapy</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>#14 774-2822</u>		
Mailing address:		
Phone:		

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

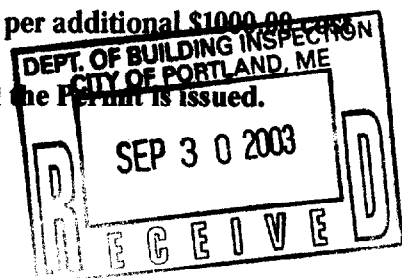
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>[Signature]</u>	Date: <u>9-29-03</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00

This is not a Permit; you may not commence any work until the Permit is issued.



enter thru front door & go up stairs to 2nd floor office

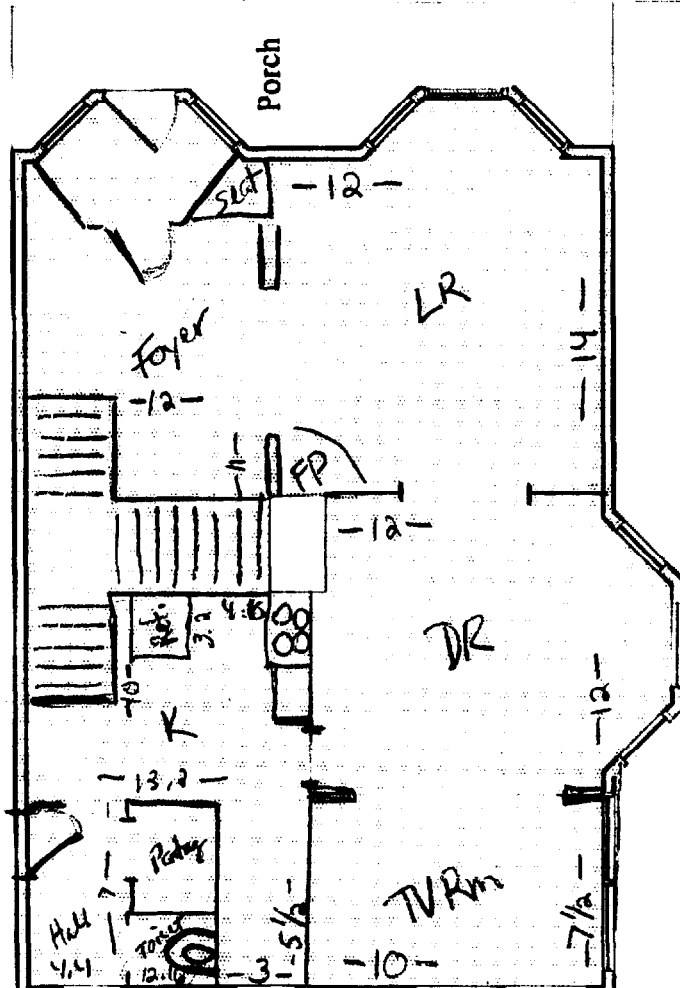
Property lines

AIG United Guaranty

- LR 12x14 = 168
- DR 12x12 = 144
- Foyer 12x11 = 132
- TVRm 10x7 1/2 = 75
- K 3 2x4.10 + 10x13.3 + 5 1/2 x 3 = 162.62
- Hall 7x4.4 = 30.8
- PT Bth 3.8x3.2 = 12.16
- Office
- JD 11.9 x 13 = 154.70
- DD 12x11.8 = 141.60 + 5x3 = 15
- MT-DD 13 x 9.18 = 118.30
- BR 11.9 x 11.9 = 141.61
- closet 7.9 x 7.3 = 57.81
- Bath 7.9 x 9.9 = 78.21

Not to scale

1st Floor

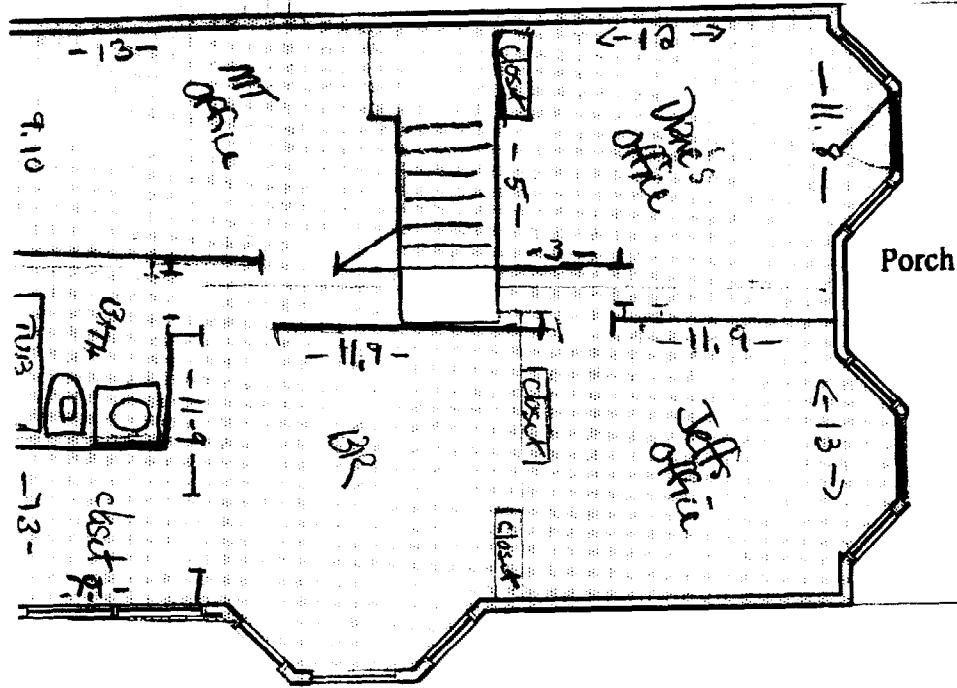


41'-8"



97'-0"

Property lines



2nd Floor

Not to Scale

9,10 x 13
#3

41'-8"

40'-4"

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

DEPARTMENT OF BUILDING INSPECTION

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

Permit Number: 031207
OCT 20 2003

This is to certify that Davison Jeffrey B /n/a
has permission to Home Occupation for Massage Therapy
AT 29 Morning St 003 C015001

CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting 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 leased or occupied. 48 HOURS 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

James Bouke 10/20/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD