

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 091431

PERMIT ISSUED

This is to certify that LOW INCOME PROPERTIES LLC & MORTGAGE PROPERTIES LLC
 has permission to Change of use from residential to residential w/ home occupation for Dental Prosthetic
 AT 36 STATE ST unit 13 CE 044 C013001 EXP 15 200

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 lathed or otherwise enclosed-in. 24 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. Capt. R. Gauthier
 Health Dept. _____
 Appeal Board _____
 Other _____
 Department Name

anne Burke 1/15/10
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1431	Issue Date:	CBL: 044 C013001
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Location of Construction: 36 STATE ST unit 13 (#38)	Owner Name: LOW INCOME PROPERTIES LLC	Owner Address: 50 MARKET ST # 299	Phone:
Business Name: UNI-T Dental Arts	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name Joshua Deprez	Phone: 207-766-6161	Permit Type: Change of Use Home Occupation	Zone: R-6

Past Use: multi-family Residential unit #13 Legal # of units = 22	Proposed Use: multi-family Residential unit #13 w/ home occupation - Change of use from residential to residential w/ home occupation for Dental Prosthetic w	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 2
Proposed Project Description: Change of use from residential to residential w/ home occupation for Dental Prosthetic 1st		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: R2/B Accessory Type: Signature: JMB 1/15/10	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:		

Permit Taken By: Ldobson	Date Applied For: 12/21/2009	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..

PERMIT ISSUED

JAN 15 2010

City of Portland

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"/> Date: 12/31/09 JMB	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 Date:	Historic Preservation <input 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 Any exterior work Date: requires separate review & approval thru historic preservation.
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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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X Final/Certificate of Occupancy: Prior to any occupancy of the structure or use.

NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Signature of Inspections Official

Date

Date

PERMIT ISSUED

JAN 15 2010

City of Portland

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
09-1431	12/21/2009	044 C013001

Location of Construction: 36 STATE ST unit13	Owner Name: LOW INCOME PROPERTIES LLC	Owner Address: 50 MARKET ST # 299	Phone:
Business Name: UNI-T Dental Arts	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name Joshua Deprez	Phone: 207-766-6161	Permit Type: Change of Use Home Occupation	

Proposed Use: Multifamily -Residential (unit #13 in #38) w/ home occupation - Change of use from residential to residential w/ home occupation for Dental Prosthetic lab	Proposed Project Description: Change of use from residential to residential w/ home occupation for Dental Prosthetic lab
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 12/31/2009**Note:** **Ok to Issue:** ☒

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) Separate permits shall be required for any new signage.
- 3) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.
- 4) This property shall remain a twenty-two family dwelling with a home occupation in #38, unit #13. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 01/15/2010**Note:** **Ok to Issue:** ☒

- 1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 01/14/2010**Note:** **Ok to Issue:** ☒

- 1) This permit is for change of use only, any construction shall require additional permits. The occupancy shall meet NFPA 101 code requirements upon inspection.

Comments:

12/22/2009-amachado: Spoke to Joshua. Need letter of permission from owner.

12/31/2009-amachado: Received letter of permission from owner.

1/12/2010-amachado: I should have routed the permit to fire after I signed off since it is a multi-unit building. Took it from inspections basket and put it in fire basket.

PERMIT ISSUED

JAN 15 2010

City of Portland



General 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>38 STATE STREET UNIT 13 (PORTLAND)</u>		
Total Square Footage of Proposed Structure/Area <u>APT = 300 SQU FT</u>	Square Footage of Lot	Number of Stories <u>4</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>JOSITUA M. DEPREZ</u> Address <u>38 STATE ST #13</u> City, State & Zip <u>PORTLAND, 04101</u>	Telephone: <u>207-766-6161</u>
Lessee/DBA (If Applicable) <u>JOSITUA M. DEPREZ</u> <u>DBA UNI-T DENTAL ARTS</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>- property - multi-family</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>HOME OCCUPATION</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: _____		
Contractor's name: _____ Address: _____ City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: _____ Telephone: _____ Mailing address: _____		

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division 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: _____

Date: _____

This is not a permit; you may not commence ANY work until the permit is issue

DEC-17-2009 11:28

ME DEPT OF LABOR

P.03

HOME OCCUPATION



General 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>38 STATE STREET UNIT 13 (PORTLAND)</u>		
Total Square Footage of Proposed Structure/Area <u>APT = 300 SQ. FT.</u>		Square Footage of Lot
Number of Stories <u>4</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>41 C 13</u>	Applicant ^{must} be owner, Lessee or Buyer Name <u>JOSITUA M. DEPREZ</u> Address <u>38 STATE ST #13</u> City, State & Zip <u>PORTLAND, 04101</u>	Telephone: <u>207-766-6161</u>
Lessee/DBA (If Applicable) <u>JOSITUA M. DEPREZ</u> <u>DBA UNIT DENTAL ARTS</u>	Owner (if different from Applicant) Name <u>DAN HOFFMAN</u> Address <u>50 MARKET ST.</u> City, State & Zip <u>50, PORTLAND, ME 04106</u>	Cost Of Work: \$ _____ Cost Of Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>EFFICIENCY</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>HOME OCCUPATION</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>HOME OCCUPATION - DENTAL PROSTHETIC LAB.</u>		
Contractor's name: _____		
Address: _____		
City, State & Zip: _____		Telephone: _____
Who should we contact when the permit is ready: _____		Telephone: _____
Mailing address: _____		

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division 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 said Officer'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: [Signature] Date: 12-14-09

This is not a permit; you may not commence ANY work until the permit is issued.

Revised 09-17-09 /gg

RECEIVED
DEC 21 2009
Dept. of Building Inspections
City of Portland Maine
TOTAL P.03

Ms. Marge Schmuckal
Zoning Administrator
Department of Planning and Urban Development
City of Portland
389 Congress Street
Portland, Me 04101

Dear Ms. Schmuckal:

I am requesting a permit to allow me the use of my residence at 38 State Street #13 for Home Occupation. I intend to operate a dental prosthetic laboratory crafting and fabricating dental prosthetics for local dentists. My Occupation is an art form, thus the business name: "Unitie Dental Arts" My particular type of business is not listed under section 14-410 of the Portland Zoning Ordinance. Nevertheless, a Dental Office is, and there is nothing that I do which would not be performed in a dentist's office. The big difference is that I have no customer traffic as my products are delivered by myself or mailed to the customer. My craft involves bending wire, molding and carving wax, as well as finishing and polishing acrylics. I am hoping that what I do can fall under one of the approved occupation titles such as home crafts, etc as I am ready launch and only await permit approval to do so.

The following is a list of criteria explains how my home occupation meets the criteria listed under Sec. 14-410 listed under other occupation titles:

- a. My Home Occupation will occupy approximately 36 squ. Ft (10%) of the floor area of the residence
- b. No Goods will be stored or displayed or be visible from outside the residence
- c. Storage of the material necessary to perform my occupation are minimal and are included in the 36 squ. Ft of floor space mentioned above
- d. There will be no external sign
- e. No interior or exterior alterations to the residence are needed
- f. Since I will not be meeting clients at my house, no additional parking is necessary
- g. No objectional effects will result from my home occupation
- h. I will not require the service of employees
- i. Since I will not be meeting clients at the residence no additional traffic will be generated from my home occupation
- j. No vehicles even nearing the gross weight of 6,000lbs are necessary for my home occupation

As you can see, my home occupation is secondary and incidental to my residence. The external activity level and impact is negligible and in keeping with the residence character of the neighborhood.

Attached you will find a copy of the floor plans you will find a copy of the floor plans showing my entire dwelling and area of home occupation space, as well as a signed app by the owner of the building giving me permission to conduct a home occupation on the premises. Thank you for your assistance in this matter.

Joshua M Deprez



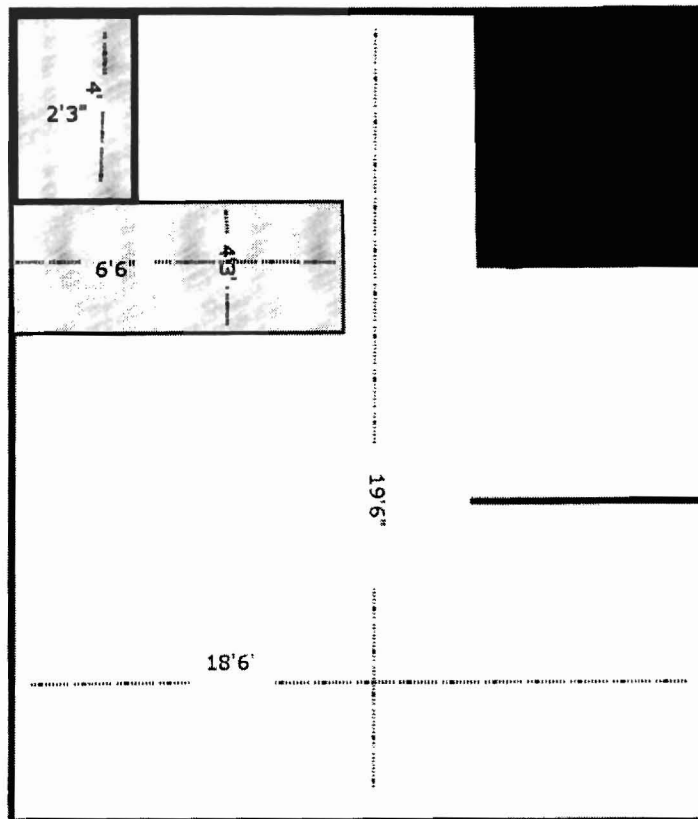
Owner of Unitie Dental Arts
38 State St. #13
Portland, Me

Tel: 207-766-6161 unitidental@gmail.com

Shh shut.



RESIDENCE FLOOR PLAN



$$225 \times 4 = 9$$

$$6.5 \times 425 = 27.625$$

$$36.625$$

361 squ. Ft

36 squ. Ft designated for home occupation

Including storage

=10% of space

Reply | Teresa Iwans to me, Dan
show details Dec 17 (3 days ago)

Hi Joshua,

Please find attached the signed General Building Permit Application.

Teresa

Teresa Iwans, Paralegal

J. Daniel Hoffman
Attorney at Law
PMB 299, 50 Market Street
South Portland, Maine 04106
Email: dhoffman@maine.rr.com
Phone: (207) 253-5000
Fax: (207) 253-5560
Cell: (207) 671-0720

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December 30, 2009

**D&H Properties, LLC
PMB 299 50 Market Street
South Portland, ME
Tel: 207-253-5009**

Dear City of Portland,

This letter is to establish that I am aware that Mr. Joshua Deprez, the tenant at 38 State Street #13 plans to operate a small dental prosthetic laboratory out of the residence and he has my full permission to do so. Therefore please process the change of use Home-Occupancy Application as soon as possible to insure his income stability and thus my rent.

Sincerely,



Daniel Hoffman

(Fax to Att: Ann Machado
207-874-8716)

CITY OF PORTLAND, MAINE
MEMORANDUM

DATE: 3/29/96

CEL: 44-613-14

TO: Marge Schmeckel, Zoning Administrator
FROM: Community Development Office
SUBJECT: Verification of Legal Number of Units

We presently have an application for Loan/Grant for rehabilitation at:

34-38 STATE STREET

(ADDRESS)

The Owner is Joseph Diawno House

(NAME)

The given number of units of the building is 21 - (22)

Please verify whether the number of units given are legal under the Land Use Code.

☒ YES the number of units are legal. 21 units. I am making an application to reach that 34-36 State Street. I am making an application to reach that 34-36 State Street. I am making an application to reach that 34-36 State Street.
☐ NO the number of units are not presently legal.
The present number of units is 21
Property is a single family dwelling AT 38-40 State Street

Marge Schmeckel
SIGNED BY VERIFYER

Zoning Administrator
TITLE

4/9/96