

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

# PERMIT

Permit Number: 091431

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that LOW INCOME PROPERTIES LLC & MGO PROPERTIES LLC  
has permission to Change of use from residential to residential w/ home occupation for Dental Prosthetic  
AT 36 STATE ST unit 13 CBL 044 C013001 **JAN 15 2010**

**PERMIT ISSUED**

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 closed-in. 24 HOUR 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. A. Sauter

Health Dept. \_\_\_\_\_

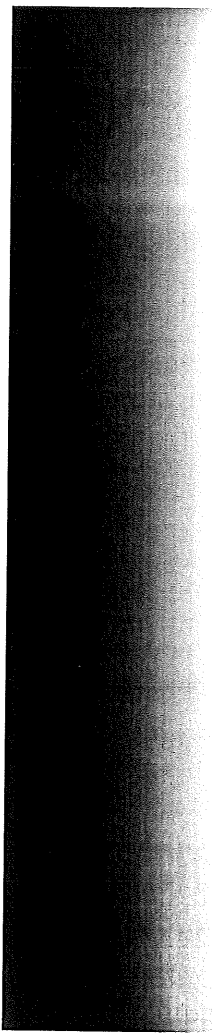
Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*Janet Burke* 1/15/10  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**





# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

\_\_\_\_\_ 12/1 20 01 \_\_\_\_\_

Received from \_\_\_\_\_

Location of Work \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: \_\_\_\_\_

Building (IL) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: \_\_\_\_\_

Check #: \_\_\_\_\_ Total Collected \$ \_\_\_\_\_

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: \_\_\_\_\_

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

**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 <i>legend # of units = 22</i>	Proposed Use: Multi-family Residential unit #13 w/ home occupation - Change of use from residential to residential w/ home occupation for Dental Prosthetic lab	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: R2/B Accessory Type:	
Proposed Project Description: Change of use from residential to residential w/ home occupation for Dental Prosthetic lab.		Signature: <i>(KG)</i>	Signature: <i>JMB 1/15/10</i>	
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	<b>Zoning Approval</b>
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- 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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark <i>Yes</i>
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>12/31/09 ARU</i>	Date: _____	Date: <i>requires a separate review approval thru historic preservation.</i>

**PERMIT ISSUED**  
JAN 15 2010  
City of Portland

**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

1/15/10

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

<b>Permit No:</b> 09-1431	<b>Date Applied For:</b> 12/21/2009	<b>CBL:</b> 044 C013001
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<b>Location of Construction:</b> 36 STATE ST unit13	<b>Owner Name:</b> LOW INCOME PROPERTIES LLC	<b>Owner Address:</b> 50 MARKET ST # 299	<b>Phone:</b>
<b>Business Name:</b> UNI-T Dental Arts	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b> Joshua Deprez	<b>Phone:</b> 207-766-6161	<b>Permit Type:</b> Change of Use Home Occupation	

<b>Proposed Use:</b> Multifamily -Residential (unit #13 in #38) w/ home occupation - Change of use from residential to residential w/ home occupation for Dental Prosthetic lab	<b>Proposed Project Description:</b> 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>JOSUUA 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>JOSUUA 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](http://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: _____
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**This is not a permit; you may not commence ANY work until the permit is issue**

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: 38 STATE STREET UNIT 13 (PORTLAND)		
Total Square Footage of Proposed Structure/Area APT = 300 SQU FT	Square Footage of Lot	Number of Stories 4
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 41 C 13	Applicant *must be owner, Lessee or Buyer* Name JOSITUA M. DEPREZ Address 38 STATE ST #13 City, State & Zip PORTLAND, 04101	Telephone: 207-766-6161
Lessee/DBA (If Applicable) JOSITUA M. DEPREZ DBA UNI-T DENTAL ARTS	Owner (if different from Applicant) Name DAN HOFFMAN'S Address 50 MARKET ST. City, State & Zip SO. PORTLAND, ME 04106	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <sup>use of property is with family</sup> EFFICIENCY Number of Residential Units 1 If vacant, what was the previous use? Proposed Specific use: HOME OCCUPATION Is property part of a subdivision? NO If yes, please name _____ Project description: HOME OCCUPATION - DENTAL PROSTHETIC - LAB.		
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](http://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 City 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: [Signature] Date: 12-17-09

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

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 charter 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

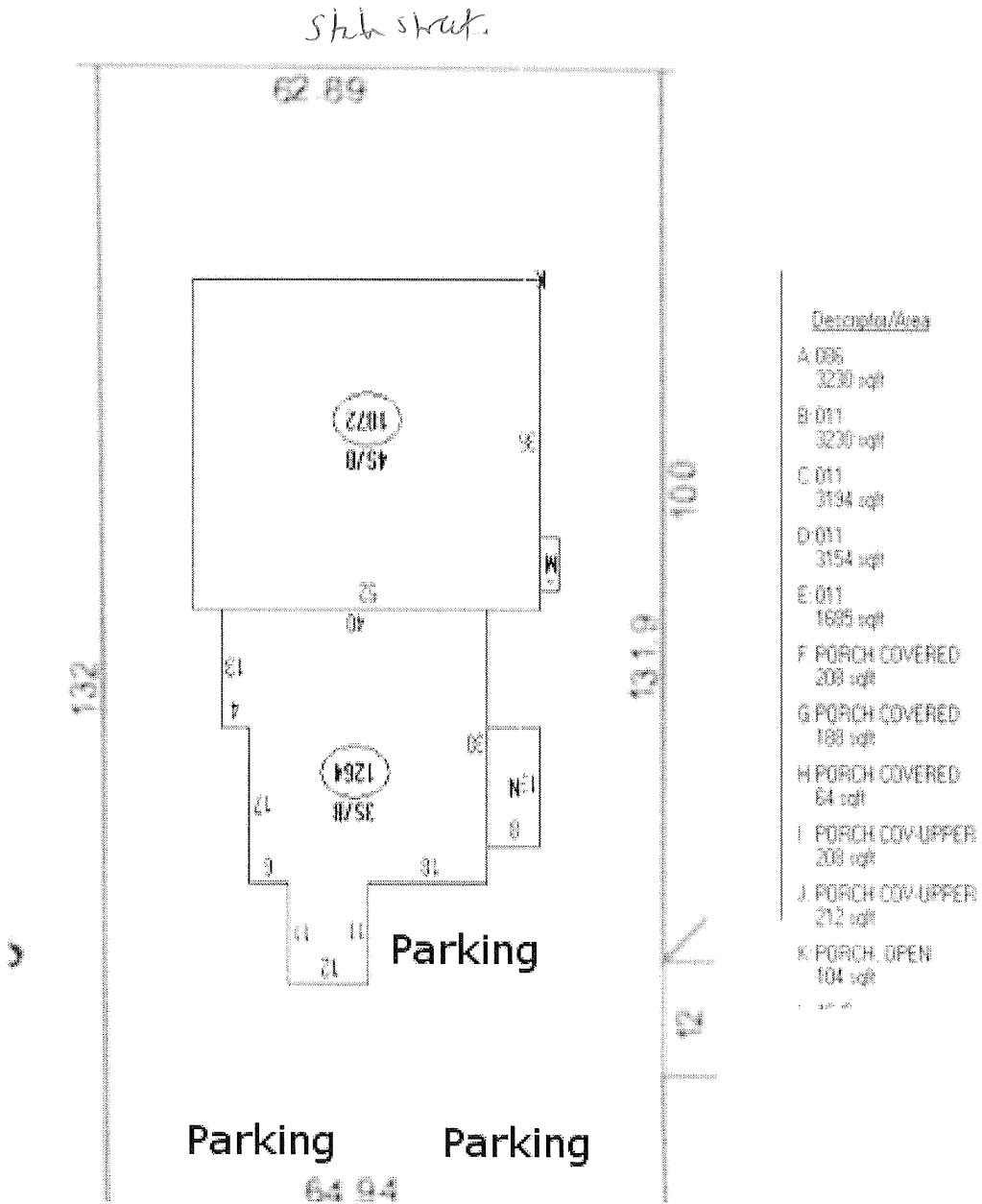
 12-21-09

Owner of Unitie Dental Arts  
38 State St. #13  
Portland, Me  
Tel: 207-766-6161 [unitidental@gmail.com](mailto:unitidental@gmail.com)



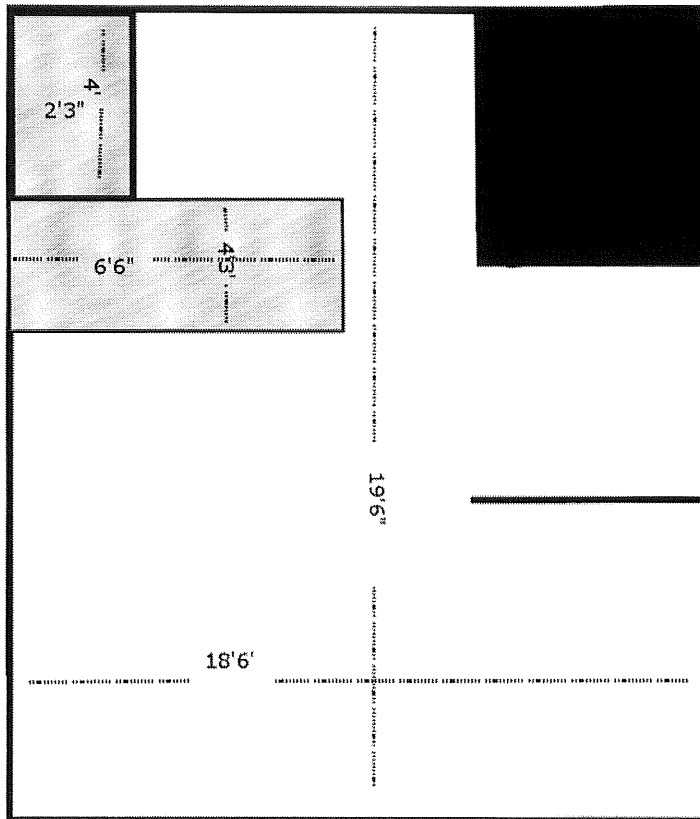
# Property plot

## 38 State Street



**Please Note: There will be no customers and thus no parking needed for them**

# RESIDENCE FLOOR PLAN



$$\begin{aligned} 225 \times 4 &= 9 \\ 6.5 \times 4.25 &= 27.625 \\ \hline &36.625 \end{aligned}$$

**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](mailto: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**

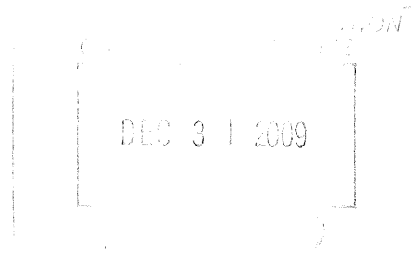
Dear City of Portland,

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-C-13 & 14

TO: Marge Schmuckal, 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 Drawno 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  
 NO the number of units are not presently legal.  
The present number of units is \_\_\_\_\_  
 Property is a single family dwelling

21 units I AM making a determination that 34-36 State Street is indeed an eleven unit bldg per appeal in 1966 - All microfiche is missing - However that property was owned by the same person who owned the other half of the duplex at 38-40 State St (44-C-14) (Gilmore Nichols in 1966) who went thru an appeal for that side to change the use from 9-11 apt. and it was approved 3-31-66

Marge Schmuckal  
SIGNED BY VERIFIER

Zoning Admin  
TITLE

4/9/96