

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

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT ISSUED
Permit Number: 051172
SEP 7 2005
CITY OF PORTLAND

This is to certify that Smith Marc A &

has permission to Home occupation for massage therapy

AT 119 Winter St 045 C027001

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 when permission procured before this building or part thereof is opened or 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. _____
- Health Dept. _____
- Appeal Board _____
- Other _____
Department Name

Debbie Bourke 9/7/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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: 05-1172	Issue Date: SEP 7 2005	CBL: 045 C027001
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Location of Construction: 119 Winter St	Owner Name: Smith Marc A &	Owner Address: 119 Winter St	Phone:
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: R6

Past Use: 4 unit	Proposed Use: 4 unit / Home occupation for message therapy <i>in one dwelling unit</i> <i>Art #2</i>	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 2
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Proposed Project Description: Home occupation for message therapy	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R2 Type: Home Occupation
	Signature:	Signature: <i>JMB 9/7/05</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: Idobson	Date Applied For: 08/15/2005	Zoning Approval
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<ol style="list-style-type: none"> 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 <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"/> <i>OK with conditions</i> Date: <i>9/23/05</i>	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 <i>Any exterior work</i> Date: <i>Requires A.</i>
	<i>Separate Review And Approval</i>		

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 _____

City of Portland, Maine - Building or Use Permit

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

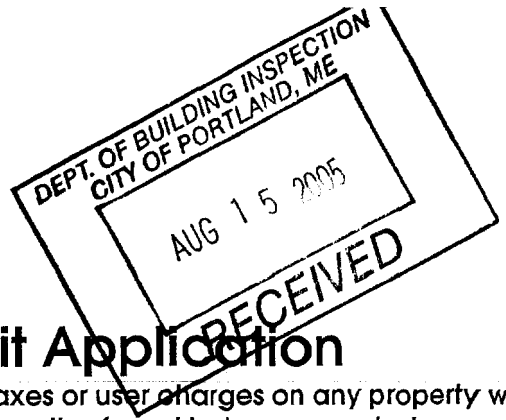
Permit No: 05-1172	Date Applied For: 08/15/2005	CBL: 045 C027001
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Location of Construction: 119 Winter St	Owner Name: Smith Marc A &	Owner Address: 119 Winter St	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	

Proposed Use: 4 unit / Home occupation for message therapy in one d.u. - apt #2	Proposed Project Description: Home occupation for message therapy
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 08/23/2005
Note:			Ok to Issue: <input type="checkbox"/>
<ol style="list-style-type: none"> 1) Separate permits shall be required for any new signage under the home occupation guidelines. 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. 3) This property shall remain a four (4) family dwelling with a home occupation for a message therapist in unit #2. Any change of use shall require a separate permit application for review and approval. 4) 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. 5) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained. 			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 09/07/2005
Note:			Ok to Issue: <input type="checkbox"/>

1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.



All Purpose 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.

Winter St.		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 45 C 27	Owner: Jennifer DeFillip	Telephone: 828-2087
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Diane Archambault 19 Winter St #2 775-1416	cost Of Work: \$ _____ Fee: \$ _____
<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">massage therapy</p>		
Contractor's name, address & telephone: No work to be done		
Who should we contact when the permit is ready: _____		
Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

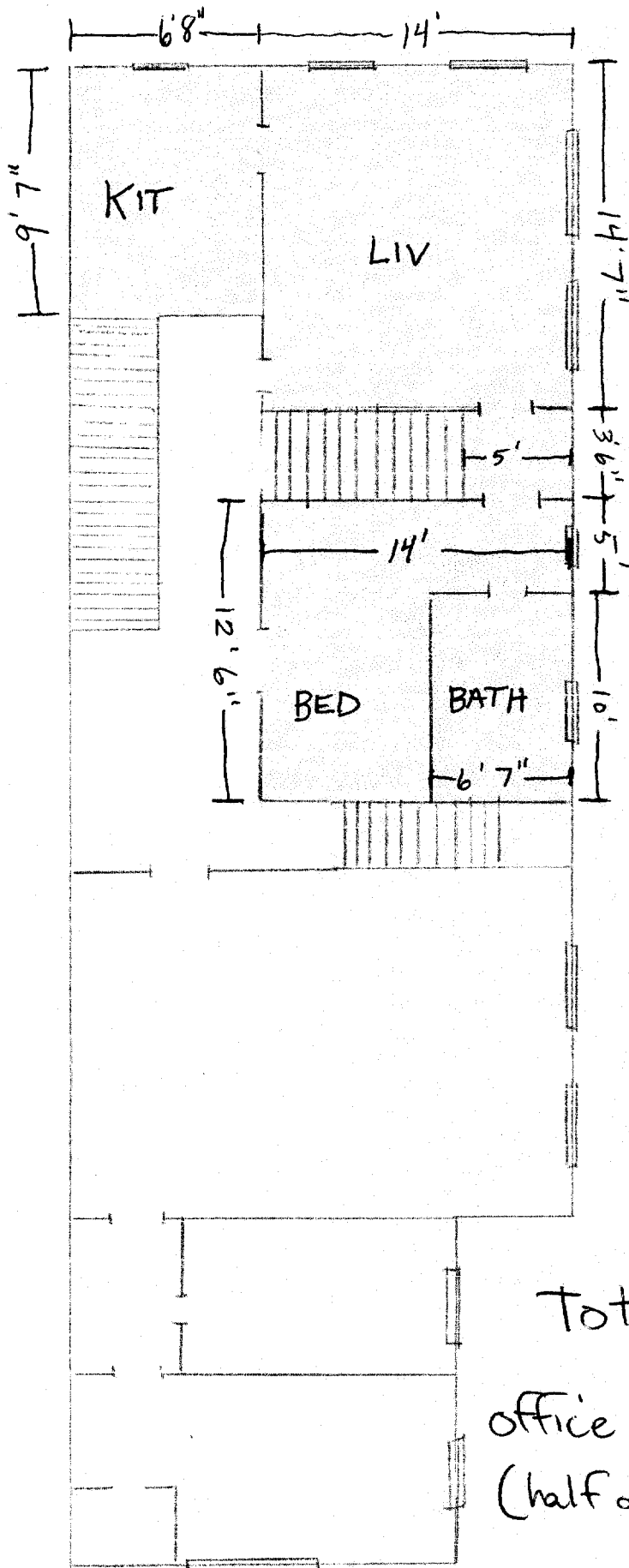
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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:	Date: 8/15/05
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This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

119 WINTER ST
PORTLAND, ME
04102

☐ = UNIT #2



→ x25% 116.54 sq ft

Total 466.16 sq ft

office space 102.9 sq ft
(half of living room)

To: City of Portland
389 Congress St.
Portland, Maine 04101

8-10-2005

From: Jennifer Defilipp/ ~~Marc~~ Smith
119 Winter St. #1
Portland, Maine 04102

RE: Diane Archambault /Willow Massage /Landlord permission to run business out of apartment building.

To Whom It May Concern:

We, Jennifer Defilipp and Marc Smith, owners and landlords of 119 Winter Street, Portland, Maine, do hereby give Diane Archambault, our new tenant as of 9-1-2005, approved permission for the operation of Willow Massage out of 119 Winter Street, unit #2, where she shall reside. Please feel free to call us with any questions regarding this agreement at **207-828-2087**.

Thank You
Jennifer Defilipp/Marc Smith

A handwritten signature in black ink, appearing to read "Jennifer Defilipp". The signature is written in a cursive, flowing style.

Attn: Ms. Marge Schmuckal
Zoning Administrator

Dear Ms. Schmuckal:

I am currently running a massage therapy home occupation out of my apartment on 34 West St. in Portland. September 1st I am relocating to 119 Winter St. and would like to receive a permit for a home occupation at that location.

- a. my home occupation will occupy approximately 102 sq ft of my residence (less than 25% of total)
- b. no goods will be stored displayed or visible from outside the residence
- c. storage of materials for my business is very minimal
- d. no external signage
- e. no exterior alterations
- f. parking for clients will be on street and traffic will be minimal. (4 people per day approx)
- g. no objectionable effects will result from business
- h. no employees will be needed
- i. no large vehicles are necessary for my business

My home occupation is a secondary use of my residence. The external activity level and impact is negligible and in keeping with the residential character of the neighborhood.

A copy of the floor plan and a letter of permission from the owner is attached.

Thank-you very much,

Diane Archambault

775-1416