

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## CONSTRUCTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 041429  
 ISSUED OCT 15 2004  
 This is to certify that Flynn Jane M  
 has permission to change of use for massage therapy  
 At 34 West St  
 055 A006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all the provisions of the Statutes of the State 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 structure is occupied or closed-in. A 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. *[Signature]*  
 Health Dept.  
 Appeal Board  
 Other  
 Department Name

PENALTY FOR REMOVING THIS CARD

Director - Building Inspection Services

*[Signature]*  
 10/13/04

Permit No: 04-1429	Issue Date:	CBL: 055 A006001
--------------------	-------------	------------------

Location of Construction: 34 West St Flynn Jane M	Owner Name: 34 West St # 1	Owner Address: Phone:
Business Name:	Contractor Name:	Contractor Address: Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: Change of Use Home Occupation Zone: R6

Proposed Use: commercial 3 unit residential 3 unit	Proposed Use: massage therapy residential	Proposed Use: 3 family condominiums → 3 family condominiums
Permit Fee: \$225.00	Permit Fee: \$225.00	Permit Fee: \$225.00
Cost of Work: \$0.00	Cost of Work: \$0.00	Cost of Work: \$0.00
CEO District: 2	CEO District: 2	CEO District: 2
INSPECTION: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>	INSPECTION: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>	INSPECTION: Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>
Use Group: 53	Use Group: 53	Use Group: 53
Signature: [Signature]	Signature: [Signature]	Signature: [Signature]
Date: 10/13/04	Date: 10/13/04	Date: 10/13/04

Proposed Project Description: change of use for massage therapy MSA home occupation	Proposed Project Description: change of use for massage therapy
Signature: [Signature]	Signature: [Signature]
Date: 10/13/04	Date: 10/13/04

Permit Taken By: dmarin	Date Applied For: 09/24/2004
-------------------------	------------------------------

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.

Site Plan <input type="checkbox"/>	Approved <input type="checkbox"/>	Date: 10/12/04
Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Denied <input type="checkbox"/>	Approved <input type="checkbox"/>	Date: 10/12/04
Approved w/Conditions <input type="checkbox"/>	Approved <input type="checkbox"/>	Date: 10/12/04

Separate review and approval  
 my extension work  
 Date: 10/12/04

**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	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE

# 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.

Location/Address of Construction: 34 West St #1 Portland 04102	
Total Square Footage of Proposed Structure	Square Footage of Lot

Tax Assessor's Chart, Block & Lot Chart# 55 Block# A Lot# 006	Owner: Jane M. Flynn Telephone: (781) 545-9518
--	--

Lessee/Buyer's Name (if Applicable) Diane Ardambault	Applicant name, address & telephone: Portland 775-1416 34 West St #1	Cost Of Work: \$ 150,000 15% use chg	Fee: \$ 2000
---	--	--	-----------------

Current use: residential	If the location is currently vacant, what was prior use: Home Occup.	Approximately how long has it been vacant: Chg of use	Proposed use: Change of use	Project description: change of use for a home occupation, to add: Massage therapy
-----------------------------	---	--	--------------------------------	---

Contractor's name, address & telephone: Diane Ardambault 34 West St #1 Portland 04102	
Who should we contact when the permit is ready: Diane Ardambault	
Mailing address: 34 West St #1 Portland 04102	
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: 775-1416	

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: Diane Ardambault	Date: 9/30/04
---	---------------

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

Diane Archambault  
Willow Massage  
775-1416

Dear Ms. Schmuckal:

I am requesting a permit to use my residence at 34 West St #1 for a home occupation. I intend to have my massage therapy practice in my home.

- my practice will occupy approx. 294 sq ft you can see from attached document that this is less than 25% of my total space

- no materials will be stored outside my residence and have minimal storage needs inside

- I will not be displaying a sign outside my residence will not <sup>↪ would need a separate permit</sup>

- I will not be altering the residence in any way

- I have two private off street parking spots

- my business is very quiet

- I will have no employees

- traffic for my business is very light

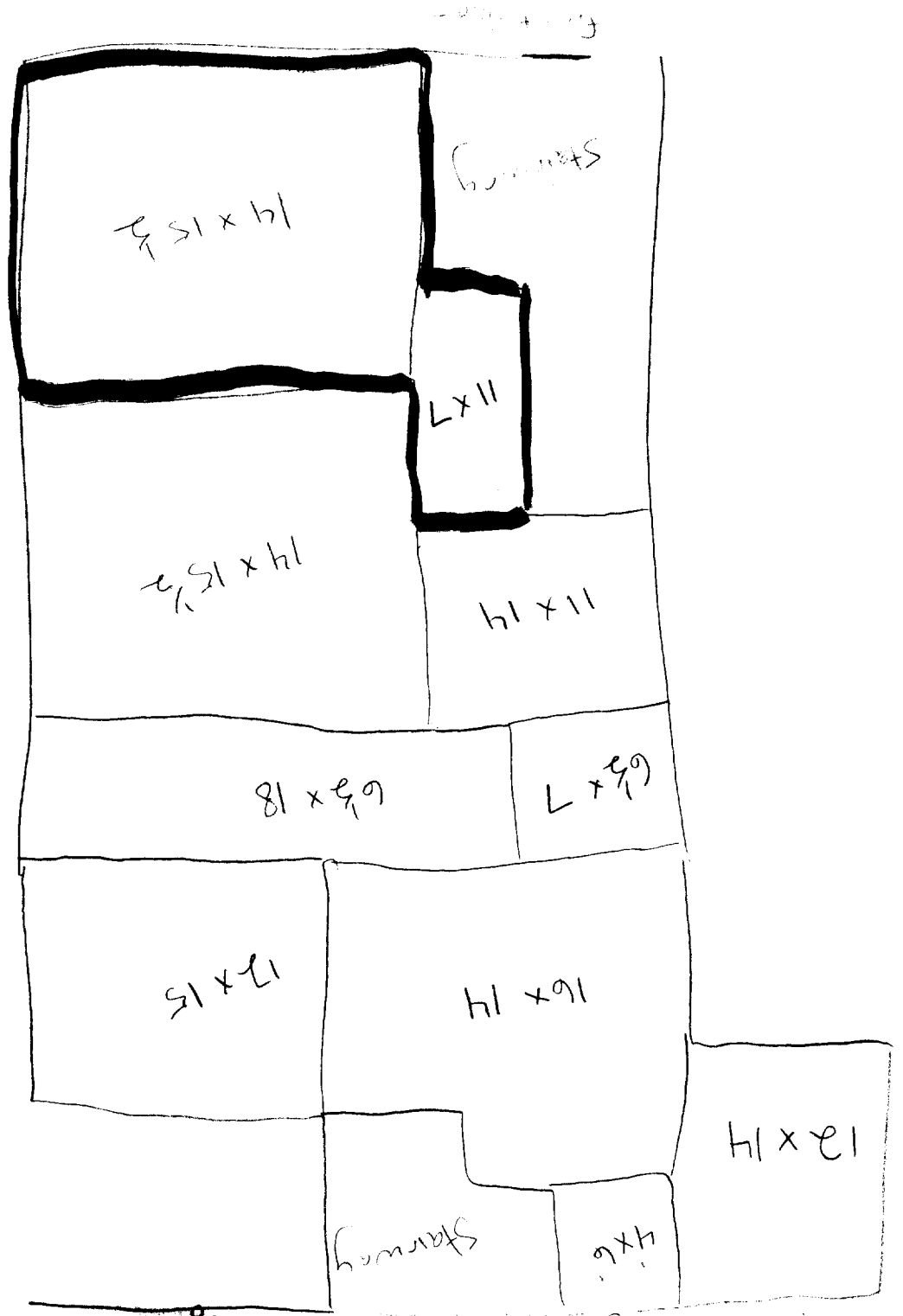
- 3 or 4 people per day

- I require no deliveries

Floor plan and letter from owner are attached. Thank-you!

294 sq ft for work-space

1,423.5 total square feet



34 West St #1  
 Diane Archambault  
 Willow Massage  
 725-1416  
 Rear door  
 Parking spaces

September 22, 2004

To Whom it May Concern:

I, Jane Flynn, Landlord, give permission to Diane Archambault, to conduct a home based massage therapy business at my property located at 34 West St. Unit 1 in Portland, Maine 04102.

Tenant responsibilities:

1) Tenant shall be responsible for daily upkeep, maintenance, repair and trash removal.

2) Tenant and Landlord agree that smoking is not allowed.

3) Tenant will, with the prior written consent of the Landlord, make alterations or renovations to said premises.

4) Tenant agrees to indemnify and hold harmless Landlord from all loss, damage, claim, suits, judgments, fire or liabilities which Landlord may incur, arising by reason of any injury or death to persons or property or any claim on account thereof resulting from use of the premises by the Tenant, his agents, guests, or invitees, including without limitation all costs of defending against such claims and in enforcing this indemnity provision, including reasonable attorney's fees for such purpose. Tenant agrees to keep and maintain insurance on his personal property.

Tenant

Date

9/22/04

Landlord

Date

9/22/04

Location of Construction: 34 West St Owner Name: Simonds Gordon D Trustees Owner Address: 104 West St Phone:	Business Name: Contractor Name: Contractor Address: Contractor Address: Phone:	Lessee/Buyer's Name: Phone:	Permit Type: Change of Use - Condo Conversion Zone:
--	--	--------------------------------	--

Past Use: 3 unit apartment building	Proposed Use: 3 condominium units	Permit Fee: \$525.00	Cost of Work: \$0.00	CEO District: 2
-------------------------------------	-----------------------------------	----------------------	----------------------	-----------------

Proposed Project Description: Convert 3 apartments to 3 condominiums	INSPECTION: FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: Type:	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: kwd	Date Applied For: 03/28/2003	Zoning Approval
----------------------	------------------------------	-----------------

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 <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> M/M	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 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
---	--	---	---

**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.