City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Permit Issued: Address: Contractor Name: Phone: OCT - 2 1997 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: SIME WALLET TIE TANCER FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: CBL: Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Conditional tree Carell w taxcard for as "a Approved with Conditions: ☐ Shoreland Denied ☐ Wetland □ Flood Zone Signature: ☐ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Thinks Named **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation □ Not in District or Landmark APPEAL SUSTAINED 9-18-97 ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved □ Approved with Conditions 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 ☐ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

| City of Portland, Maine – Buildin | ng or Use Permit Application | 389 Congres | s Street, 04101, | Tel: (207) 87 | 4-8703, FAX: 874-8716 | | |
|---|---|---|-----------------------------|-------------------|----------------------------------|--|--|
| Location of Construction: | Owner: or | na | Phone: | - | Permit No.9 7 1 0 5 7 | | |
| Owner Address: | G.K. Milliams/La Lessee/Buyer's Name: | Phone: | 772 - 1342 BusinessName: | | | | |
| 294 Brackett St., Portland | Democy Dayor Sanatre. | Thome. | Kiddie Sar | den | PERMIT ISSUED | | |
| Contractor Name: | Address: | Pho | ne: | | Permit Issued: | | |
| D. A. I. T. | D III | COST OF WO | RK: PERMI | FEEE. | OCT - 2 1997 | | |
| Past Use: | Proposed Use: | \$ | Sto no | 3 500 1.1 | | | |
| 2 unit | Same 1/1st flr daycar | | Approved INSPEC | TION: 9/29/97 | CITY OF PORTLAND | | |
| | 2nd residential unit | | Denied Use Gr | | OTT OF TORTESTIVE | | |
| | | | Ol | | Zone: CBL: | | |
| P. I.B. L. D. Mailer | | Signature: | Signatur | | R-5 SSA-F-15 Zoning Approval: | | |
| Proposed Project Description: | | ACTIVITIES DISTR | all with conditions | | | | |
| Conditional Use Appeal - Daycard | for up to | Action: Approved | | | Special Zone or Reviews: | | |
| 12 children | : 101 dp co | | Denied With Cond | Shoreland 10/1/97 | | | |
| 11 O 11 V 11 11 11 11 11 11 11 11 11 11 11 1 | | | Delited | | D Flood Zone | | |
| | | Signature: | Dat | e: | Subdivision | | |
| Permit Taken By: | Date Applied For: | | | | ☐ Site Plan maj ☐minor ☐mm ☐ | | |
| | 9/3/0 | | | | Zoning Appeal | | |
| 1. This permit application does not preclude the | e Applicant(s) from meeting applicable Sta | ite and Federal rules | ļ. | | □ Variance | | |
| 2. Building permits do not include plumbing, | septic or electrical work. | | | | ☐ Miscellaneous Conditional Use | | |
| 3. Building permits are void if work is not start | | □ Interpretation | | | | | |
| tion may invalidate a building permit and s | Approved 9-18-9/ | | | | | | |
| | ☐ Denied | | | | | | |
| | Historic Preservation | | | | | | |
| | | | | | LINOT In District or Landmark | | |
| | 10 000 | ☐Does Not Require Review ☐Requires Review | | | | | |
| | | APP | EAL SUSTAINED | -13-97 | Li Nedulles Neview | | |
| | 7 | Action: | | | | | |
| | CERTIFICATION | | | | □Appoved | | |
| I hereby certify that I am the owner of record of t | that I have been | ☐ Approved with Conditions | | | | | |
| authorized by the owner to make this application | | □ Denied /_ / | | | | | |
| 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 provisions of the code(| s) applicable to suc | h permit | | Date: | | |
| 11 15. 151 | /. | | 1 9-30-97 | | | | |
| Decalle V. Walles | 234 Brackett St. | | 772-1342 | | | | |
| SIGNATURE OF APPLICANT Geralding | e Hilliads | DATE: | PHONE: | | 1017 | | |
| | | | | | [ib | | |
| RESPONSIBLE PERSON IN CHARGE OF WO | RK, TITLE | | PHONE: | | CEO DISTRICT | | |
| Milita E | Permit Desk Green-Assessor's Cana | n/ D DW Dint D | ublic File Ivon Car | d Inconces | | | |
| AALIICE—F | Cilin Desk Green-Assessor's Calla | Ty-D.F.VV. PIIIK-P | ubile rile lvory can | i-mspector | Ditadan | | |
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| Ko det in all Rooms with | |
| 0 11 1/ 5 4 1/1/ | |
| r , Rear Hall , front Hall and 1 | uni |
| signage For the day care. | |
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| Inspection Record | |
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| - | |
| Plumbing: | |
| Plumbing:Final: | |
| | Ke det. in all Rooms with ry Rear Hall, Front Hall and 1 Signage For the day care. Inspection Record Type Foundation: Framing: |



CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION

451 St John St

066A-F-015

Issued to Kiddie Garden LLC

Date of Issue

01 April 1998

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 971057 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Two Family Dwelling w/daycare/First Floor

Limiting Conditions:

Maximum Twleve (12) children

This certificate supersedes certificate issued

Approved:

(Date)

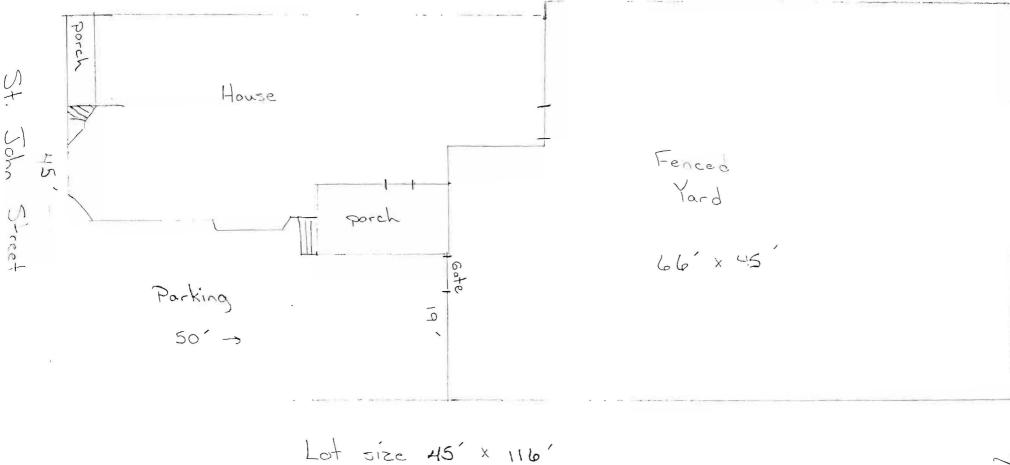
Inspector

Inspector of Buildings

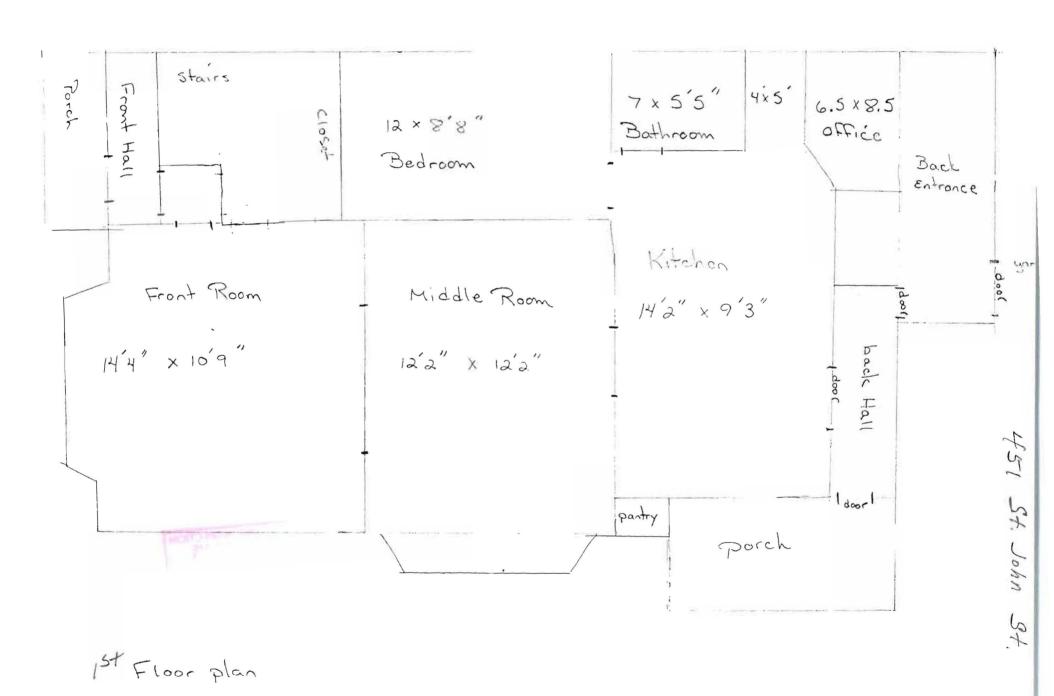
Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

LAND USE - ZONING REPORT

| ADDRESS: 451 St John St DATE: 10/1/97 | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| REASON FOR PERMIT: Change of use 1st floor day care, 2nd for residen | | | | | | | | |
| BUILDING OWNER G. K. Will, AMS/LONA GOC-B-L: 66A-F-15 | | | | | | | | |
| PERMIT APPLICANT: Gerzldine Williams | | | | | | | | |
| APPROVED: with Conditions DENIED: | | | | | | | | |
| #(· #7 | | | | | | | | |
| CONDITION(S) OF APPROVAL | | | | | | | | |
| 1. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be | | | | | | | | |
| maintained. 2. The footprint of the existing shall not be increased during maintenance | | | | | | | | |
| reconstruction. All the conditions placed on the original, previously approved, permit issued on | | | | | | | | |
| are still in effect for this amendment. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will <u>not</u> be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases. | | | | | | | | |
| This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. | | | | | | | | |
| Our records indicate that this property has a legal use of units. Any change in this approved use shall require a separate permit application for review and approval. | | | | | | | | |
| Separate permits shall be required for any signage. under home occupation and buy | | | | | | | | |
| Separate permits shall be required for future decks and/or garage. Other requirements of condition | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Marge Schmuckal, Zoning Administrator, Asst. Chief of Code Enforcement | | | | | | | | |



Plot Plan



| Stairs to 3rd Floor | Floor | Bedroom | bath | shed |
|--|--------|---------|-----------|--------------------------------|
| Hall | | | | Stairs to go to First Floor |
| Living | Diving | | 14, tchen | Sunroom |
| | | | Deck | |
| MORTOWISH CHIEF IN THE PROPERTY OF THE PROPERT | | | ' <u></u> | received a/26/97 |

Second Floor. There are 2 small cedrooms on the 3rd Floor.

CITY OF PORTLAND, MAINE

BOARD OF APPEALS



September 25, 1997

Geraldine Williams 284 Brackett Street Portland, Maine 04102

RE: 451 St. John Street

Dear Geraldine,

As you know, at its September 18, 1997 meeting, the Board of Appeals voted to grant the conditional use appeal to allow the change of use from a two unit with one unit being used as a daycare facility for up to 12 children.

A copy of the Board's decision is enclosed for your records.

It is now necessary for you to come to this office to apply for a change of use permit. We will require the floor plan with dimensions of the residential unit, other required documentation was provided when you filed for the appeal. The fee for a change of use is \$25.00.

If you have any questions, please do not hesitate to contact this office.

Schmuckal / mad

Sincerely,

Marge Schmuckal

Zoning Administrator

cf: P.S. Hoffses, C, Bldg Inspctr

D. Jordan, CEO