

Location of Construction: 88 Fessenden St		Owner: Margaret P Macomber		Phone: 772-5973		Permit No: <b>960574</b>	
Owner Address: 88 Fessenden St- Pt1d NE		Leasee/Buyer's Name: 04103		Phone:		BusinessName:	
Contractor Name:		Address:		Phone:		Permit Issued: <b>PERMIT ISSUED</b> JUN 21 1996 <b>CITY OF PORTLAND</b>	
Past Use: 1-fam dwlg		Proposed Use: 1-fam dwlg w home occupation		COST OF WORK: \$ 22		PERMIT FEE: \$ 25	
Proposed Project Description: change of use - to home occpte - message therapy		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zoning Approval: CBL: 117-1-11 R-5	
Permit Taken By: L Chase		Date Applied For: 6/17/96		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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"/>	
		Signature:		Date:		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	

1. This permit application doesn't 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 WITH REQUIREMENTS**

**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 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 such permit

SIGNATURE OF APPLICANT

ADDRESS:

DATE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

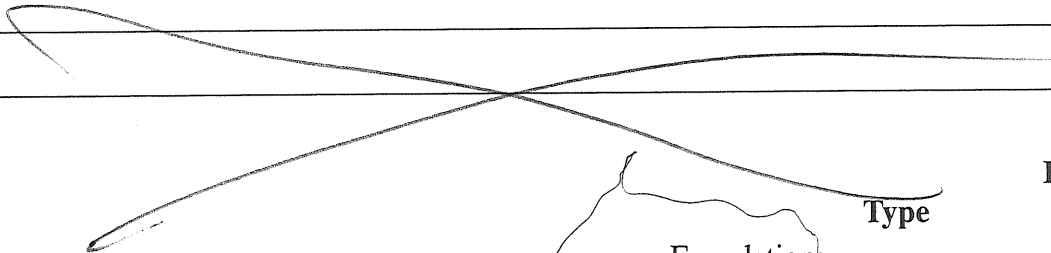
**5**

*m wing*

COMMENTS

8/15/96

Checked office & utility OK  
completed  
Smoke Detectors & fire extinguishers  
OK msg



Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

LAND USE - ZONING REPORT

ADDRESS: 88 Fessenden St. DATE: 6/19/96

REASON FOR PERMIT: 1 family with home occupation for MASSAGE Therapy

BUILDING OWNER: Margaret P. Macomber C.B.L.: 117-A-11 9, 305#

PERMIT APPLICANT: owner R-5

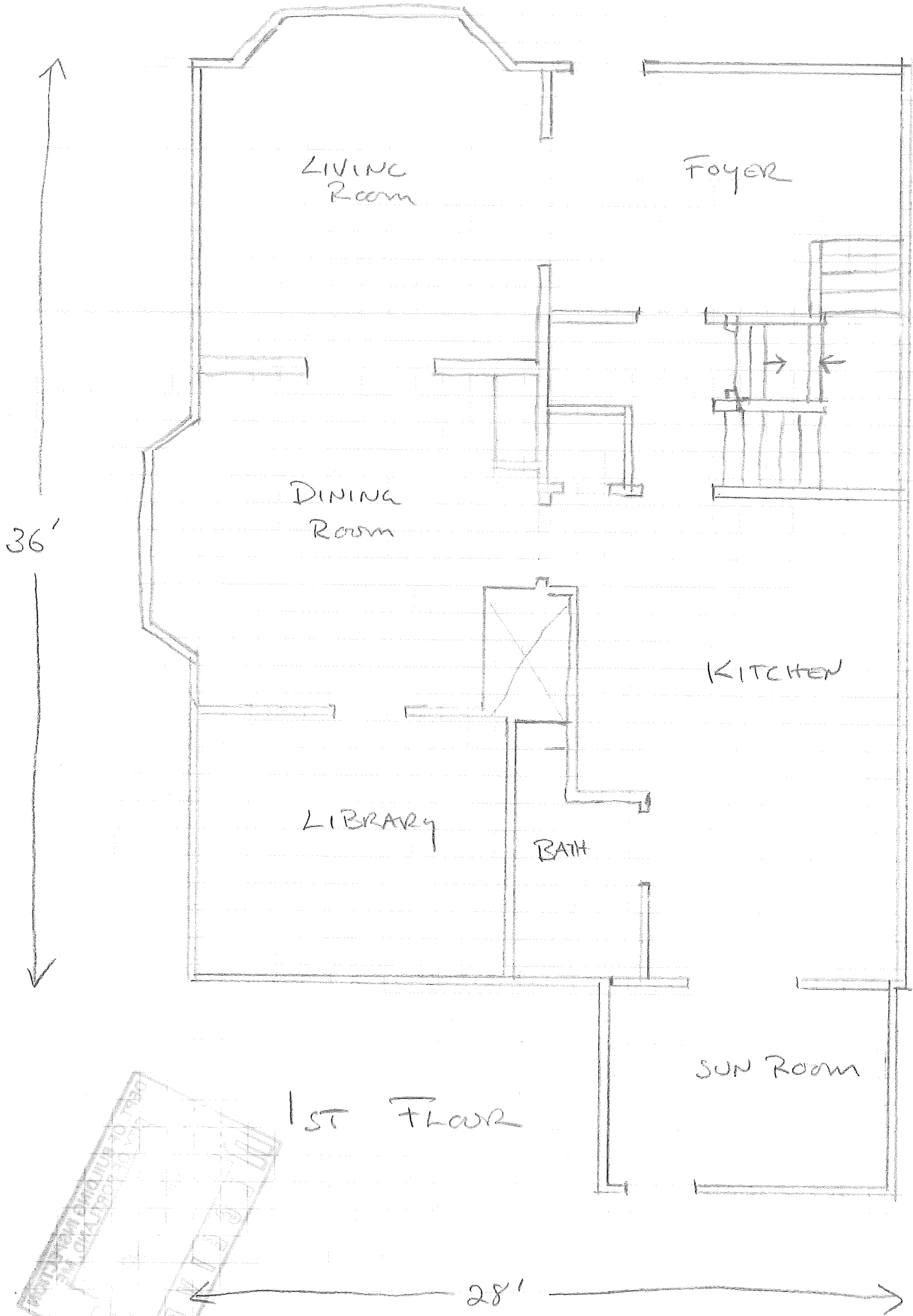
APPROVED: with conditions DENIED: \_\_\_\_\_  
#1

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.
3. All the conditions placed on the original, previously approved, permit issued on \_\_\_\_\_ are still in effect for this amendment.
4. 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 **not** 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.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. 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.
7. Separate permits shall be required for any signage.
8. Separate permits shall be required for future decks and/or garage.
9. Other requirements of condition \_\_\_\_\_

Marge Schmuckal

Marge Schmuckal, Zoning Administrator,  
Asst. Chief of Code Enforcement



LIVING Room

Foyer

DINING Room

KITCHEN

LIBRARY

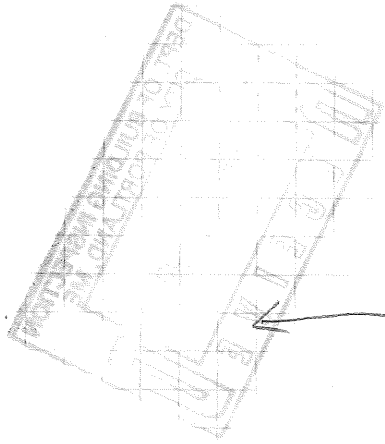
BATH

SUN ROOM

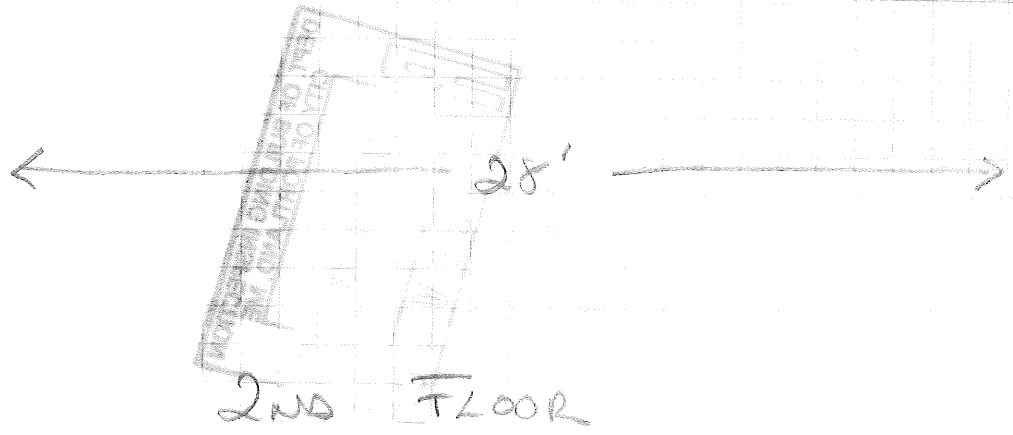
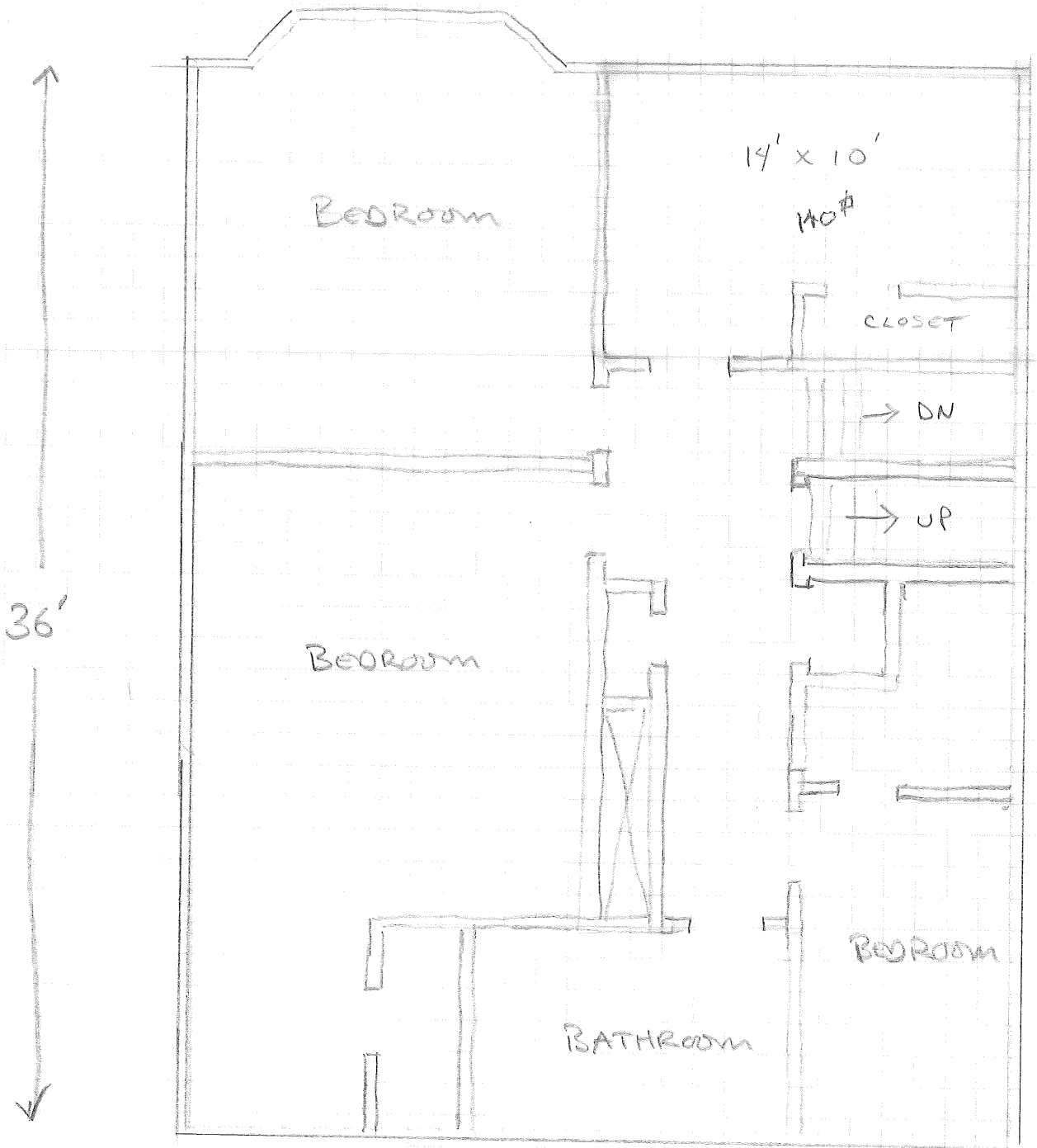
1st FLOOR

36'

28'



88 Jessenden St



88 Fessenden St 2

June 17, 1996

Marge Schmuckal  
389 Congress St  
Portland, Maine 04101

Dear Marge -

I graduated from The New Hampshire Institute for Therapeutic Arts, Bridgeton, Maine on June 2, 1996. I am a Certified Massage Therapist and I plan to use a small room in my home as an office.

Our neighborhood already has other businesses similar to mine - a massage therapist and a couple of psychotherapists. I don't expect to have more than five clients per day and will schedule them so they don't overlap.

My clients can park in my driveway  
so they don't need to park on the street.

I will be the only one working out  
of the office.

I believe I meet all the requirements  
as listed under Sec 4-410 - Home Occupation.

Thank you for your consideration

Sincerely,

M. Pamela Macomber, CMT