

CITY OF PORTLAND, MAINE

Department of Building Inspection

Certificate of Occupancy

LOCATION

**180 FRANCES ST** 

CBL 120 E018001

Issued to Stermer Lynn G &

Date of Issue 05/22/2009

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.  $0^{9-034}$ , 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

First Floor Living and Waiting Room, Front the Property

#### APPROVED OCCUPANCY

Single Family Residence with Home Occupation Use Group: R3 Type: 5B IRC, 2003

Limiting Conditions:

This certificate supersedes certificate issued Approved: spector 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

Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIPAL	FRONT	TAGE OF	WORK	
Please Read Application A Notes, If Any	nd		CITY BU		F POR		D		
Attached	, , , , , , , , , , , , , , , , , , ,			P	PERMIT		Permit Nu	mber: 090347	-
This is to certi	fy thatSTERN	MER LYNI	NG&HERN	N.J.	STE		PERMIT		
has permissio	n to hange		Single Fami	lom	e to gle Fa	lome Home	Occupation / I		& Couples
AT 180 FRA	NCES ST	• • • • • • • • • • • • • • • • • • • •				<b>-C</b> 120	MAY E018001		
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this depa		itenanci	e anu use			li u n'es,		application	
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OTHE	R REQUIRED APPR	OVALS							
Fire Dept		<u></u>							
Health Dept.						IN IN		10	
Appeal Board _						A.	I. AA		=6-10
Other	Department Name					1 pa	Director - Buildir	and the spectron Service	<u></u>
			PENALT	Y FOI	R REMOVING T	HIS CARE	)		,

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City of Portland, Maine - Bui	ilding or Use	Permi	t Applicatior		ermit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel:	U				09-0347			120 E0	18001
Location of Construction:	Owner Name:			Own	er Address:			Phone:	
180 FRANCES ST	STERMER L	YNN G	& HERMAN	180	FRANCES S	Г			
Business Name: Contractor Name			:		Contractor Address:			Phone	
Lessee/Buyer's Name	Phone:				nit Type: ange of Use H	Iome Occupati	ion		Zone: R-3
Past Use:	Proposed Use:			Perr	mit Fee:	Cost of Work:	CE	O District:	
Single Family Home	Single Family	ngle Family Home w/ Home			\$225.00	\$225.0	00	3	
Occupation - O Single Family Family Home			hange of use from     FIRE DEPT:     Approved     INSPECT       Home to Single     Use Group     Use Group       v/ Home Occupation     Denied     Use Group			SPECTI se Group	R3 IRC 2	Type:SB 103 15/09	
Proposed Project Description:								<u> </u>	
Hange of use from Single Family Ho	me to Single Farr	nily Hon	ne w/ Home	Signature: Signature: 3 5/5/09				15/19	
Occupation / Psychotherapy & Coup	les Therapy			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
				Acti	on: 🗌 Approv	red Approv	ed w/Cor	nditions	Denied
				Sign	ature:		Da	ite:	
· ·	pplied For: 7/2009				Zoning	Approval			
1. This permit application does not	t preclude the	Spe	cial Zone or Revie	ws	Zonin	ig Appeal	1	Historic Pres	ervation
Applicant(s) from meeting appli Federal Rules.		Sh	oreland		Variance	:		Not in Distrie	ct or Landmark
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>			Wetland		Miscellaneous			Does Not Require Review	
<ol> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>			Flood Zone		Conditional Use			Requires Review	
False information may invalidate permit and stop all work	e a building	Su	ibdivision		Interpret	ation		Approved	
100115		Sit	te Plan		Approve	d		Approved w/	Conditions
PERMIT ISSUE			_ Minor _ MM ₩ 5  4 :25 /740		Denied		Date:	Denied Ave	
CITY OF PORTL									

### 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.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> 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



Building Permit #: 09-0347

City of Portland, Maine - Buil		Permit No:	Date Applied For:	CBL:				
389 Congress Street, 04101 Tel: (	207) 874-8703, Fax: (	(207) 87	4-8716	09-0347	04/17/2009	120 E018001		
Location of Construction:	Owner Address: Phone:			Phone:				
180 FRANCES ST	1AN J	180 FRANCES ST	•					
Business Name:	Contractor Name:			Contractor Address:		Phone		
Lessee/Buyer's Name	Phone:		Permit Type:					
			Change of Use Home Occupation					
Proposed Use:		_	Proposed	Project Description:				
Single Family Home w/ Home Occupation - Change of use from       Change of use from Single Family Home to Single Family Home w/ Home Occupation /         Psychotherapy & Couples Therapy       Home Occupation /								
Dept: Zoning Status: A	pproved	Re	viewer:	Ann Machado	Approval Da	ate: 05/04/2009		
Note: Applicant has atwo car garage and driveway has space for a car. Ok to Issue:								
Dept: Building Status: A	pproved with Condition	ns <b>Re</b>	viewer:	Tom Markley	Approval Da	ate:		
Note:						Ok to Issue: 🗹		
1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.								
2) Application approval based upon and approval prior to work.	information provided by	y applica	nt. Any o	leviation from app	roved plans requires	separate review		



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## **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: <b>/80</b>	Frances St			
Total Square Footage of Proposed Structure/.	Area Square Footag	ge of Lot		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 120 E 018	Name Lynn Stern Address 180 France City, State & Zip Portle	* <u>must be owner, Lessec or Buyer</u> INN Stermer 80 Frances St & Zip Portland Me 94102		
Lessee/DBA (If Applicable)	Owner (if different from Ap Name		ost Of ork: \$	
APR 17 2050	Address City, State & Zip		of O Fee: \$ otal Fee: \$	
Current legal use (i.e. single family) <u>5</u> If vacant, what was the previous use? Proposed Specific use: <u>Jingle</u> <u>5a</u> Is property part of a subdivision? Project description: <u>Develope</u> a home	<u>mily home wr</u> If yes, please nam		<u>occ</u> upation	
Contractor's name:				
Address: City, State & Zip Who should we contact when the permit is rea		Telepl		
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 <u>www.portlandmaine.gov</u>, 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: mar 4/17/09 his is not a permit; you may not commence ANY work until the permit is issue

### LYNN STERMER, LCSW, RN

501 Cumberland Ave., Portland, ME 04101 Tel.: 207-773-3073 - Fax 207-773-3505 - E-mail: stermer@prodigy.net

4/15/09

Ms. Marge Schmuckal Dept. of Urban development City of Portland 389 Congress St. Portland, ME. 04101

Dear Ms. Schmuckal:

I am requesting a permit to allow me the use of my residence at 180 Frances St. for a home occupation. I intend to serve as a psychotherapist, a solo practitioner seeing adults for Individual Psychotherapy and Couples Therapy. I am licensed in this state as a LCSW and a RN. My business is an acceptable home occupation listed under item 2 of Section 14-410 of the Portland Zoning Ordinance. The following is an explanation of how my home occupation meets the criteria listed under item 1 of the same.

a. My home occupation will occupy approximately 310 square feet (22%) of floor  $\sqrt{25\%}$   $\sqrt{1}$ 

b. No goods will be stored displayed or visible form outside the residence.

c. Storage of the material to perform my occupation are minimal and occupy one desk and two file cabinets.

d. There will be no external signage related to my home occupation.

e. No exterior alterations to the residence are necessary.

f. No additional parking will be needed as I see only one or two people at a time and there is parking available on the street. -has large regimes for the street of the

g. No objectionable effects will result from my home occupation.

h. I will not require the services of any employees.

i. Since I see only one or two people at a time an hour apart, no additional traffic will be generated by my home occupation.

j. No vehicles are needed to service my business therefore no vehicles nearing a gross weight of 6,000 are necessary for my home occupation.



Individual, Couples, & Group Psychotherapy

40(1)(5)

### LYNN STERMER, LCSW, RN

501 Cumberland Ave., Portland, ME 04101 Tel.: 207-773-3073 - Fax 207-773-3505 - E-mail: stermer@prodigy.net

As you can see, my home occupation is a secondary and incidental use of my residence. The external activity level and impact is negligible and in keeping with the residential character of the neighborhood.

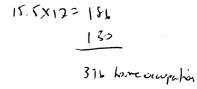
Attached you will find a copy of a floor plan showing my entire dwelling and area of my home occupation space.

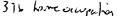
Thank you for the your assistance in this matter.

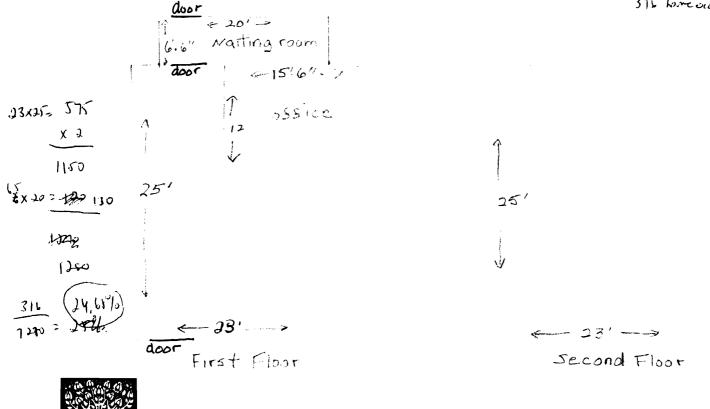
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Lynn Stermer LCSW, RN







Individual, Couples, & Group Psychotherapy