

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

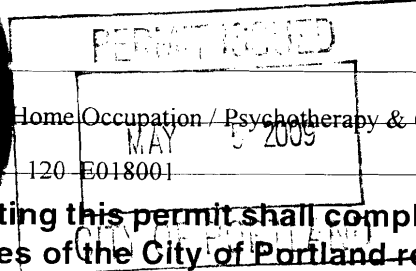
BUILDING DEPARTMENT

PERMIT

Permit Number: 090347

Please Read Application And Notes, If Any, Attached

This is to certify that STERMER LYNN G & HERMAN J STEINBERG has permission to change of use from Single Family Home to Single Family Home - Home Occupation / Psychotherapy & Couples Therapy AT 180 FRANCES ST CLATSOP COUNTY 120 E018001



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 written permission procured before this building or part thereof is lath or other work is used-in. 2 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

Thomas H. Mauley 5/5/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0347	Issue Date:	CBL: 120 E018001
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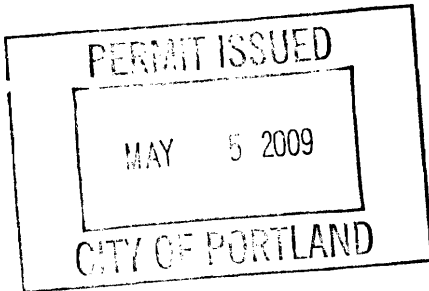
Location of Construction: 180 FRANCES ST	Owner Name: STERMER LYNN G & HERMAN	Owner Address: 180 FRANCES ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: R-3

Past Use: Single Family Home	Proposed Use: Single Family Home w/ Home Occupation - Change of use from Single Family Home to Single Family Home w/ Home Occupation / Psychotherapy & Couples Therapy	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 3
Proposed Project Description: Change of use from Single Family Home to Single Family Home w/ Home Occupation / Psychotherapy & Couples Therapy		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003	
		Signature: _____		Signature: <i>2m 5/5/09</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: Ldobson	Date Applied For: 04/17/2009	Zoning Approval		
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>5/4/09</i> <i>AS</i>	Date: _____	Date: <i>AS</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

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 DO 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

Thomas H. Maloney

Signature of Inspections Official

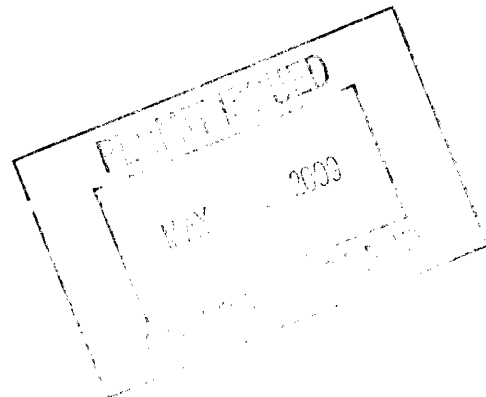
Date

5/5/09

Date

Date

Marked



City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0347	Date Applied For: 04/17/2009	CBL: 120 E018001
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Location of Construction: 180 FRANCES ST	Owner Name: STERMER LYNN G & HERMAN J	Owner Address: 180 FRANCES ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	

Proposed Use: Single Family Home w/ Home Occupation - Change of use from Single Family Home to Single Family Home w/ Home Occupation / Psychotherapy & Couples Therapy	Proposed Project Description: Change of use from Single Family Home to Single Family Home w/ Home Occupation / Psychotherapy & Couples Therapy
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 05/04/2009
Note: Applicant has atwo car garage and driveway has space for a car.			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date:
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.			



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: <u>180 Frances St</u>			Total Square Footage of Proposed Structure/Area		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>120</u> <u>E</u> <u>018</u>			Applicant * must be owner, Lessee or Buyer * Name <u>Lynn Stermer</u> Address <u>180 Frances St</u> City, State & Zip <u>Portland Me 04102</u>			Telephone: <u>207 807 1620</u>
Lessee/DBA (If Applicable) <u>APR 17 2009</u>			Owner (if different from Applicant) Name Address City, State & Zip			Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>single family home</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>single family home with home occupation</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Develop a home occupation</u>						
Contractor's name: _____ Address: _____ City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: _____ Telephone: _____ 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 www.portlandmaine.gov, 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: Lynn Stermer Date: 4/17/09

This 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.

410(b)(5)

a. My home occupation will occupy approximately ³¹⁶ square feet (22%) of floor area of the residence.

I set 24.65% which is under 25% ok

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 2 car garage & space in driveway

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

LYNN STERMER, LCSW, RN

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

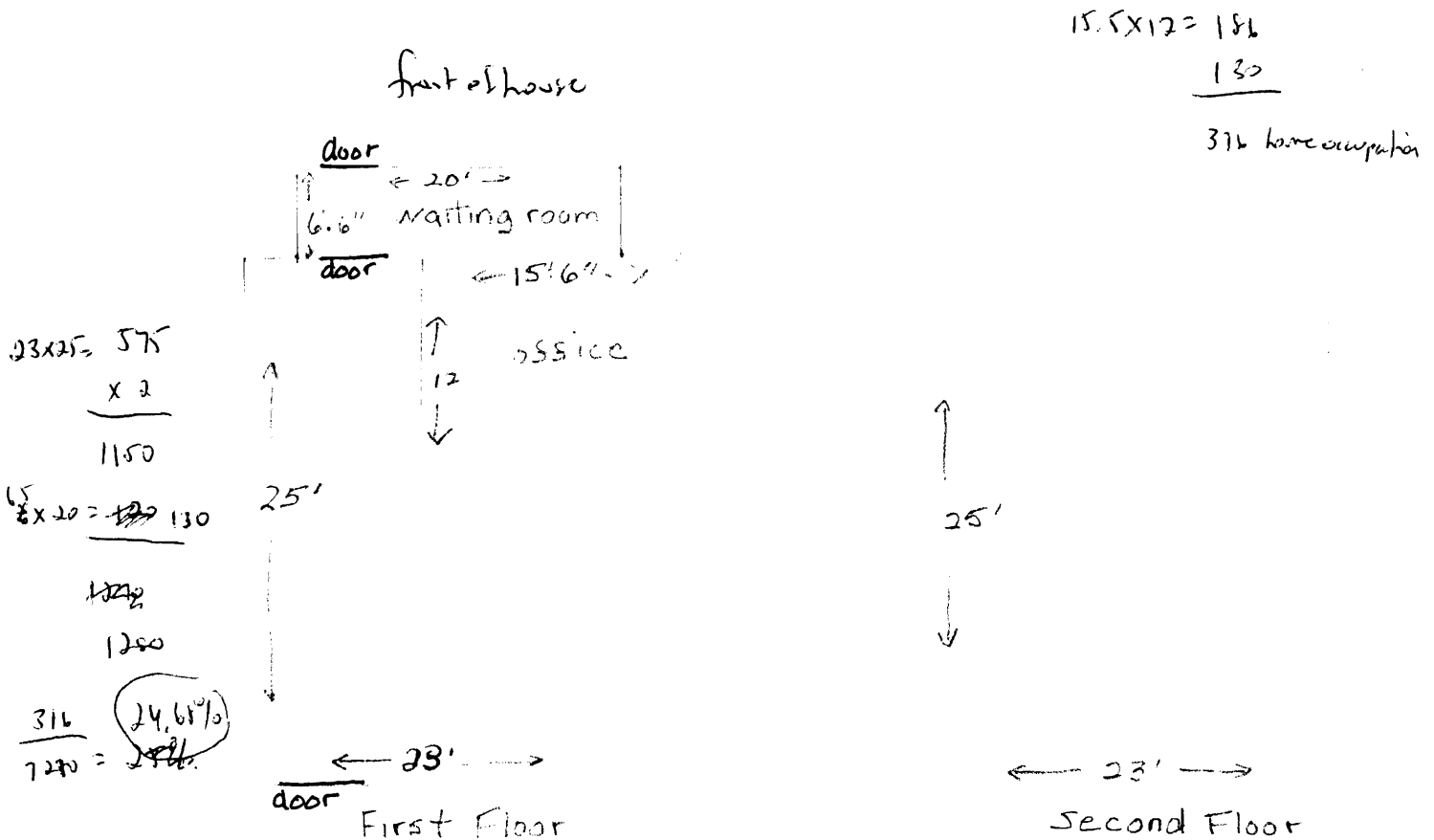
As you can see, my home occupation is a secondary and incidental use of my residence. The external activity level and impact is negligible and in keeping with the residential character of the neighborhood.

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.



Lynn Stermer LCSW, RN



Individual, Couples, & Group Psychotherapy