

PERMIT ISSUED

NOV 29 2010

City of Portland

Form # P-04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 101453

Please Read Application And Notes, If Any, Attached

This is to certify that DUGGAN MARY P

has permission to Home occupation for Therapy Practice

AT 12 BERKELEY ST CBL 123-G012001

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 lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

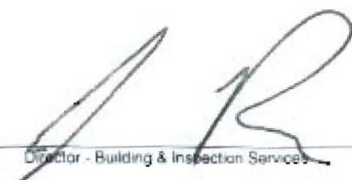
Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name


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: 10-1453	Issue Date:	CBL: 123 G012001
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Location of Construction: 12 BERKELEY ST	Owner Name: DUGGAN MARY P	Owner Address: 12 BERKELEY ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: R-5

Past Use: Single Family Home	Proposed Use: Single Family w/ Home Occupation - Home occupation for Therapy Practice	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 4	42504
		FIRE DEPT: N/A <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC, 2009		

Proposed Project Description: Home occupation for Therapy Practice	Signature:	Signature:
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: Idobson	Date Applied For: 11/10/2010	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p> <p style="color: red; font-size: 24px; font-weight: bold;">PERMIT ISSUED</p> <p style="font-size: 24px; font-weight: bold;">NOV 29 2010</p> <p style="color: red; font-weight: bold;">City of Portland</p>	<p>Special Zone or Reviews</p> <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"/> MM <input type="checkbox"/>	<p>Zoning Appeal</p> <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	<p>Historic Preservation</p> <input checked="" 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
	Date: 11/22/10	Date:	Date:

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



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

_____ 11-19-2010 _____

Received from _____ Jessica _____

Location of Work _____ 12 Bethel _____

Cost of Construction \$ _____ Building Fee: _____ 150 _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____ 75 _____

Total: _____ 225 _____

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

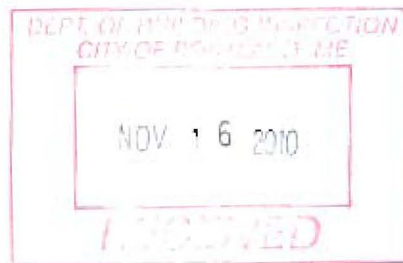
CBL: _____ 125-0-12 _____

Check #: _____ 179 _____ Total Collected \$ _____ 205 _____

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: _____ SP _____

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy



Ms. Marge Schmuckal, Zoning Administrator
Department of Planning and Urban Development
City of Portland
389 Congress Street
Portland, ME 04101

November 15, 2010

Dear Ms. Schmuckal:

I am requesting a permit to allow me the use of my residence at 12 Berkeley Street for a home occupation. I intend to move my current therapy practice into this location. The Portland Zoning Ordinance, Section 14-410: item (2), specifically includes therapists in the list of allowable home occupations.

Regarding the criteria listed in item (1) of the Portland Zoning Ordinance, Section 14-410, I submit the following explanations of how my home occupation satisfies the requirements:

- a. My home occupation will occupy approximately 350 square feet, or approximately 19% of the floor area of the residence.
- b. No goods will be stored, displayed or be visible from outside the residence.
- c. Storage of material required for my home occupation is included within the 350 square feet mentioned above.
- d. There will be no external signage related to my home occupation as my home occupation will be identifiable simply by my house number.
- e. No exterior alterations to the residence are necessary.
- f. Any need for client parking generated by my home occupation shall be met through use of my driveway.
- g. No objectionable effects will result from my home occupation.
- h. I do not have any employees.
- i. No traffic greater than that normally expected in a residential neighborhood will be generated by my home occupation.
- j. My home occupation does not require a vehicle of any sort.

*1 extra parking req - has garage & 1 space in Drive
over 20' from
property to*

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.

I am including a copy of a floor plan showing my entire dwelling and area of the home occupation space, a photo and plot plan including the driveway area, and a check for \$225.00 in payment of the Change of Use fee (\$150.00) and Certificate of Occupancy (\$75.00).

Thank you very much for your assistance with this application for a permit for Home Occupancy in my residence at 12 Berkeley Street.

Sincerely,

Mary Duggan (232-4872)

306

123 G006

CDT
123 G012
12

123 G007
285

downing

Berkley St

11
123 L006

277

2010 Home Occupancy Application: Mary Duggan 12 Berkeley St.

**APPRAISAL REPORT
OF**



12 Berkeley St.
Portland, Me 04103-3117

PREPARED FOR

Bangor Savings Bank
P.O. Box 930
Bangor, ME 04042

AS OF

9/22/2010

PREPARED BY

Mainland Consultants Inc.
30 Exchange St
Portland, ME 04101

Client parking
in driveway,
behind my
personal car.

Touchstone Psychotherapy Associates
225 Commercial Street Suite 300
Portland, Maine 04101
(207) 761-7783 Fax (207) 761-0265

FAX COVER SHEET

Date: 11/19/2010

Fax to: City of Portland Inspections Division
Attention: Lannie
 Fax #: 874-8766

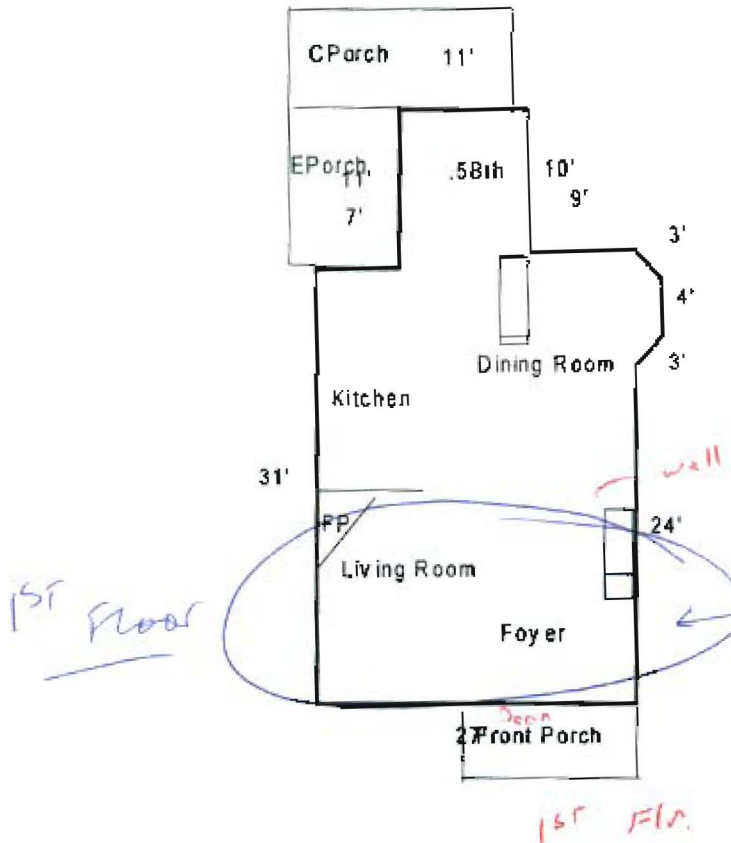
Fax From: Mary Duggan

Number of Pages to Follow: 1

Comments: Thank you!

Home Dec App

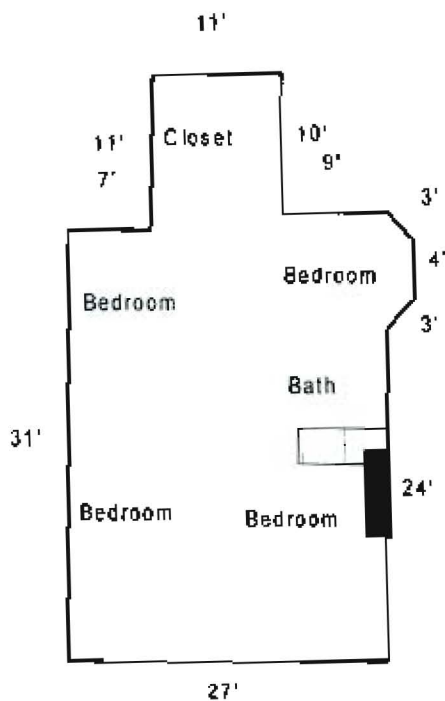
1/15/2010: M Duggan
12 Berkeley St



"Foyer" will serve as client entry,
"Living Room" will serve as therapy room.

Floor plan of 2 story residence, indicating area to be used for home occupancy

2nd Floor



SKETCH CALCULATIONS	
	Area
Living Area	



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>12 BERKELEY ST.</u>		
Total Square Footage of Proposed Structure/Area <u>as described in cover letter</u>	Square Footage of Lot <u>4250 SF</u>	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>123-6-012-001</u>	Applicant * <u>must be owner</u> , Lessee or Buyer* Name <u>Mary Duggan</u> Address <u>12 Berkeley St.</u> City, State & Zip <u>Portland Me 04103</u>	Telephone: <u>cell 207 232 4872</u> <u>work 207 761 7783 x6</u>
Lessee/DBA (If Applicable)	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</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? Proposed Specific use: <u>Single family with Home Occupation</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description:		
Contractor's name: <u>NO ONE</u>		
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: Mary Duggan Date: 11/19/2010

This is not a permit; you may not commence ANY work until the permit is issued

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-1453	Date Applied For: 11/16/2010	CBL: 123 G012001
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Location of Construction: 12 BERKELEY ST	Owner Name: DUGGAN MARY P	Owner Address: 12 BERKELEY 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 w/ Home Occupation - Home occupation for Therapy Practice	Proposed Project Description: Home occupation for Therapy Practice
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 11/22/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> 1) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained. 2) Separate permits shall be required for future decks, sheds, pools, and/or garages. 3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals. 4) This property shall remain a single family dwelling with a Home Occupation with the issuance of this permit and the subsequent issuance of a Certificate of Occupancy. Any change of use shall require a separate permit application for review and approval. 5) Separate permits shall be required for any new signage under the Home Occupation guidelines. 6) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. 			
Dept: Building	Status: Approved with Conditions	Reviewer: Jonathan Rioux	Approval Date: 11/29/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> 1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities. 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial kitchen exhaust hood systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process. 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. 			

PERMIT ISSUED

NOV 29 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

 X Final/Certificate of Occupancy: Prior to any occupancy of the structure or use.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

NOV 29 2017

City of Portland

Intermetal smeltes &

CO

ok to clear out

NR