

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

DEPARTMENT OF BUILDING INSPECTION

PERMIT

Permit Number: 031313

This is to certify that Mullen Peter A/n/a
has permission to Home Occupation to work as licensed electrical work
AT 171 Ashmont St Call 124 B005001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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.

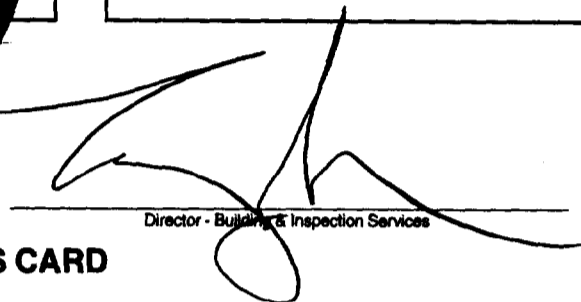
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or 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: 03-1313	Issue Date:	CBL: 124 B005001
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Location of Construction: 171 Ashmont St	Owner Name: Mullen Peter A	Owner Address: 171 Ashmont St # 2	Phone: 207-772-5388
Business Name: N/A	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name N/A	Phone: N/A	Permit Type: Change of Use Home Occupation	Zone: R3

Past Use: Two Family <i>Legal Use: 2 Family DM.</i>	Proposed Use: Two Family / Home Occupation to work as a Licensed Clinical Social Worker.	Permit Fee: \$225.00	Cost of Work:	CEO District: 3
Proposed Project Description: Home Occupation to work as a Licensed Clinical Social Worker.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>[Signature]</i>	INSPECTION: Use Group: R-3 Type: 5B <i>BOCA 99</i> <i>[Signature]</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: gg	Date Applied For: 10/22/2003	Zoning Approval	
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1. This permit application does not 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..	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"/> Date: <i>[Signature]</i> 11/4/03	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 Date: _____	Historic Preservation <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: <i>[Signature]</i>
	<i>ok with conditions</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

October 22, 2003
171 Ashmont Street
Portland, Maine 04103

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

Dear Ms. Schmuckal:

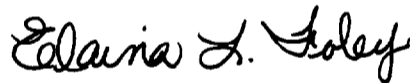
I am requesting a permit to allow me the use of my residence at 171 Ashmont Street for a home occupation. I intend to work as a Licensed Clinical Social Worker, seeing individuals and couples. In effect, my work as a psychotherapist is an acceptable home occupation listed under item (2) of Section 14-410 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 168 square feet (6%) of floor area of the residence.
- b. No goods will be stored, displayed or be visible from outside the residence.
- c. Storage of the material necessary to perform my occupation are minimal and included in the 168 square feet of floor space mentioned above.
- d. There will be no external signage related to my home occupation.
- e. No exterior alterations to the residence are necessary.
- f. Since I will be the sole therapist in this location, there will be only one client vehicle at a time and adequate off-street parking is available.
- g. No objectionable effects will result from my home occupation.
- h. I will not require the services of any employees.
- i. Since I will have but one client vehicle at any point in time, the effect on traffic will be minimal.
- j. No vehicles even nearing a gross vehicle weight of 6,000 pounds are necessary for my home occupation.

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 the dimensions and area of the home occupation space, as well as a letter from the owner of the building granting permission to conduct a home occupation on the premises. Thank you for your assistance in this matter.

Sincerely,



Elaina L. Foley, MSW
Licensed Clinical Social Worker

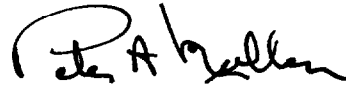
October 22, 2003
171 Ashmont Street
Portland, Maine 04103

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

Dear Ms. Schmuckal:

I give my permission and my approval for Elaina L. Foley, Licensed Clinical Social Worker, to work out of the property I own at 171 Ashmont Street.

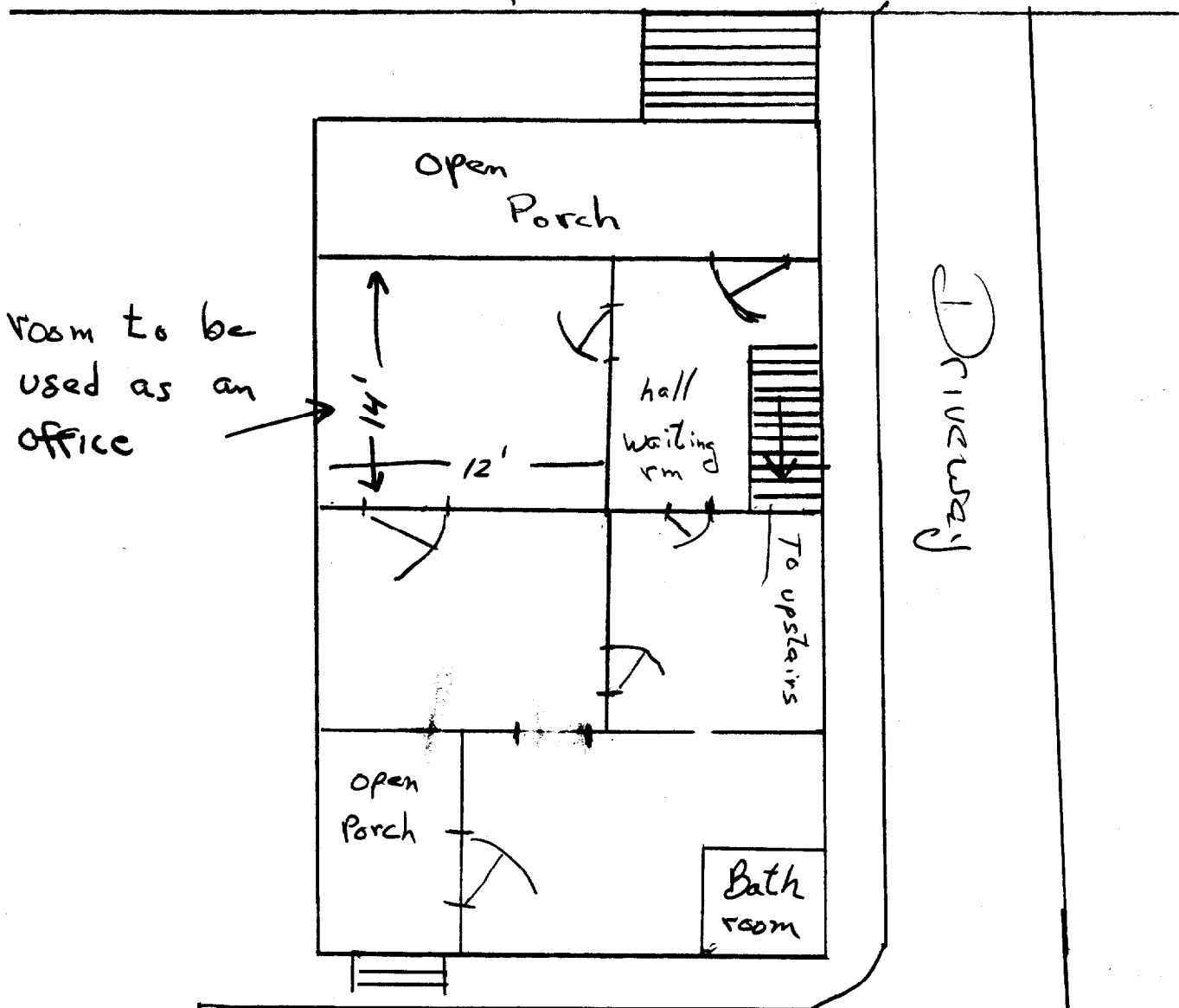
Sincerely,

A handwritten signature in black ink, appearing to read "Peter A. Mullen". The signature is written in a cursive style with a large initial "P".

Peter A. Mullen

Ashmont Street 171

Sidewalk



Room to be used as an office

Driveway

Parking
Have parked 4 and 5 cars here
on a regular basis
PAM

Peter Myller 772-5388

All Purpose 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.

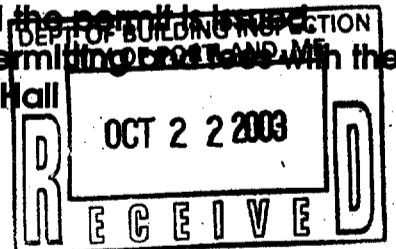
Location/Address of Construction: <u>171 Ashmont St.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>124</u> Block# <u>B</u> Lot# <u>005</u>	Owner: <u>Peter Mollen</u>	Telephone: <u>772-5388</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>772-5388</u> <u>171 Ashmont St</u>	Cost Of Work: \$ _____ Fee: \$ <u>150</u> <u>75</u> cop 0
Current use: <u>2 Family</u>		\$ <u>225</u>
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>2 Family with home occupation</u>		
Project description: _____		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Owner Peter Mollen</u>		
Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: <u>Peter Mollen</u>	Date: <u>10-22-2003</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting processes with the Planning Department on the 4th floor of City Hall



City of Portland, Maine - Building or Use Permit

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

Permit No: 03-1313	Date Applied For: 10/22/2003	CBL: 124 B005001
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Business Name: N/A	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name N/A	Phone: N/A	Permit Type: Change of Use Home Occupation	

Proposed Use: Two Family / Home Occupation to work as a Licensed Clinical Social Worker.	Proposed Project Description: Home Occupation to work as a Licensed Clinical Social Worker.
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 11/04/2003
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<p>1) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.</p> <p>2) 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.</p> <p>3) This property shall remain a two (2) family dwelling with a home occupation for a clinical social worker after the issuance of this permit. Any change of use shall require a separate permit application for review and approval.</p> <p>4) Separate permits shall be required for any new signage under the home occupation criteria.</p> <p>5) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</p>			
Dept: Building	Status: Pending	Reviewer:	Approval Date:
Note:	Ok to Issue: <input type="checkbox"/>		