#### CITY OF PORTLAND, MAINE



Department of Building Inspection

# Certificate of Occupancy

LOCATION

57 REVERE ST apartment#1

CBL 124 J009001

Issued to

Turner Lloyd H Jr &

Date of Issue

11/02/2009

This is to certify that the building, premises, or part thereof, at the above location, built - altered

09-1039 has had final inspection, has been found to conform - changed as to use under Building Permit No. 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

Entire

APPROVED OCCUPANCY

3 Resdiential Units with Home Occupantion in Unit

#1

Use Group R2

Construction Type 5B

Inspector of Buildings

**Limiting Conditions:** 

This is a change of use only permit and is not intended to certify building code compliance.

This certificate supersedes certificate issued

Approved:

(Date)

owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from

Form # P 04

### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

### CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## PERMIT

Permit Number: 091039

oting this permit shall comply with all

e and of the ces of the Chiyof Portland regulating

f buildings and structures, and of the application on file in

or co

provided that the person or persons, find the provisions of the Statutes of Mathe construction, maintenance and use this department.

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

Not ation o spection nust b nd writt permissi procured give befd ng or p this bul hereof is lath or oth sed-in. 2 NOTICE IS REQUIRED. HOL

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

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine -	Building or Use	Permi	t Applicatio	n Permit No:	Issue Date	e:	CBL:	
389 Congress Street, 04101 T	•			)	)39		124 J	009001
Location of Construction:	Owner Name:			Owner Address	<u></u>		Phone:	
57 REVERE ST apartment#1	TURNER LLO	OYD H	JR & JACQU	PO BOX 276	57			
Business Name:	Contractor Name	2:		Contractor Add	ress:		Phone	
Lessee/Buyer's Name	Phone:		Ι	Permit Type:				Zone:
			]	Change of U	Jse Home Occu	pation		R-5
Past Use:	Proposed Use:			Permit Fee:	Cost of Wo	rk: C	EO District:	
Residential - 3 unit	Residential - 3			\$225.	00 \$1	50.00	3	
	to 3 units to 3 Occupation in			FIRE DEPT:	Approved	INSPECT Use Grou		Type: 5 <i>1</i> 3
legalu	11 - 3 dv.			* See	Condition	1	BC,20	903
Proposed Project Description:				1			-d 1	1
Change of use to 3 units to 3 units	ts with Home Occupa	ation in	Unit#1	Signature:	KG)	Signature		
				PEDESTRIAN	ACTIVITIES DIS	TRICT (P.A	p( /	
				Action: A	Approved Ap	proved w/Co	onditions	Denied
Permit Taken By: D	ate Applied For:	, —		Signature:	···· A		Date:	
	09/21/2009			Zor	ning Approv	aı		
1. This permit application does	not preclude the	Spe	cial Zone or Revie	ws	Zoning Appeal		Historic Pr	eservation
Applicant(s) from meeting a Federal Rules.		│ □ SI	noreland	│ □ Va	ariance		Not in Dist	rict or Landmarl
2. Building permits do not incl septic or electrical work.	ude plumbing,		etland	M	iscellaneous		Does Not R	Require Review
3. Building permits are void if within six (6) months of the	date of issuance.	☐ FI	ood Zone	Co	onditional Use		Requires R	eview
False information may inval permit and stop all work	idate a building	S	ubdivision	In	terpretation		Approved	
		☐ Si	te Plan	☐ A <sub>I</sub>	pproved		Approved v	w/Conditions
100	LICO	Maj	Minor MM	□ □ De	enied		Denied	
PERMIT ISS	UED	Ok Date: 9	whendition	Date:		Date	ton	
OCT 2 0 200	9 .	Date.	131 101 7150	Date.		Date	<u>··</u>	
001 2 0 200	-							
City of Portla	nd							
		(	CERTIFICATI	ON				
I hereby certify that I am the own I have been authorized by the ow jurisdiction. In addition, if a perr shall have the authority to enter a such permit.	ner to make this appl nit for work describe	ication d in the	as his authorize application is i	d agent and I a ssued, I certify	gree to conform that the code of	to all app	licable law thorized rep	s of this presentative
SIGNATURE OF APPLICANT			ADDRES	s	DAT	<del></del>	PH	IONE
RESPONSIBLE PERSON IN CHARGE	OF WORK, TITLE				DATI	 E		ONE

### **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. Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. 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. 10/21/09 Date 10.21.09 Signature of Applicant/Designee

Signature of Inspections Official

CBL: 124 J009001 Building Permit #: 09-1039

City of Portland, Maine -	- Building or Use Permit	ţ	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101	O		6 09-1039	09/21/2009	124 J009001
Location of Construction:	Owner Name:	<u> </u>	Owner Address:		Phone:
57 REVERE ST apartment#1	TURNER LLOYD H	JR & JACQU	PO BOX 2767		
Business Name:	Contractor Name:		Contractor Address:		Phone
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use H	ome Occupation	
Proposed Use:		Propos	ed Project Description:		
Residential - 3 unit - Change of Occupation in Unit#1 - therapis			ge of use to 3 units t I - therapist	o 3 units with Home	e Occupation in
Dept: Zoning State Note:  1) During its existence, all asp	tus: Approved with Condition		: Ann Machado	Approval D	Ok to Issue: ✓
	a three family dwelling. Any cl				for review and
Dept: Building Star	tus: Approved with Condition	s <b>Reviewe</b> r	: Tammy Munson	Approval I	Date: 10/22/2009
Note:	· .		•		Ok to Issue:
1) This is a Change of Use Of	NLY permit. It does NOT author	orize any consti	ruction activities.		
Dept: Fire Star	tus: Approved with Condition	s Reviewer	: Capt Keith Gautr	eau Approval I	Date: 10/07/2009
Note:					Ok to Issue:
The entire structure shall configure compliance shall be insure	omply with NFPA 101 "Existin d prior to the issuance of a Cer	· 1	pancy.		

## 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:	57 Revere Stree	t #1
Total Square Footage of Proposed Str		
Fax Assessor's Chart, Block & Lot	Applicant * must be owner, Lesse	
Chart# Block# Lot#	Name   Errsa Vallier	
7	Address 57 Revere St.	世1 307.773.2925
	City, State & Zip Portland	M E 04103
Lessee/DBA (If Applicable)		
	Owner (if different from Applica Name Tark Turner	Work: \$ 150 a
	Address P.O. 2767 (ushi	ng 15 land C of O Fee: \$ 75
	0	رشے میں ا
	City, State & Zip South Portrand ME	10tal Fee: \$ 000
Current legal use (i.e. single family)	3 family	
f vacant, what was the previous use? _	<u> </u>	
Proposed Specific use:	occupation first 100/ un	<u>1</u> †
s property part of a subdivision?	If we nlease name	
	1 yes, piense mine —	<del></del>
Project description:	11 yes, piease mane	
Project description:		<del></del>
Project description:  NO altwante		
Project description: NO altwation	ns necessary	
Project description:  NO altwation  Contractor's name:	ns pleanary	
Project description:  NO altwante  Contractor's name:  Address:	ns necessary	
Project description:  NO altwante  Contractor's name:  Address:	ns necessary	
Project description:  NO altwante  Contractor's name:  Address:  City, State & Zip  Who should we contact when the perm	n's necessary	Telephone: Telephone: 201.233-927(
Project description:  NO altwante  Contractor's name:  Address:  City, State & Zip  Who should we contact when the perm	ns necessary	Telephone: Telephone: 201.233-927(
Project description:  NO altwation  Contractor's name:  Address:  City, State & Zip  Who should we contact when the perm  Mailing address:  5 1 12 ve	nit is ready: Tever Vollain	Telephone: <u>201.233-927</u> Telephone: <u>201.233-927</u>
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Project description:  NO altwation  Contractor's name:  Address:  City, State & Zip  Who should we contact when the perm  Mailing address:  Please submit all of the inform  do so will result  order to be sure the City fully understary request additional information prior to s form and other applications visit the Information office, room 315 City Hall or call 874-  ereby certify that I am the Owner of record	nation outlined on the applicable on the automatic denial of your points the full scope of the project, the Planning of the issuance of a permit. For further infonspections Division on-line at <a href="https://www.portlandmento.expositions">www.portlandmento.expositions</a> Divisions Of the named property, or that the owner of re-	Telephone:
Project description:  NO altwanta  Contractor's name:  Address:  City, State & Zip  Who should we contact when the perm Mailing address:  Please submit all of the inform do so will result  order to be sure the City fully understar y request additional information prior to form and other applications visit the In ision office, room 315 City Hall or call 874 reby certify that I am the Owner of record I have been authorized by the owner to ma	nation outlined on the applicable on the automatic denial of your points the full scope of the project, the Planning of the issuance of a permit. For further informspections Division on-line at <a href="https://www.portlandm.expositions">www.portlandm.expositions</a> Division on ship of the named property, or that the owner of real expositions at <a href="https://www.portlandm.expositions">www.portlandm.expositions</a> Division on ship of the named property	Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:Telephone:
Project description:  NO altwanta  Contractor's name:  Address:  City, State & Zip  Who should we contact when the perm  Mailing address:  Please submit all of the inform  do so will result  order to be sure the City fully understar  y request additional information prior to form and other applications visit the In ision office, room 315 City Hall or call 874  reby certify that I am the Owner of record I have been authorized by the owner to ma s of this jurisdiction. In addition, if a permit	nation outlined on the applicable on the automatic denial of your points the full scope of the project, the Planning of the issuance of a permit. For further infonspections Division on-line at <a href="https://www.portlandmento.expositions">www.portlandmento.expositions</a> Divisions Of the named property, or that the owner of re-	Telephone:Telephone:Telephone:Telephone:Telephone:Total and Development Department rmation or to download copies of mainc.gov, or stop by the Inspections cord authorizes the proposed work and I agree to conform to all applicable , I certify that the Code Official's

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

Signature:

57 Revere Street, #1 Portland, ME 04103 September 18, 2009

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

#### Dear Ms. Schmuckal:

I am requesting a permit to allow me the use of my residence at 57 Revere Street Apartment 1 for a home occupation. I intend to serve as a mental health therapist/counselor, providing individual, couples counseling services to adults. I will also work as a consultant to develop continuing education presentations, write articles and provide internet and phone based consultations. In effect my work will be meeting with people in my office, working on the phone or the computer, an acceptable home occupation listed under item (2) 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.

- 1. My home occupation will occupy 162 square feet, approximately 17 % of total living space
- 2. No goods will be stored, displayed or visible from outside the residence
- 3. Storage of material necessary to the home occupation will be contained in the office area listed above
- 4. There will be no exterior signage related to my home occupation
- 5. No exterior alterations are necessary
- 6. There is ample parking on the lot with spaces for 6 vehicles plus one in the garage. My clients will usually arrive in a single vehicle and park in the driveway.
- 7. I will not have any employees
- 8. There is no production of goods, so there will be no impact on neighbors such as sound or odors
- 9. There will be no impact on traffic volume in the neighborhood
- 10. No vehicle is necessary to perform this home occupation

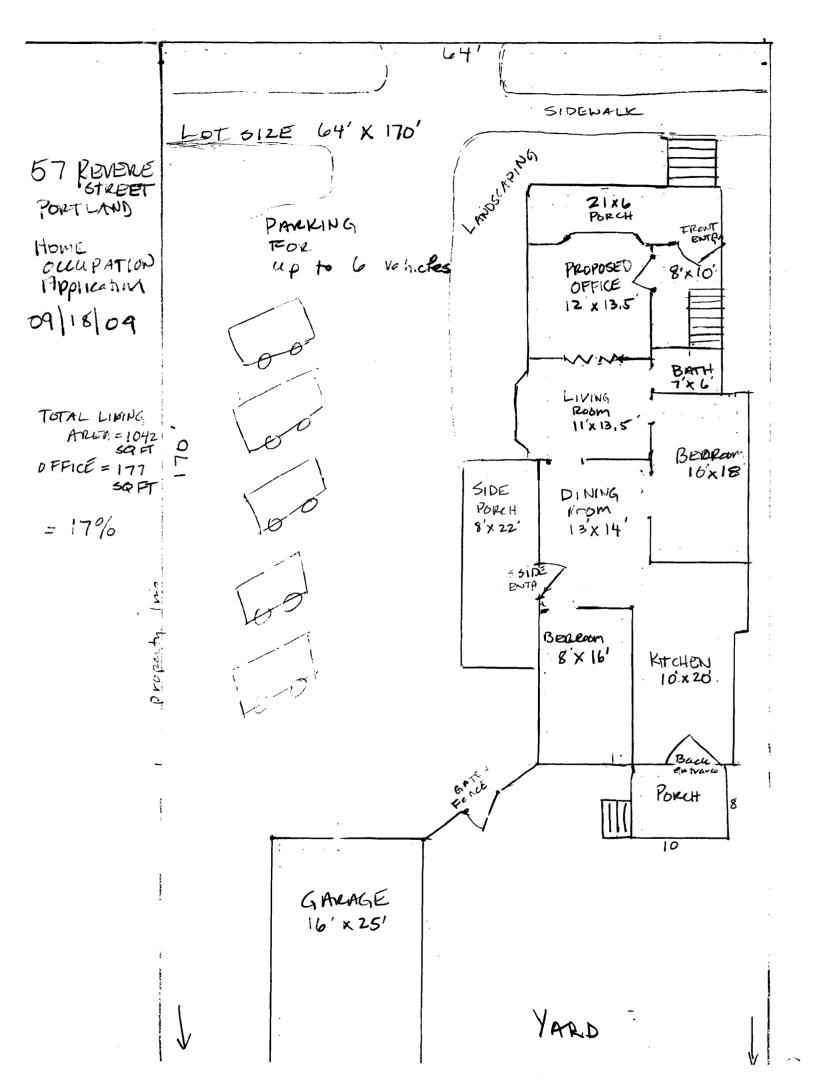
As you can see, my home occupation is secondary and incidental use of my residence. The external activity level and impact is negligible and in keeping with the residential character of the neighborhood.

Attached you will find a copy of a floor plan showing my entire dwelling and area of 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,

Teresa Valliere, LCSW, LADC, CCS

Cell) 207.233.9276 Home) 207.773.2925



Cushing Island PO Box 2767 South Portland, ME 04116 September 18, 2009

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

Dear Ms. Schmuckal:

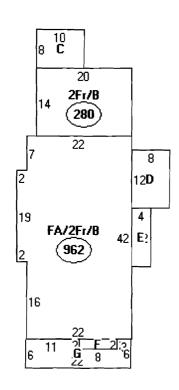
This letter is to confirm that I have granted my tenant, Teresa Valliere, permission to use her residence at 57 Revere Street Apartment 1 for a home occupation.

I am aware of the criteria for zoning for a home occupation and am confident that the arrangements meet the regulations. Her home employment is secondary and incidental use of her residence and the external activity level and impact is negligible and in keeping with the residential character of the neighborhood.

Thank you,

Lloyd Turner

Owner, 57 Revere Street



### Descriptor/Area

- A:FA/2Fr/B 962 sqft
- B: 2Fr/B 280 sqft
- C:WD 80 sqft
- D:0P/WD **96** sqft
- E:2FBAY/B 48 sqft
- F: FBAY 16 sqft
- G:OFP 116 sqft

N.27-09

Call B Wallace re NEPA 101. He said Capt Cass

was at this site I much ago & sheires no

Violanous. - Imperted For 40. / OK 5 m 4