

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 080156

Please Read
Application And
Notes, If Any,
Attached

This is to certify that WILLIAMS BARRY & JEFFREY P WILLIAMS ITS

has permission to 2 unit residential w/ Home Occupation

AT 42 CLINTON ST 130 1017001

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 procured before this building or part thereof is leased or otherwise closed-in. 24 HOUR NOTICE 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 M. Markley 3/3/08
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: 08-0156	Issue Date:	CBL: 130 I017001
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Location of Construction: 42 CLINTON ST	Owner Name: WILLIAMS BARRY & JEFFREY	Owner Address: 42 CLINTON ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: RS

Past Use: 2 unit residential	Proposed Use: 2 unit residential w/ Home Occupation - Change of use to add Home Occupation	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 4
Proposed Project Description: 2 unit residential w/ Home Occupation		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003	
		Signature:	Signature: Jm 3/3/08	
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: 02/25/2008	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 align="center">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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK w/condition</i> Date: 2/29/08 ABU	<p align="center">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 Date:	<p align="center">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: ABU
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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



Home Occupation Permit 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>44 CLINTON ST, PORTLAND 04103</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>130 I 17</u>	Applicant * must be owner, Lessee or Buyer* Name <u>TRACY McCALLUM</u> Address <u>44 CLINTON ST</u> City, State & Zip <u>PORTLAND 04103</u>	Telephone: <u>874-8060</u>
Lessee/DBA (if Applicable) <u>I'm one of 3 owners</u> <u>Jeff Williams (husband)</u> <u>Barry Williams (brother in law)</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>2 Family</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Home 2 Family w/ Home COO OCC - Therapy -</u>		
Contractor's name: _____ Address: <u>No construction needed</u> City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: <u>Tracy</u> Telephone: <u>874-8060</u> 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: <u>Tracy McCallum</u>	Date: <u>2/24/08</u>
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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: 08-0156	Date Applied For: 02/25/2008	CBL: 130 I017001
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Location of Construction: 42 CLINTON ST	Owner Name: WILLIAMS BARRY & JEFFREY	Owner Address: 42 CLINTON ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	

Proposed Use: 2 unit residential w/ Home Occupation (therapist) on first floor - Change of use to add Home Occupation	Proposed Project Description: 2 unit residential w/ Home Occupation
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 02/29/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.			
2) With the issuance of this permit and the certificate of occupancy, this property shall be a two family dwelling with a home occupation (therapist) on the first floor. Any change of use shall require a separate permit application for review and approval.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 03/03/2008
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 approval prior to work.			

Tracy McCallum
44 Clinton St
Portland ME, 04103
874-8060

Zoning Administrator
Department of Urban Development
City Of Portland
389 Congress St
Portland, Maine 04010

February 24, 2008

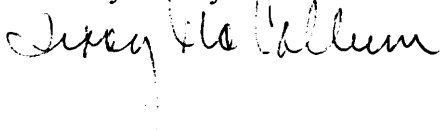
Dear Zoning Administrator,

I am requesting a permit to allow me the use of my residence at 44 Clinton St for a home occupation. I intend to set up my natural health care practice there. I am nationally registered as both a Polarity Practitioner and Craniosacral Therapist ©, an acceptable home occupation listed under Section 14- 410, section B, item (9) 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 155 square feet, 16% of downstairs living space (967 sq feet).
- b. No goods will be stored displayed or be visible from outside the residence.
- c. Storage of materials necessary to perform my occupation are minimal and included in the 155 square feet above.
- d. No external signage is planned at this time. If I do create a sign, it will meet the specifications outlined in (A) 4.
- e. No exterior alterations to the residence are necessary.
- f. The residence has off street parking available in 2 driveways for 4 cars. Since a busy day for me is 3 clients a day who are scheduled to not intersect each other, I need only one off- street parking space available for clients, and have four.
- g. No objectionable effects will result from my home occupation.
- h. I will not need any employees.
- i. As mentioned in item F, above, I would see no more than 3 clients a day which would not produce a greater volume of traffic normally expected in a residential neighborhood.
- j. No vehicles even nearing a gross vehicle weight of 6,000 pounds are necessary for my home occupation.

My proposed 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. Enclosed is a copy of a floor plan showing the first floor of the two family residence, which includes the area of home occupation space.

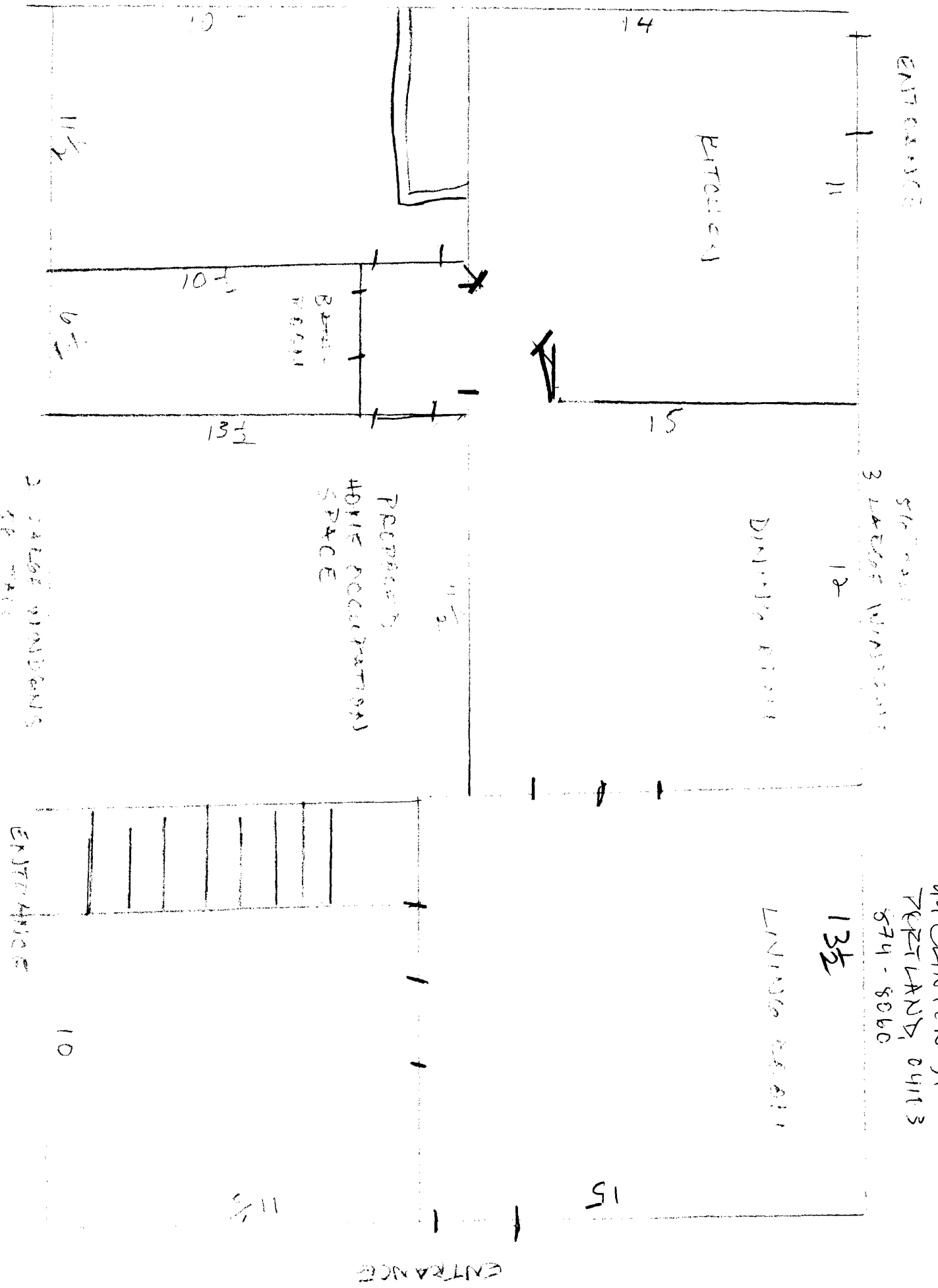
Thank you for your time and attention.



ATTACHED GARAGE

FLOOR PLAN FOR HOME OCCUPATION

TRACY Mc CALEW
 44 CLINTON ST
 WESTLAND, OH 4113
 574 - 8060



2 LARGE WINDOWS
 ON WALL

5th floor
 3 LARGE WINDOWS