

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: 041331

PERMIT ISSUED

This is to certify that Grail M. DesRoches
Quimby Susan A & /Applicant

has permission to Home Occupation /Massage Therapy Practice

SEP 20 2004

AT 805 Stevens Ave

146 D009001

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 work in permit in progress before this building or part thereof is occupied or closed-in. 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 9/17/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 805 Stevens Ave

CBL 146 D009001

Issued to Susan Quimby/Applicant: Gail M. DesRoucher

Date of Issue 09/27/2004

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 04-1331, has had final inspection, has been found to conform 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

Change of Use from Vacant to massage Therapy 2nd Floor

APPROVED OCCUPANCY

Use Group B Type 5B
(Boca 1999)

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

9/27/04

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

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

Permit No: 04-1331	Issue Date:	CBL: 146 DO09001
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Location of Construction: 805 Stevens Ave	Owner Name: Susan Quimby	Owner Address: 805 Steven Ave	Phone:
Business Name:	Contractor Name: Applicant: Gail M. DesRoucher	Contractor Address: Alfred Rd Hollis	Phone: 12078070160
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: B-2

Past Use: Professional offices	Proposed Use: Professional offices/ Massage Therapy Practice on 2nd floor	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 4
Proposed Project Description: <i>Legal Use: Professional office</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>SB</i> <i>9/16/04</i>	
		Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	Signature: <i>[Signature]</i>	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature:	Date:	

Permit Taken By: ldobson	Date Applied For: 09/02/2004	Zoning Approval		
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"/>	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	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>9/15/04</i>	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 - Building or Use Permit

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

Permit No: 04-1331	Date Applied For: 09/02/2004	CBL: 146 D009001
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Location of Construction: 805 Stevens Ave	Owner Name: Susan Quimby	Owner Address: 805 Steven Ave	Phone:
Business Name:	Contractor Name: Applicant: Gail M. DesRoucher	Contractor Address: Alfred Rd Hollis	Phone (207) 807-0 160

Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial
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Proposed Use: Professional offices/ Massage Therapy Practice on 2nd floor	Proposed Project Description: Massage Therapy Practice on second floor
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 0911512004
Note: 9/14/04 actually on hold - no floor plans submitted -I left a call with the applicant, Gail -
9/15/04 received floor plans **Ok to Issue:**

1) Separate permits shall be required for any new signage.

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 09/17/2004
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved **Reviewer:** Lt. MacDougal **Approval Date:** 09/16/2004
Note: **Ok to Issue:**

SEP - 2 2004

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>805 Stevens Ave Portland ME 04103</u>		
Total Square Footage of Proposed Structure <u>380 Sq Ft + shared waiting space</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>146</u> Block# <u>B</u> Lot# <u>009</u>	Owner: <u>Steve Bourey</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Gail M. DesRoches</u>	Applicant name, address & telephone: <u>Gail M. DesRoches</u> <u>278 OLD ALFRED RD</u> <u>HOVING ME 04042</u>	cost Of Work: \$ <u>30.00 - chg use</u> Fee: \$ <u>75.00 (105)</u>
Current use: <u>Vacant Dwelling</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Massage Therapy Practice</u>		
Project description:		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Gail M. DesRoches</u>		
Mailing address: <u>278 OLD ALFRED RD</u> <u>HOVING ME 04042</u>		
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: <u>807-0160</u>		

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>[Signature]</u>	Date: <u>9/2/04</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 and fees with the Planning Department on the 4th floor of City Hall

CITY OF PORTLAND, MAINE

ZONING BOARD OF APPEALS

Patric Santerre, Chair
Catherine Decker, Secretary
William Hall
Nan Sawyer
Joseph Lewis
Kimberly Boggiatto

September 15, 2003

Susan Quimby
449 Stevens Avenue
Portland, Maine 04103

RE: 805 Stevens Avenue
CBL: 146-D-009
ZONE: B-2 Zone

Dear Ms. Quimby:

As you know, at its September 4, **2003**, meeting **the Board of Appeals voted 4-0-1 to grant your Practical Difficulty Appeal** to operate the property as a professional office.

Enclosed please find the billing for the Zoning Board of Appeals legal ad and abutters notification along with a copy of the Boards decision.

I am also enclosing your Certificate of Variance Approval, which must be recorded in the Cumberland County Registry of Deeds within 90 days of September 11, 2003, when it was signed. Failure to so record the Certificate will result in its being voided.

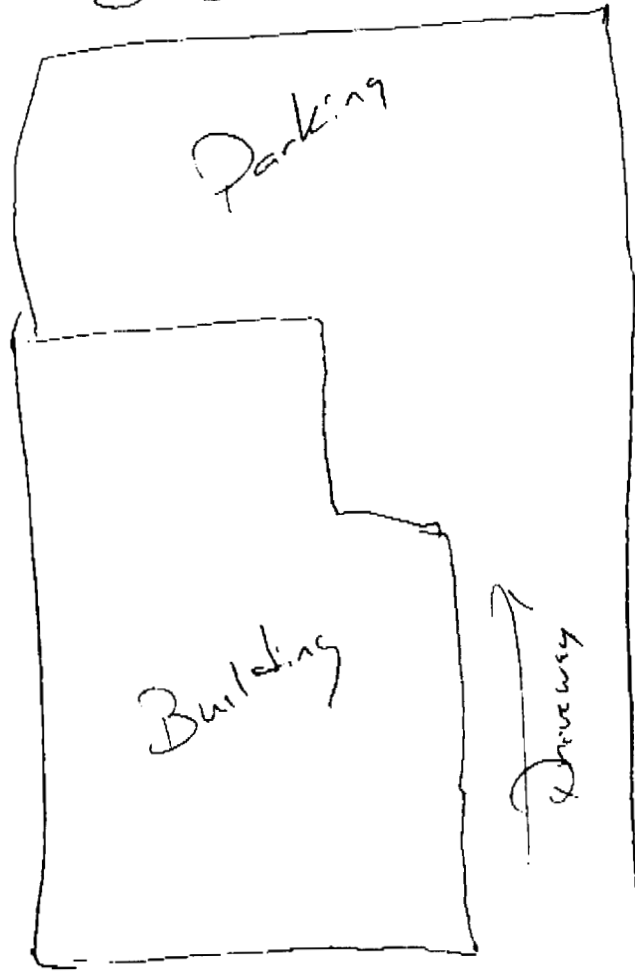
Should you have any questions please feel free to contact me at 207-874-8701

Sincerely,

Karen Dunfey
Office Manager

ATTN: Donna

RE: 805 Stevens Ave



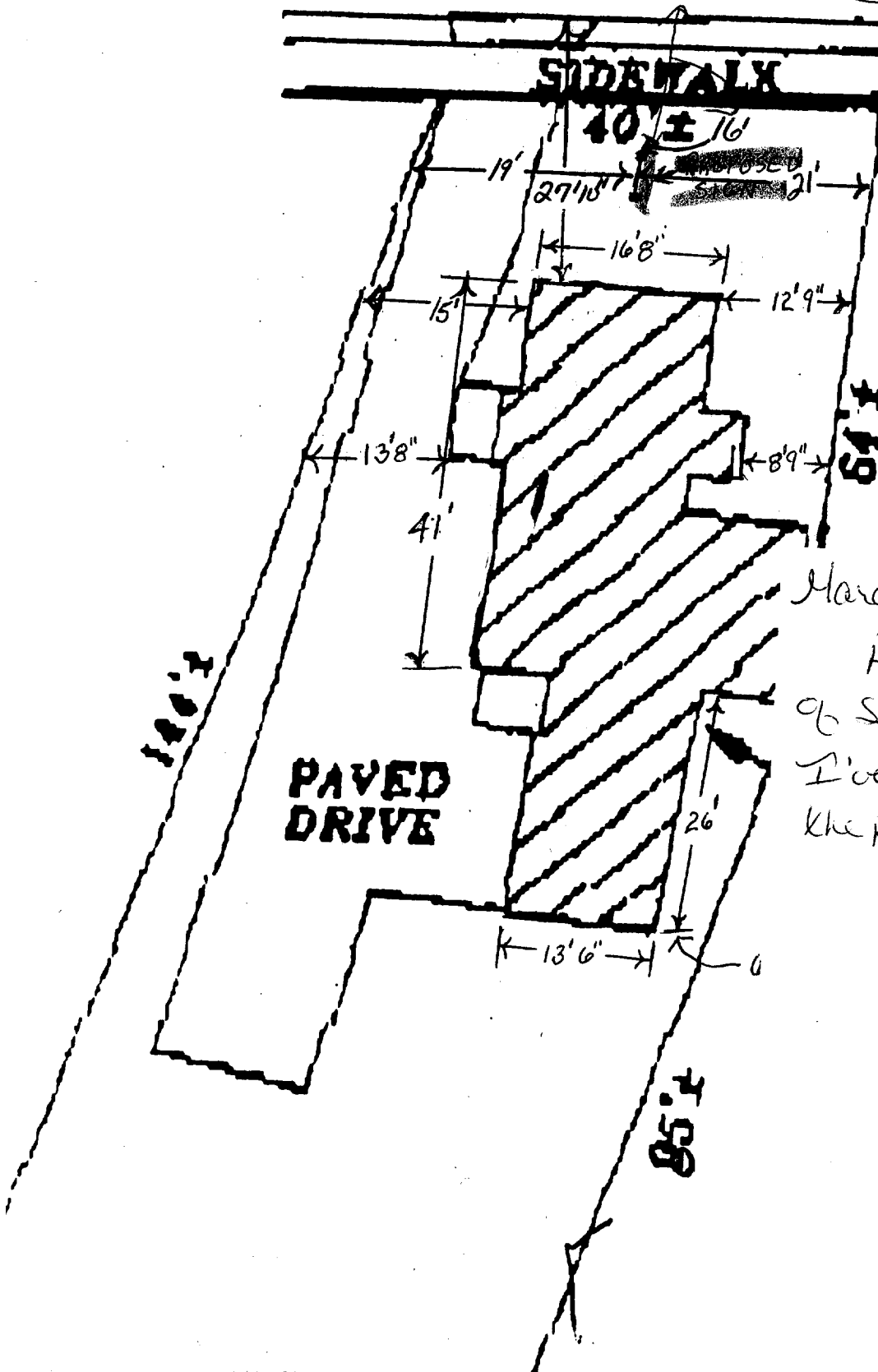
FAX:

871-8716

A handwritten signature, possibly reading "John", written in cursive.

STEVENS AVENUE (BIT)

16' from property line to sign

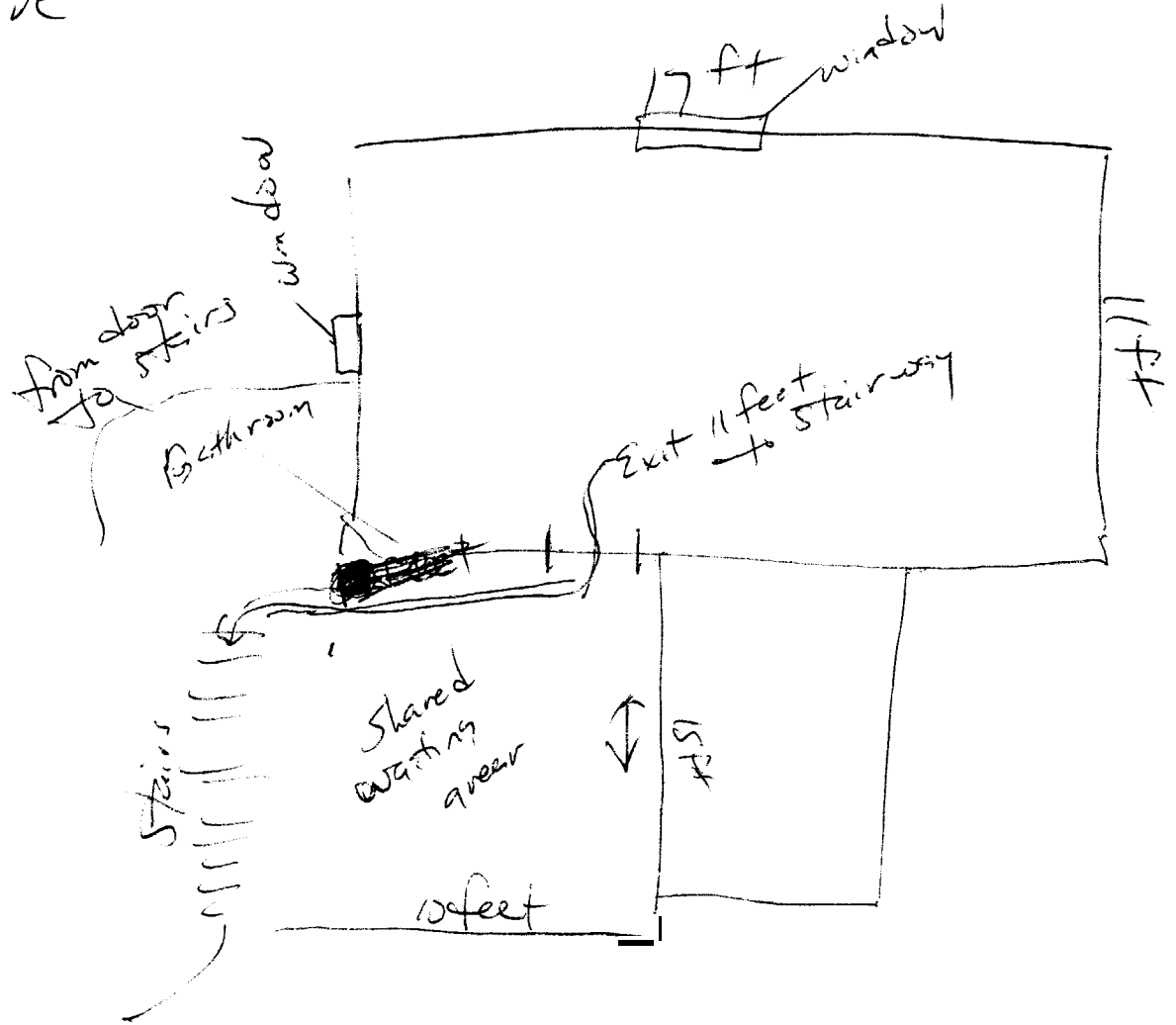


Marge
Applicant wasn't sure
of site dimensions, so
I've included this from
the property file.

Donna.

805 Stevens Ave
Gail M. DesRochers

ATTN: Marge



SEP 15 2004