Sallie Rich, LMT

39 HALL ST PORTLAND, ME 04103 **TEL** 207 8074969

richsallie@hotmail.com

June 6, 2013
Ms. Marg Schmuckal, Zoning Administrator
Department of Urban Devlopment
City of Portland
389 Congress Street
Portland, Maine 04101

Dear Ms. Schmuckal,

I am purchasing the home I am currently living in at 39 Hall Street. We are set to close at the latest by June 28th, 2013. I have attached a copy of our purchase and sale agreement.

I am requesting a permit to allow me to use the residence at 39 Hall Street for a home occupation. I intend to use a room of my house to practice massage therapy. Massage therapy is an acceptable home occupation listed under item (b) of Section 14-410 of the Portland Zoning Ordinance. The following is an explanation of how my home meets the criteria listed under item (a) of the same.

- 1. My home occupation will occupy approximately 120 square feet (10%) of the floor area of the residence.
- 2. No goods will be stored, displayed, or visible from outside the residence.
- 3. Storage of the material necessary to perform my occupation are minimal and included in the 120 square feet of floor space mentioned above.
- 4. There will be no external signage related to my home occupation.
- 5. No exterior alterations to the residence are necessary.
- 6. Since I will be seeing only one client at a time, they will be able to park in my driveway.
- 7. No objectionable effects will result from my home occupation.
- 8. I will not require the services of any employees.

- 9. The additional traffic generated will be minimal as I only see one client at a time and only a few clients each day.
- 10. 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 my drawing of the floor plan of the entire dwelling and the area of the home occupation space, as well as the above mentioned purchase and sale agreement.

I am also attaching a copy of my State of Maine Massage Therapy License and my current membership with ABMP who provides my liability insurance.

Thank you very much for your assistance in this matter. Please contact me with any questions or concerns.

Sincerely yours,

Sallie J. Rich. LM7

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