Form# P04 DISPLAY THIS CARI	D ON PRINCIPAL FRONT	AGE OF WORK				
Please Read Application And Notes, If Any, Attached		PERMIT ISSUED Fermit Number: 0516612005				
This is to certify thatVIOLA PATRICK R IR						
has permission to Home Occupation for Massa	Office r onstruction	CITY OF PORTLAND				
AT _161 MURRAY ST	L 161	B018001				
provided that the person or persons, of the provisions of the Statutes of I the construction, maintenance and u this department.	ine and of the function of each of buildings and subscriptings, fication of inspection musices	his permit shall comply with all the City of Portland regulating and of the application on file in				
Apply to Public Works for street line and grade if nature of work requires such information.gImage: such information.Image: such information.	h and when permition proclaim re this adding or of thereous ed or constant social osed-in. JR NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.				
OTHER REQUIRED APPROVALS						
Fire Dept						
Health Dept						
Appeal Board	- M	DAN AD ILDIA				
Other Department Name	$-\int \Lambda c$	Director - Building & Inspection Services				

					PFRM	ITISSUED		
			Pe	rmit No:	Issue Date:			
				05-1661	I NOV	161 B01800		
Location of Construction:	Owner Name:		Dwne	r Address:		Phone:		
161 MURRAY ST	VIOLA PATR	VIOLA PATRICK R JR		AMUEL RD				
Business Name:	Contractor Name	Contractor Name:		actor Address:	CITY OF	POPFEAND		
Lessee/Buyer's Name	see/Buyer's Name Phone:			Permit Type:				
			Cha	ange of Use H	Iome Occupation	n Pr		
Past Use:	Proposed Use:							
Single Family Home		Single Family Home- Home Occupation for Massage Office no construction		\$225.00	\$105.00			
	-			DEPT:] Approved] Denied	PECTION: Group 2.3 Type 5.3 JRC 2.003 nature: Avr 11/1.3/05		
						JRC 2005		
Proposed Project Description:	·							
Home Occupation for Massage Office no construction		1	Signature: Sign		1ature: AV 1118/05			
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			Γ (P.A.D.)		
			Actio	Action Approved Approved w/Conditions Den				
			Signa	Signature Date				
Permit Taken By:	Date Applied For:			Zoning	Approval			
ldobson	11/10/2005							
1. This permit application do		ude the Special Zone or Revi		ws Zoning Appeal		Historic Preservation		
Applicant(s) from meeting applicable Star Federal Rules.		Shoreland		Variance		Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	neous	Does Not Require Review	ew	
 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 		Flood Zone		Conditional Use		Requires Review		
		Subdivision		Interpretation		Approved		
		Site Plan		Approved		Approved w/Conditions		
		Maj Minor M	undi			Denied		
		Date: 9 11/17	05	Date:		late: Mar		

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 **ail** 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

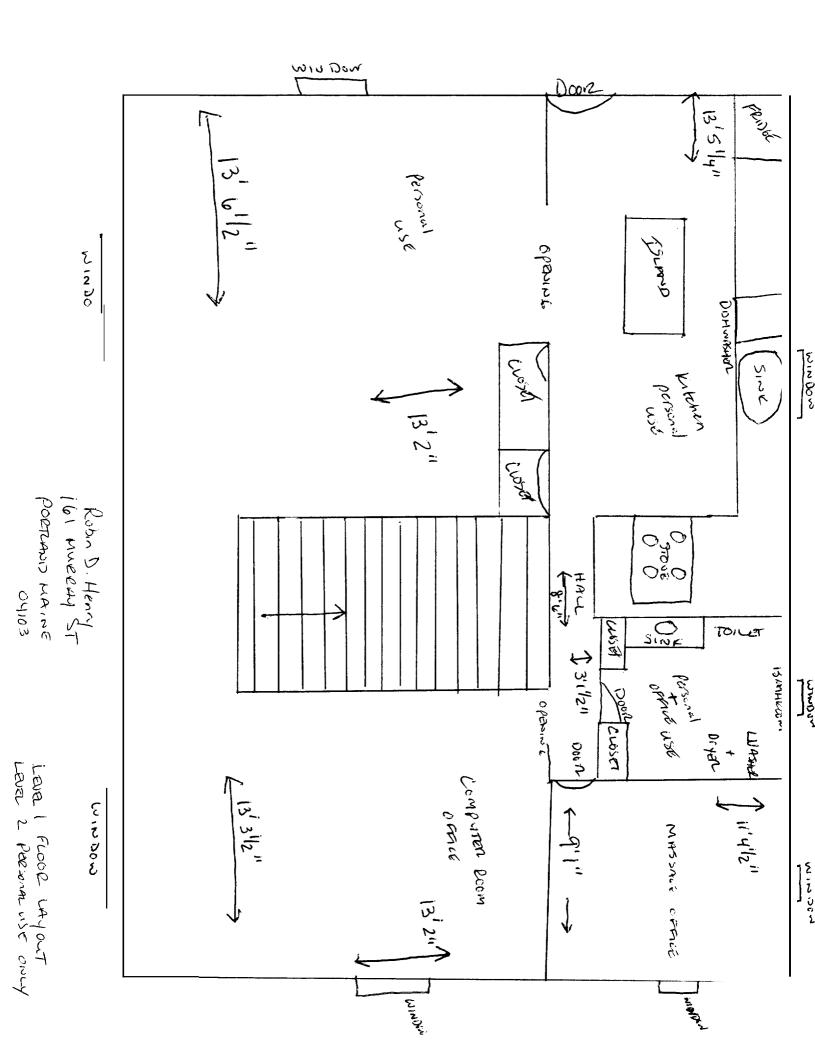
Total Square Footage of Proposed Structu	Square Footage of Lot					
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: PA1	TRICK VIOAA		Telephone: 20I-318-7272		
Lessee/Buyer's Name (If Applicable) Robin D Henry	telephone: Robin D Henry			cost Of Nork: \$ ≂ee: \$ ►\		
If the location is currently vacant, what was prior use: <u>RESIDENT</u> Approximately how long has it been vacant: Proposed use: <u>RESIDENT</u> Project description: change of use for a home occupation, to add; <u>ROOM IS EXISTING</u> - WILL BENSED AND MASSING OFFICE						
Contractor's name, address & telephone:						
Who should we contact when the permit is ready: $R_{C,3,4}$ P $H_{EV,2,4}$, $P_{C,1}$						
IF THE REQURED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY						

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

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

389 Congress St Portland, Maine 04101 (207) 874-8700 FAX 874-8716 TTY 874-8936

City of Portland, Maine - Buil	Permit No:	Date Applied For:	CBL:			
389 Congress Street, 04101 Tel: (2	05-1661	11/10/2005	161 B018001			
Location of Construction:	Location of Construction: Owner Name: Or			Owner Address: Phone:		
161 MURRAY ST	VIOLA PATRICK R JR 1		17 SAMUEL RD			
Business Name:	Contractor Name: Co		Contractor Address:		Phone	
Lessee/Buver's Name	Phone:	 	Permit Type: Change of Use Home Occupation			
Proposed Use:		Propose	d Project Description:			
Single Family Home- Home Occupation for Massage Office no construction Home Occupation for Massage Office no construction						
Dept: Building Status: A Note:	pproved	Reviewer:	Tom Markley	Approval Da	te: 11/18/2005 Ok to Issue: □	
I) This is a Change of Use ONLY pe	ermit. It does NOT autho	orize any constru	ction activities.			



November 7,2005

Zoning Administrator City of Portland 289 Congress Street Portland, ME 04101

To Whom It May Concern:

I am requesting a permit to allow me the use of my residence at 161 Murray Street for a home occupation. I am a Licensed Massage Therapist and would like to see clients out of my home. This is an acceptable home occupation listed under section b number 9 in the section 14-410 of Home Occupation.

My home occupation will occupy approximately 278 square feet, the actual massage office being 103 square feet; the room where I will be doing billing from occupies 175 square feet of the floor area. This equates to less than 25% of the residence.

There will be no goods displayed or sold at the residence.

Storage of material used will be minimal and is included in the square feet of floor space mentioned above.

There will be no external sign related to my home occupation. \checkmark

I will be seeing only one client at a time so no additional parking will be needed, as the drive way is large enough to accommodate *3* automobiles.

No offensive noise, smoke, dust or other objectionable effects will result from the home occupation.

There is no need for any external alterations.

I do not require the service of any employees. \checkmark

The traffic will not be in greater volumes that would be normal in a residential neighborhood.

There will be on motor vehicle exceeding 6,000 pounds stored at the property.

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 is a floor plan showing the dimensions and area of the home occupation. Also attached is a letter from the owner of the home giving me permission to work from the home. Thank you.

Sincerely, Rolo D Henry

Robin D Henry

To; City of Portland

From: Patrick Viola

Subject: Approval

Date: October 28, 2005

I give permission to my tenant, Robin D. Henry to conduct her massage business out of the property which I own located at 161 Murray St. Portland, Maine.

Pure Vinta