| 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 |

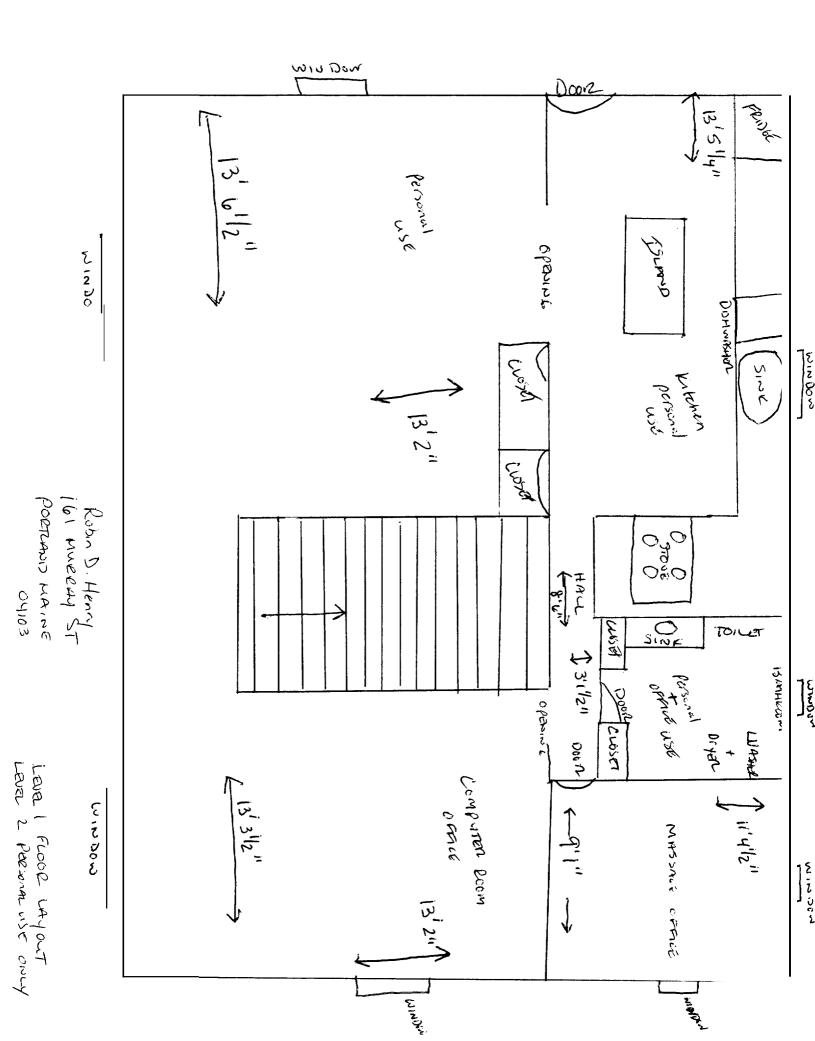
| Total Square Footage of Proposed Structu | Square Footage of Lot | | | | | |
|--|--------------------------|-------------|--|-----------------------------------|--|--|
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# | Owner: PA1 | TRICK VIOAA | | Telephone: 20I-318-7272 | | |
| Lessee/Buyer's 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