DISPLAY THIS CA		_
Please Read Application And Notes, If Any, Attached	TY OF PORTLAND EXECUTION PERMIT	PERMIT ISSUED Permit Number: 050729 JUN 1 7 2005
This is to certify that Ciccomancini Adriano o	& /CA / Gil M	
has permission to create handicap Family	unit	CITY OF PORTLAND
AT 42 Grafton St	. 169 E0	013001
of the provisions of the Statutes the construction, maintenance at this department.	of line and of the lances of the lances of the land up of buildings and substures, a	nis permit shall comply with a the City of Portland regulation and of the application on file i
Apply to Public Works for street line and grade if nature of work requires such information.	n fication is inspect in must generally and with permittion procu- by re this ding or at thereoder in the permittion of	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Fire Dept.		0 1
Health Dept		with the
Other Department Name		Director - Building & Inspection Services
Department Name		

PENALTY FOR REMOVING THIS CARD

City of Portland, I		_			1011	rmit No:	Iss	PRM	IT ISS			1
389 Congress Street,	04101 Tel: (3, Fax:	(207) 874-8		05-072				169	E013	3 0 01
Location of Construction:		Owner Name:		_		er Address:		JUN	17	Phone:		
42 Grafton St		Ciccomancini Adriano &			-	Brafton St	<u> </u>	0011	1 /	<u> </u>	<u> </u>	-
Business Name:		Contractor Name:				actor Address	L-	710		Phone	Ţ	1
Lessee/Buyer's Name		CASA / Gil Mo		Ī		tland it Type:	<u>Cl</u>	<u> </u>	- PUK	TI AN		Zone:
bessed bujer's realite		i nonc.				inge of Use -	- Dwelli	ngs				K I
Past Use:		Proposed Use:			Perm	it Fee:	Cost o	f Work	Cl	EO Distric	et:	
Single Family Home Single Family handicap Family		Home /	create	-	\$105.00 \$105.				4	-		
		ily unit		FIRE	DEPT:	Appro		NSPECT			: Type: 5	
						[_ Denie	d l'	Use Group	×/	1	ype: 🔰
Proposed Project Descripti	on•				_				ı	Λ	n.	1 :
create handicap Family					Signa	ture:		s	Signature:	Mild	56	llels
					PEDESTRIAN ACTIVITIES DISTRI					ICT (P.A.D.)		
					Actio	n: Appro	oved	Appro	ved w/Co	nditions		Denied
	_				Signa	iture:			D	ate:		
Permit Taken By: ldobson	_	pplied For: 0/2005				Zonin	g App	roval				
			Spe	ecial Zone or Re	views	Zon	ing Appe	eal		Historic	Preser	vation
	1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland Variance				ce		Not in District or Landrr			
2. Building permits of septic or electrical	-	olumbing,	☐ Wetland ☐ Miscellaneous				Does Not Require Review					
3. Building permits a within six (6) mon	are void if work		Flood Zone Conditional Use			Requires Review						
False information permit and stop al		a building	Subdivision Interpretation				Approved					
			☐ Si	ite Plan		Approv	ved			Approve	d w/Co	nditions
			Maj [Minor M	Mitor	Denied				Denied	>	?
			Date:	Kitchen	370	Date:	• /		Date	:	/	
			_	90	116/	05						
					11.1							
			(CERTIFICAT	ΓΙΟΝ							
I hereby certify that I and I have been authorized furisdiction. In additionshall have the authority	by the owner to n, if a permit fo	make this appli r work describe	ication a	as his authoriz application is	ed agen issued,	t and I agree I certify that	to conf	form to de offic	all appl ial's aut	icable la horized	ws of repres	f this sentative
such permit.												
SIGNATURE OF APPLICA	NT			ADDRE	ESS		1	DATE		1	PHONI	 E

City of Portland, Maine	e - Building or Use	Permit Applicat	tion Pe	rmit No:	Issp DD4	MIT ISSUED	
389 Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-8	3716	05-072			013001
Location of Construction:	Owner Name:		Owne	er Address:		N 1 7 2005 ^{one:}	
42 Grafton St	Ciccomancini	Adriano &	42 (Grafton St	JUI	N 1 7 2005 N	
Business Name:	Contractor Name	:	Conti	ractor Address:		Phone	
	CASA / Gil M	Ioreno	Por	tland	CITY C	DE PORTI AND	
Lessee/Buyer's Name	Phone:		Perm	it Type:			Zone:
			Cha	ange of Use -	Dwellings		_ KS
Past Use:	Proposed Use:		Perm	it Fee:	Cost of Wor	k CEO District:	
Single Family Home	Single Family	Home / create	-	\$105.00	\$10	05.00 4	İ
	handicap Fam	ily unit	FIRE	E DEPT:	Approved	INSPECTION: 2	~
					Denied	Use Group (2)	Type: 57
					_ Demou	}	
						_	
Proposed Project Description:						\ \AA B	11/11/11
create handicap Family unit			Signa			Signature: Y	6/16/03
			PEDE	ESTRIAN ACT	IVITIES DIST	RICT (P.A.I).)	/ /
			Actio	on: Appro	ved App	oroved w/Conditions	Denied
			Signa	ntura:	_	Date:	-
Permit Taken By:	Date Applied For:	Ι	Signa		- A mmmorro		
Idobson	06/09/2005			Zom	g Approva	u /	,
This permit application d	loes not preclude the	Special Zone or Ro	eviews	Zoni	ng Appeal	Historic Pr	eservation
Applicant(s) from meetin		Shoreland		Varianc	·e	Not in Dist	rict or Landma
Federal Rules.	6 11	Shoreland		- variance			aret of Editoria
2. Building permits do not include plumbing,		Wetland Miscellaneous			Does Not Require Review		
septic or electrical work.	merade pramorng,						•
3. Building permits are voice	d if work is not started	☐ Flood Zone		Conditi	onal Use	Requires R	eview
within six (6) months of t	the date of issuance.						
False information may in		Subdivision		Interpre	etation	Approved	
permit and stop all work.	•						
		Site Plan		Approve	ed	Approved v	w/Conditions
		Maj Minor N		Denied		Denied	\prec
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		Date: Litcher	-> 10	Date:	\ 	Date:	
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		CEDTIFICA	TION				
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I hereby certify that I am the or I have been authorized by the							
jurisdiction. In addition, if a p							
shall have the authority to ente							
such permit.	•						
SIGNATURE OF APPLICANT		ADDR	ESS		DATE	PH	ONE
- · · · -					_		

City of Portland, N 389 Congress Street,		O			- 1	05-0729	118	PER	MII IS	220EB	E01	3001
Location of Construction:		Owner Name:	,	(er Address:				2005 ^{one:}	Ħ	†
42 Grafton St		Ciccomancini	Adriano	o &	42 (Grafton St		JU	N 17	ΖΨΟΌ		1
Business Name:		Contractor Name	e:		Contractor Address: Phone						<u> </u>	
		CASA/ Gil M	oreno		Por	tland	ĺ	TTY ()F PO	RTIAN	Ŋ	
Lessee/Buyer's Name Phone:			Perm	it Type: -	`	3111 \	/1 1 ~~			Zone:		
]								RS
Past Use:		Proposed Use:			Pern	nit Fee:	Cos	st of Wor	·k	CEO Distric	ct:]
Single Family Home		Single Family		create				05.00			<u> </u>	
		handicap Fami	ily unit		FIRE	E DEPT:		proved		CTION:		Туре: 57
						Ļ	De	nied	Use Gr	oup:K5		Type: 🏒 💃
Proposed Project Description	\n.				-					\wedge	n.	1 .
create handicap Family					Signa	ature			Signatu		66	116/14
create numercup i anniy	difft					ESTRIAN ACT	TIVIT	IES DIST		1	7 6	100
					Actio					Conditions	ا	Denied
					Actic	лі Арріс	yea	Ар	proved w	Conditions		Demed
					Signa	ature:				Date:		
Permit Taken By:		pplied For:				Zoning	g Ap	prova	al		/	
ldobson	06/0	9/2005				7	A .	1		Historic	P	
1. This permit applica			Spe	ecial Zone or Revie	ews	l	ing A _l	ppear		1/		
Applicant(s) from Federal Rules.	meeting appli	cable State and	∏ Sł	noreland		☐ Varian	ce			Not in D	District	or Landma
	2. Building permits do not include plumbing, septic or electrical work.		Wetland Miscel		ellaneous			Does Not Require Review				
			Flood Zone		Conditional Use			Requires	Revie	ew		
			Subdivision			☐ Interpretation				Approved		
			☐ Si	te Plan		Approv	/ed			Approve	d w/C	onditions
			Maj [☐ Minor ☐ MM	tor	Denied				_ Denied	>	\leq
			Date:	Katchene	to	Date:	7):	ate:		
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I hereby certify that I an I have been authorized by												
jurisdiction. In addition	, if a permit fo	or work describe	d in the	application is is	sued,	I certify that	t the o	code off	icial's a	uthorized	repre	sentative
shall have the authority such permit.	to enter all are	eas covered by su	ach pern	nit at any reasoi	nable l	hour to enfor	rce th	ne provi	sion of	the code(s) app	licable to
SIGNATURE OF APPLICAL	NT			ADDRES	2			DATE			PHON	TE .
SIGNATURE OF APPLICAL	. 11			ADDRES	J			DATE			1 11ON	ili.



CITY OF PORTLAND, MAINE Department of Building Inspections

20
Received from
Location of Work
cost of Construction \$
Permit Fee \$
Building (E) Plumbing (15) Electrical (12) Site Plan (U2) Other
CBL:
Check #: Total Collected \$
THIS IS NOT A PERMIT No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.
WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

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.

	42 C	TRAFTON STA	240		
Total Square Footage of Proposed Structu	ire	Square Footage of Lot		S	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# [69 E 13-16	Owner:	ANO CIECOMA	Telepho ceinsi	one:	
Lessee/Buyer's Name (If Applicable)	telephone	name, address & 9 INE. 741 GUAZER 1410 M. 6410	Cost Of Work: \$ Fee: \$ //2	05/20	
Current use: Single Annil	/ / 1	Dece			
If the location is currently vacant, what was prior use: Approximately how long has it been vacant: Proposed use: Project description: ### Approximately how long has it been vacant: ### Approximately how long has it been vacant: ###################################					
Contractor's name, address & telephone: Who should we contact when the permit is ready: Mailing address: D.O. Box 150 WestBrook XMAINE 04038					
We will contact you by phone when the preview the requirements before starting a and a \$100.00 fee if any work starts before	ny work, with	n a Plan Reviewer. A sto	p work order wi	Il be issued	
IF THE REQUIRED INFORMATION IS NOT INCL	UDED IN THE	SUBMISSIONS THE PERMI	T WILL BE AUTON	HATICALLY	

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 APROVE 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:

Date: 6/7/05

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



741 Warren Avenue Portland, ME 04103 (207) 879-6165 Fax: (207) 879-7466

Mailing Address: P.O. Box 150 Westbrook, ME 04098-0150

June 6th, 2005

To: Marge Schmuckal
City of Portland
Planning and development Dept.
389 Congress Street Portland, Maine 04101

From: Gil Moreno Casa Incorporated 741 Warren Avenue Portland, Maine 0410I

Dear Marge,

On behalf of Casa Incorporated and its Board of Directors I would like to thank your recent time and assistance. Casa is in the process of development and licensure of a children's foster home that is to be located at 42 Grafton Street in Portland. Casa has been working very diligently with various local and state agencies to develop the residential home. It is our understanding at this time as part of the licensing process the home requires an occupancy permit or a change of use to a "Handicapped Family Unit". Casa is submitting along with the permit application and fee a brief detail of the program.

Program description

The program will be designed and licensed by the Department of Health and Human Services DHHS to serve 3 children ages 8-18. The children may have various disabilities but the primary diagnosis will be Autism and mild mental retardation. The program will be an ABA based program and staffed 24 hours a day, seven days a week. The consumers will be involved in the community, attend public school and maintain contact with their families. All consumers will have comprehensive Person Centered Plans to help maintain their health and safety goal while at the residence. The staff will be highly trained and supervised in accordance with DHHS licensing. There is a staff office on the premise will be a small room on the second floor. There are no physical plans to modify the existing environment. The house has passed a state fire marshal inspection as a single family dwelling unit.

If you have any questions, or you require further clarification, please feel free to contact me at 879-6165. Thank you.

Gil Moreno

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:	42 C	TRAFTON .	STRUT	-	
Total Square Footage of Proposed Structu	1	Square Footage o	of Lot , 800	Aenes.	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# (6 4 E 13-16	Owner: Adria	INO CIECUM	naveini	Telephone:	
Lessee/Buyer's Name (If Applicable)	Applicant name, address & Cost Of telephone: Two Work: \$				
	POBO	741 BUAL	14103 Fe	e: \$	
Current use: Single Annily	y Pers	Duce			
If the location is currently vacant, what wa	s prior use:			_	
Proposed use:					
Contractor's name, address & telephone:		- 1 1			
Who should we contact when the permit Mailing address:	is ready: < /5 ⁻ 0	WASTBRO	BENO M	10 LASALRE	
We will contact you by phone when the preview the requirements before starting arand a \$100.00 fee if any work starts before	ny work, with	a Plan Reviewer.	A stop work		

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Signature of applicant: Date: 6/7/65

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741 Warren Avenue Portland, ME 04103 (207) 879-6165 Fax: (207) 879-7466

Mailing Address: P.O. Box 150 Westbrook, ME 04098-0150

June 6th, 2005

To: Marge Schmuckal
City of Portland
Planning and development Dept.
389 Congress Street Portland, Maine 04101

From: Gil Moreno

Casa Incorporated 741 Warren Avenue Portland, Maine 04101

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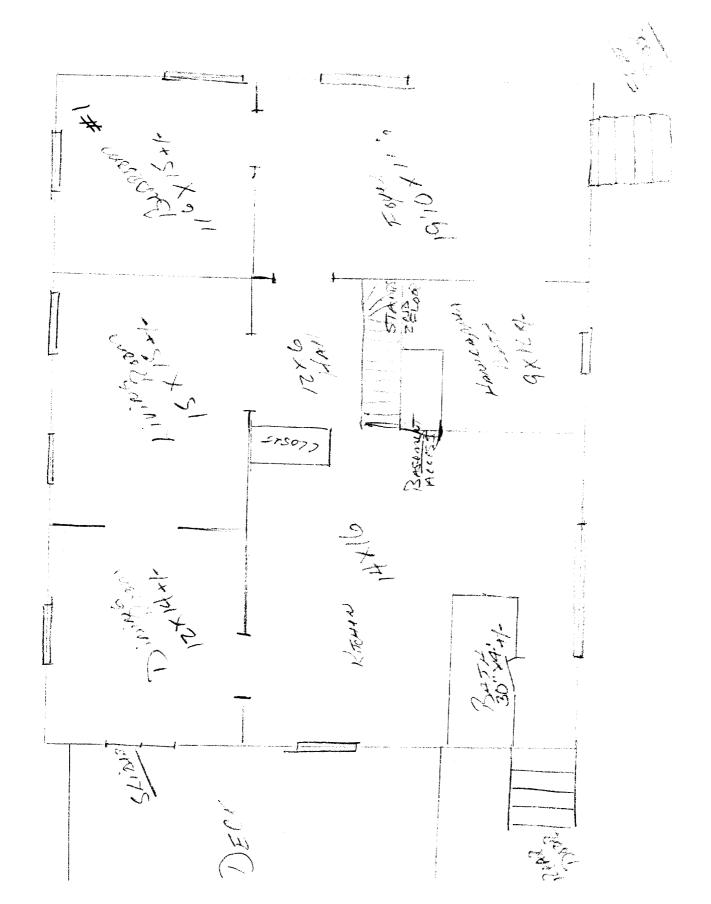
Propram description

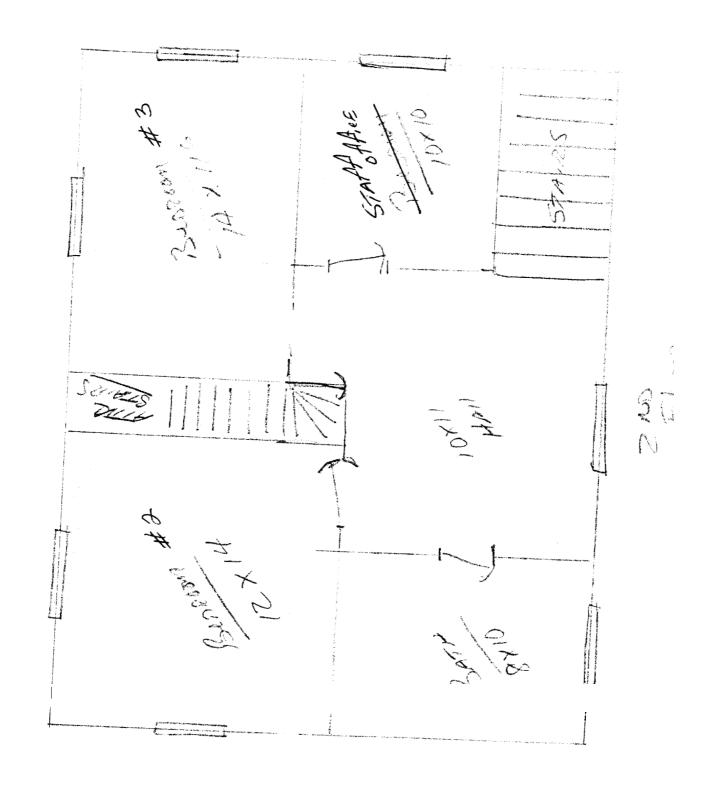
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If you have any questions, or you require further clarification, please feel free to contact me at 879-6165. Thank you.

Sincerely

Moreno





City of Portland,	Maine - Building or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street,	04101 Tel: (207) 874-8703, Fax: (2	05-0729	06/09/2005	169 E013001	
Location of Construction:	wner Address:	1	Phone:		
42 Grafton St	Ciccomancini Adriano	& 4	2 Grafton St		
3usiness Name:	Contractor Name:	Co	ontractor Address:		Phone
	CASA / Gil Moreno] 1	Portland		
_essee/Buyer's Name	Phone:	Po	ermit Type:		
			Change of Use - D	Owellings	
'roposed Use:		Proposed	Project Description:		
Single Family Home /	create handicap Family unit	create h	andicap Family u	nit	
Dept: Zoning	Status: Approved	Reviewer:	Marge Schmucka	1 Approval D	ate: 06/16/2005
Note:					Okto Issue:
1) No additional kitcl	nen facilities are to be added with in the	structure.			
Dept: Building	Status: Approved	Reviewer:	Jeanine Bourke	Approval D	ate: 06/16/2005
Note:				FF	Ok to Issue:
	. 16	1			
1) Separate permits a	re required for any electrical, plumbing,	or heating.			
2) This is a Change o	f Use ONLY permit. It does NOT author	rize any construc	tion activities.		
Dept: Fire	Status:	Reviewer:		Approval D	ate:
Note:					Ok to Issue:

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule **an** inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take pla	ce upon receipt of your building permit.
A ooting/Building Location Inspec	tion: Prior to pouring concrete
1 e-Bar Schedule Inspection:	Prior to pouring concrete
I oundation Inspection:	Prior to placing ANY backfill
MAF raming/Rough Plumbing/Electri	cal: Prior to any insulating or drywalling
Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
Certificate of Occupancy is not required for you if your project requires a Certificate of inspection If any of the inspections do not ocphase, REGARDLESS OF THE NOTICE	Occupancy. All projects DO require a final cur, the project cannot go on to the next
CERIFICATE OF OCCUPANICE BEFORE THE SPACE MAY BE OCCUPANICE WHITE SPACE MAY BE OCCUPANICE OF THE SPACE MAY BE OCCUPANICE OF	ES MUST BE ISSUED AND PAID FOR, PIED 6/17/07
Signature of Applicant/Designee	Date by 19 6
Signature of Inspections Official	Date
CBL: 19 EOB Building Permit #	050729