

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

* Location of Construction: 904 Washington Ave.		Owner: Empire Development L.L.C.		Phone: 934-7622	
Owner Address: P.O. Box W, OOB ME 04064		Lessee/Buyer's Name: Woodford Family Services		Phone: BusinessName:	
Contractor Name:		Address:		Phone:	
Past Use: 1 fam.		Proposed Use: Same as handicapped Family Unit		COST OF WORK: \$ PERMIT FEE: \$ 25.00	
Proposed Project Description: C of U from 1 fam. to handicapped residential H.F.U. <i>Handicapped Family unit.</i>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R3</i> Type: <i>53</i> <i>000296</i> Signature: <i>Hoffner</i>	
Permit Taken By: SP		Date Applied For: Oct 28, 1998		Signature: _____ Date: _____	

Permit No: **981280**

PERMIT ISSUED

Permit Issued:
NOV 9 1998

CITY OF PORTLAND

Zone: *R5* CBL: 170-B-005

Zoning Approval: *OK* *11/5/98*

Special Zone or Reviews: *NA*

Shoreland Wetland
 Flood Zone Subdivision
 Site Plan maj minor mm

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..

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 provisions of the code(s) applicable to such permit

10-28-98

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT 2

Woodfords
FAMILY SERVICES

(207) 878 9663
(800) 439 0314
(fax) 878 2259

PO Box 1768
Portland ME
04104-1768

A non-profit
corporation
providing services
to Maine families
and individuals with
developmental
disabilities



November 2, 1998

Ms. Marge Schmuckel
Zoning Administration
389 Congress Street
Portland, ME 04101

Re: 904 Washington Avenue – Usage Change

Dear Marge;

170 B 005

I received the fax regarding the questions you had about the category of usage of the above identified property.

Given the definition you gave in the letter, the usage would be identified as a handicapped family unit. We are planning to provide a program for two young adult men that are mildly mentally retarded. As an agency, we will be providing staffing and a variety of supports and training that will assist these two young men to live independently at some point in the future.

The facility will not be used by individuals who have significant physical disabilities. We will also provide staff coverage for periods of time when the residents are at home. At other times, they will be either in school or at work; a part of their transition to independence.

If you have any further questions about the program component, please do not hesitate to call me at 878-9663.

Sincerely,

Richard R. Farnsworth
Executive Director

RRF/mem

cc: Empire Development LLC