Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

CTION

Permit Number: 071451

provided that the person or persons, of the provisions of the Statutes of N	m or experation ende	pting this permit shall comply vices of the City of Portland requi
AT _884 WASHINGTON AVE		
		170 B01100 DEC - 4 2007
has permission to Change of use to single famil	rith hom ccupat - messag	erapy and personnal training.
This is to certify thatGail E. Hannon		PERMIT ISSUED
Attached		DE

of the provisions of the Statutes of N and of the construction, maintenance and up this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Ν ication inspec must and wr n permis n procui gi be e this t dina or t thereo la d or d Josed-in. Н R NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

<b>OTHER</b>	REQUIRED	<b>APPROVALS</b>
V:::-::		

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Service

# BUILDING PERMIT INSPECTION PROCEDURES 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 a	greeing that you understand the
inspection procedure and additional fees from a Work Order Release" will be incurred if the probelow.	"Stop Work Order" and "Stop
Pre-construction Meeting: Must be scheduled receipt of this permit. Jay Reynolds, Development also be contacted at this time, before any site work single family additions or alterations.	Review Coordinator at 874-8632 must
Footing/Building Location Inspection:	Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
use. N	to any occupancy of the structure or NOTE: There is a \$75.00 fee per stion at this point.
Certificate of Occupancy is not required for certain you if your project requires a Certificate of Occupa inspection	
If any of the inspections do not occur, the phase, REGARDLESS OF THE NOTICE OR C	
CERIFICATE OF OCCUPANICES MU	ST BE ISSUED AND PAID FOR,
BEFORE THE SPACE MAY BE OCCUPIED	•
Signature of Applicant/Designee	12/4/07 Date
Signature of Applicant/Designee	Date
Kesa Danjast	10.4.67
Signature of Inspections Official	Date
CBL: 170 B011 Building Permit #: 07	145 <u>;                                    </u>

City of Portland, Main	ne - Building or Us	e Permi	t Applicatio	n Per	rmit No:	Issue Date	::	CBL:	
389 Congress Street, 041	01 Tel: (207) 874-87	03, Fax:	(207) 874-87	16	07-1451		_	170 B	011001
Location of Construction:	Owner Name:			Owner	r Address:	= <u>-</u>		Phone:	
884 WASHINGTON AVE	Gail E. Han	non		47 R	oundabout L	ane			
Business Name:	Contractor Na	me:		Contra	actor Address:			Phone	
Lessee/Buyer's Name	Phone:			Permi	t Type:		<u>-</u> -		Zone:
				Cha	nge of Use 1	Home Occu	pation		R-5
Past Use:	Proposed Use:			Permi	it Fee:	Cost of Wor	rk:	CEO District:	
Single family residence			ce with home			:	\$0.00	4	
	occupation -		therapy and	FIRE	DEPT:	Approved	Use G	CTION: roup: R-3	Type:
Proposed Project Description:				] ,	レノド	t	,	TROP	105
Change of use to single fan	uily with home occupation	n - messa	age therany	Signer			Signati	-CKW	(
and personnal training.	my with home occupation	)11 - 111 <b>0</b> 336	ige therapy	Signat	STRIAN ACT	IVITIES DIS			
 				Action				/Conditions	Denied
				Signat			•	Date:	
Permit Taken By:	Date Applied For:		_	Zoning Approval			al		<u>.</u>
lmd	1/20/2007						_		
1. This permit application		1 '	cial Zone or Revi	ews	Zoni	ng Appeal		Historic Pre	
Applicant(s) from mee Federal Rules.	ting applicable State and	l	oreland		☐ Varianc	e		Not in Distri	ict or Landma
2. Building permits do no septic or electrical wor		□ w	etland		Miscella	aneous		Does Not Re	equire Review
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		∏ Fl	Flood Zone		Condition	_		Requires Re	view
		☐ Su	Subdivision		☐ Interpretation			Approved	
		Si	te Plan		Approve	ed		Approved w	/Conditions
		Maj [	Minor ☐ MM	1	Denied			Denied	
		l or						_ LBU	
		Date: i	13/2 A	ži. 1	Date:		D	Date:	
I hereby certify that I am the I have been authorized by th jurisdiction. In addition, if a shall have the authority to en such permit.	e owner to make this app permit for work describ	named pro plication a ped in the	s his authorize application is i	he prop d agent ssued, I	and I agree to certify that	to conform the code off	to all ap ficial's a	pplicable laws authorized repi	of this resentative
SIGNATURE OF APPLICANT			ADDRES	<u> </u>		DATE		DITO	
SIGNATURE OF ATTERNAT			ADDRES	ဒ		DATE		PHC	INE
RESPONSIBLE PERSON IN CHA	ARGE OF WORK, TITLE		<del></del>			DATE		РНО	

City of Portland, Mai	Permit No:	Date Applied For:	CBL:			
· · · · · · · · · · · · · · · · · · ·	01 Tel: (207) 874-8703, Fax: (20	7) 874-8716	07-1451	11/20/2007	170 B0110	01
Location of Construction:	Owner Name:		Owner Address:		Phone:	
884 WASHINGTON AVE	Gail E. Hannon		47 Roundabout L	ane		
Business Name:	Contractor Name:		Contractor Address:		Phone	
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use F	Home Occupation		
Proposed Use:		Proposed	d Project Description	:		
omgre running residence wi	th home occupation - massage therap	therapy	-	family with home oc	cupation messe	
two. Left voicems massage therapy a  1) This property shall ren separate permit applica  2) During its existence, a	Status: Approved with Conditions on was for massage therapy and personal for Linda Dambrie and told her thind she submitted a revised application nain a single family dwelling with a hation for review and approval.  If aspects of the Home Occupations or be required for any new signage.	onal trainig. C s. She left vo n on 12/3/07 s ome occupation	icemail saying she saying it was just r on for massage the	e would just do nassage therapy. erapy. Any change o	t Ok to Issue:	
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	Reviewer:	Tammy Munson	Approval I	Date: 12/04/2	2007
Note:					Ok to Issue:	<b>~</b>
1) This is a Change of Us	e ONLY permit. It does NOT authori	ze any constru	action activities.			

#### **Comments:**

11/30/2007-amachado: Left message for Linda Dambrie. Can only have one home occupation, not two. Need to know the floor area of the second floor to see how she has 1535 square feet.

### General 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:  884 Washington Ave  Total Square Pootage of Proposed Structure/Area  1545 Sq!  Tax Assessor's Chart, Block & Lot  Chart# Block# Lot#  Address 884 Washington Ave  City, State & Zip Portland, Mainy  Lessee/DBA (If Applicable)  Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:  Home occupation  Is property part of a subdivision?  Project description:  MASSAGE Huapst  Contractor's name:  Address:  City, State & Zip  Telephone:  Telephone:							
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# Name Inda dambre 207 7747353  Address & Washington Aw City, State & Zip Portland, Mainy Cost Of Work: \$		1 400031 (4.4) 10-11 11					
Tax Assessor's Chart, Block & Lot  Chart# Block# Lot# Name I incla damlone  Address 884 Washington Av  City, State & Zip Portland, Mary  City, State & Zip Portland, Mary  City, State & Zip Portland, Mary  Cost Of  Work: \$	Total Square Footage of Proposed Structure/A	square Pootage of Lot	8				
Address 884 Washington Aur  City, State & Zip Portland, Mainy  City, State & Zip Portland, Mainy  City, State & Zip Portland, Mainy  Cost Of  Work: \$		Applicant *must be owner, Lessee or Buye	r* Telephone:				
City, State & Zip Portland, Mains  Cost Of  Work: \$_\textit{VA}  Cof O Fee: \$  City, State & Zip  Cotton of Health & Fitness  City, State & Zip  Cotton of Health & Fitness  City, State & Zip  Cotton of Health & Fitness  City, State & Zip  Portland, Me 04102  Cof O Fee: \$  City, State & Zip  Portland, Me 04102  Corrent legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:	Chart# Block# Lot#	l	,				
Cost Of Work: \$	170 B 11	Address 884 Washington A	UP				
Cost Of Work: \$	, ,	City, State & Zip Portland, May	NA .				
Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use: Home occupation  Is property part of a subdivision? NO If yes, please name  Project description:  Cof O Fee: \$		Owner (if different from Applicant)	Cost Of				
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Home occupation Is property part of a subdivision? DO If yes, please name Project description:  Contractor's name: N/A DEC 3 2007  Address:	Mail appleable Fitness	l					
Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use: Home occupation  Is property part of a subdivision? No If yes, please name Project description:  Washage Huapst  Contractor's name: N/A DEC 3	centry of marine in the	Address 47 Roundabint lang	C of O Fee: \$				
If vacant, what was the previous use?  Proposed Specific use: Home occupation  Is property part of a subdivision? No If yes, please name Project description:  Washage Huapst  Contractor's name: N/A DEC 3	•	City, State & Zip Portland, Me 04102	Total Fee: \$				
Proposed Specific use:	Current legal use (i.e. single family)	le family					
Project description:  Massage Hungst  Contractor's name:  Address:	Proposed Specific use:	2 VALTION					
Project description:  Massage Hungst  Contractor's name:  Address:	Is property part of a subdivision?  If yes, please name						
Contractor's name:							
Contractor's name:	massage Humps	<b>h</b> :					
Address:	' 0	•					
Address:	Contractor's name:	DEC 3	your Control of the C				
City, State & ZipTelephone:	Address:						
	City, State & Zip		Telephone:				
Who should we contact when the permit is ready: Telephone:	Who should we contact when the permit is read	ly: 7	Telephone:				
Mailing address:	Mailing address:						
Please submit all of the information outlined on the applicable Checklist. Failure to			list. Failure to				

do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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:	Inda d	Ambire	Date:	11/19/	07	
	This is not a	permit; you may no	commence AN	VY work un	til the permit is issue	

Ms. Marge Schmuckal **Zoning Administrator** Dept. Of Urban Development City of Portland 389 Congress St Portland, ME 04101

Dear Ms. Schmuckal,

I am requesting a permit to allow me to use my residence at 884 Washington Avenue for a

I intend to serve as a therapeutic massage therapist and personal trainer offering a myriad of modalities to individual clients. (Sechen h # 9 of 14-412)

A. My home occupation will occupy approx. 264 square feet = approx. 17% of floor area of the 1632total (1535) square feet of the residence.

- B. No goods will be stored, displayed or be visible from outside the residence.
- C. Storage of the material necessary to perform my occupation is minimal and is included in the 198.5 square feet of floor space mentioned above.
- D. There will be no external storage related to my home occupation.
- E. No interior or exterior alterations to the residence are necessary.
- F. Since I will be meeting with one client at a time, no additional parking is necessary. shows any harmonic of the parking with one client at a time, no additional parking is necessary. shows any harmonic of the parking with one client at a time, no additional parking is necessary. shows any harmonic of the parking with one client at a time, no additional parking is necessary. shows any harmonic of the parking is necessary.
- G. No objectionable effects will result from my home occupation.
- H. I will not require the service of any employees.
- I. Since I will be meeting with only one client at a time, no substantial traffic will be generated by my home occupation.
- J. No vehicles even nearing a gross 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 a floor plan showing my entire dwelling with area of home occupation space as well as a letter from Gail E. Hannon, the owner of the building, granting me permission to conduct a home occupation on the premises.

Thank you for your assistance in this matter.

Sincerely,

Linda. Dambrie

long 11/19/07

Ms. Marge Schmuckal Zoning Administrator Dept. Of Urban Development City of Portland 389 Congress St Portland, ME 04101

DEC 3 PTC

Dear Ms. Schmuckal,

I am requesting a permit to allow me to use my residence at 884 Washington Avenue for a home occupation.

I intend to serve as a therapeutic massage therapist and personal trainer offering a myriad of modalities to individual clients.

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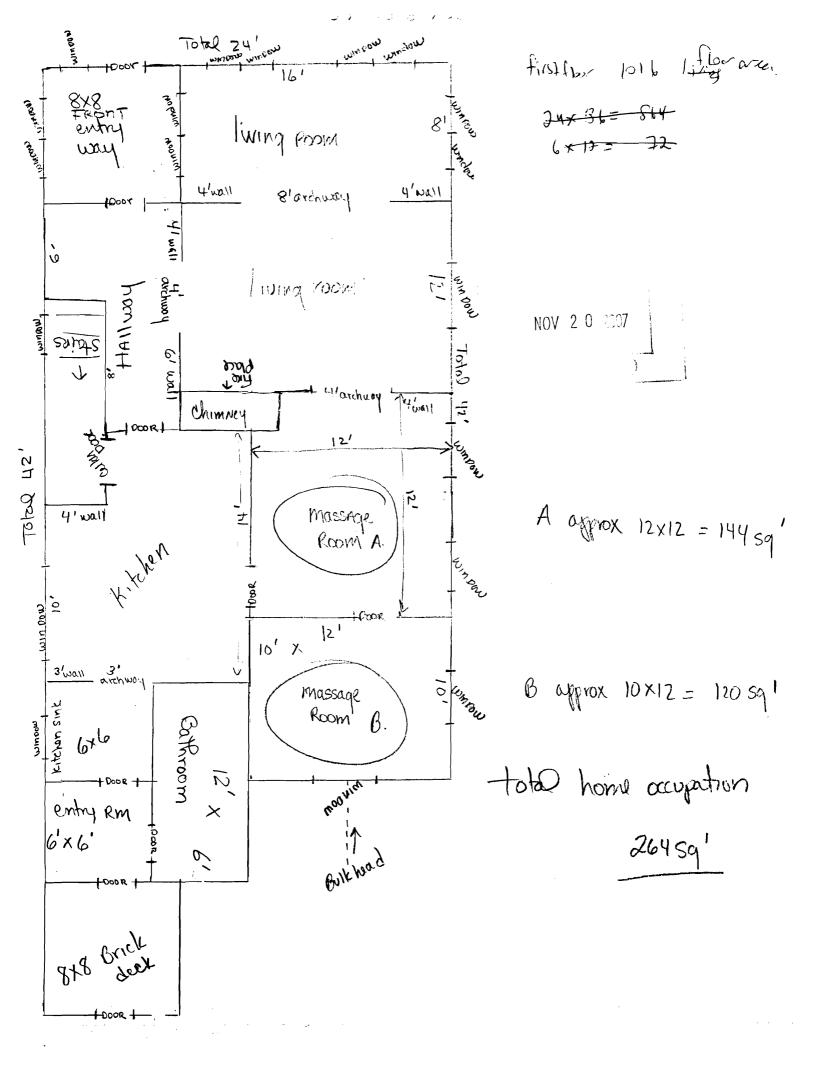
Attached you will find a floor plan showing my entire dwelling with area of home occupation space as well as a letter from Gail E. Hannon, the owner of the building, granting me permission to conduct a home occupation on the premises.

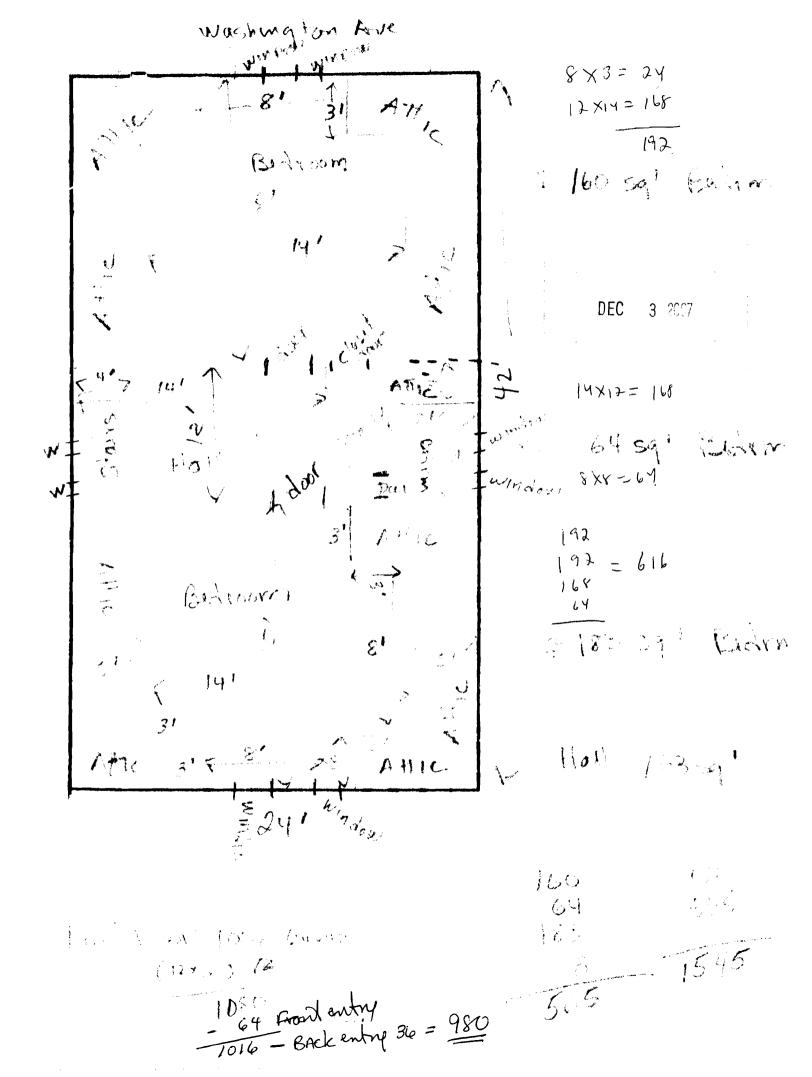
Thank you for your assistance in this matter.

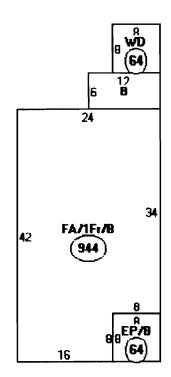
Sincerely,

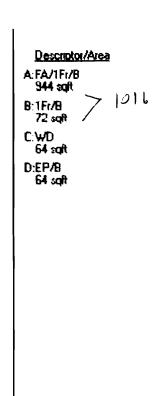
Linda. Dambrie

dambine 11/19/07









1

Return to:

Gail E. Hannon 884 Washington Avenue Portland, ME 04103

WW 2 9

#### WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS: That we, **Louis S. Napoleone and Lori J. Napoleone**, of 884 Washington Avenue, Portland, ME 04103, for consideration paid, grant to **Gail E. Hannon**, of 47 Roundabout Ln., Portland, ME 04102, with WARRANTY COVENANTS:

SEE ATTACHED EXHIBIT A.

MEANING and INTENDING to describe and convey the same premises conveyed to the grantors herein by deed of Louise R. Dambrie, Alfred I. Leo and Rose B. Esposito dated 11/12/96 recorded at Book 12817, Page 224 in the Cumberland County Registry of Deeds.

Executed this <u>18th</u> day of <u>septembel</u>, 2007.

Louis S. Napoleone

Lori J. Napoleone

State of ME County of Cumberland

9 / 28 /2007

Then personally appeared before me the said Louis S. Napoleone and Lori J. Napoleone and acknowledged the foregoing to be their voluntary act and deed.

Notary Public/Justice of The Peace

Commission expiration:

PRESCOTT N. LANE ATTORNEY AT LAW MAINE BAR # 007236

MAINE REAL FISTATE TAX DAID

November 17, 2007

47 Roundabout Ln Portland, ME 04102

City of Portland 389 Congress Street Portland, ME 04101

Good Morning,

I am the owner of the single family dwelling located at 884 Washington Avenue, Portland, ME 04103..

I hereby give permission to my tenant, Linda A. Dambrie, to conduct her Home Occupation on the premises.

If you have any questions please contact me at (207) 233-5905.

Sincerely,

Gail E. Hannon

Dail E. Hannon

