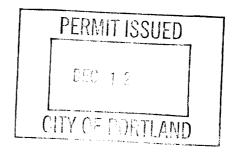
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND**

Please Read

| Application And | ECTION | |
|--|--|--|
| Notes, If Any, Attached | PERMI | t Number: 061702 |
| This is to certify that PATENAUDE RAYMO | ND MONIQUE G PATENAUL RU | PERMIT ISSUED |
| has permission to Home Occupation for a i | | |
| AT _218 STEVENS AVE | , 177 G002207 | DEC 1 2 2006 |
| provided that the person or person of the provisions of the Statutes of the construction, maintenance and this department. | of the and of the cances of the C | ity of Fortland regulation |
| Apply to Public Works for street line and grade if nature of work requires such information. | theore this salding or and there are process | rtificate of occupancy must be ured by owner before this build-r part thereof is occupied. |
| OTHER REQUIRED APPROVALS Fire Dept | | 12/00/06 |
| Appeal Board | | K/L |
| Other Department Name | | or - Building & Inspection Services |
| PE | NALTY FOR REMOVING THIS CARD | |

| City of Portland, M | aine - Buil | ding or Use | Permi | t Application | n Pe | rmit No: | Issue Date | FI 100 | SULE | BL: | | |
|---|----------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|---|---------------------------------|---------------------------|---|------------------|--------------------|----------------------------|---|
| 389 Congress Street, 0 | 4101 Tel: (| 207) 874-8703 | , Fax: | (207) 874-871 | 6 | 06-1702 | | | | 177 | G002207 | |
| Location of Construction: | | Owner Name: | | Owne | r Address: | DEC | + 0 | P | hone: | | | |
| 218 STEVENS AVE | | PATENAUDE RAYMOND J & M | | | 537 | WEST RIVE | | | | | | |
| Business Name: Contractor N | | Contractor Name | Contractor Name: n/a | | Contractor Address: | | | | Phone | | | |
| | | n/a | | | | | | | BRILAND | | | |
| Lessee/Buyer's Name | | Phone: | | Permit Type: | | | direction and a company | Mark City Manager | | Zone: | | |
| | | | | | Cha | inge of Use | Home Occu | pation | | | RT | |
| Past Use: | | Proposed Use: Residential / condo Hon | | | Permit Fee: Cost of Work: | | | rk: | CEO District: | | | |
| Residential / condo | | | | | | \$225.00 \$225.0 | | | 00 3 | | | |
| Occupation for bussings | | r a internet based | | Apploved | | | | SPECTION: | | | | |
| m. Share no | , , | bussing | | | |] . [| Denied | Use G | roup: 🤇 | אוןנ | Type: | |
| age strong, ## | | | | | N/14 | | | | TEC 2003 | | | |
| | | | | | | () - | | \ <u></u> - | | 1 | 1 | |
| Proposed Project Description | | d facility is | | | l | ~ | <u> </u> | (| | 1 | | |
| Home Occupation for a | internet based | 1 Dus s (Mes) | | | Signature: | | | <u> </u> | gnature: | | | |
| | | | | | LEDE | SI KIAN ACI | | | ` | χ | | |
| | | | | | Actio | n: Appro | ved Ap | proved w | //Condi | tions | Denied | |
| | | | | | Signa | ture: | | | Date | : | | |
| Permit Taken By: | Date Ap | oplied For: | T . | | | Zoning | Approv | al | | | | |
| dmartin | 11/21 | 1/2006 | | | | 20111118 | , ripprov | | | | | |
| 1. This permit applica | tion does not | preclude the | Special Zone or Reviews Zoning Appeal | | | | Historic Preservation | | | | | |
| This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. | | ☐ Shoreland ☐ Wetland | | | ☐ Variance ☐ Miscellaneous | | | Not in District or Landmar Does Not Require 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 |
| | | | | ☐ Interpretation | | | Approved | | | | | |
| | | | | Approved | | | Approved w/Conditions | | | | | |
| | | | Maj [| Minor MM | | Denied | | | | Denied | | |
| | | | | | · L | | | | | Alsu | | |
| | | | | alcodino | # \\ | Date: | | | Date: | 19. (| | |
| I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit. | y the owner to if a permit fo | o make this appl or work describe | med proication and in the | as his authorize application is i | he prop d agen ssued, | t and I agree I certify that | to conform the code of | to all a | ipplica autho | able la rized i | aws of this representative | |
| SIGNATURE OF APPLICAN | T | | | ADDRES | S | _ | DATI | B | | I | PHONE | |
| RESPONSIBLE PERSON IN | CHARGE OF W | ORK, TITLE | | | _ | | DATE | 3 | | 1 | PHONE | |

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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: $\mathcal{F} \omega_{\mathcal{M}} \mathcal{O}_{\mathcal{C}}$ | cupation: 218 Stevens |
|--|--|
| Total Square Footage of Proposed Structure | Square Footage of Lot |
| Obhiuspace 12x13 home 1120 sch | home 1120 sy f1 |
| Tax Assessor's Chart, Block & Lot | Owner: Telephone: |
| Chart# Block# Lot# | Owner: Raymond Patraude Telephone: |
| 171000 6 802007 | PME 207 780-6073 |
| Lessee/Buyer's Name (If Applicable) | Applicant name, address & telephone: Cost Of |
| Occupant nume | adustions for H7 |
| Am e Patinundi | Fee: \$ N/rt Application in: \$75.00 |
| | C of O Fee: \$ |
| Current Specific use: ALL: U / Storage | |
| If vacant, what was the previous use? N/A | |
| Proposed Specific use: | |
| Project description: | |
| home occupation lie | Lense for non probit. Dre, No kratictohome Stridly boked Business. |
| Prevent medical Errors | . Inc. No knot ctohome Strictly |
| Literat brood & Dhone | hased Pusiness. |
| Contractor's name, address & telephone: | A |
| SW/1 1 11 | 1 And Ruthau 10 |
| Who should we contact when the permit is remaid Mailing address: | Phone: 201 781 - 10073 |
| Maining activess. | mone. 1907 190 do 75 |
| | |
| | |
| | tlined in the Commercial Application Checklist. |
| Failure to do so will result in the auton | natic denial of your permit. |
| In order to be sure the City fully understands the f | ull scope of the project, the Planning and Development Department may |
| request additional information prior to the issuance | e of a permit. For further information visit us on-line at |
| www.portlandmaine.gov, stop by the Building Insp | oections office, room 315 City Hall or call 874-8703. Compa Itr Enclosed nome Occupa |
| | |
| | med property, or that the owner of record authorizes the proposed work and that I have s his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. |
| | ation 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. |
| | - 10.10 |
| Signature of applicant: | Date: 1/9-06 |
| | |
| | DEPT. OF BUILDING INSPECTION |
| This is not a permit; you may | not commence ANY work until the permit is issued. |
| | NOV 2 1 coop |
| | NOV 2 1 2009 |
| | |
| | RECEIVED |

Prevent Medical Error, Inc.

A nonprofit that seeks to prevent medical error and promote best practices P. O. Box 247 Portland, ME 04112

November 9, 2006

Ms. Marge Schmuckal Zoning Administrator Department of Urban Development City of Portland 389 Congress Street Portland, M.E. 04101

Dear Ms. Schmuckal:

I am requesting a permit to allow me the use of my residence at 226 Stevens Avenue, Portland M.E. for a home occupation. I'm starting a Non-Profit, Prevent Medical Error, INC. (PME), and filing for Non-Profit status with the Internal Revenue Service. The mission of Prevent Medical Error, INC. is to seek to promote best practices and prevent medical error. PME is currently in preliminary stages of securing the rights to develop and market a line of pediatric and sports medical alert-patient databases. In addition, as a former account manager in the packaging, distribution and printing industries turned health care consultant, I have extensive knowledge of and am involved in researching and reporting various safety aspects of prescription drug and device manufacture, distribution and dispense. The majority of my work is by phone and Internet, but at times may involve meeting with various professionals in their offices. In effect my work will be professional research services, an acceptable home occupation listed under item (b), 23. Professional Research Services of section 14-410 of the Portland Zoning Ordinance.

The following is an explanation of how PME meets Home Occupation criteria:

- a. PME will occupy approximately 135 Square feet, or 12% of floor area of the residence.
- b. No goods will be stored, displayed or be visible from outside the residence.
- c. Storage of the materials necessary to perform my home occupation are minimal and included in the 135 sq. feet of floor space mentioned above.
- d. There will be no external signage related to my home occupation.
- e. No exterior alterations to the residence are necessary.
- f. Since I will not be meeting clients at my residence, no additional parking will be necessary.
- g. No objectionable effects will result from my home occupation.
- h. I will not require the services of any employees
- i. Since I will not be meeting clients at my residence, no additional traffic will be generated by my home occupation.
- j. No vehicles even nearing a gross vehicle weight of 6,000 lbs. 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 area. Attached you will find a copy of the floor plan showing the dimensions and area of the, as well as a letter from Dr. Raymond Patenaude, the owner, granting permission to conduct a home occupation on the premises.

NOV 1 6 2006

Thank you for your time and assistance, please feel free to contact me with further questions of concerns:

Sincerely,

Anne Patenaude, Health-Care Consultant Prevent Medical Error, Inc. (PME)

Competing interests: Anne Patenaude is an Anthem (now Wellpoint) Blue Cross Blue Shield policyholder. Her portion of family holdings in UnitedHealth Group, Pfizer, Bristol Myers Squibb, and Forest Laboratories are being used to fund PME start-up and operating costs.

