	y of Portland, Maine	O				ermit No: 09-1123	Issue Dat	e:	CBL: 179 D0	04001	
	Congress Street, 04101		Fax: (2	207) 874-8716						04001	
Location of Construction: Owner Name: Melman Laure						Owner Address:			Phone: 207-956-0177		
					25 Hamblet Ave				Phone)1 / /	
			tractor Name: mble Handyman		Contractor Address: 46 Union ST. Brunswick				2077511438		
Lessee/Buyer's Name Phone:					Permit Type: Change of Use Home Occupation				Zone:		
		1]	<u> </u>				T	<u> </u>	
	t Use:	Proposed Use:	hange of Use; From single family single family with a home ecupation, create office and		Permit Fee: Cost of World \$245.00 \$2,00						
SIII	gle Family							\$2,000.00			
					FIRE DEFT:		Approved	Use G	CTION:	Type	
				pace for psychiatric			Denied	USC G	roup.	Турс	
		services.									
	posed Project Description:		1								
	ange of Use; From single facupation, create office and				Signature: PEDESTRIAN ACTIVITIES DIST		Signature:				
000	supurion, create office and	waiting room space for j						·	<u></u>		
								proved v			
D	. 14 (T) . 1 D	D. A. P. J.E.	1		Signa				Date:		
gg	mit Taken By:	Date Applied For: 10/08/2009			Zoning Approval						
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		iews	s Zoning Appeal			Historic Preservation		
1.			Shoreland		☐ Variance			☐ Not in District or Landr			
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscell	Miscellaneous		Does Not Require Revie			
3.	•			☐ Flood Zon		Conditional Us			Requires Review		
				ubdivision		☐ Interpretatio			Approved		
			☐ Si	te Plan		Approv	ed		Approved v	w/Condition	
			Maj [Mino MM	☐ Denied			☐ Denied			
			Date:			Date:		Б	Date:		
I ha juris shal	reby certify that I am the ove been authorized by the osdiction. In addition, if a poll have the authority to entertal	owner to make this appliermit for work described	med proication a	as his authorized application is is	he pro d agen sued, l	nt and I agree I certify that the	to conform the code office	to all ap	oplicable laws athorized repre	of this esentative	
SIG	NATURE OF APPLICAN			ADDRES	S		DATE	Ξ	F	РНО	

Location of Construction:	Owner Name:		Owner Address:		Phone:			
25 Hamblet Ave	Melman Lauren &	<u> </u>	25 Hamblet Ave		207-956-0177 Phone			
Business Name:		Contractor Name: Humble Handyman		Contractor Address:				
	·			46 Union ST. Brunswick				
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use Home C	ecupation	Zone:			
Dept: Zoning Note:	Status: Approved with Con	ditions Reviewer	: Marge Schmuckal	Approval Date	e: 10/08/2009 Ok to Issue: 🗹			
1) Separate permits shall	be required for any new signa	ge, under the Home	Occupation guidelines.					
2) During its existence, al	ll aspects of the Home Occupa	tions criteria, Section	14-410, shall be maintaine	ed.				
3) This is NOT an approv	val for an additional dwelling u	ınit. You SHALL N	OT add any additional kitcl	nen equipment i	ncluding, but not			
limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals. 4) This property shall remain a single family dwelling with a home occupation for psychiatrist office with the issuance of this permit and the subsequent issuance of a certificate of occupancy. Any change of use shall require a separate permit application for review and approval.								
This permit is being apwork.	pproved on the basis of plans	submitted. Any dev	ations shall require a sepa	rate approval be	efore starting that			
Dept: Building Note:	Status: Pending	Reviewer	: Residential Plan Revie	Approval Date	e: Ok to Issue:			
Note: Comments:	Status: Pending ith David Melman. He does ac							
Note: Comments:								
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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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO