Cit	ty of Portland, Main	e - Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	01 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1614			193 E02	6001
Location of Construction: Owner Name:						Own	Owner Address:			Phone:	
130 Bancroft St			Herrick Diane E			130	130 Bancroft St				
			Contractor Nam	ne:		Cont	Contractor Address:			Phone	
			Owner			Portland					
			Phone:	one:		Permit Type:				Zone:	
						Ch	ange of Use I	Home Occup	ation		
Pasi	t Use:		Proposed Use:			Permit Fee:		Cost of Work: Cl		CEO District:	
•			•	w/ a home occupation		\$225.00			30.00	3	
								Approved		CTION:	
								Denied Use C		oup:	Type
							L	_ Denied			
Pro	posed Project Description	n:	1								
Н	ome occupation Physicia	ns medical	l practice			Signature:			Signature:		
						PEDESTRIAN ACTIVITIES DISTRIC		TRICT (CT (P.A.D.)		
						Action: Approved Approved Approved			proved w	d w/Condition Denied	
						Action. Approved Approved			proved w	d w/condition Benied	
						Sign	ature:			Date:	
Per	mit Taken By:	Date A	pplied For:				Zoning	Approva	l		
dn	martin	10/27	//2004								
1.	This permit application	n does not	preclude the	Special Zone or Rev		ews	ews Zoning Appeal			Historic Preservation	
	Applicant(s) from meeting applicable State and Federal Rules.		•	Shoreland		☐ Variance			Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			☐ Does Not Require Revie			
3.				☐ Flood Zon			Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretatio			Approved		
			☐ Site Plan Maj ☐ Minor☐ MM [Approved			Approved w/Condition		
						☐ Denied			☐ Denied		
				Date:			Date:		D	Date:	
I ha juri: shal	ereby certify that I am the tive been authorized by the sdiction. In addition, if a Il have the authority to e uch permit.	ne owner to a permit fo	o make this appli r work described	med procation a	as his authorized application is is	ne pro d agei sued,	nt and I agree I certify that t	to conform the code office	to all ap cial's au	plicable laws of thorized repres	of this sentative
SIC.	GNATURE OF APPLICAN				ADDRES	<u> </u>		DATE		ni	НО
SIC	STATIONE OF AFFLICAN				ADDICES	J		DAII	_	r	.10

Location of Construction:	Owner Name:		Owner Address:	Phone:	Phone:	
130 Bancroft St	Herrick Diane E		130 Bancroft St			
Business Name:	Contractor Name:		Contractor Address:	Phone	Phone	
	Owner	Owner				
Lessee/Buyer's Name	Phone:		Permit Type:	·	Zone:	
			Change of Use Home Occupation			

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 11/05/2004 Ok to Issue: Note: 11/03/04 I gave this back to Donna - this is a home occupation - not a commercial use - needs to pay the proper fees - also needs floor plans of the entire house, not just the basement 11/5/04 received revised plans

- 1) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This property shall remain a single family dwelling with a home occupation after the issuance of this permit. Any change of use shall require a separate permit application for review and approval.
- 4) Separate permits shall be required for any new signage under the home occupation guidelines
- 5) This permit is being approved on the basis of revised plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building Status: Approved Reviewer: Jeanine Bourke **Approval Date:** 11/30/2004 Ok to Issue: Note: 11/15/04 left vm w/Stuart H. To clarify if construction activity

1) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.

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.

DECDONGIDI E DEDGON IN CHARGE OF WORK TIT		DATE	DIIO
SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО