

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 101010

This is to certify that SMITH KNEKA P
has permission to Change of use from single family home to single family home with home family day care
AT 54 OLD MAST RD CLATSOP COUNTY 213 A015001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise finished-in. 24 HOURS NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



CITY OF PORTLAND, MAINE
 Department of Building Inspections

Original Receipt

8-17 2010

Received from Korkeva Smith

Location of Work 400 Commercial Street

Cost of Construction \$ _____ Building Fee: 150

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: 75

Total: 225

Building (1L) _____ Plumbing (1S) _____ Electrical (1Z) _____ Site Plan (1Z) _____

Other _____

CEL: 213-A-15

Check #: _____ Total Collected \$ 225

**No work is to be started until permit issued.
 Please keep original receipt for your records.**

Taken by: J.P.

WHITE - Applicant's Copy
 YELLOW - Office Copy
 PINK - Permit Copy

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-1010	Issue Date:	CBL: 213 A015001
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Location of Construction: 54 OLD MAST RD	Owner Name: SMITH KNEKA P	Owner Address: 54 OLD MAST RD	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Fee: R-2

Past Use: Single Family Home	Proposed Use: Single Family Home w/ in home day care - Change of use from single family home to single family home w/ in home family day care for no more than 6 children	Permit Fee: \$225.00	Cost of Work: \$225.00	CEO District: 3	20, 2954
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:			

Proposed Project Description:
Change of use from single family home to single family home w/ in home family day care for no more than 6 children

Signature: _____ Signature: _____

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 08/17/2010	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland <i>N/A</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>ok with conditions</i></p> <p>Date: <i>8/24/10</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>9</i></p> <p>Date: _____</p>
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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 APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____



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: <u>54 Old Mast Road; Portland, ME 04102</u>		
Total Square Footage of Proposed Structure/Area <u>3121</u>	Square Footage of Lot <u>20,295</u>	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# <u>213</u> Block# <u>A</u> Lot# <u>15</u>	Applicant * must be owner, Lessee or Buyer* Name <u>KneKA Smith</u> Address <u>54 Old Mast Rd</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>207.317.1511</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>0</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>225</u>
Current legal use (i.e. single family) <u>Single family home</u> Number of Residential Units _____ If vacant, what was the previous use? <u>n/a</u> Proposed Specific use: <u>licensed family day care home</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Change of use from single family home to in-home family day care</u>		
Contractor's name: <u>n/a</u> Address: <u>Ma</u> City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: <u>KneKA Smith</u> Telephone: <u>207 317.1511</u> Mailing address: <u>54 Old Mast Rd; Portland, ME 04102</u>		

Please submit all of the information outlined on the applicable Checklist. 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.

RECEIVED

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.

Aug 17 2010
Dept. of Building Inspections
City of Portland Maine

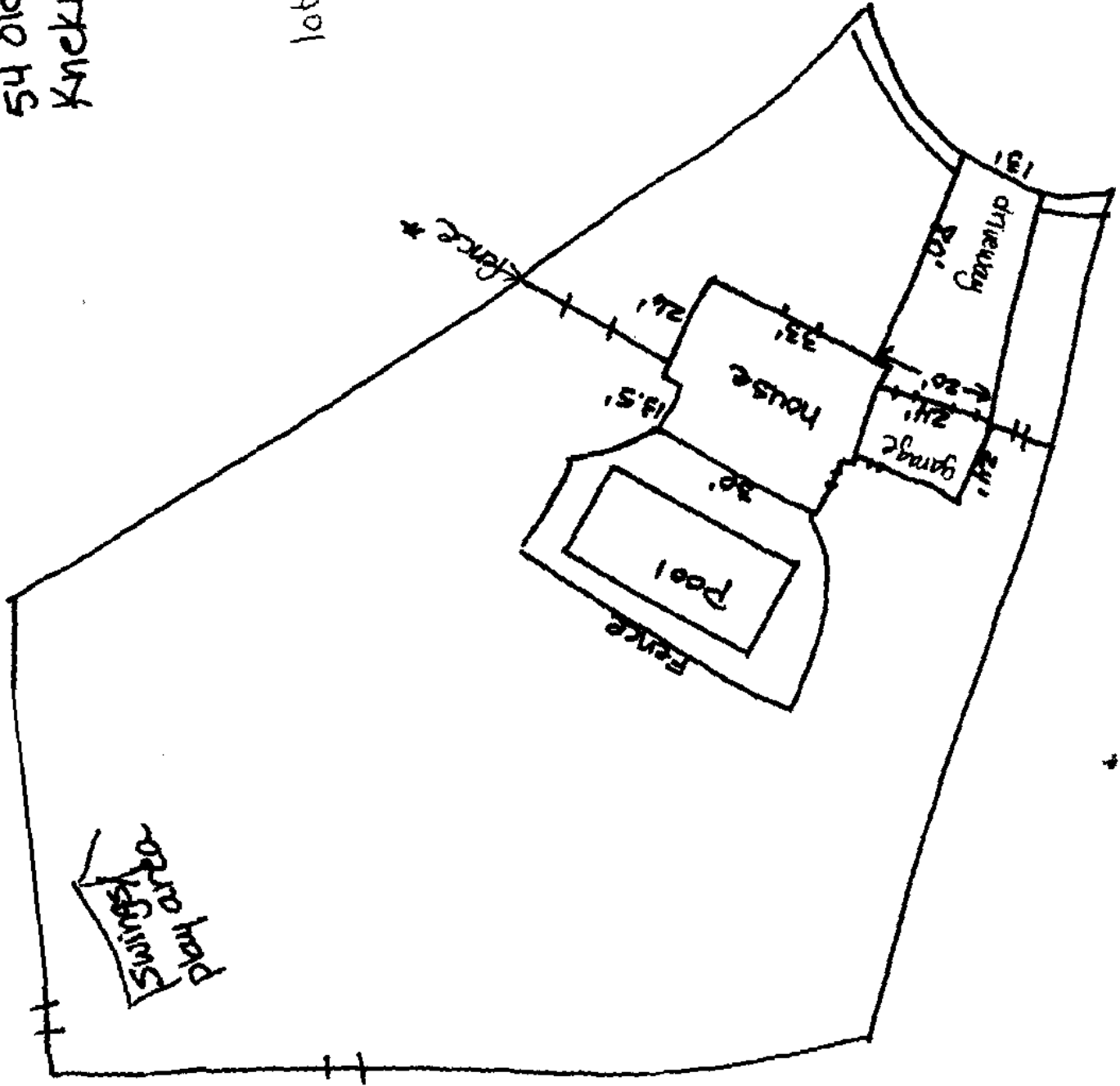
Signature: [Signature] Date: 8/17/10

This is not a permit; you may not commence ANY work until the permit is issued

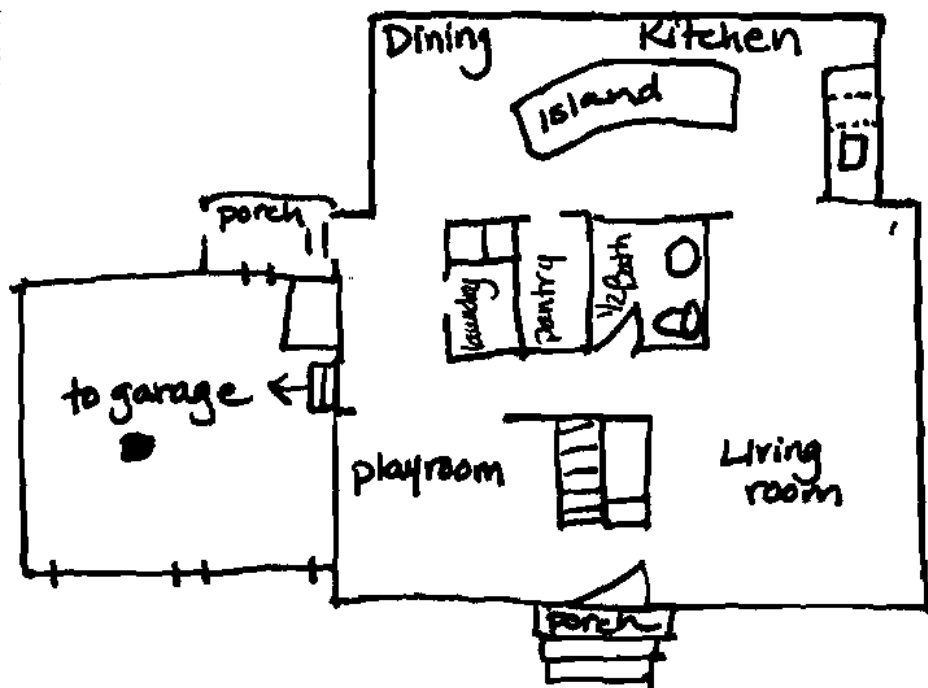
Plot Plan B
54 Old Mast Rd
Knickerbocker

lot size: 20,295
sq. ft.

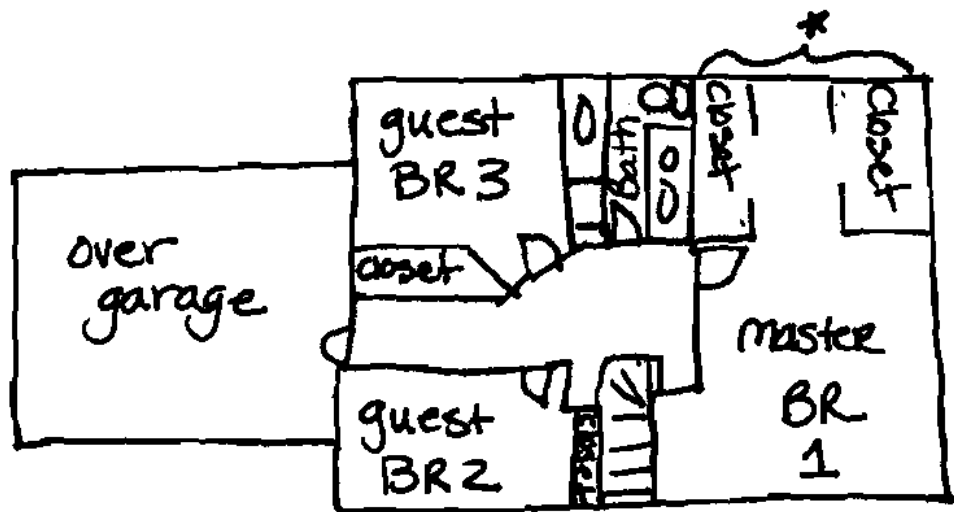
* note, backyard
is fully fenced.



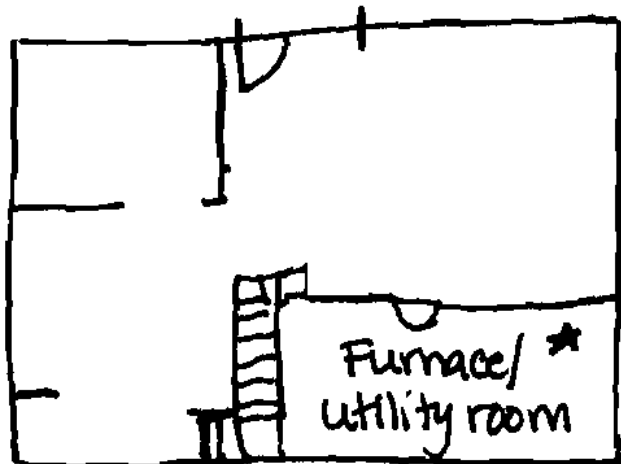
Floor Plans
54 Old Mast Rd
Kueka Smith



1st floor



2nd floor



Basement

* all areas proposed for home occupation except furnace room/master BR closets.

June 18, 2010

Kneka Smith
54 Old Mast Road
Portland, ME 04102
knekap@gmail.com
207.899.2277

Ms. Marge Schmuckal
Zoning Administrator
Department of Planning & Urban Development
City of Portland
389 Congress Street
Portland, ME 04101
207.874.8695

Dear Ms. Schmuckal:

I am requesting a permit to allow me the use of my residence at 54 Old Mast Road for a home occupation as a licensed family day care home. Based on the acceptable home occupation options listed under item (b)18 of Section 14-41-410 of the Portland Zoning Ordinance, this is an acceptable home occupation.

Following is an explanation of how my home occupation meets the criteria under item (a) of the same:

1. I plan to have no more than six children being cared for at any one time as outlined in section (a)1 and I do not plan to have any nonresidential employees.
2. No goods will be stored, displayed or visible from outside the residence.
3. I am providing a service and not selling goods. The materials required to operate the family day care do not significantly exceed the materials/equipment already in my home for my two children. Storage of any additional material necessary to perform my occupation is minimal (paper, art and craft supplies, etc.) and will not constitute a dominant part of the occupation and will not be stored in accessory structures.
4. There will be no external signage related to my home occupation.
5. No exterior alterations to the residence are planned or necessary for the home occupation.
6. Off-street parking is sufficient for parents to drop off and pick up their children. The home has a two car garage for residential parking as well as a paved driveway that can easily accommodate six or more vehicles without requiring on-street parking.
7. No objectionable effects will result from my home occupation.
8. Nonresidential employees will not provide child care services.

9. The traffic generated by the home occupation will not be greater than what would normally be expected in a residential neighborhood. I anticipate no more than 2-3 cars daily to drop off children and the same to pick up children.
10. No vehicles even nearing a gross vehicle weight of 6,000 pounds are necessary for my home occupation. Rather, typical family vehicles in the form of sedans, SUVs or vans will comprise the 2-3 automobiles that will daily enter and exit our neighborhood for this home occupation.

The home occupation that I am requesting is a secondary and incidental use of my residence. The external activity level and impact is minimal and in keeping with the residential character of the neighborhood.

Enclosed you will find the following required documents:

- Floor plans of the entire dwelling noting the specific areas proposed for the home occupation.
- A plot plan including the shape and dimension of the lot, footprints of any structures and the location and dimensions of the parking area/driveway.
- A check in the amount of \$225.00 for the change of use for home occupation and certificate of occupancy fees.

I am the owner of the property requesting this home occupation and therefore have not included a letter granting permission for this home occupation. Additionally, I am not planning any structural modifications for the home occupation and have therefore have not included a request for modifications.

Please contact me should additional information be necessary. Thank you for your consideration.

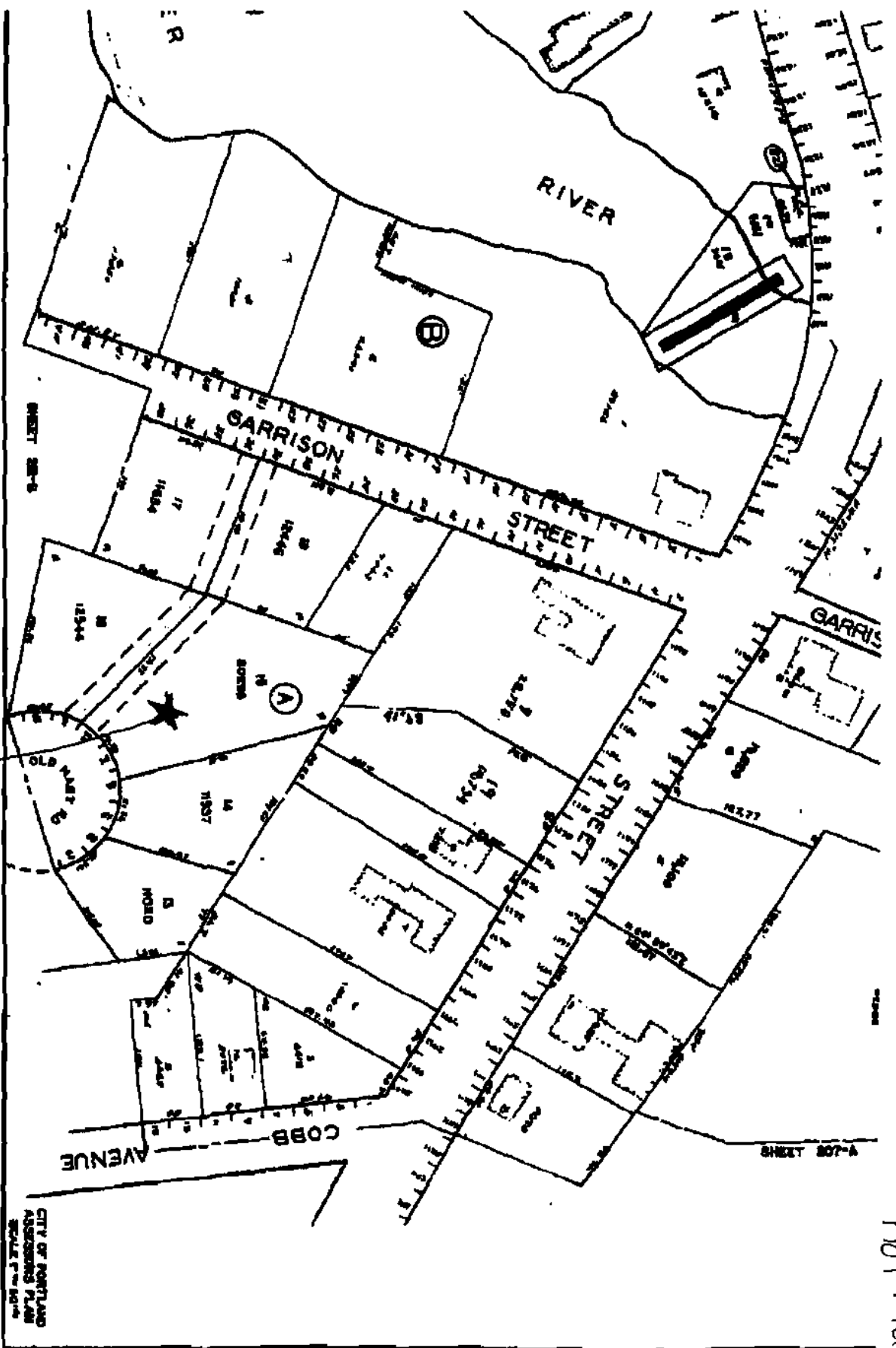
Sincerely,



Kneka Smith

Enclosures

Plot Plan #



Kiela Smith 7/2/09

parcel - Garrison Hill Estates,
Registry of Deeds Plan Book,

154 p. 27 (2/20/80)
(1/17/80)

54 Old Mast Rd
Portland, ME
04102

PLEASE DO NOT DRAW

CITY OF PORTLAND
ASSESSOR'S PLAN
SCALE 1" = 40'

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

Location of Construction: 54 Old Mast Road (Mail Permit)		Owner: Tina Segerstrom	Phone: H.772-3601 W 879-5433	Permit No: 941168 <i>213-A-015</i>
Owner Address: same	Leasee/Buyer's Name:	Phone:	BusinessName:	Permit Issued: PERMIT ISSUED OCT 2 1994 CITY OF PORTLAND
Contractor Name: self	Address:	Phone:	Signature:	
Past Use: single family	Proposed Use: single family with replacement colms	COST OF WORK: \$ 800.00	PERMIT FEE: \$ 25.00	Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group A3 Type 5B	
Proposed Project Description: Rear of Property-Replacing colms as per plans		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Permit Taken By: LATINI	Date Applied For: 10/20/94			Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

1. This permit application doesn't 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..

will not generate any debris Old colms to be used in landscaping

CERTIFICATION

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SIGNATURE OF APPLICANT <i>Tina Segerstrom</i>	ADDRESS: <i>54 Old Mast Road</i>	DATE: 10/20/94	PHONE: <i>772-3601</i>
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **4**
Mr. Carroll

COMMENTS

10/27 - tubes in ok R

Lined area for handwritten notes.

Inspection Record

Type

Date

Foundation: _____

Framing: _____

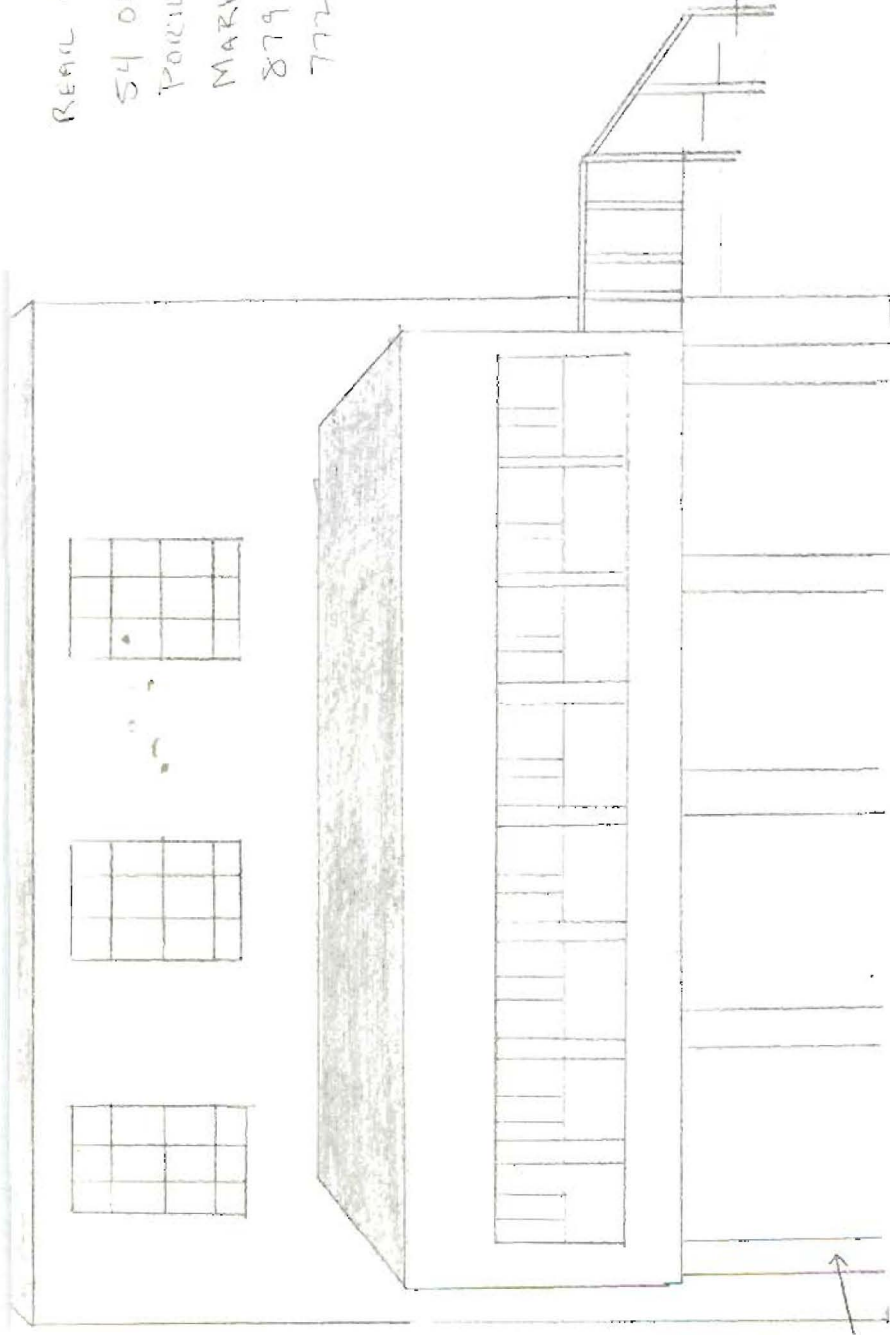
Plumbing: _____

Final: _____

Other: _____

REAR VIEW OF:

54 OLD MAST ROAD
PORTLAND, MAINE
MARK SEGERSTROM
879-5433 (W)
772-3601 (H)



SEE TO 5" DIA. ROMAN COLUMNS. SEE LITERATURE (FISORGLASS) EACH RATED TO CARRY
APPROX WT. 12,000 - 14,000 LBS. 10,000 LBS
DIMENSIONS 14' X 32' @ 2x6 FRAMING

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

Location of Construction: 54 Old Mast Rd		Owner: Segerstrom, Tina		Phone:		Permit No: 7 70818	
Owner Address: SAA Ptld, ME 04102		Lessee/Buyer's Name:		Phone: 879-5433		BusinessName:	
Contractor Name: The Pool Shed 727-5181		Address:		Phone:		Permit Issued: JUL 29 1997	
Past Use: 1-fam		Proposed Use: Same w/pool		COST OF WORK: \$ 11,000.00		PERMIT FEE: \$ 75.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Install In Ground Pool (16 x 32)				Signature:		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 213-A-015	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> Special Zone or Reviews	
Permit Taken By: Mary Gresik		Date Applied For: 28 July 1997				<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

PERMIT ISSUED
JUL 29 1997
CITY OF PORTLAND

- 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.
- 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..

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

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[Signature]
SIGNATURE OF APPLICANT Mark Segerstrom ADDRESS: DATE: 28 July 1997 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

- 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: 7/28/97
[Signature]

CEO DISTRICT **4**
A. Powers

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

Location of Construction: 54 Old Mast Rd		Owner: Segerstrom, Tina	Phone:	Permit No: 970818
Owner Address: SAA Pctd, ME 04102	Lessee/Buyer's Name:	Phone: 879-5433	BusinessName:	PERMIT ISSUED Permit Issued: JUL 29 1997 CITY OF PORTLAND
Contractor Name: The Pool Shed 727-5181	Address:	Phone:		
Past Use: l-fam	Proposed Use: Same w/pool	COST OF WORK: \$ 11,000.00	PERMIT FEE: \$ 75.00	Zone: CBL: 213-A-015
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: Install In Ground Pool (16 x 32)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: Mary Gresik	Date Applied For: 28 July 1997	Signature: _____ Date: _____		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
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[Signature] **28 July 1997**
SIGNATURE OF APPLICANT **Mark Segerstrom** ADDRESS: _____ DATE: _____ PHONE: _____

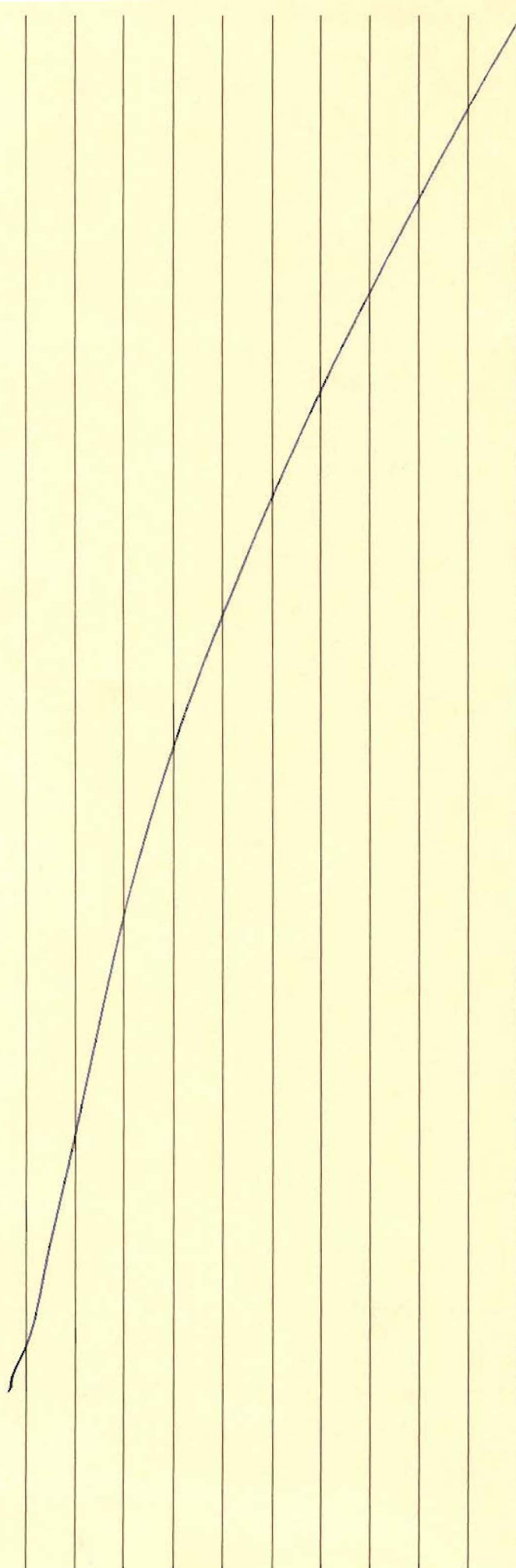
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **4**
A. Powers

COMMENTS

1/26/77 Pool installed upon notification of inspection.



Inspection Record

Type

Foundation: _____
Framing: _____
Plumbing: _____
Final: _____
Other: _____

Date

MARK SEGERSTROM
54 OLD MAST RD
PORTLAND, ME
772-3601



All pools shall be 10' from All lot lines And the principal structure —

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 28 July 1997

LOCATION: 54 Old Mast Rd

Permit # Homeowner

OWNER Mark Segerstrom ADDRESS _____

							TOTAL	EACH	FEE
OUTLETS	Telephone		Data		CATV			.20	
	Receptacles		Switches		Smoke Detector			.20	
FIBER OPTICS								15.00	
FIXTURES	incandescent		fluorescent					.20	
	fluorescent strip							.20	
SERVICES	Overhead				TTL AMPS TO	800		15.00	
	Underground					800		15.00	
Temporary Service	Overhead				AMPS OVER	800		25.00	
	Underground					800		25.00	
METERS	(number of)							1.00	
MOTORS	(number of)							2.00	
RESID/COM	Electric units							1.00	
HEATING	oil/gas units		Interior		Exterior			5.00	
APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00	
	Insta-Hot		Water heaters		Fans			2.00	
Disposals	Dishwasher		Compactors		Others (denote)			2.00	
MISC. (number of)	Air Cond/win							3.00	
	Air Cond/cent				Pools	XXX	XXXX	10.00	10.00
	HVAC		EMS		Thermostat			5.00	
	Signs							10.00	
	Alarms/res							5.00	
	Alarms/com							15.00	
	Heavy Duty(CRKT)							2.00	
	Circus/Carnv							25.00	
	Alterations							5.00	
	Fire Repairs							15.00	
	E Lights							1.00	
	E Generators							20.00	
PANELS	Service		Remote		Main			4.00	
TRANSFORMER	0-25 Kva							5.00	
	25-200 Kva							8.00	
	Over 200 Kva							10.00	
TOTAL AMOUNT DUE									
MINIMUM FEE/COMMERCIAL 35.00									
MINIMUM FEE							25.00		25.00

INSPECTION: Will be ready _____ or will call XXXXXXXXXX

CONTRACTORS NAME Mark Segerstrom

MASTER LIC. # Mike Callens

ADDRESS SAA

LIMITED LIC. # _____

TELEPHONE 772-3601

874-8094

SIGNATURE OF CONTRACTOR _____

Mark Segerstrom
 GARY WEBBER # 04893

7-8:30