City of	Portland, Maine	e - Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389 Con	igress Street, 04101	Tel: (207) 874-8703	5, Fax: (207) 874-8	8716	2014-01457		217 B050001	
Location of Construction: Owner Name:			Owner Add		Address:		Phone:	
93 RIVERS EDGE DR		AMELIA HA	AMELIA HASSLER		93 RIVERS EDGE DR PORTLAN ME 04101		ND, (617) 458-6241	
Business N	lame:							
Lessee/Buy	yer's Name	Phone:	Phone:		t Type:	Zone:		
<u> </u>					nge of Use Hor			
Past Use: Single-Family Home		Proposed Use:	_		Permit Fee: Cost of Work:		CEO District:	
Single-F	amily Home		Single-Family Home w/Home Occupation		\$225.00 CCTION:		\$0.00	
					I to Le How			
•	Project Description:							
change of	of use to add a home	occupation - psychother	rapy practice	PEDESTRIAN ACTIVITIES DISTRIC			CT (P.A.D.)	
						TIES DISTRICT		
				Action: Approved Approved Approved		ved Approv	roved w/Conditions Denied	
				Si	gnature:		Date:	
Permit Taken By: Date Applied For: dmc 07/03/2014				Zoning Approval				
1. This	s permit application d	loes not preclude the	Special Zone or R	Reviews	Zonii	ng Appeal	Historic Preservation	
App		ng applicable State and	Shoreland		☐ Variance	e	Not in District or Landmar	
	lding permits do not itic or electrical work.	☐ Wetland		Miscella	nneous	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			☐ Flood Zone		Condition	onal Use	Requires Review	
			☐ Subdivision ☐ Site Plan		Interpre	tation	Approved	
					Approve	ed	Approved w/Conditions	
			Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:	
					_			
			CERTIFICA					
							y the owner of record and tha all applicable laws of this	
jurisdicti	on. In addition, if a p	permit for work describe	ed in the application	is issu	ed, I certify that	the code offic	ial's authorized representative	
	•	er all areas covered by s	uch permit at any re	easonab	le hour to enfor	ce the provision	on of the code(s) applicable to	
such peri	IIIt.							
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RESPONS	SIBLE PERSON IN CHAR	RGE OF WORK, TITLE				DATE	PHONE	