

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 031249

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Gallagher John A & Lisa M G.F.T. G... Builders, Inc
has permission to In home occupation in new 1 floor addition
AT 520 Capisic St 260 G003001

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.

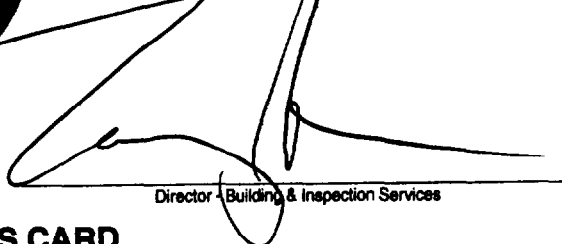
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or closed-in. 24 HOUR 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 - Building or Use Permit Application

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

Permit No: 03-1249	Issue Date:	CBL: 260 G003001
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Location of Construction: 520 Capisic St	Owner Name: Gallagher John A & Lisa M Jts	Owner Address: 520 Capisic St	Phone:
Business Name:	Contractor Name: G.F.T. Custom Builders, Inc	Contractor Address: PO Box 1061 Raymond	Phone: 2078312445
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: R-3

Past Use: Single Family dwelling	Proposed Use: Single Family w/in home occupation in new one floor addition	Permit Fee: \$756.00	Cost of Work: \$60,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB BOA 99	

Proposed Project Description:
In home occupation in new one floor addition
for chiropractic office

Signature: _____
Signature: _____
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 10/14/2003	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</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"/> <input type="checkbox"/> Denied</p> <p><i>OK w/ conditions</i> Date: <i>10/17/03</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>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>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

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-1249	Date Applied For: 10/14/2003	CBL: 260 G003001
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Location of Construction: 520 Capisic St	Owner Name: Gallagher John A & Lisa M Jts	Owner Address: 520 Capisic St	Phone:
Business Name:	Contractor Name: G.F.T. Custom Builders, Inc	Contractor Address: PO Box 1061 Raymond	Phone (207) 831-2445
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	

Proposed Use: Single Family w/in home occupation in new one floor addition	Proposed Project Description: In home occupation in new one floor addition
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/17/2003

Note: **Ok to Issue:**

- 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. 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 plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Pending **Reviewer:** **Approval Date:**

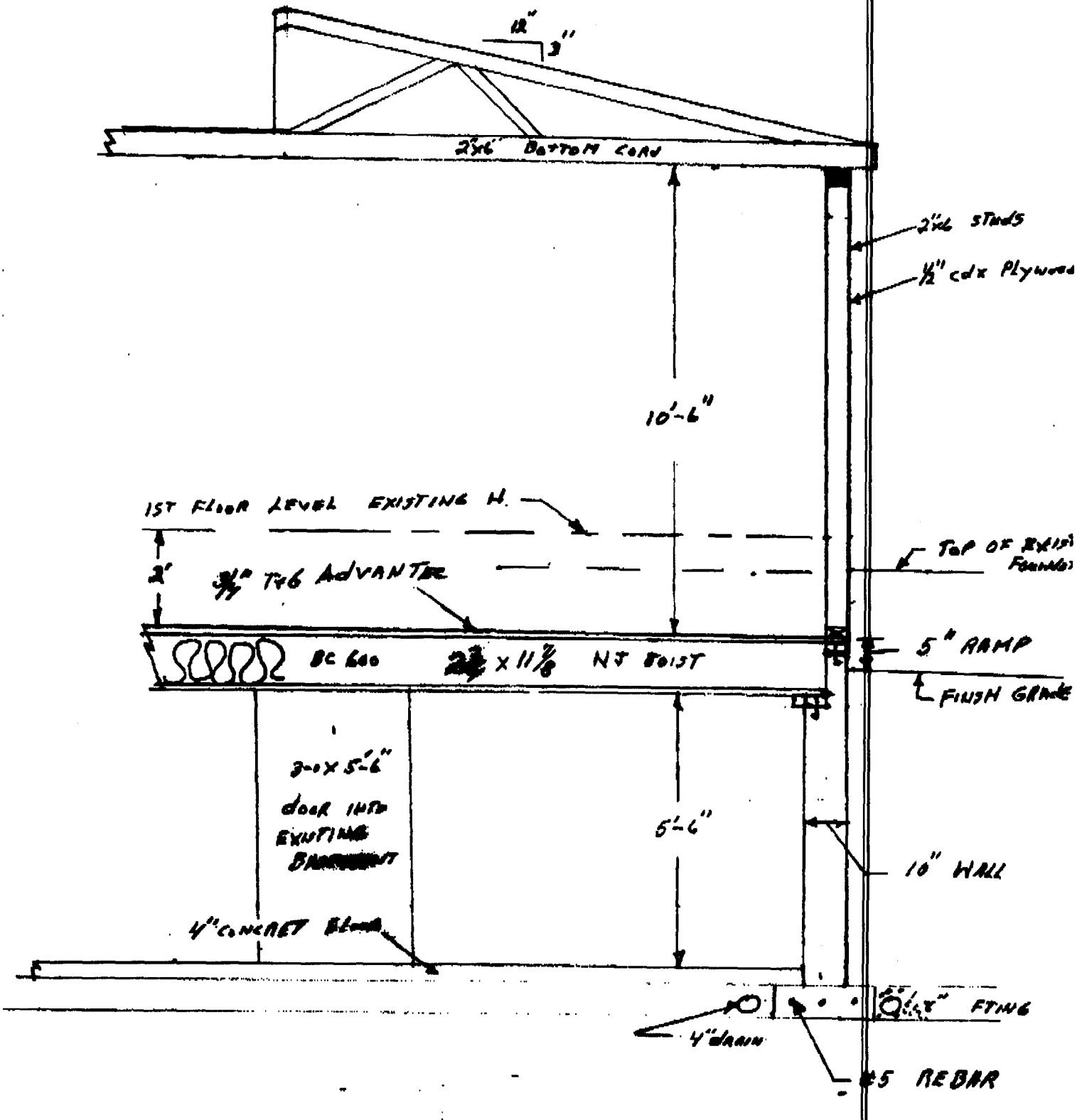
Note: **Ok to Issue:**

By JOHN GALLAGER
520 CAPIRIC ST
PORTLAND ME 04103

GFT CUSTOM BUILDERS, INC.
Residential & Commercial Buildings
P.O. BOX 1081
RAYMOND, MAINE 04071

FOR TAMMY MUNSON

RES 207 655 2597
CELL 831 2445
FRED TITCOMB



03-1249

All Purpose 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.

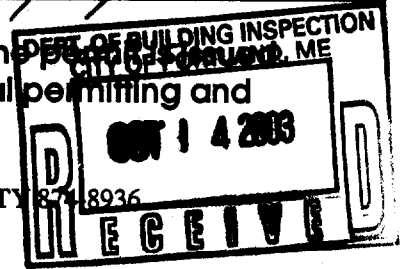
Location/Address of Construction: <u>520 Capisic St.</u> <u>217 BRIGHTON AVENUE PORTLAND ME</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>16,079 SQ FT</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>260</u> Block# <u>0</u> Lot# <u>3</u> <u>082</u> <u>018</u>	Owner: <u>JOHN A. GALLAGHER D.C.</u> <u>217 BRIGHTON AVENUE</u> <u>PORTLAND ME. 04102</u>	Telephone: <u>207 792-2311</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>JAMES AS ABOVE</u>	Cost Of Work: \$ <u>60,000⁰⁰</u> (Less 30%) Fee: \$ <u>316 Fee 531.00</u>
Current use: <u>RESIDENT</u>	Home Occup. 150.00 Exp 0 7500	
If the location is currently vacant, what was prior use: _____	Approximately how long has it been vacant: _____	
Proposed use: <u>New</u>	# <u>750.00</u>	
Project description: <u>change of use for a home occupation, to add; A 21' X 29'-6" OFFICE ADDITION</u> <u>Change of use, Home Occupation, Compact Office</u>		
Contractor's name, address & telephone: <u>Site Plan has been approved</u>		
Who should we contact when the permit is ready: <u>G.F.T. CUSTOM BUILDER INC.</u>		
Mailing address: <u>P.O. Box 1061 RAYMOND ME. 04091</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>RES 209 655 2599</u> <u>CELL 831 2445</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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.

Signature of applicant: <u>[Signature]</u>	Date: <u>10/14/03</u>
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This is NOT a permit, you may not commence ANY work until the Dept. of Building Inspection has issued a permit. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



John A. Gallagher, D.C.
217 Brighton Avenue
Portland, Maine 04102
(207) 772-2311 fax (207) 772-2419

September 8, 2003

Ms. Marge Schmuckal
Zoning Administrator
City of Portland
389 Congress Street
Portland, ME 04101

RE: Building Permit
Permit for Home Occupation

Dear Ms. Schmuckal:

I am requesting a permit for the building of an addition to my residence at 520 Capisic Street and a permit for the use of part of said addition for a home occupation. The purpose of this 625 square foot addition is to provide a second bathroom for the residence and in the remaining 497.267 square feet, a chiropractic office. The chiropractic office will be utilized for evaluation and treatment of patients in an outpatient setting which is a permitted use under Section 14-410 of the Portland Zoning Ordinance. The following is an explanation of how my home occupation meets the criteria listed under one of the same.

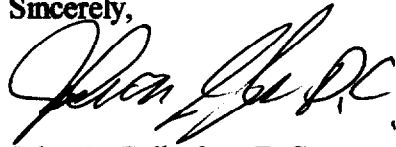
- a. The total floor space of the current structure is 3000 sf. Given that 25% of the existing floor space would be 750 sf, the 500 sf rule would apply. As previously stated, the portion of the addition that would be used for the chiropractic office would be 497.267sf which would comply with the 500sf rule.
- b. No goods will be stored, displayed, or be visible from outside the residence.
- c. In this occupation, storage of materials is minimal and is included in the 497.267sf mentioned above.
- d. Exterior signage not to exceed 2 square feet will be utilized to identify the entrance to the office.
- e. The outward appearance of the addition will be compatible with the existing residence.

- f. Offstreet parking will be accommodated in the sideyard adjacent to the garage.
- g. No objectionable effects will result from my home occupation.
- d h. One full-time employee is sufficient to run the front desk.
- i. The volume of traffic generated by a single practitioner office of this size is minimal and well within the normal traffic expectations of a residential setting.
- j. No vehicle even nearing 6000 pounds is necessary for my home occupation.

As you can see, my home occupation is secondary to the use of my residence. The external impact on the neighborhood is negligible and in keeping with the residential character of the neighborhood.

Plans for this addition will accompany this letter. Please contact me directly at the telephone number listed on the letterhead above if you should have any questions regarding this application.

Sincerely,



John A. Gallagher, D.C.

JOHN A. GALLAGHER D.C.
END VIEW OF ADDITION

