

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

Permit Number: 030305

PERMIT

This is to certify that Portland Housing Authority/Child Care Connections

has permission to Home Based Day Care/Tenants Home

AT ²¹~~17~~ Riverton Dr 327 B012001

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 altered or otherwise used-in. HOUR NOTICES REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. AMM

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
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: 03-0305	Issue Date:	CBL: 327 B012001
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Location of Construction: 21 17 Riverton Dr		Owner Name: Portland Housing Authority	Owner Address: 14 Baxter Blvd	Phone: 773-4753
Business Name:		Contractor Name: Child Care Connections	Contractor Address: P.O. Box 10480 Portland	Phone: 2078717449
Lessee/Buyer's Name: Linda Elias	Phone: 871-7449 x299	Permit Type: Change of Use Home Occupation		Zone: R5
Past Use: Multi Family/Housing	Proposed Use: Multi Family/Housing	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 1
Proposed Project Description: Home Based Day Care/Tenant- Hawa Haji Mohamed		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: 50 4/28/03 Signature: [Signature]
		Signature: [Signature]		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: gad	Date Applied For: 04/07/2003	Zoning Approval		
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<ol style="list-style-type: none"> 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.. 	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"/> <input type="checkbox"/> Denied Date: 4/17/03	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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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 _____

03-0305

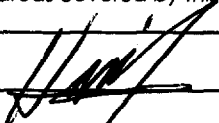
All Purpose Building Permit Application

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>21 Riverton Dr. PORTLAND ME 04103</u>		
Total Square Footage of Proposed Structure <u>SEE ATTACHED form</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>327</u> Block# <u>B</u> Lot# <u>12</u>	Owner: <u>PORTLAND Housing Authority</u>	Telephone: <u>797-8975</u>
Lessee/Buyer's Name (If Applicable) <u>Hawa Haji Mohamed</u>	Applicant name, address & telephone: <u>phone 797-6802</u> <u>Hawa Haji Mohamed</u> <u>21 Riverton Dr.</u> <u>PORTLAND ME 04103</u>	Cost Of Work: \$ <u>0</u> Fee: \$ <u>30.00</u>
Current use: <u>Residence</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Home-based daycare</u>		
Project description: <u>change of use for a home occupation, to add; no construction required</u>		
Contractor's name, address & telephone: <u>Child Care Connections</u>		
Who should we contact when the permit is ready: <u>Linda Elias</u> <u>PO BOX 10480</u> <u>PORTLAND ME</u> <u>04104</u>		
Mailing address: <u>307 Cumberland Ave. PORTLAND ME</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: 871-7449 x 299		

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: 	Date: <u>3/27/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. 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

Ms. Marge Schmuckal
Zoning Administrator
Department of Urban Development
City of Portland
389 Congress Street
Portland, Maine 04101

Dear Ms. Schmuckal:

We are requesting permits to allow for the use of said residences:

Hawa Anshur	11 Pinewood Drive, Portland, Maine 04103
Habibo Hussein	9 Springbrook Way, Portland, Maine 04103
Hawa Haji Mohamed	21 Riverton Drive, Portland, Maine 04103
Sitwy Mukhtar	29 Springbrook Way Portland, Maine 04103
Run Muse	43 Springbrook Way Portland, Maine 04103
Farhiyo Sheikh	34 Springbrook Way Portland, Maine 04103
Alia Mohamed	43 Riverton Drive Portland, Maine 04103

for a home occupation. We intend to operate home-based day care. The following is an explanation of how said home occupation meets the criteria listed under item (1) of Sec. 14-410 of the Portland Code:

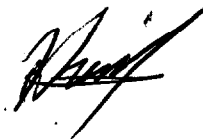
- a. My home occupation will occupy approximately 176 square feet of floor area
- b. No goods will be stored, displayed or be visible from outside the residence
- c. Storage of the material necessary to perform my occupation are minimal and included in the 200 square feet of floor space mentioned above
- d. There will be no external signage relating to my home occupation
- e. No exterior alterations to the residence are necessary
- f. Since I will not be meeting clients at my residence, no additional parking is necessary
- g. No objectionable effects will result from my home occupation
- h. I will not require the services of any employees
- i. No vehicles even nearing a gross vehicle weight of 6,000 pounds are necessary for my home occupation

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

Attached you will find copies from the owner/property manager of the building granting permission to conduct home-based day care on the premises. Thank you for assistance in this matter.

Sincerely,

John Scribner
Jann Yankauskas
StartSmart/CEI (207) 772-5356



City of Portland, Maine - Building or Use Permit

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

Permit No: 03-0305	Date Applied For: 04/07/2003	CBL: 327 B012001
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Location of Construction: 21 Riverton Dr	Owner Name: Portland Housing Authority	Owner Address: 14 Baxter Blvd	Phone: () 773-4753
Business Name:	Contractor Name: Child Care Connections	Contractor Address: P.O. Box 10480 Portland	Phone: (207) 871-7449
Lessee/Buyer's Name Linda Elias	Phone: 871-7449 x299	Permit Type: Change of Use Home Occupation	

Proposed Use: Multi Family/Housing	Proposed Project Description: Home Based Day Care/Tenant: Hawa Haji Mohamed
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 04/17/2003
Note: **Ok to Issue:**

- 1) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.
- 2) Separate permits shall be required for any new signage under the home occupation guidelines.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 04/28/2003
Note: **Ok to Issue:**

- 1) No construction is authorized by this permit.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. McDougall **Approval Date:** 04/28/2003
Note: **Ok to Issue:**

- 1) Application requires State Fire Marshal approval.

Hawa Haji Mohamed
21 Riverton Drive
Portland, Maine 04103

Ann Marie Card
Portland Housing Authority
14 Baxter Blvd.
Portland, Maine 04101

Dear Anne Marie Card:

In preparation for receiving a business license, I am writing a formal request for permission to have a home-based child care in my home located at 21 Riverton Drive in Riverton Park. With your permission, I plan to open a state-certified family child care home that will serve up to four children in my home. I plan to specialize in serving infants offering off-care hours between 4:00 p.m. -12:00 a.m.

In preparation for my state certification to become a family child care provider, I have completed 20 hours of training with Child Care Connections and have obtained my Red Cross certification in Infant and Child CPR and First Aid. I will receive on-going support from Child Care Connections and the Department of Human Services-Child Care Licensing workers.

It is my understanding that to conduct a home-based business in a Portland Housing Authority property, I must:

- Maintain property and liability insurance of one million per claim with a 3 million dollar/year limit. Childcare Connections has assisted me with finding a portion of the cost. Portland Housing Authority will be named as an additional insurer. In addition, the insurance company will be asked to notify Portland Housing Authority if there are any lapses in coverage.
- Provide you with a copy of my license from the state indicating the number of children and ages I am certified to serve.
- Maintain licensure with the State of Maine
- Maintain all city zoning requirements and approvals.

In addition, I understand that no alterations to the unit are allowed without written approval by you and that the business can not disturb the natural traffic flow of the development. Further, I understand that the income I receive from my home-based business is reportable income and I am required to maintain bookkeeping records.

In order to complete my application to the Department of Human Services and the City Zoning administration, I need to obtain written permission from you, my landlord. Please check below and sign and return this letter to me within 30 days of receipt. Please contact me at 797-6802 should you need further information.

I thank you in advance for your consideration of this request.

YES, I GIVE MY PROVISIONAL PERMISSION TO CONDUCT A FAMILY

DAYCARE HOME IN PHA PROPERTY with the understanding that copies of your city zoning approval, state certification and sign design be provided to my office before opening.

NO, I DENY PERMISSION.

Signed:



Ann Marie Card
Print Name

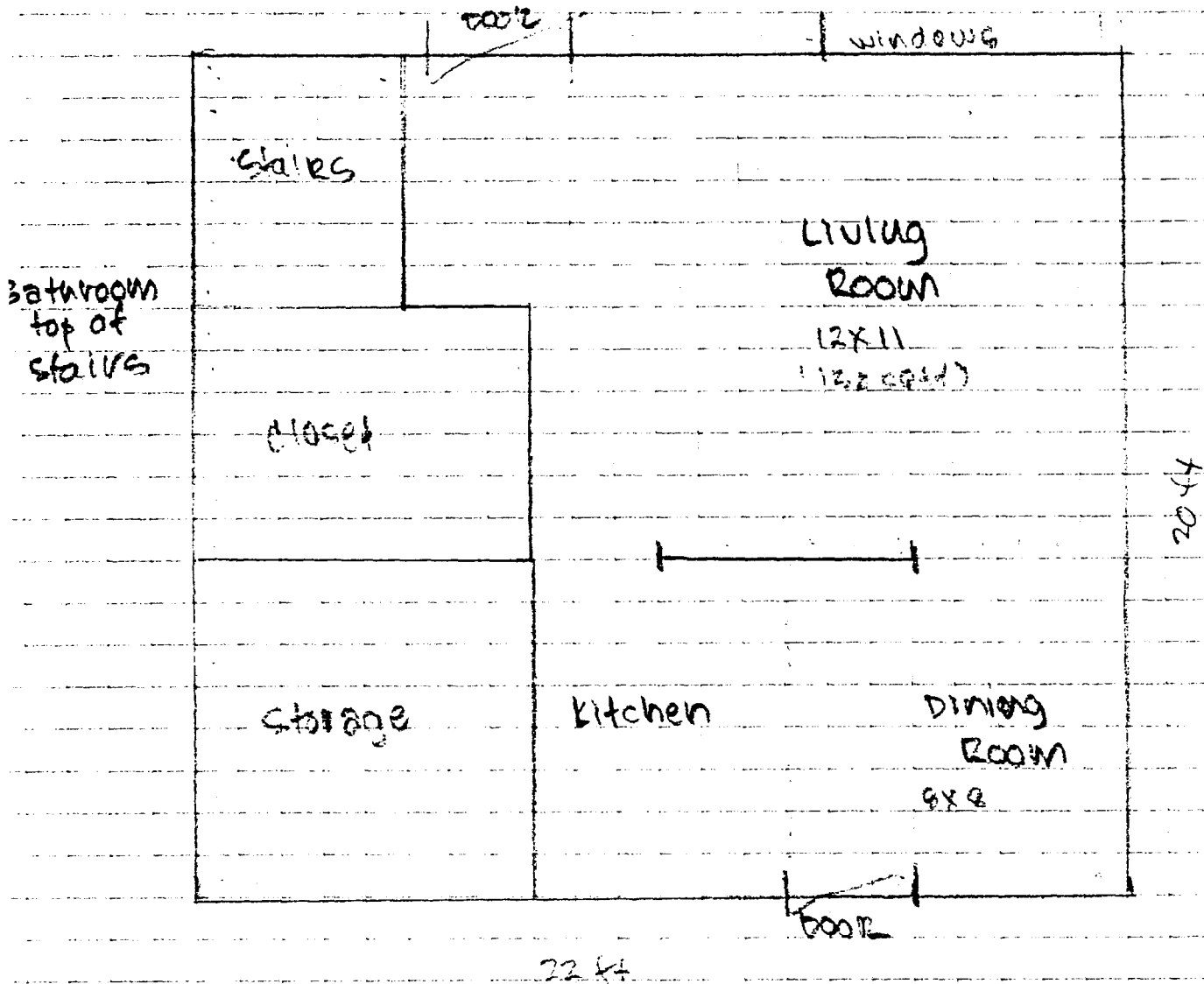
Date:

01/08/03

Phone:

773-4753

Hawa Mohamed
21 Riverton Drive
Portland, Maine



total sq. footage $22 \times 20 = 440$
daycare space 196
of children: 5



John Elias Baldacci
Governor

COMMUNITY SERVICES CENTER
STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DEPARTMENT OF
BEHAVIORAL AND DEVELOPMENTAL SERVICES
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

March 28, 2003

To Whom It May Concern:

The Department of Human Services Division of Licensing has issued a Certificate to Operate a Home Day Care for Children to the following persons:

Hawa Anshur, 11 Pinewood Drive, Portland, ME 04103. Certificate #: 420975, effective date: 3/14/03, for 6 children.

Run Muse, 43 Springbrook Way, Portland, ME 04103. Certificate # 420982, effective date: 3/14/03, for 6 children.

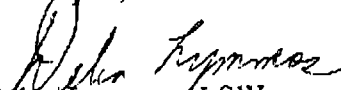
Hawa Mohamed, 21 Riverton Drive, Portland, ME 04103. Certificate # 420977, effective date: 3/24/03, for 6 children.

Habibo Hussein, 9 Springbrook Way, Portland, ME 04103. Certificate # 420986, effective date: 3/24/03, for 6 children.

Alia Mohamed, 43 Riverton Drive, Portland, ME 04103. Certificate # 420981, effective date: 3/28/03, for 6 children.

If you have any questions, please call me at 822-2325.

Thank you,


Debra Lymneos, LSW
Child Care Licensing Specialist