

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 061811

Please Read Application And Notes, If Any, Attached

This is to certify that MUSTERS JANWILLEM

has permission to Change of use to Youth Alternative 6 B group one

AT 1519 FOREST AVE 338 J015001

PERMIT ISSUED
JAN 12 2007
CITY OF PORTLAND

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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.

Classification of inspection must be given and when permission is procured before this building or part thereof is used or service is closed-in. 4
YOUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. Craig Clark
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Jeanie Bourke 1/10/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

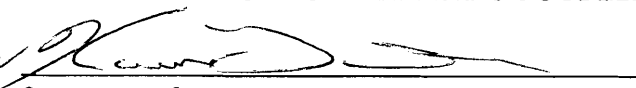
A Pre-construction Meeting will take place upon receipt of your building permit.

- | | |
|---|--|
| <input type="checkbox"/> Footing/Building Location Inspection: | Prior to pouring concrete |
| <input checked="" type="checkbox"/> Re-Bar Schedule Inspection: | Prior to pouring concrete |
| <input checked="" type="checkbox"/> Foundation Inspection: | Prior to placing ANY backfill |
| <input type="checkbox"/> Framing/Rough Plumbing/Electrical: | Prior to any insulating or drywalling |
| <input checked="" type="checkbox"/> Final/Certificate of Occupancy: | Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. |

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

KK If any of the inspections do not occur, the project cannot go on to the next phase, **REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

KK **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**


Signature of Applicant/Designee

1-12-07
Date

Donna Martin Admin
Signature of Inspections Official

1-12-07
Date

CBL: 338 J 015 Building Permit #: 06-1811

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 06-1811 | Issue Date: | CBL: 338 J015001 |
|-----------------------|-------------|---------------------|

| | | | |
|--|----------------------------------|---|--------------|
| Location of Construction: 1519 FOREST AVE | Owner Name: MUSTERS JANWILLEM | Owner Address: 1519 FOREST AVE | Phone: |
| Business Name: | Contractor Name: | Contractor Address: | Phone: |
| Lessee/Buyer's Name | Phone: | Permit Type: Change of Use - Dwellings | Zone: R-3 |

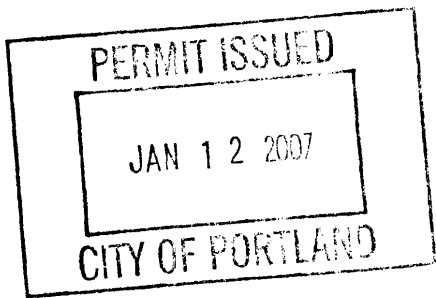
| | | | | |
|--|--|---|---------------------------|--------------------|
| Past Use: Single Family Home | Proposed Use: <i>Shelter care</i> Group Home - Change of use to Youth Alternative 6 Bed group home | Permit Fee: \$105.00 | Cost of Work: \$105.00 | CEO District: 5 |
| FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>TO SFMO Req</i> | | INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> | | |

| | | |
|--|-----------------------------|-------------------------------|
| Proposed Project Description: Change of use to Youth Alternative 6 Bed group home | Signature: <i>Greg Cass</i> | Signature: <i>JMB 1/10/07</i> |
| 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: Idobson | Date Applied For: 12/21/2006 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

- 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 checked="" type="checkbox"/> Site Plan <i>Exemption given to Planning</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK with conditions 12/21/06</i> | Zoning Appeal <input type="checkbox"/> Variance <i>ZBA</i> <input type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <i>4-0</i> <input type="checkbox"/> Denied Date: <i>July 20, 2006</i> | 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: <i>S</i> |
|--|--|---|



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: 06-1811 | Date Applied For: 12/21/2006 | CBL: 338 J015001 |
|------------------------------|--|----------------------------|

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| Location of Construction: 1519 FOREST AVE | Owner Name: MUSTERS JANWILLEM | Owner Address: 1519 FOREST AVE | Phone: |
| Business Name: | Contractor Name: | Contractor Address: | Phone: |
| Lessee/Buyer's Name | Phone: | Permit Type: Change of Use - Dwellings | |

| | |
|---|---|
| Proposed Use: Sheltered Care Group Home - Change of use to Youth Alternative 6 Bed group home | Proposed Project Description: Change of use to Youth Alternative 6 Bed group home |
|---|---|

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 12/22/2006**Note:** **Ok to Issue:**

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) This property is limited to a six (6) bed sheltered care group home. Any changes to the use shall require a separate permit for a change of use.
- 3) Separate permits shall be required for any new signage.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 01/10/2007**Note:** **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) This is a Change of Use ONLY permit. It does NOT authorize any construction activities.

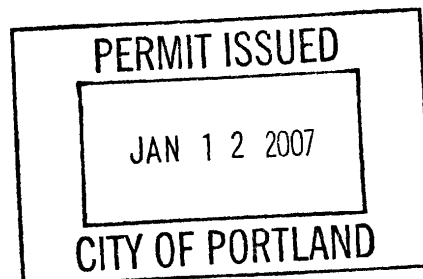
Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 01/05/2007**Note:** **Ok to Issue:**

- 1) All requirements from the State Fire Marshalls Office shall be met prior to occupancy

Comments:

12/22/2006-mes: received a conditional use approval from ZBA on July 20, 2006 for a 6 bed group home

1/10/2007-gg: received granted exemption as of 1/10/07. /gg





APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

JAN Willem Musters
Applicant

12/22/06
Application Date

for youth Alternatives
1519 Forest AVE
Applicant's Mailing Address

1519 Forest AVE
Project Name/Description

Consultant/Agent/Phone Number

Address of Proposed Site

CBL: 338-J-15-1625

Description of Proposed Development:
change of use from single family dwelling to
sheltered care group home for no more than 6 beds
ZBA approved July 20, 2006

Please Attach Sketch/Plan of Proposal/Development

Criteria for Exemptions:
See Section 14-523 (4) on back side of form

- a) Within Existing Structures; No New Buildings, Demolitions or Additions
- b) Footprint Increase Less Than 500 Sq. Ft.
- c) No New Curb Cuts, Driveways, Parking Areas
- d) Curbs and Sidewalks in Sound Condition/Comply with ADA
- e) No Additional Parking/ No Traffic Increase
- f) No Stormwater Problems
- g) Sufficient Property Screening
- h) Adequate Utilities

| Applicant's Assessment (Yes, No, N/A) | Planning Office Use Only |
|--|-----------------------------|
| | yes |
| | yes |
| | yes |
| | yes |
| | yes |
| | yes |
| | yes |
| | yes |
| | yes |

Planning Division Use Only

Exemption Granted X Partial Exemption _____ Exemption Denied _____

Planner's Signature Barbara Bolyard Date Jan 8, 2007



**Youth
Alternatives, Inc.**

*Creating Opportunities
for Maine Kids
and Families*

youthalternatives.org

To: Zoning Board of Appeals
From: Youth Alternatives
Re: Conditional Use Permit per 14-88 (a.)

June 30, 2006

Youth Alternatives wishes to lease the property at 1519 Forest Ave., Portland ME from JanWillem Musters who has a contract to purchase the property. Youth Alternatives will use the property as a Sheltered Care Group Home. We have examined the house and deem it extremely suitable for our needs, to house up to six young people with 24-hour 7 days week supervision. We will make only minor interior modifications to meet State Fire Marshal safety requirements.

Current Permitted Use
Single-family residence

Proposed Use
Conditional use under R-3 zone (14-88 a.) as a shelter care group home.

Sincerely Yours,

A handwritten signature in black ink, appearing to read 'Kane Loukas', is written over a horizontal line.

Kane Loukas, LCSW
Chief Operating Officer
Youth Alternative's
207-874-1175
P.O. Box 596
Portland, Maine 04112-0596

ACCREDITED



COUNCIL ON ACCREDITATION
OF SERVICES FOR FAMILIES
AND CHILDREN, INC.



United Way

CMA

Member Agency

**Youth Alternatives 6 bed group home
1519 Forest Avenue
Portland, ME 04102**

Youth Alternatives Group Home, a 90-Day (Maximum) Assessment and Short-Term Treatment Home Serving Portland and Greater Portland Youth

Staffing:

Half-Time Master's Level Director
Master's Level Social Worker/Family Clinician
Bachelor Level Program Coordinator
Youth Workers
Awake Night Staff
24/7 coverage

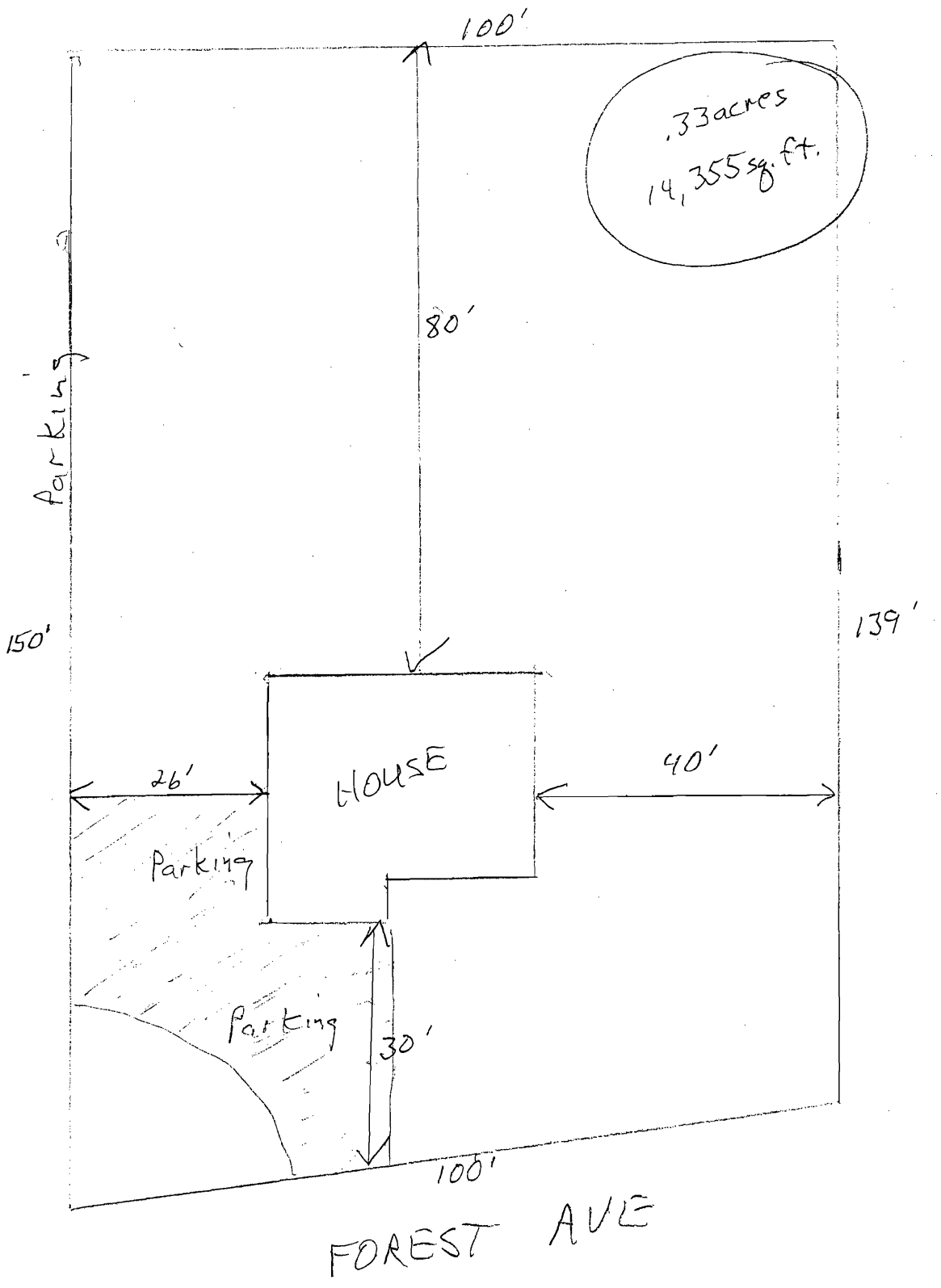
Proposal:

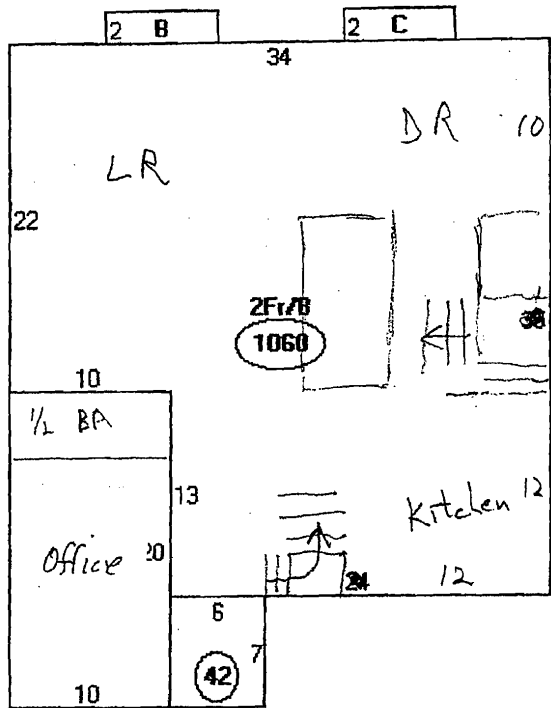
- DHHS has communicated a need for expanded residential assessment and short-term treatment services for adolescents from the Greater Portland area.
- DHHS staff of Cumberland County has indicated that the bulk of adolescent clients are from Portland, South Portland and Westbrook.
- The current assessment and short-term home in Westbrook, run by another agency, is running at 98% capacity and is not meeting demand.
- Youth Alternatives has several years experience running an assessment and short-term home in Bowdoinham (Perry's Place) providing co-educational services to youth of varying ages.
- Youth Alternatives has a current practice in group care of providing in-home youth worker/behavior specialist support and modeling and in-home clinical support to families whose child is returning home.
- Youth Alternatives is currently engaged in the recruitment of foster homes for adolescents for our new Multi-Dimensional Treatment Foster Care Program for teens involved in the juvenile justice system.
- DHHS and Youth Alternatives are currently collaborating on bringing a national model of community collaboration to Maine, (Community Partners Initiative), that creates networks of support within neighborhoods.
- On February 24, 2006, Youth Alternatives became the statewide sponsor of PERC (Parent Effectiveness in Resolving Conflict with Teens) curriculum and will be providing classes to parents of adolescents under the leadership of our new Parent Educator, Deb Dunlap.

Proposal: We propose a 90-day (maximum) assessment and short-term treatment home to address the current need for expanded care for Portland and Greater Portland youth. With such approval,

- Youth Alternatives staff will provide transportation to Portland schools for youth in placement.
- Youth Alternatives clinical social worker and clinical staff from Youth Alternatives' Multi-Dimensional Treatment Foster Care Program will provide in-home services to the birth families of the youth in placement. (If families prefer to have meetings at the group home, staff will arrange for or provide transportation as needed.)
- Youth Alternatives staff will coordinate and facilitate various meetings, including but not limited to high-fidelity Wraparound, family visits and visits with kin and significant others.
- Youth Alternatives staff will explore other family (kin) connections and, when appropriate, facilitate contact and exploration of kinship care placement.
- Youth Alternatives youth workers will provide in-home behavioral support and modeling.
- Youth Alternatives Family Mediation Program will provide conflict resolution sessions to birth families.
- Youth Alternatives will offer PERC classes to birth parents of youth transitioning home from the placement.
- Youth Alternatives will expand its current recruitment efforts for Multi-Dimensional Treatment Foster Care homes to include both longer-term foster homes and 90-day assessment and short-term treatment foster homes for adolescents in the Greater Portland area.

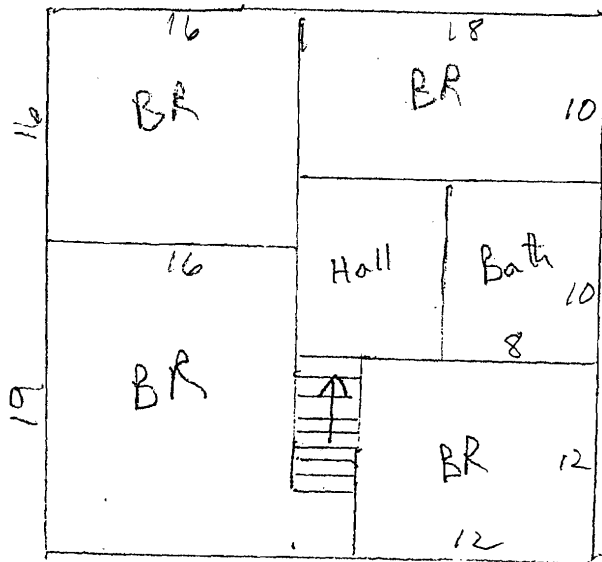
The goal of this program is to return children to their homes as soon as possible and to keep them in their current school system. These children would have been recently removed from their homes due to abuse or neglect. Youth Alternatives LCSW will work closely with the family to wrap around serves so they can care for their children without abuse or neglect issues. The home will be licensed by the State of Maine for 6 beds and serve both male and female children.





/Area

1st Floor



Second Floor

CITY OF PORTLAND, MAINE

ZONING BOARD OF APPEALS

Peter Coyne
Philip Saucier
Peter Thornton
Kate Knox
Catherine Alexander
David Dore Secretary
William Hall, Chair

REVISED

July 21, 2006

Kane Loukas, LCSW
Youth Alternative
1519 Forest Ave.
Portland, ME 04112-0596

RE: 1519 Forest Ave.
CBL: 338 J015,016 & 025
ZONE: R3

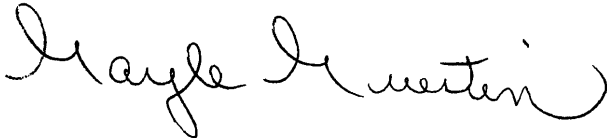
Dear Mr. Loukas:

As you know, at its July 20, 2006, meeting, **the Board of Appeals voted 4-0 and granted to approve your Conditional Use Appeal.**

Enclosed please find the Board's decision, your paid receipt for the legal ad, abutters notices and appeal fee. Your next step would be to have a either a Site Plan Exemption or Site Plan Review from the Planning Department, 4th floor, phone # 874-8719; then a change of use permit application, which I have enclosed.

Should you have any questions please feel free to contact me at 207-874-8701.

Sincerely,



Gayle Guertin
Office Assistant

CITY OF PORTLAND, MAINE

ZONING BOARD OF APPEALS

APPEAL AGENDA

The Board of Appeals will hold a public hearing on Thursday, July 20, 2006 at 6:30 p.m. on the second floor, Council Chambers, City Hall, 389 Congress Street, Portland, Maine to hear the following appeals:

To: City Clerk
From: Marge Schmuckal, Zoning Administrator
Date: July 21, 2006
RE: Action taken by the Zoning Board of Appeals on July 20, 2006

The meeting was called to order at 6:33pm

Roll call as follows:

Members Present: William Hall, Kate Knox, Philip Saucier and David Dore.

Members Absent: Catherine Alexander, Peter Thornton and Peter Coyne.

1. **New Business:**

A. Conditional Use Appeal:

78 - 80 Powsland Street, Maine Department of Transportation owner, Tax Map #190 Block H Lots #024 and #025 in the R5 Residential Zone is seeking a Conditional Use Appeal under section 14-118 (c) 1 of the City of Portland Zoning Ordinance. Appellants are requesting a change of use; from two wooded lots, to an estimate of a 25 passenger car parking area, which abuts the already existing parking lot of Eyecare Medical Group. Accessing the proposed lots will be from the existing parking lot located on 53 Sewall Street, which is the business address. Representing the Appeal is Terry P. Wogan (Facility Manager) and Clement Berry (CEO) of Eyecare Medical Group. **Board voted and granted 4-0 the Conditional Use Appeal with conditions; a) No vehicle access through Powsland Street. b) Vegetative buffer be created along the adjoining house at 76 Powsland Street.**

B. Conditional Use Appeal:

1519 Forest Avenue, Mary K. Burns owner, Tax Map #338 Block J Lots #015, #016 and #025 in the R3 Residential Zone is seeking a Conditional Use Appeal under section 14-88 (a) of the City of Portland Zoning Ordinance. Appellant is requesting a Change of Use from a single family dwelling, to a sheltered care group home to house up to six young people. Representing the Appeal is the applicant Kane Loukas COO / Youth Alternatives. **Board voted 4-0 and granted the Conditional Use Appeal.**

3. **Other Business:** None

4. **Adjournment:** 7:50pm

Enclosure:

Agenda of July 20, 2006

Copy of Board's Decision

CC: Joseph Gray, City Manager

Alex Jaegerman, Planning Department

Lee Urban, Planning & Development Director

Aaron Shapiro, Housing & Neighborhood Services

CITY OF PORTLAND, MAINE

ZONING BOARD OF APPEALS

R-3 Residential Zone Sheltered Care Group Home:

Conditional Use Appeal

DECISION

Date of public hearing:

7-20-06

Name and address of applicant:

Youth Alternatives - Kare Loukas

Location of property under appeal:

7519 Forest Ave. 04103

For the Record:

Names and addresses of witnesses (proponents, opponents and others):

Kare Loukas
125 Albion
Windham

Exhibits admitted (e.g. renderings, reports, etc.):

Kazilionis - OPPOSED
- Directly across the street
Jan Ellen Masters
- new owner - PRO
Gale Libby - PRO

Findings of Fact and Conclusions of Law:

A. Conditional Use Standards pursuant to Portland City Code §14-88(a)(1):

1. The sheltered care group home shall house no more than twelve (12) individuals, plus staff, and serve a primary population which is not handicapped persons, parolees, persons involved in correctional prerelease programs, or current illegal drug users.

Satisfied X Not Satisfied _____

Reason:

Testimony

2. The sheltered care group home shall not be located within five hundred (500) feet of another, as measured along street lines to the respective property lines.

Satisfied X Not Satisfied _____

Reason:

Testimony

3. There shall be no open outside stairways or fire escapes above the ground floor.

Satisfied X Not Satisfied _____

Reason:

Based on photographs

4. The facility shall make provision for adequate on-site staffing in accordance with applicable state licensing requirements. If a facility is not licensed by the state, there shall be a minimum of one (1) staff person for every ten (10) residents or fraction thereof.

Satisfied X Not Satisfied _____

Reason:

Testimony

Note: The board of appeals may impose conditions upon a conditional use permit concerning the creation or operation of a sheltered care group home including but not limited to the following: site and building maintenance; lighting, fencing, and other appropriate security measures; screening and buffering of parking areas; compatibility of any additions or alterations with the existing residential structure; compatibility of new structures with the architectural character of the surrounding area; and limitation on the duration of a sheltered care group home permit.

B. Conditional Use Standards pursuant to Portland City Code §14-474(c)(2):

1. There are unique or distinctive characteristics or effects associated with the proposed conditional use.

Yes ___ No X

Reason:

2. There will be an adverse impact upon the health, safety, or welfare of the public or the surrounding area.

Yes ___ No X

Reason:

3. Such impact differs substantially from the impact which would normally occur from such a use in that zone.

Yes ___ No X

Reason:

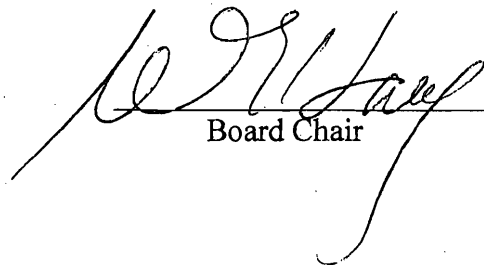
Conclusion: (check one)

X Option 1: The Board finds that all of the standards (1 through 4) described in section A above have been satisfied and that not all of the conditions (1 through 3) described in section B above are present, and therefore GRANTS the application.

___ Option 2: The Board finds that all of the standards (1 through 4) described in section A above have been satisfied, and that while not all of the conditions (1 through 3) described in section B above are present, certain additional conditions must be imposed to minimize adverse effects on other property in the neighborhood, and therefore GRANTS the application SUBJECT TO THE FOLLOWING CONDITIONS:

___ Option 3: The Board finds that not all of the standards (1 through 4) described in section A above have been satisfied and/or that all of the conditions (1 through 3) described in section B above are present, and therefore DENIES the application.

Dated: 7/20/06


Board Chair

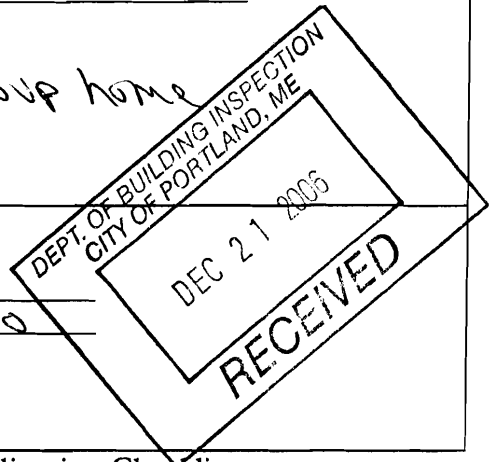
Application granted
4-0



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>1519 Forest Ave</u> | | |
| Total Square Footage of Proposed Structure <u>2390.59</u> | Square Footage of Lot <u>333</u> | |
| Tax Assessor's Chart, Block & Lot Chart# <u>338</u> Block# <u>J</u> Lot# <u>15,16,25</u> | Owner: <u>Jan Willem Musters</u> | Telephone: <u>207.232.3325</u> |
| Lessee/Buyer's Name (If Applicable) | Applicant name, address & telephone: <u>Youth Alternatives</u> <u>Kane Loukas, COO</u> <u>400 Congress St</u> <u>Portland, ME 04120596</u> | Cost Of Work: \$ _____ Fee: \$ _____ C of O Fee: \$ _____ |
| Current Specific use: <u>Sheltered Care Group Home</u> If vacant, what was the previous use? <u>Single Family</u> Proposed Specific use: <u>Sheltered Care Group Home</u> | | |
| Project description: <u>Youth Alternatives 6 bed group home</u> | | |
| Contractor's name, address & telephone: | | |
| Who should we contact when the permit is ready: <u>Kane Loukas</u> Mailing address: <u>Youth Alternatives</u> Phone: <u>523-5050</u> <u>P.O. Box 596</u> <u>Portland, ME 04112-0596</u> | | |



Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: [Signature] Date: 12/21/06

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



**Youth
Alternatives, Inc.**

*Creating Opportunities
for Maine Kids
and Families*

youthalternatives.org

Permit Application

1. Youth Alternatives
PO Box 596
Portland ME 04112-0596

207-874-1175
2. N/A
3. Sheltered Care Group Home
Youth Alternative's STEP
1519 forest Ave
Portland, ME 04103

207-523-5059
4. 2390 s.f.
.333 acres
5. All fire detectors are hard wired
AC/DC interconnected Smoke Detectors
6. N/A
7. a. unknown
b. 30 ft.
c. N/A
d. N/A
e. N/A
f. N/a
8. N/A

If you have any questions please contact Kane Loukas, COO at 523-5050

ACCREDITED



COUNCIL ON ACCREDITATION
FOR SERVICES TO FAMILIES
AND YOUTH



United Way

CMA

Member Agency



**Youth
Alternatives, Inc.**
Creating Opportunities
for Maine Kids
and Families
youthalternatives.org

To: Zoning Board of Appeals
From: Youth Alternatives
Re: Conditional Use Permit per 14-88 (a.)

June 30, 2006

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Current Permitted Use
Single-family residence

Proposed Use
Conditional use under R-3 zone (14-88 a.) as a shelter care group home.

Sincerely Yours,

Kane Loukas, LCSW
Chief Operating Officer
Youth Alternative's
207-874-1175
P.O. Box 596
Portland, Maine 04112-0596

ACCREDITED



COUNCIL ON ACCREDITATION
OF SERVICES FOR FAMILIES
AND CHILDREN, INC.



United Way

CMA
Member Agency

**Youth Alternatives 6 bed group home
1519 Forest Avenue
Portland, ME 04102**

Youth Alternatives Group Home, a 90-Day (Maximum) Assessment and Short-Term Treatment Home Serving Portland and Greater Portland Youth

Staffing:

Half-Time Master's Level Director
Master's Level Social Worker/Family Clinician
Bachelor Level Program Coordinator
Youth Workers
Awake Night Staff
24/7 coverage

Proposal:

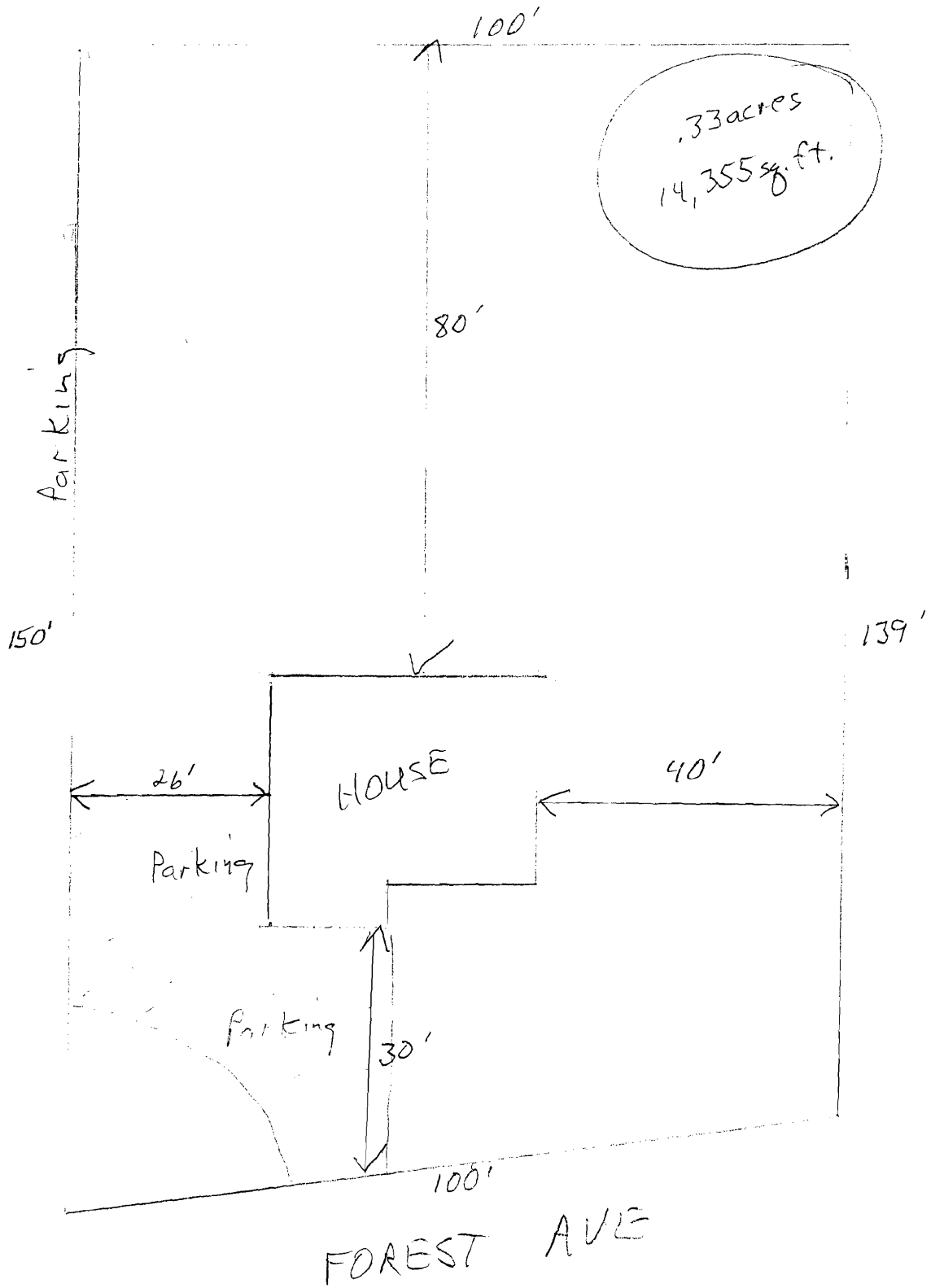
- DHHS has communicated a need for expanded residential assessment and short-term treatment services for adolescents from the Greater Portland area.
- DHHS staff of Cumberland County has indicated that the bulk of adolescent clients are from Portland, South Portland and Westbrook.
- The current assessment and short-term home in Westbrook, run by another agency, is running at 98% capacity and is not meeting demand.
- Youth Alternatives has several years experience running an assessment and short-term home in Bowdoinham (Perry's Place) providing co-educational services to youth of varying ages.
- Youth Alternatives has a current practice in group care of providing in-home youth worker/behavior specialist support and modeling and in-home clinical support to families whose child is returning home.
- Youth Alternatives is currently engaged in the recruitment of foster homes for adolescents for our new Multi-Dimensional Treatment Foster Care Program for teens involved in the juvenile justice system.
- DHHS and Youth Alternatives are currently collaborating on bringing a national model of community collaboration to Maine, (Community Partners Initiative), that creates networks of support within neighborhoods.
- On February 24, 2006, Youth Alternatives became the statewide sponsor of PERC (Parent Effectiveness in Resolving Conflict with Teens) curriculum and will be providing classes to parents of adolescents under the leadership of our new Parent Educator, Deb Dunlap.

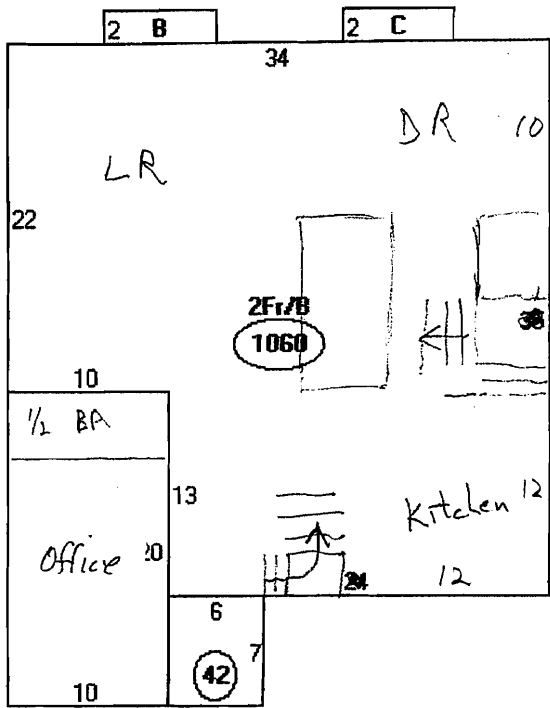
Proposal: We propose a 90-day (maximum) assessment and short-term treatment home to address the current need for expanded care for Portland and Greater Portland youth. With such approval,

- Youth Alternatives staff will provide transportation to Portland schools for youth in placement.
- Youth Alternatives clinical social worker and clinical staff from Youth Alternatives' Multi-Dimensional Treatment Foster Care Program will provide in-home services to the birth families of the youth in placement. (If families prefer to have meetings at the group home, staff will arrange for or provide transportation as needed.)
- Youth Alternatives staff will coordinate and facilitate various meetings, including but not limited to high-fidelity Wraparound, family visits and visits with kin and significant others.
- Youth Alternatives staff will explore other family (kin) connections and, when appropriate, facilitate contact and exploration of kinship care placement.
- Youth Alternatives youth workers will provide in-home behavioral support and modeling.
- Youth Alternatives Family Mediation Program will provide conflict resolution sessions to birth families.
- Youth Alternatives will offer PERC classes to birth parents of youth transitioning home from the placement.
- Youth Alternatives will expand its current recruitment efforts for Multi-Dimensional Treatment Foster Care homes to include both longer-term foster homes and 90-day assessment and short-term treatment foster homes for adolescents in the Greater Portland area.

The goal of this program is to return children to their homes as soon as possible and to keep them in their current school system. These children would have been recently removed from their homes due to abuse or neglect. Youth Alternatives LCSW will work closely with the family to wrap around serves so they can care for their children without abuse or neglect issues. The home will be licensed by the State of Maine for 6 beds and serve both male and female children.

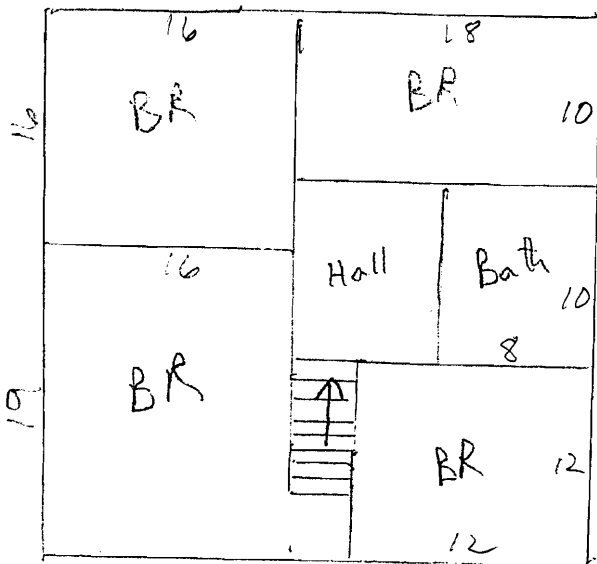
EASTLAWN AVE





/Area

1st Floor



Second Floor

CITY OF PORTLAND, MAINE

ZONING BOARD OF APPEALS

Peter Coyne
Philip Saucier
Peter Thornton
Kate Knox
Catherine Alexander
David Dore Secretary
William Hall, Chair

REVISED

July 21, 2006

Kane Loukas, LCSW
Youth Alternative
1519 Forest Ave.
Portland, ME 04112-0596

RE: 1519 Forest Ave.
CBL: 338 J015,016 & 025
ZONE: R3

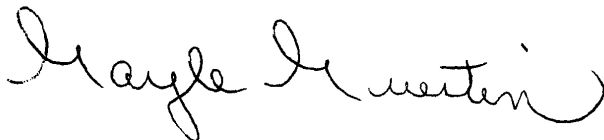
Dear Mr. Loukas:

As you know, at its July 20, 2006, meeting, **the Board of Appeals voted 4-0 and granted to approve your Conditional Use Appeal.**

Enclosed please find the Board's decision, your paid receipt for the legal ad, abutters notices and appeal fee. Your next step would be to have a either a Site Plan Exemption or Site Plan Review from the Planning Department, 4th floor, phone # 874-8719; then a change of use permit application, which I have enclosed.

Should you have any questions please feel free to contact me at 207-874-8701.

Sincerely,



Gayle Guertin
Office Assistant

CITY OF PORTLAND, MAINE

ZONING BOARD OF APPEALS

APPEAL AGENDA

The Board of Appeals will hold a public hearing on Thursday, July 20, 2006 at 6:30 p.m. on the second floor, Council Chambers, City Hall, 389 Congress Street, Portland, Maine to hear the following appeals:

To: City Clerk
From: Marge Schmuckal, Zoning Administrator
Date: July 21, 2006
RE: Action taken by the Zoning Board of Appeals on July 20, 2006

The meeting was called to order at 6:33pm

Roll call as follows:

Members Present: William Hall, Kate Knox, Philip Saucier and David Dore.

Members Absent: Catherine Alexander, Peter Thornton and Peter Coyne.

1. **New Business:**

A. Conditional Use Appeal:

78 - 80 Powsland Street, Maine Department of Transportation owner, Tax Map #190 Block H Lots #024 and #025 in the R5 Residential Zone is seeking a Conditional Use Appeal under section 14-118 (c) 1 of the City of Portland Zoning Ordinance. Appellants are requesting a change of use; from two wooded lots, to an estimate of a 25 passenger car parking area, which abuts the already existing parking lot of Eyecare Medical Group. Accessing the proposed lots will be from the existing parking lot located on 53 Sewall Street, which is the business address. Representing the Appeal is Terry P. Wogan (Facility Manager) and Clement Berry (CEO) of Eyecare Medical Group. **Board voted and granted 4-0 the Conditional Use Appeal with conditions; a) No vehicle access through Powsland Street. b) Vegetative buffer be created along the adjoining house at 76 Powsland Street.**

B. Conditional Use Appeal:

1519 Forest Avenue, Mary K. Burns owner, Tax Map #338 Block J Lots #015, #016 and #025 in the R3 Residential Zone is seeking a Conditional Use Appeal under section 14-88 (a) of the City of Portland Zoning Ordinance. Appellant is requesting a Change of Use from a single family dwelling, to a sheltered care group home to house up to six young people. Representing the Appeal is the applicant Kane Loukas COO / Youth Alternatives. **Board voted 4-0 and granted the Conditional Use Appeal.**

3. **Other Business:** None

4. **Adjournment:** 7:50pm

Enclosure:

Agenda of July 20, 2006

Copy of Board's Decision

CC: Joseph Gray, City Manager

Alex Jaegerman, Planning Department

Lee Urban, Planning & Development Director

Aaron Shapiro, Housing & Neighborhood Services

CITY OF PORTLAND, MAINE

ZONING BOARD OF APPEALS

R-3 Residential Zone Sheltered Care Group Home:

Conditional Use Appeal

DECISION

Date of public hearing:

7-20-06

Name and address of applicant:

Youth Alternatives - Kane Loukas

Location of property under appeal:

7519 Forest Ave. 04103

For the Record:

Names and addresses of witnesses (proponents, opponents and others):

Kane Loukas
125 Albion
Windham

Exhibits admitted (e.g. renderings, reports, etc.):

162110115 - OPPOSED
- Directly across the street
Jan Willem Masters
- new owner - PRO
Gale Libby - PRO

Findings of Fact and Conclusions of Law:

A. Conditional Use Standards pursuant to Portland City Code §14-88(a)(1):

1. The sheltered care group home shall house no more than twelve (12) individuals, plus staff, and serve a primary population which is not handicapped persons, parolees, persons involved in correctional prerelease programs, or current illegal drug users.

Satisfied X Not Satisfied

Reason:

Testimony

2. The sheltered care group home shall not be located within five hundred (500) feet of another, as measured along street lines to the respective property lines.

Satisfied X Not Satisfied

Reason:

Testimony

3. There shall be no open outside stairways or fire escapes above the ground floor.

Satisfied X Not Satisfied

Reason:

Based on photographs

4. The facility shall make provision for adequate on-site staffing in accordance with applicable state licensing requirements. If a facility is not licensed by the state, there shall be a minimum of one (1) staff person for every ten (10) residents or fraction thereof.

Satisfied X Not Satisfied

Reason:

Testimony

Note: The board of appeals may impose conditions upon a conditional use permit concerning the creation or operation of a sheltered care group home including but not limited to the following: site and building maintenance; lighting, fencing, and other appropriate security measures; screening and buffering of parking areas; compatibility of any additions or alterations with the existing residential structure; compatibility of new structures with the architectural character of the surrounding area; and limitation on the duration of a sheltered care group home permit.

B. Conditional Use Standards pursuant to Portland City Code §14-474(c)(2):

1. There are unique or distinctive characteristics or effects associated with the proposed conditional use.

Yes ___

No

Reason:

2. There will be an adverse impact upon the health, safety, or welfare of the public or the surrounding area.

Yes ___

No

Reason:

3. Such impact differs substantially from the impact which would normally occur from such a use in that zone.

Yes ___

No

Reason:

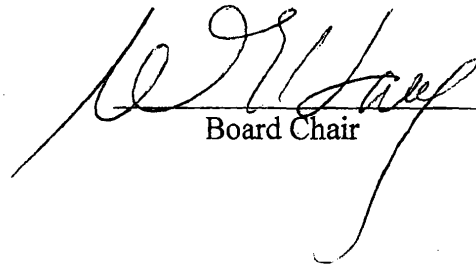
Conclusion: (check one)

Option 1: The Board finds that all of the standards (1 through 4) described in section A above have been satisfied and that not all of the conditions (1 through 3) described in section B above are present, and therefore GRANTS the application.

___ Option 2: The Board finds that all of the standards (1 through 4) described in section A above have been satisfied, and that while not all of the conditions (1 through 3) described in section B above are present, certain additional conditions must be imposed to minimize adverse effects on other property in the neighborhood, and therefore GRANTS the application SUBJECT TO THE FOLLOWING CONDITIONS:

___ Option 3: The Board finds that not all of the standards (1 through 4) described in section A above have been satisfied and/or that all of the conditions (1 through 3) described in section B above are present, and therefore DENIES the application.

Dated: 7/20/06


Board Chair

Application granted
4-0



John Elias Baldacci
Governor

Maine Department of Health and Human Services

Division of Licensing & Regulatory Services
Community Services Licensing
221 State Street
State House Station 11
Augusta, ME 04333-0011

Brenda Harvey
Commissioner

Catherine Cobb
Director

Peter Mauro, Jr.
Assistant Director

November 20, 2006

Michael Tarpinian, Exec. Dir.
Youth Alternatives, Inc.
PO Box 596
Portland, ME 04112-0596

RE: Youth Alternatives, Inc.-Step Community Connections

Dear Mr. Tarpinian:

In accordance with the Maine Revised Statutes and the rules pertaining thereto, as promulgated by the Department of Health and Human Services, a Provisional license to operate a Children's Residential Facility is hereby issued to Youth Alternatives, Inc. - Step Community Connections, located at 519 Forest Ave., Portland for 6 children ages 7 to 18.

This license is valid from November 15, 2006 through November 15, 2007. An application for renewal will be sent to you prior to the date of expiration of the license. If one is not sent, it is the agency's responsibility to actively seek an application since the filed application is required in order to allow the license to remain valid until Licensing takes an action.

The issuance of this license carries with it the right of the department to supervise the operation of the facility for the purpose of assuring continued compliance with the rules pertaining to the operation of the Children's Residential Facility. All revisions must be approved prior to implementation.

Failure to maintain continued compliance may result in a recommendation for suspension, revocation or modification of the license as provided for in the Maine Statute. Renewal of the license will be based on continued compliance and performance consistent with rules and agency approved policies. Licensing looks forward to a continued collaborative relationship with your agency.

Sincerely,

Timothy M. Swift, LSW
Licensor

Community Services Programs

TMS/pc

Our vision is Maine people living safe, healthy and productive lives.

Phone: 207-287-5060

Fax: 207-287-5282

TTY: 1-800-606-0215



STATE OF MAINE
Department of Health & Human Services

Certificate of Licensure

CHILDREN'S RESIDENTIAL FACILITY - PNMI

This is to certify that the licensed entity named below is hereby granted this License in accordance with Maine law.

ISSUED TO:

YOUTH ALTERNATIVES, INC.-STEP
COMMUNITY CONNECTIONS
PO BOX 596
PORTLAND ME 04112-0596

I.D. #: 523809

TYPE: PROVISIONAL

EFFECTIVE FROM: 11/15/2006 TO 11/15/2007

RESIDENTIAL-MENTAL HEALTH

CAPACITY 6 AGE 7 - 18 SEX Both

A handwritten signature in cursive script that reads "Brenda M. Hawley".

Commissioner, Department of Health & Human Services

STATE RULES REQUIRE THAT THIS LICENSE/CERTIFICATE BE CONSPICUOUSLY POSTED AT THE FACILITY AT ALL TIMES.
THIS DOCUMENT IS NON-TRANSFERRABLE.

John Elias Baldacci
Governor



**Maine Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, Maine 04333-0052**



Michael P. Cantara
Commissioner
Chief John C. Dean
State Fire Marshal
Fax 207-287-6251

Phone 207-626-3880

Statement of Deficiencies and Plan of Corrections

| | |
|--|---|
| Facility Name: Youth Alternatives, Inc.-Step Community Connection Location: 1519 Forest Ave. Portland, ME 04103 Facility Type CBH (6) Telephone : (207) 874-1175 Resource ID : 523809 File #72104 | Owner Name: SAME Address: P.O. Box 596 Portland, ME 04112-0596 |
| During an inspection of your facility a certified State Inspector has found the following violations. | In this right hand column you are required to indicate how and when you will have these violations corrected. Complete this information and return this "Plan of Correction" to the above address within 10 days of receipt of this statement. |

This is a new facility and was inspected as a one and two family dwelling. The requirement to be inspected as a one and two family dwelling is based on all clients being prompt in evacuation. (This is evacuation in 3 or less minutes WITHOUT the assistance of another.)

Since this is a new facility and the evacuation capability of the clients was not provided, two fire drills must be conducted within the first two weeks the facility is occupied. One fire drill must be conducted during nighttime sleeping hours, while all clients are asleep. A copy of these fire drills must be sent to the State Fire Marshal's Office.

(NOTE: if the clients do not remain prompt the facility must meet the New Residential Board and Care Occupancies Chapter of the Life Safety Code (NFPA 101) and must address these requirements with the State Fire Marshal's Office, Plans Review Division.)

1. ch07 Chimneys shall be inspected and cleaned if necessary at least once a year or more frequently as required to ensure adequate draft, clearance, soundness, and freedom from combustible deposits. (Chimney is to be determined safe for its intended use.) (Ref # 3-1.8)

2. Discontinue the use of the fireplace until certified that it meets NFPA 211 Standards.

3. st01 Stairs must be provided with round handrails 1 1/4" to 2" in diameter, mounted between

Date of Inspection: October 31, 2006

Owner/Occupant Signature

Inspector: Robert Cadigan

Date:

Date Sent : 31 October, 2006

John Elias Baldacci
Governor



**Maine Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, Maine 04333-0052**



Michael P. Cantara
Commissioner
Chief John C. Dean
State Fire Marshal
Fax 207-287-6251

Phone 207-626-3880

Statement of Deficiencies and Plan of Corrections

Facility Name: Youth Alternatives, Inc.-Step Community Connection
Location: 1519 Forest Ave.
Portland, ME 04103
Facility Type CBH (6)
Telephone : (207) 874-1175
Resource ID : 523809 File #72104

Owner Name: SAME
Address: P.O. Box 596
Portland, ME 04112-0596

During an inspection of your facility a certified State Inspector has found the following violations.

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34" to 38" high and must be installed on at least one side of existing stairs. Handrails must be continuous throughout the length of the stairs. (NFPA 101 LSC, 7.2.2.4.2) (Basement, both sets of stairs off the deck and on the two sections of the stairs to the second floor that do not have handrails.)

4. New handrail ends shall be returned to the wall or floor or shall terminate at newel posts. (7.2.2.4.4.9)

5. **Note: The non-compliant basement stairs were previously approved by the Authority Having Jurisdiction, (Portland Code Enforcement Office). However the broken middle and bottom stairs need to be repaired or replaced.**

6. **dc64** Bathroom Doors - Every bathroom door lock shall be designed to permit opening of the locked door from the outside in an emergency. The opening device shall be readily accessible to the staff.

7. **ap38** Electrical switches and outlets shall have properly installed protective covers to prevent accidental shocks and to prevent foreign items from entering open wiring surfaces. (NFPA 70, 110-12)

8. AC/DC interconnected smoke detectors shall be installed on all floor levels of the dwelling unit. (Basement, first floor living room, first floor dining room, second floor hallway outside the sleeping rooms, in each sleeping room and in the second floor staff space.) (NFPA 101 LSC, 24.3.4, 24.3.4.1, 9.6.2.10, NFPA 72)

Date of Inspection: October 31, 2006

Owner/Occupant Signature

Inspector: Robert Cadigan

Date:

Date Sent : 31 October, 2006

John Elias Baldacci
Governor



**Maine Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, Maine 04333-0052**



Michael P. Cantara
Commissioner
Chief John C. Dean
State Fire Marshal
Fax 207-287-6251

Phone 207-626-3880

Statement of Deficiencies and Plan of Corrections

Facility Name: Youth Alternatives, Inc.-Step Community Connection
Location: 1519 Forest Ave.
Portland, ME 04103
Facility Type CBH (6)
Telephone : (207) 874-1175
Resource ID : 523809 File #72104

Owner Name: SAME
Address: P.O. Box 596
Portland, ME 04112-0596

During an inspection of your facility a certified State Inspector has found the following violations.

In this right hand column you are required to indicate how and when you will have these violations corrected. Complete this information and return this "Plan of Correction" to the above address within 10 days of receipt of this statement.

9. ex28 Each sleeping room shall be provided with a secondary means of escape, which may be a door directly to the outside or a window which provides 5.7 square feet of clear unobstructed open area when it is in its normal open position. In addition to the over all clear opening, the width must not be less than 20 inches in clear width and the height of the opening must not be less than 24 inches of clear opening height. The bottom of the opening shall not be more than 44 inches of the adjacent floor level. (NFPA 101 LSC, 24.2.2.3) (All sleeping rooms need one egress window that is to remain free and clear of obstructions.

RC/lag

CC: Portland Fire Department

PENDING

Date of Inspection: October 31, 2006

Inspector: Robert Cadigan

Date Sent : 31 October, 2006

Owner/Occupant Signature

Date:

November 3, 2006

Robert Cadigan, Inspector
State Fire Marshal's Office
52 State House Station
Augusta, ME 04333-0164

File #: 72104

**Response to Fire Marshal Inspection of Youth Alternatives' STEP
Community Connection on October 31, 2006**

Dear Inspector Cadigan:

Thank you for your recent inspection of YA's SEPT Program at 1519 Forest Ave. Portland, ME. Enclosed please find a completed Plan of Correction in response to your Statement of Deficiencies.

If you have any questions, please contact me at 874-1175, ext. 123, or, via email at: kloukas@youthalternatives.org

Thank you.

Sincerely,

Kane Loukas
Chief Operating Officer

Encl.

Plan of Correction

FILE #: 72104

Youth Alternatives-STEP Community Connection

- 1. Chimney will be cleaned before the move on November 14, 2006**
- 2. The chimney will never be used by Youth Alternatives and will be covered and secured once the cleaning takes place.**
- 3. Handrails of appropriate thickness and height have been added to basement, both set of stairs off the deck and on the two sections of stairs on the 2nd floor.**
- 4. All handrails ends have been returned to the wall or floor.**
- 5. The broken basement stairs have been replaced.**
- 6. Both bathroom doors have been relock giving permit opening from the outside and the device is readily accessible.**
- 7. Electrical switches and outlets have protective covers.**
- 8. All smoke detectors are AC/DC connected and have been placed in the assigned locations.**
- 9. The new windows have been order. They will arrive on November 10, 2006 and be installed before November 14, 2006 or the time that clients move in.**

CHIMNEY SERVICE REPORT

716375

SERVICE PROVIDER: Chimney Service
1519 East Ave
10164

CUSTOMER:
Name Timothy C. Williams - Lewis
Address 1519 East Ave
City 10164 State _____ Zip _____
Phone (____) 415-7514
E-mail _____
Directions to home _____

Technician Frankie Gwaltin
Service date _____ Time _____

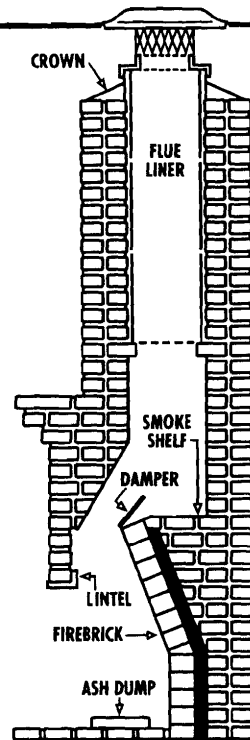
SYSTEM INFORMATION

Fireplaces, Number of
Construction Masonry Factory-built Modular
Fireplace opening sizes 1. _____" x _____" 2. _____" x _____" 3. _____" x _____"

Heating Appliances, Number of:.....
Type Insert Freestanding Furnace _____

Fuel Wood Coal Gas Oil _____

Chimney
Construction Factory-built Masonry Other
Chimney height _____ feet
Liner Flue tile Stainless Cast Unlined
Flue sizes 8"x8" 8"x13" 13"x13" 8"x17" 13"x17"
 6" Round 8" Round _____
Last cleaned _____ year(s) ago Never Unknown



COMMENTS

The fireplace is clean and the flue is
clean but will need to be above the roof peak
soon.

ANNUAL INSPECTION

The National Fire Protection Association (NFPA) recommends annual inspection of all fireplaces, chimneys, and vents. The next inspection of your system is scheduled for: _____

CUSTOMER VERIFICATION

This report is the result of a visual inspection done at the time of cleaning. It is intended as a convenience to our customer, not as certification of fire worthiness or safety. Since conditions of use and hidden construction defects are beyond our control, no warranty is made for the safety or function of any appliance and none is to be implied.

I have read this form and understand the apparent condition of my fireplace, appliance, chimney, and/or vent system. Furthermore I understand the limitations of this report as given in the paragraph above.

Customer Signature _____ Date _____

INVOICE / RECEIPT

| DESCRIPTION | PRICE |
|--------------|---------------|
| <u>2 hrs</u> | <u>165.00</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Subtotal | _____ |
| Total | <u>165.00</u> |

CITY OF PORTLAND, MAINE

ZONING BOARD OF APPEALS

Peter Coyne
Philip Saucier
Peter Thornton
Kate Knox
Catherine Alexander
David Dore Secretary
William Hall, Chair

July 21, 2006

Kane Loukas, LCSW
Youth Alternative
1519 Forest Ave.
Portland, ME 04112-0596

RE: 78-80 Powsland St.
CBL: 338 J015,016 & 025
ZONE: R3

Dear Mr. Loukas:

As you know, at its July 20, 2006, meeting, **the Board of Appeals voted 4-0 and granted to approve your Conditional Use Appeal.**

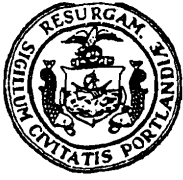
Enclosed please find the Board's decision, and an invoice for the legal ad and abutters notices. Your next step would be to have a either a Site Plan Exemption or Site Plan Review from the Planning Department, 4th floor, phone # 874-8719; then a change of use permit application, which I have enclosed.

Should you have any questions please feel free to contact me at 207-874-8701.

Sincerely,



Gayle Guertin
Office Assistant



**City of Portland, Maine
 Planning and Development Department
 Zoning Board of Appeals
 Conditional Use Appeal Application**

Applicant Information:

YOUTH ALTERNATIVES
 Name

Business Name

P.O. Box 596
 Address

PORTLAND, ME 04112-0596

874-1175 Telephone 874-1181 Fax

Applicant's Right, Title or Interest in Subject Property:

leasee
 (e.g. owner, purchaser, etc.):

Current Zoning Designation: R-3

Existing Use of Property: Single Family

Standards:

Upon a showing that a proposed use is a conditional use under this article, a conditional use permit shall be granted unless the board determines that:

- (a) There are unique or distinctive characteristics or effects associated with the proposed conditional use;
- (b) There will be an adverse impact upon the health, safety, or welfare of the public or the surrounding area; and
- (c) Such impact differs substantially from the impact which would normally occur from such a use in that zone.

NOTE: If site plan approval is required, attach preliminary or final site plan.

The undersigned hereby makes application for a conditional use permit as above described, and certified that all information herein supplied by his/her is true and correct to the best of his/her knowledge and belief.

[Signature]
 Signature of Applicant

Subject Property Information:

1519 Forest Ave
 Property Address

338 J 15, 16, 25
 Assessor's Reference (Chart-Block-Lot)

Property Owner (if different): Janwillem Mustars

~~Mary A BUEAS~~
 Name

1519 FOREST AVE
 Address

PORTLAND 04103

Telephone _____ Fax _____

Conditional Use Authorized by Section 14 - 88 (a.)

Type of Conditional Use Proposed: Sheltered Care Group Home

6/29/06
 Date



**Youth
Alternatives, Inc.**
*Creating Opportunities
for Maine Kids
and Families*
youthalternatives.org

To: Zoning Board of Appeals
From: Youth Alternatives
Re: Conditional Use Permit per 14-88 (a.)

June 30, 2006

Youth Alternatives wishes to lease the property at 1519 Forest Ave., Portland ME from JanWillem Musters who has a contract to purchase the property. Youth Alternatives will use the property as a Sheltered Care Group Home. We have examined the house and deem it extremely suitable for our needs, to house up to six young people with 24-hour 7 days week supervision. We will make only minor interior modifications to meet State Fire Marshal safety requirements.

Current Permitted Use
Single-family residence

Proposed Use
Conditional use under R-3 zone (14-88 a.) as a shelter care group home.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Kane Loukas", with a long horizontal flourish extending to the right.

Kane Loukas, LCSW
Chief Operating Officer
Youth Alternative's
207-874-1175
P.O. Box 596
Portland, Maine 04112-0596

ACCREDITED



STATE OF MAINE
DEPARTMENT OF
HEALTH & FAMILY
SERVICES



United Way

CMA

Member Agency

**Youth Alternatives 6 bed group home
1519 Forest Avenue
Portland, ME 04102**

Youth Alternatives Group Home, a 90-Day (Maximum) Assessment and Short-Term Treatment Home Serving Portland and Greater Portland Youth

Staffing:

Half-Time Master's Level Director
Master's Level Social Worker/Family Clinician
Bachelor Level Program Coordinator
Youth Workers
Awake Night Staff
24/7 coverage

Proposal:

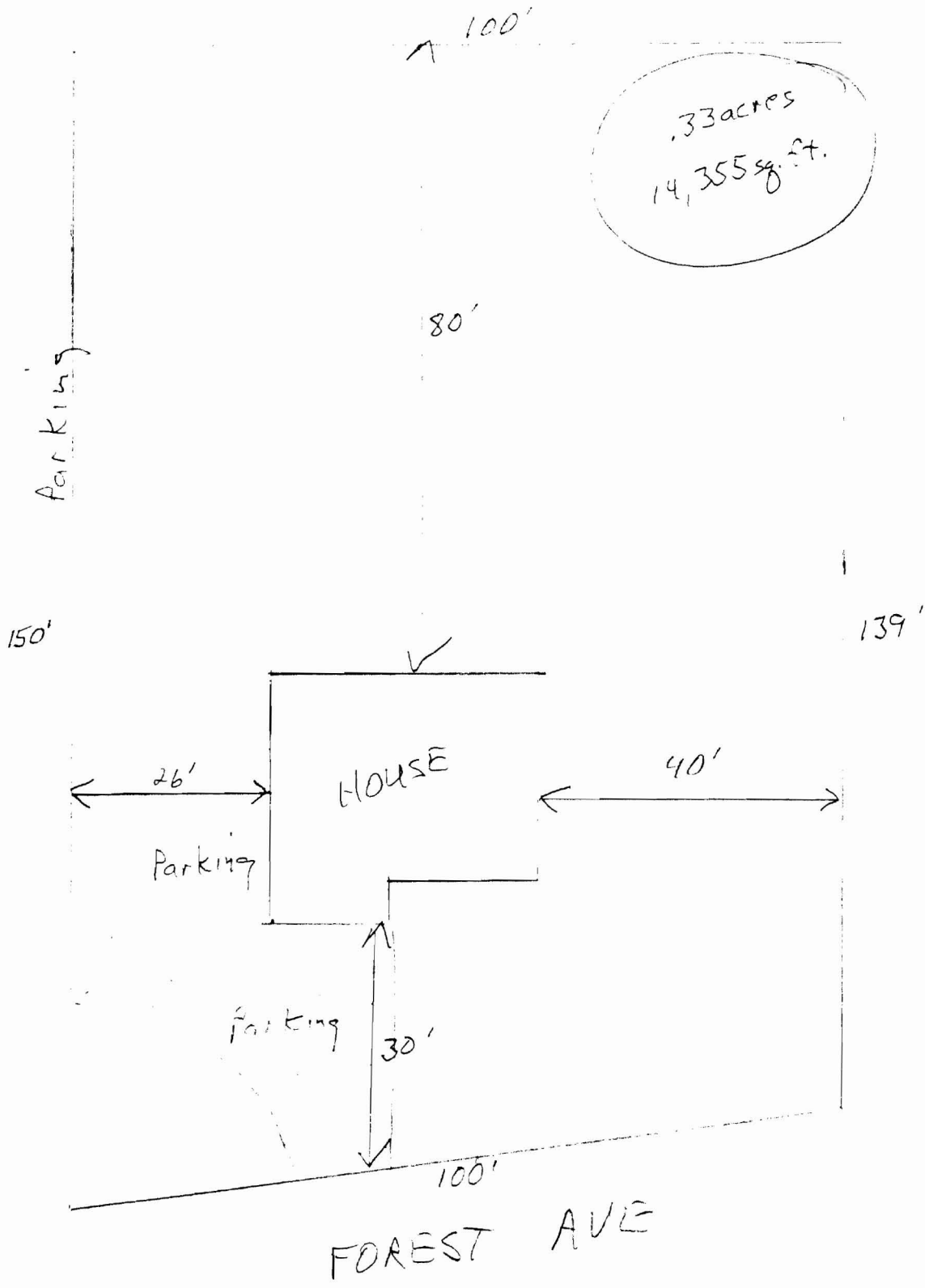
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Proposal: We propose a 90-day (maximum) assessment and short-term treatment home to address the current need for expanded care for Portland and Greater Portland youth. With such approval,

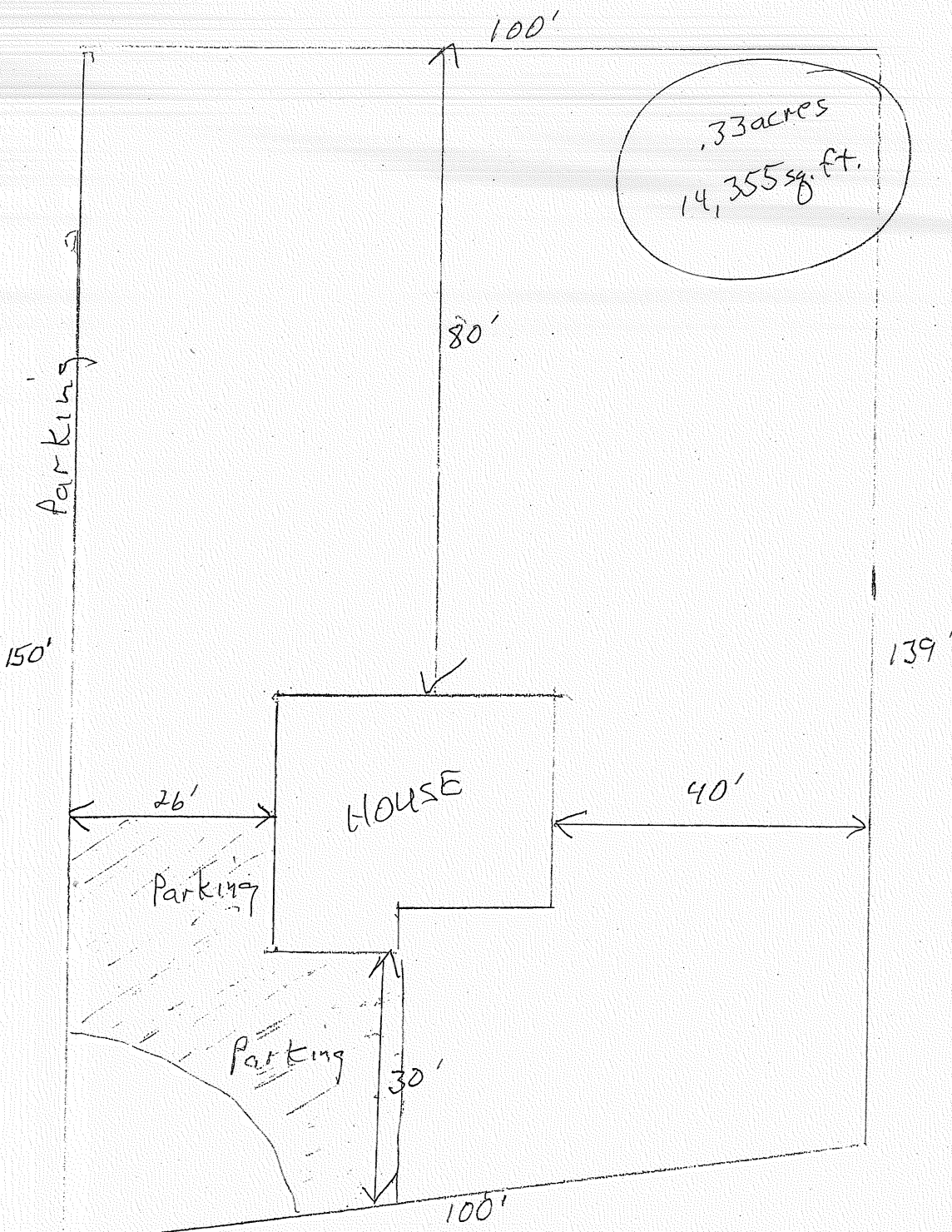
- Youth Alternatives staff will provide transportation to Portland schools for youth in placement.
- Youth Alternatives clinical social worker and clinical staff from Youth Alternatives' Multi-Dimensional Treatment Foster Care Program will provide in-home services to the birth families of the youth in placement. (If families prefer to have meetings at the group home, staff will arrange for or provide transportation as needed.)
- Youth Alternatives staff will coordinate and facilitate various meetings, including but not limited to high-fidelity Wraparound, family visits and visits with kin and significant others.
- Youth Alternatives staff will explore other family (kin) connections and, when appropriate, facilitate contact and exploration of kinship care placement.
- Youth Alternatives youth workers will provide in-home behavioral support and modeling.
- Youth Alternatives Family Mediation Program will provide conflict resolution sessions to birth families.
- Youth Alternatives will offer PERC classes to birth parents of youth transitioning home from the placement.
- Youth Alternatives will expand its current recruitment efforts for Multi-Dimensional Treatment Foster Care homes to include both longer-term foster homes and 90-day assessment and short-term treatment foster homes for adolescents in the Greater Portland area.

The goal of this program is to return children to their homes as soon as possible and to keep them in their current school system. These children would have been recently removed from their homes due to abuse or neglect. Youth Alternatives LCSW will work closely with the family to wrap around serves so they can care for their children without abuse or neglect issues. The home will be licensed by the State of Maine for 6 beds and serve both male and female children.

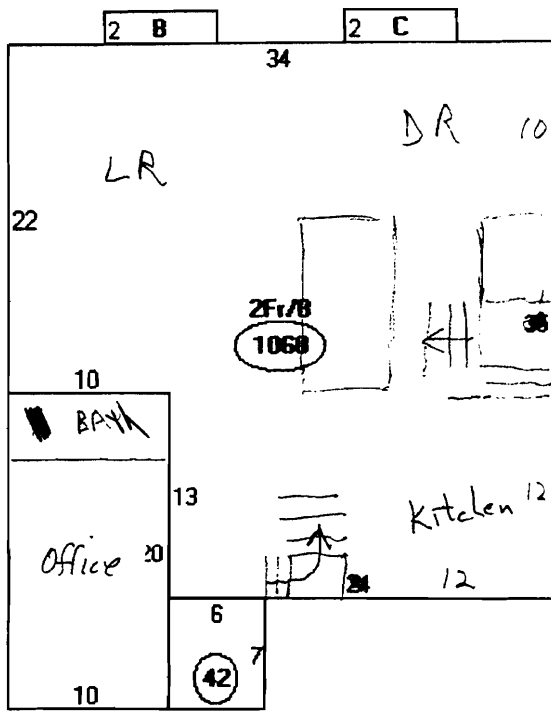
EASTLAWX1 AVE



EASTLAWN AVE

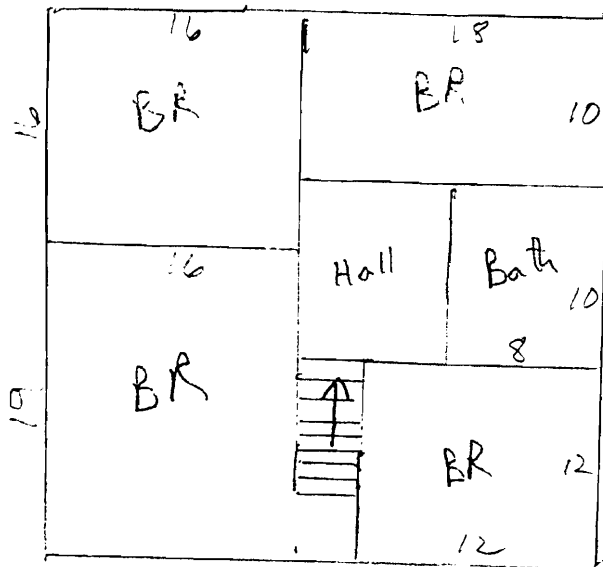


FOREST AVE

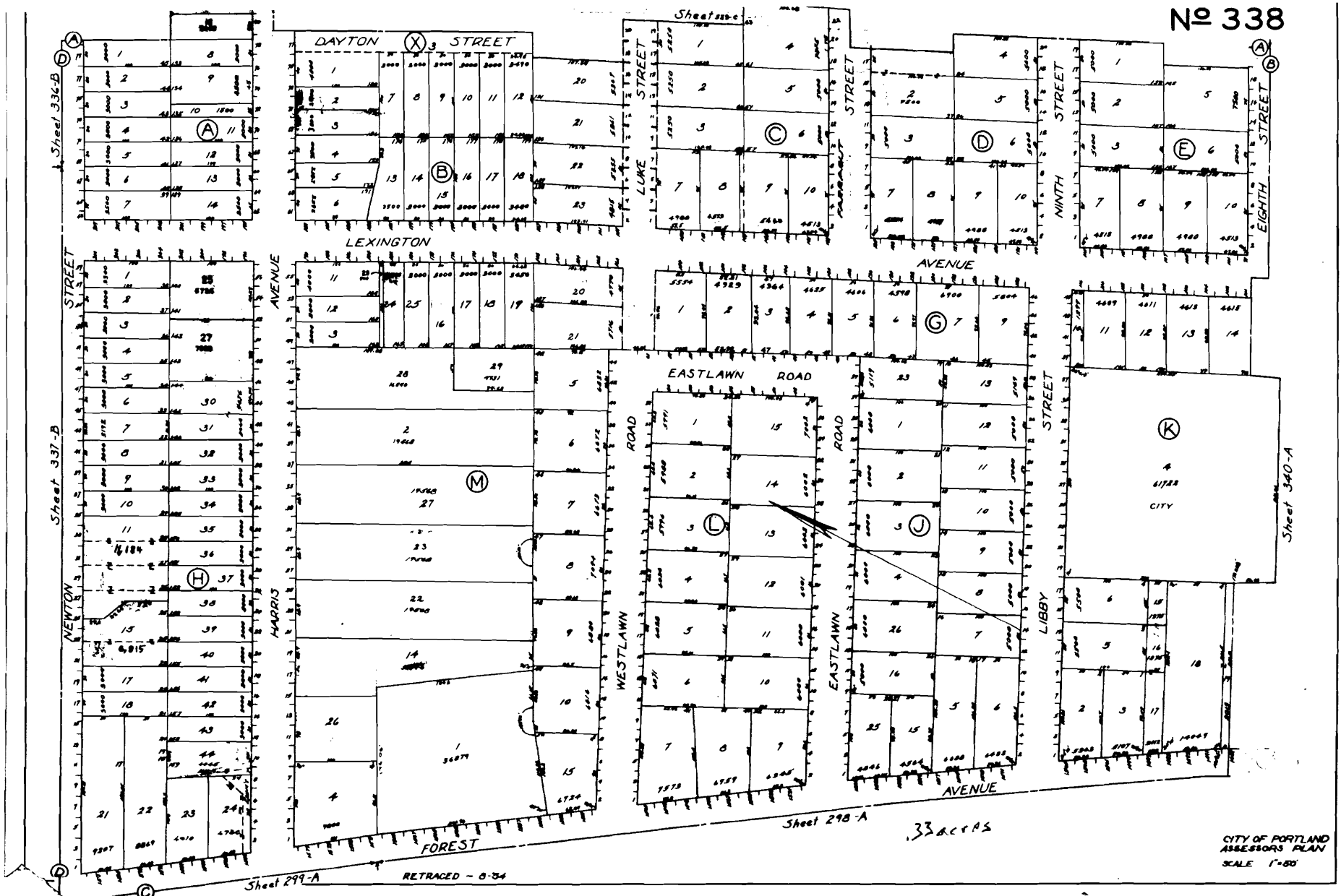


Area

1st Floor



Second Floor







PURCHASE AND SALE AGREEMENT

June 28, 2006

Effective Date
Effective Date is defined in Paragraph 24 of this Agreement.

1. PARTIES: This Agreement is made between JanWillem Masters ("Buyer") and Mary K Burns ("Seller").

2. DESCRIPTION: Subject to the terms and conditions hereinafter set forth, Seller agrees to sell and Buyer agrees to buy (all part of; if "part of" see para. 26 for explanation) the property situated in municipality of Portland, County of Cumberland, State of Maine, located at 1519 Forest Avenue and described in deed(s) recorded at said County's Registry of Deeds Book(s) 15997, Page(s) 185.

3. FIXTURES: The Buyer and Seller agree that all fixtures, including but not limited to existing storm and screen windows, shades and/or blinds, shutters, curtain rods, built-in appliances, heating sources/systems including gas and/or kerosene-fired heaters and wood stoves, sump pump and electrical fixtures are included with the sale except for the following: above ground swimming pool not included & to be removed.
Seller represents that all mechanical components of fixtures will be operational at the time of closing except: none.

4. PERSONAL PROPERTY: The following items of personal property are included with the sale at no additional cost, in "as is" condition with no warranties: stove, refrigerator, dishwasher, washer, dryer as seen on June 26.

Seller represents that such items shall be operational at the time of closing, except: none.

5. PURCHASE PRICE: For such Deed and conveyance Buyer agrees to pay the total purchase price of \$ 2,200.00. Buyer has made; or will make within 1 business days of the date of this offer, a deposit of earnest money in the amount of \$ 2,200.00. If said deposit is to be made after the submission of this offer and is not made by the above deadline, this offer shall be void and any attempted acceptance of this offer in reliance on the deposit being made will not result in a binding contract. Buyer agrees that an additional deposit of earnest money in the amount of \$ 2,200.00 will be paid with 24 days before closing date. Failure by Buyer to make this additional deposit in compliance with the above terms shall constitute a default under this Agreement. The remainder of the purchase price shall be paid by a certified or cashier's check upon delivery of the Deed.

This Purchase and Sale Agreement is subject to the following conditions:

6. EARNEST MONEY/ACCEPTANCE: Town and Shore Associates ("Agency") shall hold said earnest money and act as escrow agent until closing; this offer shall be valid until June 29, 2006 (date) 5:00 AM PM; and, in the event of non-acceptance, this earnest money shall be returned promptly to Buyer. In the event that the Agency is made a party to any lawsuit by virtue of acting as escrow agent, Agency shall be entitled to recover reasonable attorney's fees and costs which shall be assessed as court costs in favor of the prevailing party.

7. TITLE AND CLOSING: A deed, conveying good and merchantable title in accordance with the Standards of Title adopted by the Maine Bar Association shall be delivered to Buyer and this transaction shall be closed and Buyer shall pay the balance due and execute all necessary papers on September 26, 2006 (closing date) or before, if agreed in writing by both parties. If Seller is unable to convey in accordance with the provisions of this paragraph, then Seller shall have a reasonable time period, not to exceed 30 days, from the time Seller is notified of the defect, unless otherwise agreed to in writing by both Buyer and Seller, to remedy the title. Seller hereby agrees to make a good-faith effort to cure any title defect during such period. If, at the later of the closing date set forth above or the expiration of such reasonable time period, Seller is unable to remedy the title, Buyer may close and accept the deed with the title defect or this Agreement shall become null and void in which case the parties shall be relieved of any further obligations hereunder and any earnest money shall be returned to the Buyer.

8. DEED: The property shall be conveyed by a quit-claim deed, and shall be free and clear of all encumbrances except covenants, conditions, easements and restrictions of record which do not materially and adversely affect the continued current use of the property.

9. POSSESSION, OCCUPANCY, AND CONDITION: Unless otherwise agreed in writing, possession and occupancy of premises, free of tenants and occupants, shall be given to Buyer immediately at closing. Said premises shall then be broom clean, free of all possessions and debris, and in substantially the same condition as at present, excepting reasonable use and wear. Buyer shall have the right to view the property within 24 hours prior to closing for the purpose of determining that the premises are in substantially the same condition as on the date of this Agreement.

March 2006

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Buyer(s) Initials

Seller(s) Initials

[Handwritten signatures and initials]

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To Whom It May Concern:

As owner of property at 1519 Forest Avenue in Portland, we give permission for JanWillem Musters and/or Youth Alternatives of Maine to represent this property to the Zoning Board of Appeals in an effort to obtain a conditional use permit.

Mary K Burns 6/29/06
Mary Burns Date