

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMITTED

Please Read Application And Notes, If Any, Attached

JAN 31 2005

Permit Number: 050014

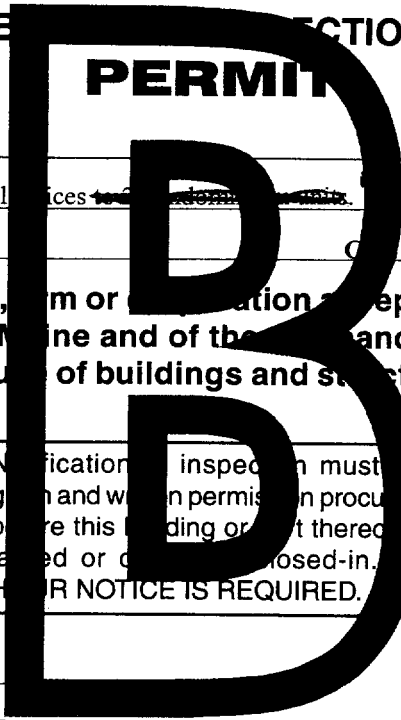
CITY OF PORTLAND

This is to certify that Open Space Llc /n/a

has permission to ~~Close~~ Repair masonry walls, roof, floors from medical services ~~to~~ ET AL

AT 157 Pine St 063 G010001

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 inspection must be given and when permit is procured before this building or part thereof is altered or closed-in. 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

[Handwritten 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: 05-0014	Issue Date: 0007 3 1 2005	City of Portland 063 G010001
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Location of Construction: 157 Pine St	Owner Name: Open Space Llc	Owner Address: Po Box 7665	Phone: 207-653-4149
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Amendment to Commercial	Zone: R-4

Past Use: Medical Offices	Proposed Use: no change of use at this time -	Permit Fee: \$1,071.00	Cost of Work: \$100,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: N/A	

Proposed Project Description:
repair existing masonry walls, add new masonry openings, repair/reinforce existing roof, wall, floor framing (phase I)

Signature: _____ Date: _____

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 01/04/2005	Zoning Approval		
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<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"/></p> <p>OK with conditions Date: 3/13/05</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input 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 checked="" type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: D. Adkins 1/19/05</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: 05-0014	Date Applied For: 01/04/2005	CBL: 063 G010001
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Location of Construction: 157 Pine St	Owner Name: Open Space Llc	Owner Address: Po Box 7665	Phone: 207-653-4149
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Amendment to Commercial	

Proposed Use: no change of use at this time -	Proposed Project Description: repair existing masonry walls, add new masonry openings, repair/reinforce existing roof, wall, floor framing (phase I)
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 01/13/2005

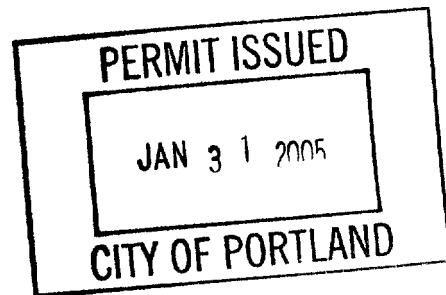
Note: site plan exemption from planning received & with this permit **Ok to Issue:**

- 1) It is understood that this permit is not for a change of use. For a change of use from commercial offices to a residential use, there is a requirement to receive a conditional use appeal from the Zoning Board of Appeals. Steve Thomas, your architect has been faxed all the necessary paperwork for this required appeal. After an appeal has been granted, a new permit application is required for the change of use with the required floor plans et. al.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within the Historic District.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 01/28/2005

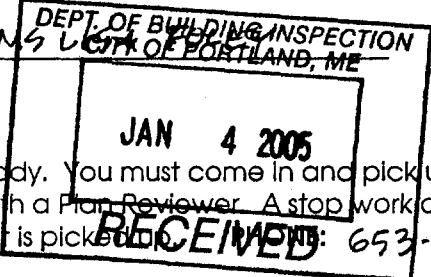
Note: **Ok to Issue:**

- 1) Structural repairs as per plan with no expansion or use designation



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: 157 PINE STREET		
Total Square Footage of Proposed Structure BSMT FIRST FLR - 2162 1/2 / SECOND FLR - 1884 / 1620		Square Footage of Lot 9,902
Tax Assessor's Chart, Block & Lot Chart# 063 Block# G Lot# 010	Owner: OPEN SPACE LLC CONTACT: LISA FOLEY	Telephone: 653-4149
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: LISA FOLEY P.O. BOX 7665 PORTLAND, MAINE 04112	Cost Of Work: \$ 100,000 - Fee: \$ 921.150 <i>Structural work</i>
Current use: VACANT 1/12/03/05 <i>owner just want to do right now</i>	If the location is currently vacant, what was prior use: MEDICAL OFFICES <i>will be later used for medical use</i>	
Approximately how long has it been vacant: 2 YEARS	2 COLO 150.00	
Proposed use: TWO CONDOMINIUM UNITS <i>Residential</i> Phase I	Structural	
Project description: REPAIR EXISTING MASONRY WALLS, ADD NEW MASONRY OPENINGS, REPAIR/REINFORCE EXISTING ROOF, WALL, FLOOR FRAMING (PHASE I)		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: MS		
Mailing address: P.O. BOX 7665 PORTLAND, ME 04112		
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.		

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:
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0014	Date Applied For: 01/04/2005	CBL: 063 G010001
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Proposed Use: no change of use at this time -	Proposed Project Description: repair existing masonry walls, add new masonry openings, repair/reinforce existing roof, wall, floor framing (phase I)
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	✓

44 oak street
portland, maine 04101
207.771.5461



DECEMBER 28, 2004

MR. MICHAEL NUGENT
CITY OF PORTLAND
389 CONGRESS STREET
ROOM 315
PORTLAND, MAINE 04101

DEAR MR. NUGENT:

ATTACHED IS THE APPLICATION FOR A BUILDING PERMIT FOR THE RENOVATION OF A CARRIAGE HOUSE LOCATED AT 157 PINE STREET INTO TWO CONDOMINIUM UNITS.

AS WE DISCUSSED A FEW WEEKS AGO WE WOULD LIKE TO DEAL WITH THE PERMIT FOR THIS PROJECT IN TWO PARTS: THE FIRST INVOLVING THE SHELL AND STRUCTURAL REPAIRS; THE SECOND DEALING WITH THE INTERNAL FIT UP OF THE CONDOMINIUMS.

THIS APPLICATION DEALS PRIMARILY WITH THE FIRST PHASE. WHEN THE PLANS DEALING WITH THE INTERIOR ARE COMPLETED, WE WILL APPLY FOR A PERMIT TO COMPLETE THE REMAINDER OF THE WORK.

WE APPRECIATE YOUR COOPERATION AND FLEXIBILITY IN THIS MATTER.

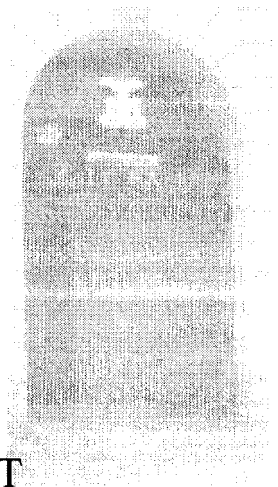
PLEASE FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS OR WOULD LIKE ANY ADDITIONAL INFORMATION.

SINCERELY,

A handwritten signature in black ink, appearing to be 'S. Thomas', written over a horizontal line.

STEPHEN M. THOMAS

City of Portland
INSPECTION SERVICES



Room 315
389 Congress Street
Portland, Maine 04101

Telephone: 207-874-8703 or 207-874-8693
Facsimile: 207-874-8716

FACSIMILE TRANSMISSION COVER SHEET

TO: <u>Steve Thomas</u>	FROM: <u>Marge Schmeckel</u>
FAX NUMBER: <u>774-0846</u>	NUMBER OF PAGES, WITH COVER: <u>6</u>
TELEPHONE: _____	RE: <u>157 Pine St.</u>
DATE: <u>1/13/05</u>	

Comments:

Here is the Section from the
Zoning Ordinance that req.
A Conditional Use Appeal - Along
with the paperwork you need
to apply —
Marge

1. Sheltered care group homes, **as** defined in section **14-47** of this article, for up to twelve (12) individuals, plus staff, and serving a primary population which is not handicapped persons, parolees, persons involved in correctional prerelease programs, or current illegal drug users, provided that:
 - a. A 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;
 - b. There shall be no open outside stairways or fire escapes above the ground floor;
 - c. 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.

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.

Slack G.
774-0846
SAI →

2. Alteration of an existing structure to accommodate one (1) or more dwelling units provided that:
 - a. No additional dwelling unit shall have less than six hundred (**600**) square feet of floor area, exclusive of common hallways and storage in basement and attic;



a

next page

- b. No open outside stairways or fire escapes above the ground floor shall be or have been constructed in the immediately preceding five (5) years;
 - c. The alteration will not result in a total cubic volume increase of more than ten (10) percent within **the** immediately preceding five (5) years;
 - d. A lower level dwelling unit shall have a minimum of one-half of its floor-to-ceiling height above the average adjoining ground level;
 - e. No **existing** dwelling unit shall be decreased to less than one thousand (1,000) square feet of floor area;
 - f. Three thousand (3,000) square feet of land area per dwelling unit shall be required;
 - g. The project shall be subject to article V (site plan) of **this** chapter for site plan review and approval.
 - h. Parking shall be provided as required in division 20 of this article.
3. Multiplex development with three (3) or more horizontally or vertically attached, or a series of such attached dwelling units and the construction **of** at least one (1) building, provided that:
- a. No open outside stairways or fire escapes above the ground floor shall be constructed;
 - b. No habitable space **in** a dwelling unit shall be below grade, except basements that are a part of and below aboveground units.
 - c. Three thousand (3,000) **square** feet of land area **per** dwelling unit shall be required for the first three (3) dwelling units with a



CITY OF PORTLAND APPLICATION PROCESS FOR THE ZONING BOARD OF APPEALS

Attached you will find the schedule for the Zoning Board of Appeals meetings. The deadline for the submissions is on the left hand side; the meeting dates are on the right hand side.

Eleven (11) separate packets of the following must be submitted to hold a place on the Agenda:

- a. Copy of Appeal application.
- b. Cover letter addressed to the Zoning Board of Appeals stating what you want to do.
- c. Plot plan showing the site and location of all structures, existing and proposed, in relation to the lot lines and, if applicable, indicate parking. Lot size and setback dimensions must be shown.
- d. Floor plan, if applicable, showing dimensions of existing and proposed rooms and/or structures.
- e. Copy of the tax map (obtained in the Assessors Office) with the property highlighted.
- f. Photos of property.
- g. Deed, sales agreement, lease or intent to lease.
- h. Owner, lessee, prospective purchase or legal representation must sign the application
- i. A letter from the property owner giving permission to the applicant to represent the property if applicable.
- j. All plans must also be folded neatly with each packet and banded.

If additional information is needed to complete the packet for the Zoning Board of Appeals you will be notified. Please make sure you include a contact phone number on your cover letter. If we cannot contact you, the item may be tabled until the next regular meeting.

The application fee is \$100.00 to appear before the Zoning Board of Appeals. Please note that the applicant is also responsible for the cost of the legal ad in the Portland Press Herald, and the cost of sending abutters notification within 500' of the subject property. The City will bill you for the legal ad and abutters notification.

You may apply for an appeal/permit at City Hall, Room 315 Monday through Friday between 8:00 am and 4:00 pm. **If you choose to file on the deadline date, please note that applications are accepted only until noon on that day.**

You will be sent a letter confirming the time and date of the scheduled meeting along with an Agenda.

**PORTLAND ZONING BOARD OF APPEALS
2005 MEETING SCHEDULE
THURSDAYS ROOM #209, PORTLAND CITY HALL**

DEADLINE FOR SUBMISSIONS OF APPEALS - 12:00 NOON ON:	MEETING DATES 7:00 PM
DECEMBER 20, 2004 -----	JANUARY 6, 2005
JANUARY 3, 2005 -----	JANUARY 20, 2005
JANUARY 18, 2005 -----	FEBRUARY 3 RD
JANUARY 31 ST -----	FEBRUARY 17 TH
FEBRUARY 14 TH -----	MARCH 3 RD
FEBRUARY 28 TH -----	MARCH 17 TH
MARCH 21 ST -----	APRIL 7 TH
APRIL 4 TH -----	APRIL 21 ST
APRIL 18 TH -----	MAY 5 TH
MAY 2 ND -----	MAY 19 TH
MAY 16 TH -----	JUNE 2 ND
MAY 31 ST -----	JUNE 16 TH
JULY 5 TH -----	<i>JULY 21ST</i>
JULY 18 TH -----	AUGUST 4 TH
AUGUST 1 ST -----	AUGUST 18 TH
AUGUST 15 TH -----	SEPTEMBER 1 ST
AUGUST 29 TH -----	SEPTEMBER 15 TH
SEPTEMBER 19 TH -----	OCTOBER 6 TH
OCTOBER 3 RD -----	OCTOBER 20 TH
OCTOBER 31 ST -----	NOVEMBER 17 TH
NOVEMBER 14 TH -----	DECEMBER 1 ST
DECEMBER 19 TH -----	JANUARY 5, 2006



**Planning and Development Department
Zoning Board of Appeals
Conditional Use Appeal Application**

Applicant Information:

Name _____

Business Name _____

Address _____

Telephone _____ Fax _____

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

(as owner, purchaser, etc.): _____

Current Zoning Designation: _____

Existing Use of Property:

Subject Property Information:

Property Address _____

Assessor's Reference (Chart-Block-Lot) _____

Property Owner (if different):

Name _____

Address _____

Telephone _____ Fax _____

Conditional Use Authorized by Section 14: _____

Type of Conditional Use Proposed:

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 of Applicant _____

Date _____

Lisa Foley
94 Neal Street
Portland, ME
04102
Tel. (207)653 - 4149
Fax (207)871 - 1796
lfoley99@earthlink.net

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:	
Marge Schmucke	LISA Foley	
COMPANY:	DATE:	
	1/12/05	
FAX NUMBER:	TOTAL NUMBER OF PAGES INCLUDING COVER:	
874-8716	2	

PHONE NUMBER

NOTES/COMMENTS:

Here's the site-plan exemption form.
Please call me with any other questions.
Thanks, Lisa.



APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

MS. LISA FOLEY (OPEN SPACE LLC)
Applicant

DEC. 6, 2004
Application Date

P.O. BOX 7665 PORTLAND, ME. 04112
Applicant's Mailing Address

FOLEY PROPERTY - 157 PINE ST.
Project Name/Description

ANTHONY MUGNIA. 207-761-0021
Consultant/Agent/Phone Number

157 PINE ST.
Address of Proposed Site

CBL: 063-6-010

Description of Proposed Development:

A PREVIOUS MEDICAL OFFICE BLDG. IS TO BE CONVERTED TO TWO (2) RESIDENCES (CONDOMINIUMS) THE ORIG. BUILDING WAS AN 19TH CENTURY CARRIAGE HOUSE. THE PROJECT HAS BEEN APPROVED BY THE HISTORIC PRESERV. REVIEW PROCESS.

Please Attach Sketch/Plan of Proposal/Development

ATTACHED - SHEET L-1

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
* RELOCATE CURB CUT & DRIVEWAY

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/NO *	✓
YES	✓
YES	✓
YES	✓
YES	✓
YES	✓

Planning Division Use Only

Exemption Granted Partial Exemption _____ Exemption Denied _____

Planner's Signature [Signature] Date 12/20/04

White - Planning Office

Pink - Inspections

Yellow - Applicant