

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-1045	Issue Date: SEP 04 2003	CBL: 339 A028001
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Location of Construction: 110 Harris Ave	Owner Name: Huff Jacquelyn M	Owner Address: 110 Harris Ave CITY OF PORTLAND, MAINE	Phone: 878-0885
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	Zone: R3

Past Use: Single Family	Proposed Use: Single Family w/Home Occupation	Permit Fee: \$150.00	Cost of Work: \$150.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: Home Occ	

Proposed Project Description: Home Occupation- Massage Therapy	Signature:	Signature: <i>[Signature]</i> 9/4/03
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: 08/25/2003	Zoning Approval
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- 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 checked="" type="checkbox"/> MM <input type="checkbox"/> Denied Date: <i>[Signature]</i> 9/29/03	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: <i>[Signature]</i>
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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

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Permit No: 03-1045	Date Applied For: 08/25/2003	CBL: 339 A028001
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Location of Construction: 110 Harris Ave	Owner Name: Huff Jacquelyn M	Owner Address: 110 Harris Ave	Phone: () 878-0885
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation	

Proposed Use: Single Family w/Home Occupation	Proposed Project Description: Home Occupation- Massage Therapy
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/29/2003**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 **Reviewer:** Jeanine Bourke **Approval Date:** 09/04/2003**Note:** **Ok to Issue:**

03-1045

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.

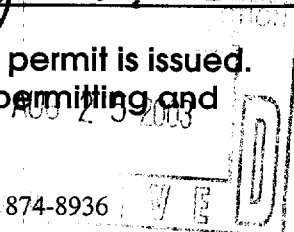
Location/Address of Construction: <u>110 Harris Ave.</u>		
Total Square Footage of Proposed Structure <u>816 sq. ft</u>	Square Footage of Lot <u>100' X 90'</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>339</u> Block# <u>A</u> Lot# <u>028</u>	Owner: <u>Jacquelyn M. Huff</u>	Telephone: <u>878-0885</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Jacquelyn M. Huff</u> <u>110 Harris Ave.</u> <u>878-0885, P.O. Box, ME. 04103</u>	Cost Of Work: \$ _____ Fee: \$ <u>150.00</u>
Current use: <u>Single Family</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Home Occupation / Massage therapy</u>		
Project description: change of use for a home occupation, to add; <u>Home Occupation</u>		
Contractor's name, address & telephone: <u>Jacquelyn M. Huff</u> <u>(207) 878-0885</u> <u>110 Harris Ave. P.O. Box, Me. 04103</u>		
Who should we contact when the permit is ready: _____		
Mailing address: We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>878-0885</u>		

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

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Jacquelyn M. Huff</u>	Date: <u>Aug. 22, 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:

I am requesting a permit to allow me the use of my residence at 110 Harris Ave. for a home occupation.

I will be a Licensed Therapeutic Massage Therapist practicing techniques for Swedish and Deep tissue Massage, Neuro-Muscular Therapy, Reflexology, Myofascial Release, Postural Release, and Trigger Point.

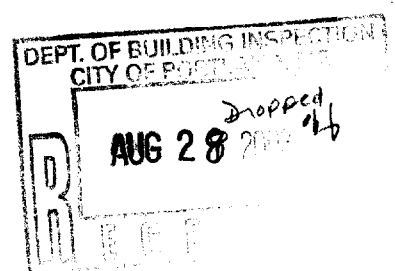
The following is an explanation of how my home occupation meets the criteria listed under item (1) of the same.

- a. My home occupation will occupy approximately 179 square feet about (11%) of floor area of the residence.
- b. No goods will be stored displayed or be visible from outside the residence.
- c. There will be minimal storage for the products used in the massage therapy sessions and this will be included in the 200 square feet of floor space mentioned above.
- d. No exterior alterations to the residence are necessary
- e. There is adequate parking available and will not be necessary for additional parking.
- f. I will not require the services of any employees
- g. I will be seeing approximately ten to fifteen clients a week; the hours will range from 10:00 a.m. to 4:00 p.m. The sessions are 1hr.
- h. I do not see this as a problem for the residence or traffic in my area.

Attached you will find a copy of a floor plan showing the dimensions and area of the home occupation space. Thank you for your assistance in this matter.

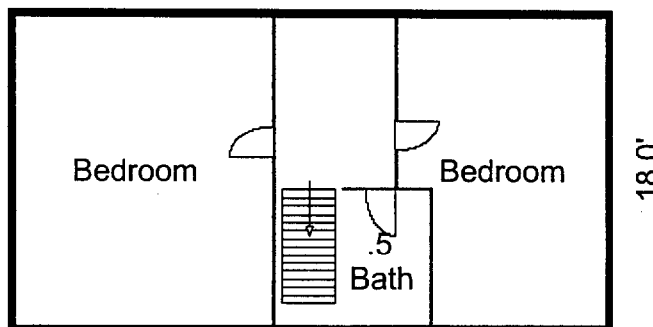
Sincerely,

Jacquelyn M. Hoff



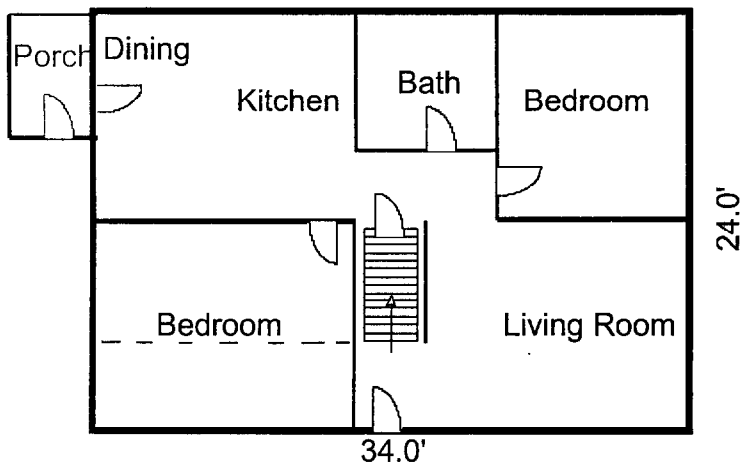
FLOORPLAN

Jacquelyn Huff	File No.: 496286a
Address: 110 Harris Ave	Case No.: CMPLT/SUM/APP
Portland	State: ME
Order: DownEast Mortgage	Zip: 04103



FOR VISUAL AID ONLY
DIMENSIONS ARE APPROXIMATE *exists*

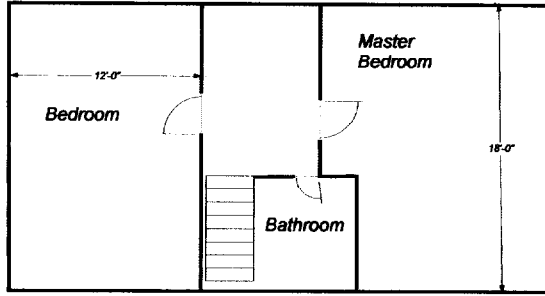
Deck



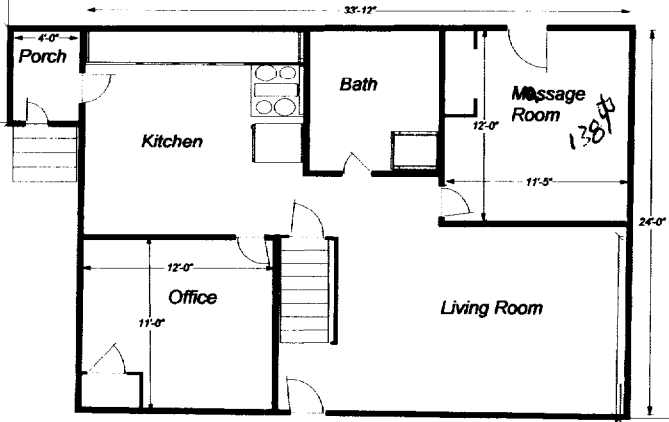
Sketch by Apex IV Windows™

AREA CALCULATIONS SUMMARY			
Area	Name of Area	Size	Totals
GLA1	First Floor	816.00	816.00
GLA2	Second Floor	612.00	612.00

LIVING AREA BREAKDOWN		
Breakdown	Subtotals	
First Floor		
24.0 x 34.0	816.00	
Second Floor		
18.0 x 34.0	612.00	



PROPOSED



Home Occupation

Residence & Business of
 Jacquelyn M. Huff
 110 Harris Ave.
 Portland, Me 04103

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number 20031045
SEP 04 2003

This is to certify that Huff Jacquelyn M/Owner **CITY OF PORTLAND**

has permission to Home Occupation- Massage Therapy

AT 110 Harris Ave 339 A028001

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 work in progress procured before this building or part thereof is opened or closed-in. **HEAVY NOTICE IS REQUIRED.**

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

PERMIT ISSUED
OTHER REQUIRED APPROVALS
Fire Dept. _____
Health Dept. SEP 04 2003
Appeal Board _____
Other _____

Jeannie Bonke 9/4/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD