Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

C	ITY OF PORTLAI	ND
Please Read Application And Notes, If Any, Attached	PERMI	PERMIT ISSUED Permit Number: 061261
		SEP 2 D 2006
This is to certify that MULLEN PETER &	ELAIN L FOLEY ITS	
has permission to Change of use from Si	ingle F ly Hom / Hon ccupatio	
AT _O RUBY LN 33		42 BOS OOL (TY OF PORTLAND
of the provisions of the Statutes the construction, maintenance a this department.		of the City of Portland regulating es, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	fication of insperior muses and we en permit on proct of the ding of the there is ed or the process of the proc	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		Marks 1 9/10/01

PENALTY FOR REMOVING THIS CARD

City of Portland, N	Aaine - Buil	ding or Use	Permi	t Application	ı P	ermit 110.	Issue Date	:	CBL:		
389 Congress Street,	04101 Tel: (207) 874-8703	3, Fax:	(207) 874-871	6	06-1261			342 B	051001	
Location of Construction:		Owner Name:			Owner Address:				Phone:	Phone:	
0 RUBY LN 33		MULLEN PETER & ELAINA L F			171 ASHMONT ST			Inv			
Business Name:	usiness Name: Contractor Nan			e:		Contractor Address:			Phone		
Lessee/Buyer's Name Phone:		Phone:			Perr	nit Type:			<u> </u>	Zone:	
				Į.	Cł	nange of Use	Home Occu	pation		R-3	
Past Use:		Proposed Use:		•	Per	mit Fee:	Cost of Wor	k:	CEO District:		
Occupation-0		Single Family Home w/ Home		FIRE DEPT: Approved Denied INSP			\$0.00				
		Change of use from he Home w/ Home					Use Gr	CTION:	Type:		
								j-j	Donne OCC	apa tion	
Proposed Project Description		(11)	,•					' '	No a R	aliale	
Change of use free Sin	-	me w/ Home O	ccupatio	on	Signature. Sign 'EDESTRIAN ACTIVITIES DISTRIC'			Signatu	Home Occupation Type: Stature: MB 9/18/US		
p3 y	sheapist				EDESTRIAN ACTIVITIES DISTRICT (F						
					Acti	ion: Appro	ved Ap	proved W	/Conditions	Denied	
					Sign	nature:			Date:		
Permit Taken By: ldobson	_	oplied For: 8/2006				Zoning	g Approva	al			
			Special Zone or Reviews Zoning Appeal				Historic Preservation				
 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. 		Shoreland [☐ Variance			Not in District or Landm.				
		Wetland			Miscellaneous			Does Not Require Review			
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		☐ Flood Zone		Conditional Use			Requires Review				
		Subdivision			Interpretation			Approved			
			Sit	te Plan		Approve	ed		Approved v	v/Conditions	
PERMIT ISSUED		Maj Minor MM		Denied			Denied M				
			Orwi Cordinas Date: 91131ns 1880		late:)	Date:			
	SEP 2 0							-			
	ga i ku <u>uman nudam danah dalah dalah dalah</u>	Marine September 1997 - Erich Control of September 1			 ,						
I haraby contify that I	the owner of	ropord of the co-		ERTIFICATION OF that the		anouad made !	anthorica 4	hv, +h -	owner of ma	and and the	
I hereby certify that I and I have been authorized by the investment of the I have the authority such permit.	y the owner to , if a permit for	make this appli r work described	cation a	as his authorized application is is	age sued	nt and I agree, I certify that	to conform the code off	to all ap icial's a	pplicable law authorized rep	s of this presentative	
SIGNATURE OF APPLICA	NT			ADDRESS			DATE		PH	ONE	
RESPONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE					DATE		PH	ONE	

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.

3		Portler	d 04/183				
Total Square Footage of Proposed Structu	ıre	Square Footag	e of Lot 1965				
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Elama Peler	Foley Mullen		Telephone: 879 9956 772 5388			
Lessee/Buyer's Name (If Applicable)	Applicant telephone	name, address &	W	ost Of /ork: \$ ee: \$			
If the location is currently vacant, what was prior use: Approximately how long has it been vacant: Proposed use: Project description: change of use for a home occupation, to add; Contractor's name, address & telephone: Who should we contact when the permit is ready: Mailing address: /// Ashment ST Pertland Medicine in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work picker will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:							
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 APROVE THIS PERMIT.							
	\mathcal{A}						

August 25,2006 171 Ashmont Street Portland, Maine 04103

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

Dear Ms. Schmuckal:

I am a **co-owner** of a newly constructed residence at **33 Ruby** Lane, **Portland**, and wish to apply for a permit for home occupation at that location. I work **as** a Licensed **Clinical**. Social Worker, seeing individuals and couples. My work **as** a psychotherapist is an acceptable home occupation listed under item **(2)** of Section **14-410** of the Portland Zoning Ordinance. 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 32 1 square feet (11%) of floor area of the residence.
- b. No goods will be stored, displayed or be visible from outside the residence.
- c. Storage of the material **necessary** to **perform my** occupation are minimal and included in the **168** 331. square feet of floor space mentioned above.
- d. **An** external sign of less than 2 square feet will be mounted on the building to direct my clients to the office entrance.
- e. No exterior alternations to the residence are necessary.
- f. Since I will be the sole therapist in this location, there will be only one client vehicle at a time and adequate off-street parking is available.
- g. No objectionable effects will result from my home occupation.
- h. I will not require the services of any employees.
- i. Since I will have but one client vehicle at any point in time, the effect on traffic will be minimal.
- j. No vehicles even nearing a **gross** vehicle weight of **6,000** pounds **are** necessary for **my** home occupation.

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

Attached you will **find** 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,

Elaina L. Foley, MSW

Licensed Clinical Social Worker

Elaina L. Foley

Elaina L. Foley, MSW Licensed Clinical Social Worker

September

3,2006

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

Attention: Ann

Dear Ann:

Thank you for leaving a message regarding the off-stree parking requirements for the home office permit for my social work practice at 33 Ruby Lane.

Parking will not be an issue. Given that my practice is : | 1all, I have no groups, and I schedule adequate time between clients, I can easily acc | mmodate a client car in the garage and will do that.

DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME

SEP 1 3 2006

In your message you mentioned the need for a separate gn permit. What is the process for this? Is there a form on-line or can you FAX me the form to get started? My FAX number is 879-9956.

I very much appreciate your call. I am anxious to keep my practice going as seamlessly as possible **during** this transition.

Sincerely,

Elaina L. Foley, MSW

Licensed Clinical Social Worker

Elaina X. Siday

33 Ruby Lane Fortland, Maine 04103

(207) 879-9956

City of Portland, Maine - Building or Use Permit			Permit No:	Date Applied For:	CBL:			
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716			06-1261	08/28/2006	342 B051001			
Location of Construction: Owner Name: O			Owner Address:	Phone:				
0 RUBY LN 33	MULLEN PETER & EI	LAINA L FO	171 ASHMONT S					
Business Name:	Contractor Name:		Contractor Address:		Phone			
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occupation						
Single Family Home w/ Home Occupation-Change of use from Single Family Home to Single Family w/ Home Occupation (psychotherapist) Change of use from Single Family Home to single family home w/ Home Occupation								
Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 09/13/2006								
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 following the requirements of section 14-410 under Home Occupation.								
Dept: Building Status: A Note:	Approved	Reviewer:	Jeanine Bourke	Approval Da	_ ate: 09/18/2006 Okto Issue: ✓			
1) This is a Change of Use ONLY p	ermit. It does NOT author	rize any constru	action activities.					

Comments:

09/11/2006-amachado: Left message with Elaina Foley. Needs to show where client will park passed the 25' front yard. 09/1312006-amachado: Received fax today.