

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING INSPECTION

## PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 071450

PERMIT ISSUED

DEC - 4 2007

This is to certify that WDOWIAK ANDRZEJ & ANITA ITS

has permission to Change of use to single family home with one person hair sal

AT 1249 WASHINGTON AVE

L 408 A028001

provided that the person or persons firm or person 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.

ification of inspection must be  
en and written permission provided  
ore this building or part thereof is  
hed or service closed-in 4  
OUR NOTICE 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

*[Signature]* 12/4/07  
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.

         **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

         **Footing/Building Location Inspection:** Prior to pouring concrete

         **Re-Bar Schedule Inspection:** Prior to pouring concrete

         **Foundation Inspection:** Prior to placing ANY backfill

         **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

**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.

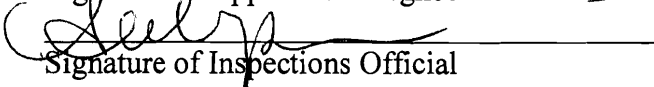
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

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

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

X   
\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

CBL: 108 A 28

Building Permit #: 07-1450

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 07-1450	Issue Date:	CBL: 408 A028001
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Location of Construction: 1249 WASHINGTON AVE	Owner Name: WDOWIAK ANDRZEJ & JOLAN	Owner Address: 1249 WASHINGTON AVE	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: R-3

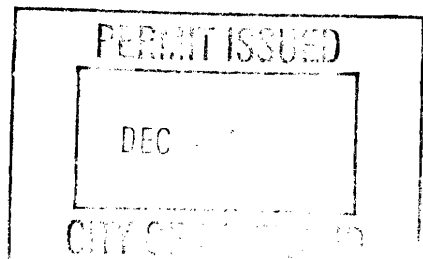
Past Use: Single Family Home	Proposed Use: Single Family home with one person hair salon	Permit Fee: \$225.00	Cost of Work: \$0.00	CEO District: 4
Proposed Project Description: Change of use to single family home with one person hair salon		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R3 Type: SB <i>IRC 2003</i>	
		Signature:	Signature:	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: lmd	Date Applied For: 11/28/2007	<b>Zoning Approval</b>
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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..

<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>12/11/07</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <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>9</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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 07-1450	<b>Date Applied For:</b> 11/28/2007	<b>CBL:</b> 408 A028001
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<b>Location of Construction:</b> 1249 WASHINGTON AVE	<b>Owner Name:</b> WDOWIAK ANDRZEJ & JOLAN	<b>Owner Address:</b> 1249 WASHINGTON AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use Home Occupation	

<b>Proposed Use:</b> Single Family home with one person hair salon	<b>Proposed Project Description:</b> Change of use to single family home with one person hair salon
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 11/29/2007**Note:** **Ok to Issue:** 

- 1) This property shall remain a single family dwelling with a home occupation for a one person hair salon with the issuance of this permit and subsequent issuance of a certificate of occupancy. Any change of use shall require a separate permit application for review and approval.
- 2) Separate permits shall be required for any new signage using the guidelines allowed under home occupation.
- 3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 5) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained, including, but not limited to no more than two (2) hair dryers permitted for this use.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 12/04/2007**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.



# 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>1249 Washington Ave</u>		
Total Square Footage of Proposed Structure/Area <u>a 260 sq feet</u>		Square Footage of Lot <u>a 8000</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>1108      A      28</u>	Applicant * <u>must be owner</u> , Lessee or Buyer* Name <u>Andrew W DOW AK</u> Address <u>1249 Washington Ave</u> City, State & Zip <u>Portland, ME, 04103</u>	Telephone: <u>797-9951</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>single family</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>hair salon</u> Is property part of a subdivision? <u>no</u> If yes, please name _____ Project description: <u>1 person hair salon for 2 hair dryers</u>		
Contractor's name: _____ Address: _____ City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: _____ Telephone: _____ Mailing address: _____		

**Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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: [Signature] Date: 11-26-07

**This is not a permit; you may not commence ANY work until the permit is issue**

4570

Mrs. MARGE SCHMUCK  
Zoning Administrator  
Dept. of Urban Development  
CITY of PORTLAND  
389 Congress St.  
Portland, ME, 04103

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I am requesting a permit to allow me the use of my residence at 1249 WASHINGTON AVE, for a home occupation. I intend to use it for hair cutting business. In effect my work is acceptable home occupation listed under item 2 of section 14-410 of the Portland Zoning Ordinance. Here is an explanation:

1. my home occupation will use 264<sup>?</sup> sq. feet (about 21%)
2. storage inside
3. exterior sign (2 sq feet) attached to the building
4. parking off the street
5. 1 person operation store

My home occupation business is secondary and will have no impact on traffic or neighborhood. Attached is a copy of floor plan. Thank you for your assistance in this matter.

Jolanta Widwian

JOLANTA WIDWIAN  
1249 Washington Ave  
Portland, ME, 04103

Portland 11-26-07

FLOOR PLAN

1249 Washington

BACK

20'

SUN ROOM

10'

DOOR

8'

DOOR OPEN

BEDROOM II

15'

KITCHEN

STAIRS

DOOR DOOR

HALL

BATH ROOM

DOOR

DOOR

12'

LIVING ROOM

12'

BEDROOM I 11'

11'

DOOR

5'

12'

YOLA'S HAIR Beauty Salon

216 \$

15'

BATH 3'

5' DOOR

15'

HALL 3'

3'

18'

216  
30  
246 \$

DOOR

FRONT