

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

Location of Construction: 1244 Washington Avenue, Portland 04103		Owner: Barbara Candelmo		Phone: 797-3808		Permit No: 960039	
Owner Address: 1244 Washington Ave., P.O. Box 3325		Leasee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name:		Address:		Phone:			
Past Use: Single family dwelling		Proposed Use: Single fam dwelling with child care		COST OF WORK: \$		PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group 93 Type 5B BOCA 93	
Proposed Project Description: Change of Use - Home Occ Day care for up to six children				Signature:		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: Victoria A. Dover		Date Applied For: January 23, 1996		Signature:		Date:	

PERMIT ISSUED
Permit Issued:
JAN 25 1996
CITY OF PORTLAND

Zone: **R-3** CBL: **437-D-79**
Zoning Approval:
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
Date: *[Signature]*

PERMIT ISSUED WITH LETTER

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

*1244 Washington Ave
797-3803*

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 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 provisions of the code(s) applicable to such permit

Barbara Candelmo **1244 Washington Ave., 797-3808** **1/23/96**
SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **#7**
D. Jordan

COMMENTS

1/27/96 - Needs to install smoke det., handrails, etc. Above

2/2/96 Partial CO for 1st and second floor only. Basement must have handrails and balusters on stairs before full CO can be issued. Above

Inspection Record

Type		Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

January 24, 1996

Ms. Barbara Candelmo
1244 Washington Ave. Box 3325
Portland ME 04103

re: 1244 Washington Ave.

Dear Ms. Candelmo:


Your application to change the use from single-family to single-family with childcare (up to six children) has been reviewed, and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

1. This permit is being issued with the understanding that you obtain the State Fire Marshall's approval.
2. The State Fire Marshall's office has its own set of rules.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,



P. Samuel Hoffses
Chief of Inspection Services

lec

January 23, 1996

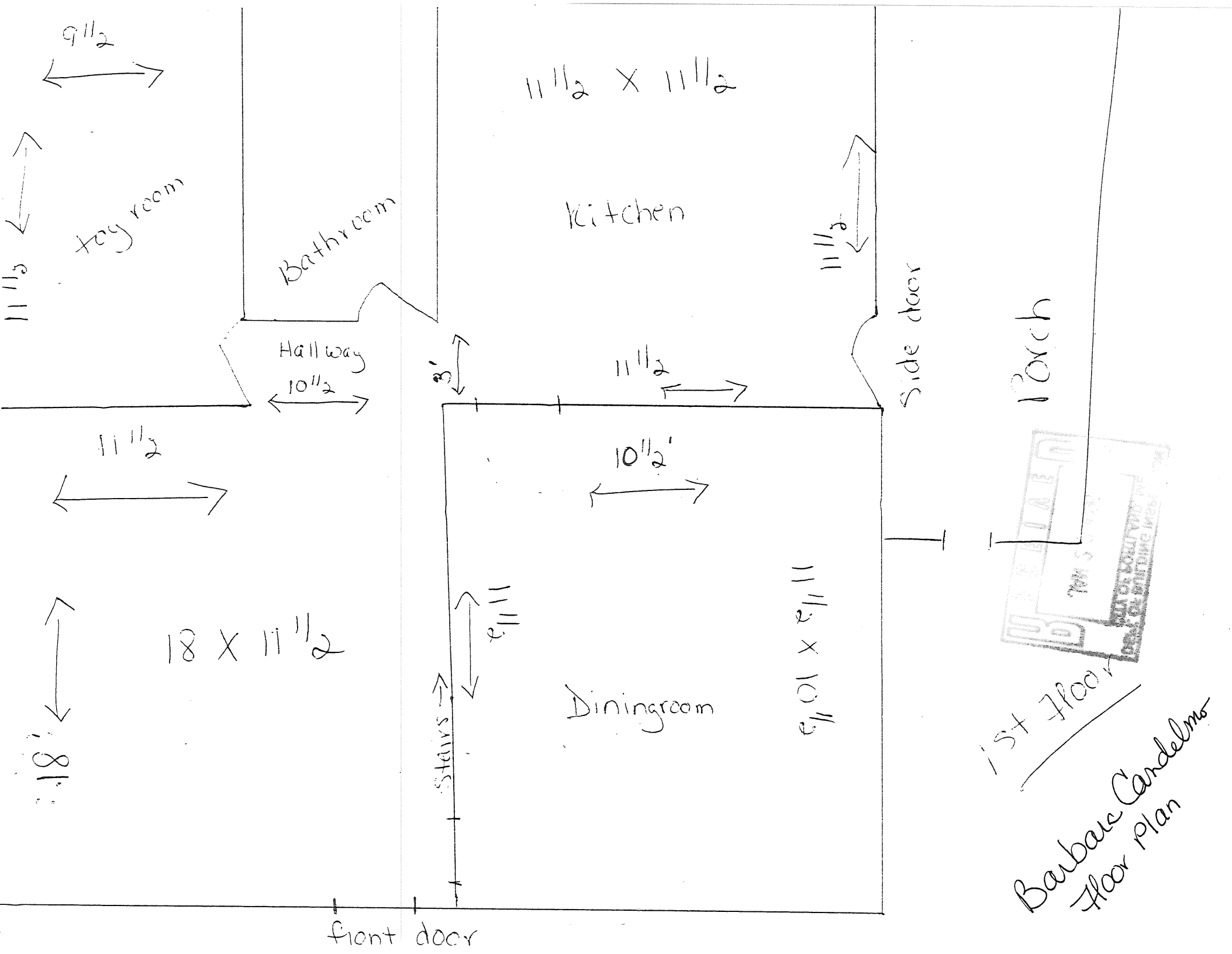
Barbara Cardelmo
P.O. Box 3325
1244 Washington Avenue
Portland, Me 04103
(207) 797-3808

To Whom It May Concern:

I plan to apply for a home^{day} care with 6 (Six) Children. I have enclosed a floor plan that will be used for my daycare. I have ample parking for drop off and pickup both on Washington Avenue and Bernard Road.

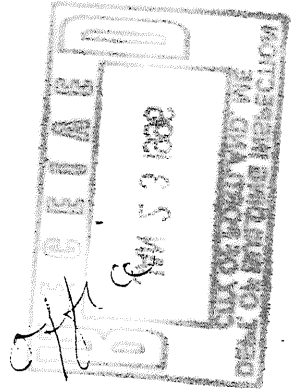
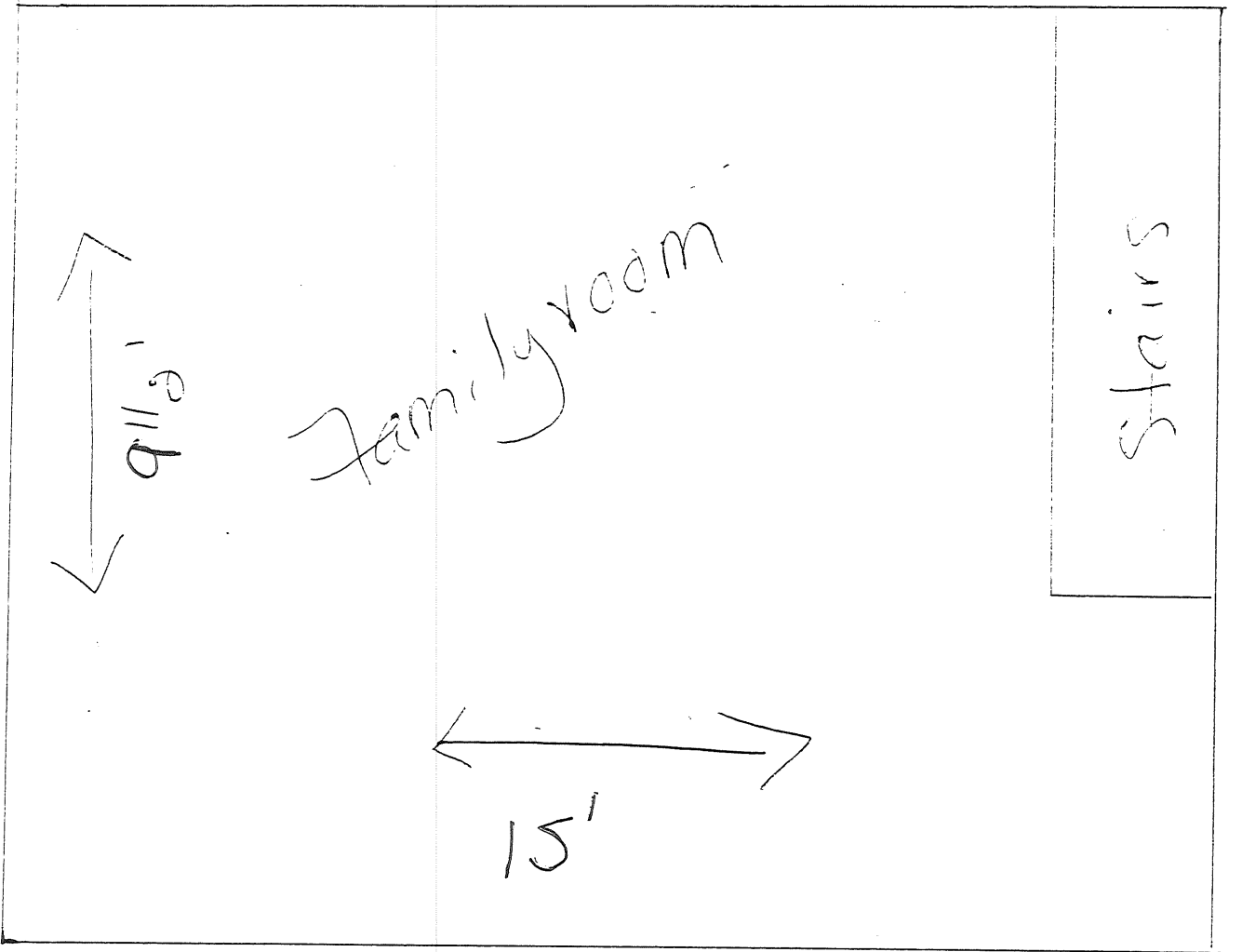
I have an ~~and~~ outside play area with ~~swing~~ swing set and appropriate age toys in the back of ~~my~~ our home. A fence will be used to enclose the back yard as soon as the snow is gone.

I have no signs and drop off and pickup will not generate a great deal of traffic. I store unused cribs, play yard, toys etc in a clean small room in off my family room. There is no smoking allowed during daycare hours. I do not intend to employ anyone, however I may ask my daughter and daughter-in-law to help from time to time. Thank you, Barbara Cardelmo



Work Area

Laundry room



Basement
Floor Plan
Barbara Candelmo

437-B 79

437-B-79



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 1244 Washington Ave (437-B-079)

Issued to Barbara Candelmo

Date of Issue 02 February 1996

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 960039, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

First and Second Floors

Single Family w/daycare

Maximum six children

Limiting Conditions: PARTIAL:

Basement level handrails and balusters must be installed on stairway before a full Certificate of Occupancy can be issued.

This certificate supersedes
certificate issued

Approved:

2/2/96
(Date)

Inspector

[Signature]
Inspector of Buildings