

City of Portland, Maine - Building or Use Permit Application

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

Permit No:	06-1195	Issue Date:	
CEB:	400	D016001	

Location of Construction:	Owner Name:	402 RAY ST	WHITEHEAD TRAVIS J & REBE
Business Name:	Contractor Name:	n/a	n/a
Lessee/Buyer's Name:	Phone:		
Owner Address:		402 RAY ST	
Contractor Address:		n/a Portland	
Permit Type:		Change of Use Home Occupation	
Zone:		R3	

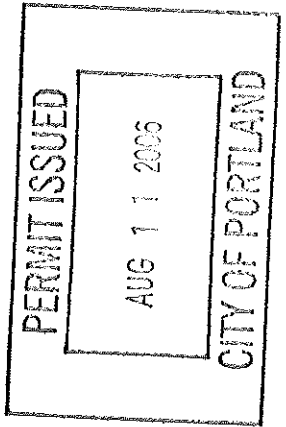
Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
Single Family Home	Home Occupation / Day Care, using the dining room and living room area for 6 children.	\$225.00	\$30.00	4

Proposed Project Description:	INSPECTION:	Use Group:	Type:
Day Care for 6 children.	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	R3	SB

Signature:	Signature:
	<i>AMB 9/6/06</i>

Permit Taken By:	Date Applied For:
Idobson	08/14/2006

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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.</p>		<p>Zoning Approval</p> <table border="1"> <tr> <th>Special Zone or Reviews</th> <th>Zoning Appeal</th> <th>Historic Preservation</th> </tr> <tr> <td> <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"/> <i>OK - see conditions</i> Date: 9/5/06 <i>AM</i> </td> <td> <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 </td> <td> <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 <i>AM</i> </td> </tr> </table>		Special Zone or Reviews	Zoning Appeal	Historic Preservation	<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"/> <i>OK - see conditions</i> Date: 9/5/06 <i>AM</i>	<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	<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 <i>AM</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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

This is to certify that WHITEHEAD TRAVIS J & BEBECCA M KINNEY JTS/INC
has permission to Day Care for 6 children.
AT 402 RAY ST

Permit Number: 061195

PERMIT ISSUED

AUG 11 2006

400 D016001

provided that the person or persons who shall accept this permit shall comply with all of the provisions of the Statutes of the City of Portland, Oregon, relating to the construction, maintenance and repair 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 when permit work is started or resumed. A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

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 _____

Janice Bourke 9/6/06
Director - Building & Inspection Services

Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
06-1195	08/14/2006	400 D016001
Owner Name:		Phone:
WHITEHEAD TRAVIS J & REBE		207-899-0912
Owner Address:		Phone:
402 RAY ST		207-899-0912
Contractor Name:		Phone:
n/a		
Contractor Address:		
n/a Portland		
Lessee/Buyer's Name:		
n/a		
Phone:		
Permit Type:		
Change of Use Home Occupation		

Proposed Use:	Proposed Project Description:
Home Occupation / Day Care, using the dining room and living room area for 6 children.	Day Care for 6 children.

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 09/05/2006

Note: **Ok to Issue:**

1) This property shall remain a single family dwelling with a home occupation day care. Any change of use shall require a separate permit application for review and approval.

2) Separate permits shall be required for any new signage following the requirements of section 14-410(a)(4).

3) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 09/06/2006

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.

Comments:

08/28/2006-amachado: Wrong application submitted. A daycare for 6 children is a home occupation application. Gave permit back to Lannie. Asked her to notify applicant and get her the correct application.

09/01/2006-gg: received cover letter and plans, application is being retyped to Home Occupation as of 9/1/06. /gg



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>402 Bay</u>		Square Footage of Lot	
Total Square Footage of Proposed Structure			
Tax Assessor's Chart, Block & Lot Chart# <u>400 D</u>	Block# <u>16</u>	Lot# <u>16</u>	Owner: <u>Rebecca Whitehead</u> <u>402 Bay</u> <u>Port, ME 04103</u> Telephone:
Lessee/Buyer's Name (If Applicable) <u>Call 1106</u>		Applicant name, address & telephone: <u>Same -</u>	
Home Occupation <u>Rd. \$100.00 Today, changed info in system</u>		Cost Of Work: \$ <u>130</u> Fee: \$ <u>175</u> C of O Fee: <u>75</u>	
Current Specific use: <u>SH</u>		C of O Fee: <u>75</u>	
If vacant, what was the previous use? <u>SFH w/ Day Care b children</u> Proposed Specific use: <u>includ</u>			
Project description: <u>My purpose is to keep the daycare small to give GF the kids more individual attention</u>			
Contractor's name, address & telephone: <u>None</u>			
Who should we contact when the permit is ready: <u>Rebecca Whitehead</u>			
Mailing address: <u>899-0912</u>			

RECEIVED
AUG 14 2006
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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 of applicant: Rebecca Whitehead Date: 8/14/06

This is not a permit; you may not commence ANY work until the permit is issued.

City Hall
Department of Home Occupation
City of Portland
389 Congress Street
Portland, Me 04101

City of Portland,

I am requesting a permit to allow me the use of my residence at 402 Ray Street as a licensed daycare. I intend to have a daycare that provides a loving and caring environment for infants and toddlers. Daycare is an acceptable home occupation listed under item (18) of Section 14-410 of the Portland Zoning Ordinance. The following is an explanation of how my daycare meets the criteria listed under item (1) of the same.

- a. My daycare will occupy approximately 450 square feet of floor area of the residence.
- b. There will be toys stored in designated areas in the backyard of the residence.
- c. Storage of toys and other such materials necessary to perform my daycare are included in the 450 square feet of floor space mentioned.
- d. There will be no external signage related to my home occupation
- e. No external alterations to the residence are necessary
- f. Since parents drop children off at different times there will be no additional parking necessary
- g. No objectionable effects will result from my daycare. I have notified the next door neighbors.
- h. I will not require the services of any employees.
- i. Due to the fact that parents drop/pick up children off at different times there will not be any extra generated traffic
- j. No vehicles even nearing a gross vehicle weight of 6,000 pounds are necessary for my daycare.

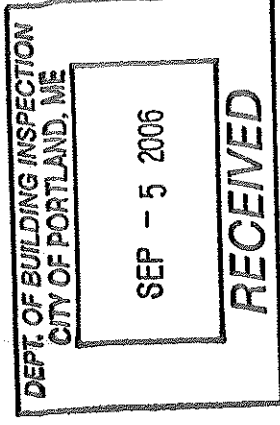
As you can see, my daycare is a secondary use of my residence. The external activity level will be minimal and in keeping with the residential character of the neighborhood.

Thank you for your assistance in this matter,



Rebecca M Whitehead

City Hall
Department of Home Occupation
City of Portland
389 Congress Street
Portland, Me 04101



City of Portland,

I am requesting a permit to allow me the use of my residence at 402 Ray Street as a licensed daycare. I intend to have a daycare that provides a loving and caring environment for infants and toddlers. Daycare is an acceptable home occupation listed under item (18) of Section 14-410 of the Portland Zoning Ordinance. The following is an explanation of how my daycare meets the criteria listed under item (1) of the same.

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- i. Due to the fact that parents drop/pick up children off at different times there will not be any extra generated traffic
- j. No vehicles even nearing a gross vehicle weight of 6,000 pounds are necessary for my daycare.
- k. **I will not have more than 6 children in my daycare at one time.**

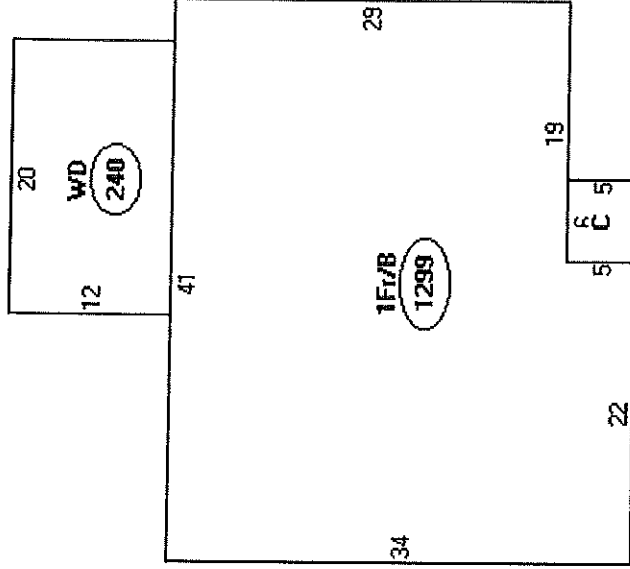
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matter,
Thank you for your assistance in this

Rebecca M Whitehead

Descriptor/Area

- A: 1Flr/B
1299 sqft
- B: WD
240 sqft
- C: OFF
30 sqft



$29 \times 41 = 1189$

$5 \times 22 = 110$

1299 living area

scrapped porch 132

$1299 - 25^2 =$

total floor area = 1299

$25^2 = 324.75$

can't



This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number 1 of 1
 Parcel ID 400 D016001
 Location 402 RAY ST
 Land Use SINGLE FAMILY

Owner Address WHITEHEAD TRAVIS J & REBECCA M KINNEY JTS
 402 RAY ST
 PORTLAND ME 04103

Book/Page 22361/178
 Legal 400-D-16
 RAY ST 400-404
 11253 SF

Current Assessed Valuation

Land \$72,600 Building \$99,600 Total \$172,200

Property Information

Year Built 1956 Style Ranch Sq. Ft. 1299 Total Acres 0.258

Bedrooms 3 Full Baths 1 Half Baths Total Rooms 6 Attic None Basement Full

Outbuildings

Type SHED-FRAME Quantity 1 Year Built 1983 Size 10X12 Grade C Condition A

Sales Information

Date	Type	Price	Book/Page
02/28/2005	LAND + BLDG	\$190,000	22361-178
08/02/2004	LAND + BLDG	\$175,000	21618-338
12/01/2002	LAND + BLDG		18492-157
05/27/1998	LAND + BLDG	\$113,900	13849-088

Picture and Sketch

[Picture](#) [Sketch](#) [Tax Map](#)

[Click here to view Tax Roll Information.](#)

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or [e-mailed](#).



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3765

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

PROPERTY LOCATION	City, Town, or Plantation: <u>Portland</u> Street or Road: <u>402 Ray Street</u> Subdivision, Lot #: _____		
OWNER/APPLICANT INFORMATION	Name (last, first, MI): <u>Jordan, John</u> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	_____ _____ _____		
Daytime Tel. #	_____ _____		
OWNER OR APPLICANT STATEMENT	I state and acknowledge that the information submitted is correct to the best of my knowledge and understanding and any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. Signature of Owner or Applicant: <u>[Signature]</u> Date: <u>11/24/04</u>		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit		
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		
SHORELAND ZONING	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TREATMENT TANK	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL		
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>900</u> X sq. ft. <input type="checkbox"/> lin. ft.		
PROFILE CONDITION CLASS	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd		
at Observation Hole #	<u>2 / All / 2</u> Depth <u>16"</u> of Most Limiting Soil Factor <u>Bedrock</u>		
DESIGN FLOW	BASED ON: <u>273</u> gallons per day <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS — for other facilities —		
TYPE OF WATER SUPPLY	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other		
PERMIT INFORMATION	PERMIT ISSUED <u>DEC 27 2004</u> Local Plumbing Inspector Signature: _____ (2004) date approved: _____ City of Portland		
CAUTION: INSPECTION REQUIRED	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (15x) date approved: _____		

I certify that on Sept. 10, 2004 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: [Signature] SE #: 03A Date: 9-13-04

Telephone Number: 797-2110 E-mail Address: sweet@maine.rr.com

Site Evaluator Name Printed: RICHARD A. SWEET

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 8/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 207-5872 Fax (207) 207-2185

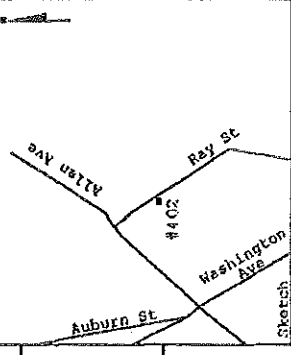
Town, City, Plantation
Portland

Street, Road, Subdivision
402 Ray Street

Owner or Applicant Name
John Jordan

SITE PLAN Scale 1" = 40 ft.

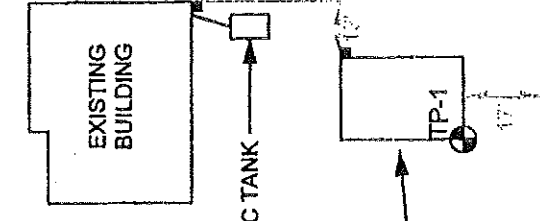
SITE LOCATION PLAN
(map from Maine Atlas recommended)



RAY ROAD

150' PROPERTY LINE

150' PROPERTY LINE



PROPOSED
27 EQ24 CHAMBERS
3 UNITS x 9 ROWS
25' x 17'-3"

ER.P.
24" DIA. MAPLE
NAIL 27" HIGH
PINK RIBBON

150' PROPERTY LINE

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Locations of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit Boring

0 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling	Limiting Factor	Slope	Classification	Groundwater
0								
6	Fine Sandy Loam	Friable	Dark Brown					
12			Yellowish Brown					
18	Bedrock			None to 16"				
24								
30								
36								
42								
48								
	2 Profile	AH Condition	16" Depth					<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock

Observation Hole # _____ Test Pit Boring

" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling	Limiting Factor	Slope	Classification	Groundwater
0								
6								
12								
18								
24								
30								
36								
42								
48								
								<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

Site Evaluator Signature
Richard A. [Signature]

SE # **034**

Date **9-13-04**

