	04103 Owner: Jeremy Co.	la la	Phone: 797-3434	Permit N 9052 5
Owner Address: 1 Chapsan Street 04103	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contrac tor Name:	Address:	Phone:		Permittissued: ISSUED
Past Use:	Proposed Use:	COST OF WORK	PERMIT FEE: \$ 25.00	MAY 2 4 1999
	₩ 48883.50 	FIRE DEPT.   De	nied Use Group: Ty	pe: GITY QELPORTLAND
Proposed Project Description:		Signature: PEDESTRIAN AC	Signature: 1/1/	
In house office (Counseling) Nowe Occupation	readility discourse and a most engineering behavior to show the date.	Action: A <sub>I</sub>	pproved pproved with Conditions:	Special Zone or Reviews:
		Cionatura	Data	□ Flood Zone □ Subdivision
Permit Taken By: Sp	Date Applied For:	Signature: 5~21~99	Date:	☐ Site Plan maj ☐minor ☐mm
3. Building permits are void if work is not star				
tion may invalidate a building permit and s	ted within six (6) months of the date stop all work		SERVIT ISSUED	
<b>U</b> ,			PERMIT ISSUED H REQUIREMENTS	☐ Interpretation ☐ Approved ☐ Denied  Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review
<b>U</b> ,	CERTIFICATION the named property, or that the proport as his authorized agent and I agree is issued, I certify that the code offic	WIT WIT sed work is authorized by the o to conform to all applicable le ial's authorized representative code(s) applicable to such pe	owner of record and that I hav aws of this jurisdiction. In ac e shall have the authority to e	☐ Interpretation ☐ Approved ☐ Denied  / Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review  Action: ☐ Approved ☐ Approved with Conditions ☐ Denied
I hereby certify that I am the owner of record of tauthorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable.	CERTIFICATION The named property, or that the propose The as his authorized agent and I agree The is issued, I certify that the code office The hour to enforce the provisions of the	FWIT  sed work is authorized by the o to conform to all applicable h ial's authorized representative code(s) applicable to such pe	owner of record and that I hav aws of this jurisdiction. In ad e shall have the authority to e ermit	□ Interpretation □ Approved □ Denied  Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review  Action: □ Approved □ Approved with Conditions □ Denied
I hereby certify that I am the owner of record of t authorized by the owner to make this application if a permit for work described in the application	CERTIFICATION the named property, or that the proport as his authorized agent and I agree is issued, I certify that the code offic	WIT WIT sed work is authorized by the o to conform to all applicable le ial's authorized representative code(s) applicable to such pe	owner of record and that I hav aws of this jurisdiction. In ac e shall have the authority to e	□ Interpretation □ Approved □ Denied  Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review  Action: □ Approved □ Approved with Conditions □ Denied

## LAND USE - ZONING REPORT

Marge Schmuckal, Zoning Administrator	Marge Sch	1
	11. Other requirements of condition	<b>}</b>
igerators, or kitchen sinks, etc.		1
sheds, pool(s), and/or garage. it. You shall not add any additional	10. This is <u>not</u> an approval for an additional dwelling unit. You shall not add any additional	. ا
ipplication for review and approval.		(CO)
e of units. Any change		<u>"</u> 1
Any change of use shall require a	(6.) This property shall remain a single family dwelling. Any change of use shall require a	(%)
onforming setbacks, you may only	ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the	1
vill <u>not</u> be able to maintain these same g setbacks set forth in today's	to demolish the building on your own volition, you will <u>not</u> be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's	
o rear and side setbacks. If you were	5. Your present structure is legally nonconforming as to rear and side setbacks. If you were	1.5
approved, permit issued on	4. All the conditions placed on the original, previously approved, permit issued on	
shall not be increased during maintenance	reconstruction.	
		. /
k. ation criteria, Section 14-410, shall be	2. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be	1
submitted. Any deviations shall	1.) This permit is being approved on the basis of plans submitted. Any deviations shall	(
ROVAL	#1 #2, #3, #8 CONDITION(S) OF APPROVAL	//
· · · · · · · · · · · · · · · · · · ·	OVED: WYS	-
	PERMIT APPLICANT: 0 W	<b>\</b>
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	BUILDING OWNER: Jevemy Cole Fric Martic-B-L: 34	
de have occupation to Com	REASON FOR PERMIT: Change of use to Add ha	
DATE: 5/2/19	ADDRESS: 14 Chapman St DA	
	TO THE STATE OF TH	

# THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

#### Additions/Alterations/Accessory Structures Building or Use Permit Pre-Application

Detached Single Family Dwelling

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

hatin	Location/Address of Construction: 14 Channa is St Portion of Mc alles	City, payment arrangements must be made before permits of any kind are accepted.	The property owner owes real estate or personal property taxes or user charges on any property within the control of the property within the control of the property owner owes real estate or personal property taxes or user charges on any property within the control of the property owner owes real estate or personal property taxes or user charges on any property within the control of the property of the property owner owes real estate or personal property taxes or user charges on any property within the property of the pr
			m th
1 "	- 1	•	7

Chart# 344 Block# H Lot# O(( ELic Marchis Telephone#: 797-3434  Owner's Address: Lat Number			Company
See Buyer's Name (If Applicable)  Cost Of Work:	2	Rec'd By:	Contractor's Name, Address & Telephone
Telephone#:  Exic Martin  797-  **Sec Buyer's Name (If Applicable)  Cost Of Work:		( Counciling.)	In home office
Telephone#:  Efic Martin  797-  **Sec Buyer's Name (If Applicable)  Cost Of Work:	4		Proposed Project Description:(Please be as specific as possible)
mer: JERENIA COLE  FRIC Martin  797-	st Of Work:	ssee Buyer's Name (If Applicable)	14 chapman St Partiand
Owner: UERENTI COLE Telephone#:	1		Owner's Address: \
	nc⊭:	Owner: VEREALL COLE	

•All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art IL Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation

•All plumbing must be conducted in compliance with the State of Maine Plumbing Code.

All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.

You must Include the following with you application: ·HVAC(Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code

### 1) A Copy of Your Deed or Purchase and Sale Agreement 2) A Copy of your Construction Contract, if available

3) A Plot Plan (Sample Attached)

If there is expansion to the structure, a complete plot plan (Site Plan) must include: The shape and dimension of the lot, all existing buildings (if any), the proposed structure and the distance from the actual property lines. Structures include decks porches, a bow windows cantilever sections and from Overlange was exclusive with the actual property lines. CSIDE

Scale and required zoning district setbacks

# 4) Building Plans (Sample Attached)

A complete set of construction drawings showing all of the following elements

Cross Sections w/Framing details (including porches, decks w/ railings, and accessor constanction:

Floor Plans & Elevations

Window and door schedules

Foundation plans with required drainage and dampproofing

equipment. HVAC equipment (air handling) or other types of work that may require special review must be included Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas

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 authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the laws of this jurisdiction. In addition, if a permit for work described in this application is issued. I certify that the Code Official's 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 provisions of the codes applicable to this permit.

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O'INSPICORRESPIMNUGENTIAPADSFD.WPD 0.00st plus \$5.00 per \$1.000.00 construction cost thereafter.

Portland, ME 04103 Jeremy Rossa Cole May 20, 1999 14 Chapman Street

Marge Schmuckal, Zoning Administrator City Hall, Room 315 Portland, ME 04101

# Re: REQUEST FOR PERMIT FOR HOME OCCUPATION

Psychiatry, as Psychiatric Social Worker. primary employment is at Maine Medical Center in the Department of I am owner and resident of 14 Chapman Street, Portland, Maine. My

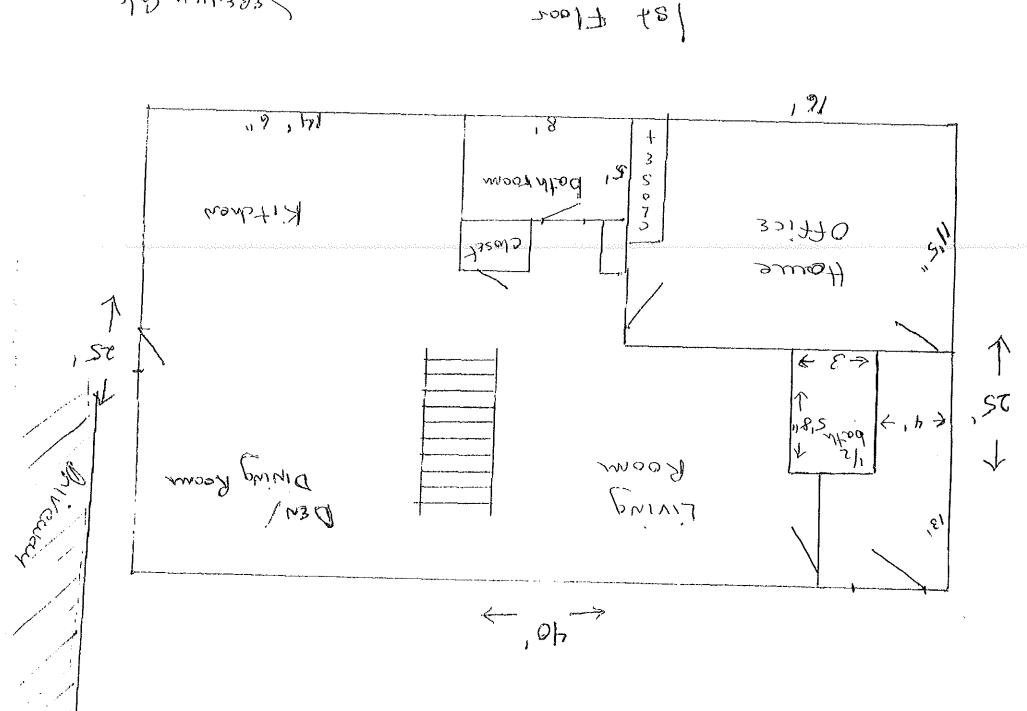
criteria for home occupation. practice to my home. This letter explains how my home meets zoning week to individuals and couples. I would like to move my counseling Maine State License #LC5735) offering therapy appointments two days per My secondary employment is as a Licensed Clinical Social Worker (LCSW, The attached floor plan shows proposed use

#### PORTLAND CODE

- 1a) As you will see in the floor plan (attached), the room is 11' 5"x 16', or 184 square feet. The home is 1,600 square feet. The in-home office space of this dwelling. meets requirements in that it does not occupy 25% of the total floor
- (o & d There are no goods requiring storage, since this is a service
- d & e) practice.

  There is no need for exterior signs, nor for any alteration of the dwelling.
- Parking will be by one car at a time in the driveway.
- My counseling practice does not generate any noise, dirt, etc
- D, There are no employees.
- Traffic impact on the neighborhood would be both negligible and residential.
- No large vehicles are involved.
   My occupation meets specific
- My occupation meets specification (i) "dentists, doctors, therapists, and "Professional counseling and consulting services". health care practitioners" in that I practice psychotherapy, and (v)

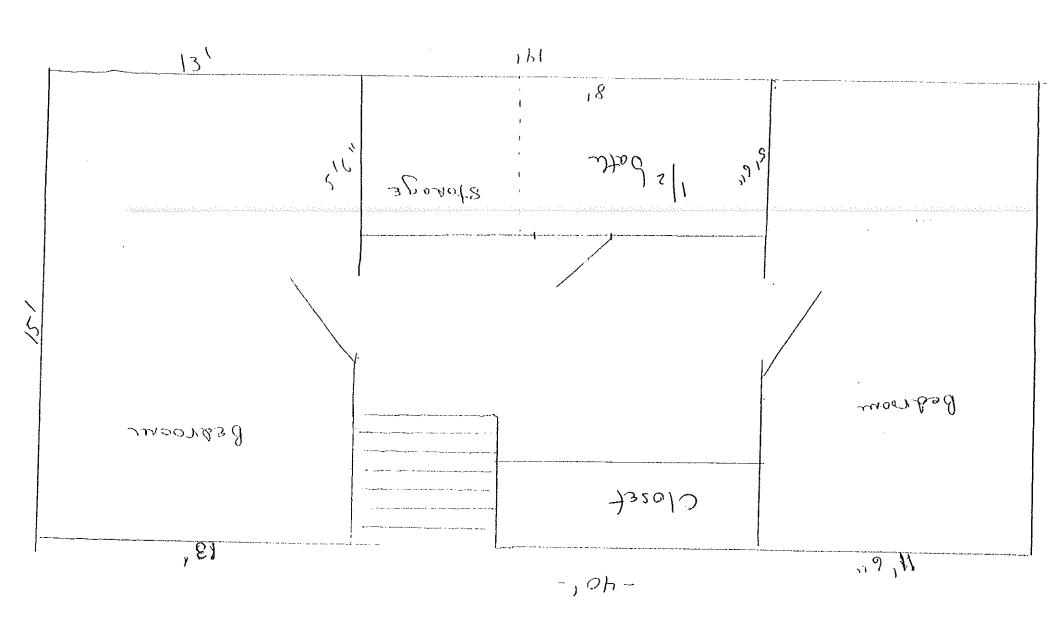
Jeremy Rossa Cole Thank your for your attention JON - 1307



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