

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 080330

Please Read Application And Notes, If Any, Attached

This is to certify that HALEY TIMOTHY J TRUSLER / Metro Masonry
has permission to Foundation Repair - Corner - building - the Celess Moss - street side
AT 102 MORNING ST 003 D00100

PERMIT ISSUED
MAY 16 2008

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of this State 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.

Notification of inspection must be given and when permission procured before this building or part thereof is laid or otherwise closed-in. 24 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Craig Cuss
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 5/12/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0330	Issue Date:	CBL: 003 D001001
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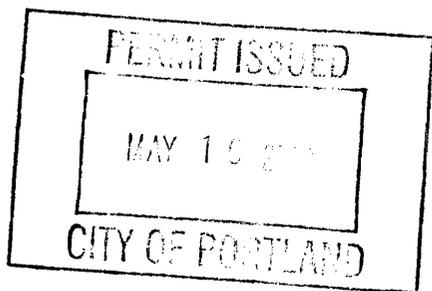
Location of Construction: 102 MORNING ST	Owner Name: HALEY TIMOTHY J TRUSTEE	Owner Address: PO BOX 570	Phone:
Business Name:	Contractor Name: Metro Masonry	Contractor Address: 18 Harvey Street Portland	Phone 2078071798
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: R6

Past Use: 6 Unit Residential <i>Legal use: 6 Res. D.U.</i>	Proposed Use: Proposed Use Multi-Family Residential (6 units) - Foundation Repair - Corner of building on the Congress Morning street side	Permit Fee: \$840.00	Cost of Work: \$82,000.00	CEO District: 1
Proposed Project Description: Foundation Repair - Corner of building on the Congress Morning street side		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: 2-2 Type: SB <i>IBC 2005</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	
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: Idobson	Date Applied For: 04/09/2008	Zoning Approval		
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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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>ok with conditions</i> <i>4/10/08</i>	Date: _____	Date: <i>[Signature]</i>



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 _____

- 5/21/08 Footing ok for sec 2 - SMH
- 5/22/08 wall o/c
- 5/29 Footing ok
- 5/30 footing & wall rebar good
Top plate across window
must have headers & jacks
- 6/04 Top plate / ok
Footing for wall stairs in progress ok
- 6/05 wall good
- 6/18 Footing good morning St since
Beam replaced w/ Angl iron + bar
- 6/19 ok wall
- 6/25 ok footing
- 6/26 o/c
- 7/01 footing for section Morning St end on stairs.
- 7/02 Wall good w/ rebar
interior drainage system good - SMH
- 7/11/08 went to site +
REQUESTED carpenter for a permit for Beam repair
Morning St since. left shop work cars + called
the carpenter 650-2798 - left him message to
come in + apply for construction repair permit
Jim McDonald
- 7/11/08 - Carpenter brought in Amendment ok to go.
SEE attachment SMH
- 7/29/08 Drain installed
w/ proper covers
Jim McDonald