

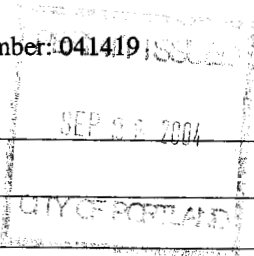
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 041419



Please Read Application And Notes, If Any, Attached

This is to certify that Jones Lillian A/John Nelson has permission to repair of existing stairs replac fill, floor joist and section of brick wall AT 389 St John St 066A G015001

provided that the person or persons, firm or corporation 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 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 and written permission procured before this building or part thereof is entered or closed-in. HEAVY NOTICE IS 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]
Director - Building & Inspection Services 9/29/04

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: 04-1419	Issue Date:	CBL: 066A GO15001
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Location of Construction: 389 St John St	Owner Name: Jones Lillian A	Phone:
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Business Name:	Contractor Name: john Nelson	Contractor Address: 52 Thompson St Portland	Phone: 2077993929
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Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:
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Past Use: single family	Proposed Use: single family repair of existing stairs replace sill, floor timber and section of back wall.	Permit Fee: \$66.00	Cost of Work: \$4,400.00	CEO District: 3
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FIREDEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>NIA</i>	INSPECTION: Use Group: <i>R2</i> Type: <i>5B</i> <i>9/23/04</i> <i>[Signature]</i>
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Signature: _____
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 09/22/2004	Zoning Approval
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<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>Special Zone or Reviews</p> <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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>[Signature]</i>	<p>Zoning Appeal</p> <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: _____	<p>Historic Preservation</p> <input 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: _____
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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

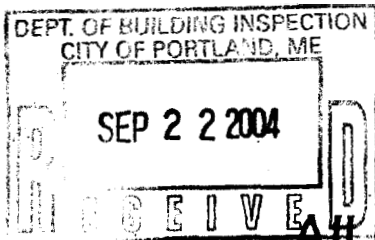
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-1419	Date Applied For: 09/22/2004	CBL: 066A G015001
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Location of Construction: 389 St John St	Owner Name: Jones Lillian A	Owner Address: 18 Marshall St	Phone:
Business Name:	Contractor Name: john Nelson	Contractor Address: 52 Thompson St Portland	Phone: (207) 799-3929
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: single family repair of existing stairs replace sill, floor timber and section of back wall.	Proposed Project Description: repair of existing stairs replace sill, floor timber and section of back wall
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Dept: Zoning	Status: Not Applicable	Reviewer: Residential Plan Review	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note: 1) No expansion				
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 09/23/2004	Ok to Issue: <input type="checkbox"/>
Note:				



All Purpose 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>387 St John St.</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>666</u> Block# <u>AG</u> Lot# <u>15</u>	Owner: <u>Dillion Jones</u>	Telephone: <u>1774 7406</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone. <u>John P. Nelson so. Portland, 52 Thompson 04106</u>	Cost Of Work: \$ <u>4400.</u> Fee: \$ <u>66.00</u>
Current use: <u>Single Family</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Repair of Existing Building Replace sill Floor Timbers</u> Project description: <u>Part of Back with 2x4's 3/4 Boards</u>		
Contractor's name, address & telephone: <u>52 Thompson St So. Portland</u>		
Who should we contact when the permit is ready: <u>John Nelson 7993929</u> Mailing address: <u>52 Thompson So. Portland Me.</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up, PHONE: <u>799 3929</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: [Signature] Date: Sept 22 04

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

Back wall

2x4's
16 o.c

← Sheath 1x8 Pine
No H
Cover House-wrap
ring side

Jones 387 St Wks St

New 4x6 Sill
Bolted Brick Foundation

Floor

Brick Foundation

New 4x6 Sill

← Existing Springer
cut Rolled End to Existing
New 2x4
Bolt 3/4 Pine two layers
← cut

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

SEP 22 2004

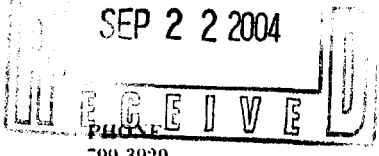
REPORT

SEP 22 2004

JOHN P. NELSON

Remodeling Contractor
Kitchens • Baths • General Carpentry

52 THOMPSON STREET
SOUTH PORTLAND, ME 04106



PROPOSAL SUBMITTED TO <i>Lillian Jones</i>		PHONE <i>774 7406</i>	DATE <i>Sept 22, 04</i>
STREET <i>18 Marshall St</i>		JOB NAME <i>Jones</i>	
CITY, STATE AND ZIP CODE <i>Portland Maine</i>		JOB LOCATION <i>387 St John Street</i>	
ARCHITECT	DATE OF PLANS	JOB PHONE	

We hereby submit specifications and estimates for: *Repair of Rotted wall + Floor Rest Apt Box*

*Floor - cut rotted Ends of Existing 2x4 Stringers - By-Pass 4' with New 2x4's, Bolts with 4 3/8 x 6" Galv. Bolts
Install 4x6 sill Bolted to Existing Brick work Foundation
Lay down 3/4 Pine sub-Floor, cover Floor with Felt Paper.
Install 3/4 Plywood + Finish Floor.*

walls - 2x4's Every 16" o.c. Apply 3/4 Pine Boards cover with House-wrap. Install vinyl Siding with New Pine-Trim + Alum. Gutter. Insulate 3 1/2 X.berglass + Sheetrock Interior wall, with Trim

Received Deposit 424. Sept 10, 04

We Propose hereby to furnish material and labor - complete in accordance with above specifications. for the sum of:

Fourty Four Hundred

dollars (\$ *4400.00*).

Payment to be made as follows

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature *X*

Signature _____

Date of Acceptance: _____