

Form # P04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION PERMIT

**PERMIT ISSUED**  
Permit Number: 061133  
AUG 11 2006  
CITY OF PORTLAND

This is to certify that BRADSTREET SHANE K / Al Davis Restoration

has permission to Interior Demo after fire

AT 29 MERRILL ST

014 F001001

provided that the person or persons performing or accepting this permit shall comply with all of the provisions of the Statutes of the 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 with 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 procedure is complete before this building or part thereof is occupied or service is resumed. 4 HOUR NOTIFICATION 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 \_\_\_\_\_  
DepartmentName

*[Signature]*  
Director - Building & Inspection Services

**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: 06-1133	Date Applied For: 08/02/2006	CBL: 014 F001001
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Location of Construction: 29 MERRILL ST	Owner Name: BRADSTREET SHANE K	Owner Address: 29 MERRILL ST	Phone:
Business Name:	Contractor Name: Paul Davis Restoration	Contractor Address: 1932 Broadway South Portland	Phone (207) 775-0070
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	

Proposed Use: Residential 3 unit Interior Demo after fire	Proposed Project Description: Interior Demo after fire
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**Dept:** Building    **Status:** Approved with Conditions    **Reviewer:** Mike Nugent    **Approval Date:** 08/03/2006    **Note:**  **Ok to Issue:**

1) Partial DEMO AFTER FIRE ONLY

2) A separate plan submission and permit must be obtained for i/a restoration of this property. If the cost exceeds \$50,000. The plans must be prepared, and sealed by a registered design professional.

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 06-1183	Issue Date: <b>PERMIT ISSUED</b> AUG 11 2006	CBL: 014 F001.001
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<b>Location of Construction:</b> 29 MERRILL ST	<b>Owner Name:</b> BRADSTREET SHANE K	<b>Owner Address:</b> 29 MERRILL ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Paul Davis Restoration	<b>Contractor Address:</b> 1932 Broadway South Portland	<b>Phone:</b> 2077550070
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Demolitions	<b>Zone:</b>

<b>Past Use:</b> Residential 3 unit	<b>Proposed Use:</b> Residential 3 unit Interior Demo after fire	<b>Permit Fee:</b> \$220.00	<b>Cost of Work:</b> \$20,000.00	<b>CEO District:</b> 1
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<b>Proposed Project Description:</b> Interior Demo after fire	<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: R2 Type: 5B <i>DEMO ONLY</i> 8/3/06
<b>Signature:</b>		<b>Signature:</b>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
<b>Signature:</b>		<b>Date:</b>

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 08/02/2006	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> Date:	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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



# 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.

Total Square Footage of Proposed Structure <b>3450</b>		quare Footage of Lot <b>approx 1540</b>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <b>14 F 001</b>	Owner: <b>Shane Bradstreet</b>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <b>Stacy Goodwin Paul Davis Restoration P.O. Box 428 Old Town ME 04468 774-4150</b>	Cost Of Work: \$ <b>20,000</b> Fee: \$ <b>220.00</b> C of O Fee: \$
If vacant, what was the previous use? Proposed Specific use: <b>3 unit Rental RES. dental</b> Project description: <b>Repairs DUE TO FIRE Gut interior TO frame 90% of building</b>		
Contractor's name, address & telephone: <b>Davis</b>		
Who should we contact when the permit is ready: <b>Stacy Goodwin</b> Mailing address: <b>PO Box 428 Old Town ME 04468</b> Phone: <b>774-4150 x16</b>		

**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](http://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.

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
Signature of applicant: **[Signature]** Date: **8-1-06**

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

AUG 2 2006

RECEIVED



P.O. Box 428
Old Town, ME 04468
Offices Located in Portland & Milford
(888) 869-9395 (207) 8274205 Fax: (207) 8274006

WORK AUTHORIZATION

We authorize Paul Davis Restoration & Remodeling, herein-after referred to as Contractor, to make repairs to our property at the address & below, damaged by fire - on or about July 27, 2006, the "Terms and Conditions" on the back of this page are a part of this authorization.

We agree that the total cost of the work will be in accordance with the original estimate and my supplemental estimates prepared by Contractor and approved by the adjuster for our insurance company, plus any change orders approved by Owner and Contractor.

This work authorization, along with all approved estimates, supplemental estimates and change orders shall constitute the contractual obligations of the Owners and Contractor.

We understand that Contractor has no connection with our insurance company or its adjuster and that we alone have the authority to authorize Contractor to make said repairs.

We agree that any portion of work, such as deductibles, betterment, depreciation, or additional work requested by us, not covered by insurance, must be paid by us on or before completion.

Our mortgage payments are made to [redacted] and we request them to protect the interest of the Contractor in handling the loss draft or check.

Our insurance company is STATE FARM and we authorize them to pay all proceeds due Contractor payable under our policy directly to Contractor and any mortgage company named. If our names are included on the payment, we agree to promptly endorse said payment to mortgage company or into an escrow account in a bank acceptable to Contractor, for disbursement by a series of draws as follows:

This Authorization is for initial Demo

We agree that any payments not made in accordance with this schedule shall be considered delinquent after ten days and agree to pay interest thereon at 1.5% per month until paid.

Due to the nature of the work no completion date is specified. No verbal agreements are binding on Contractor.

Signed at [Signature] this 28 day of July, 2006

Owner's Name: Shane Bradstreet Owner: [Signature]

Loss Address: 29 Morrill St Owner: [Signature]

Phone: 207 329-1971 Contractor: [Signature]



Insured Shane Bradstreet Claim Number 19A-023375

**AUTHORIZATION TO REPAIR**  
(To Be Signed Prkr to Beginning Services/Repairs)

To: State Farm Fire and Casualty Company

I have agreed to use the State Farm Premier Service® Program. I understand the use of this program is voluntary and I have been offered the opportunity to choose and independent contractor and /or independent service provider(s) participating in the Premiere Service Program. I also understand they are independent contractors and/or independent service providers hired by me and not by the State Farm Insurance Companies. I understand State Farm is not exercising its option under the insurance contract to repair or replace any part of the property damaged.

instead, I have selected and authorize: Paul Davis Restoration to perform repairs as indicated on their estimate due to a loss on July 27, 2006. I understand my deductible is payable to the authorized independent contractor and/or independent service provider(s) upon satisfactory completion of the portion of services of repairs provided in their estimate, or as other wise agreed to with State Farm Fire and Casualty Company®

I agree to pay my independent contractor and/or independent service provider(s) for any repairs, or additional improvements made at my direction, that are not covered under my policy.

NOTE: For your protection, the law of your state requires the following to appear on this form: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

7-27-06  
(Date) (Year)

[Signature]  
(Insured's)

105296-A Rev. 08-25-2003 Maine

Authorization is for the Demo work of all wet & burned materials as part of mitigation efforts