

Form # P 04

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 / Daniel Davis Restoration

has permission to Interior Demo after fire

AT 29 MERRILL ST

014 F001001

provided that the person or persons who apply for or accept 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 services resumed in any way. HOUR NOT 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

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: <input checked="" type="checkbox"/>
1) Partial DEMO AFTER FIRE ONLY			
2) A separate plan submission and permit must be obtained for the 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: 06-1133	Issue Date: PERMIT ISSUED AUG 11 2006	CRL: 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: 2077750070
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	Zone:

Past Use: Residential 3 unit	Proposed Use: Residential 3 unit Interior Demo after fire	Permit Fee: \$220.00	Cost of Work: \$20,000.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <i>R2</i> Type: <i>513</i> <i>DEMO ONLY</i> <i>8/3/06</i>

Proposed Project Description:
Interior Demo after fire

Signature: _____ Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 08/02/2006	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <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: _____	Zoning Appeal <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: _____	Historic Preservation <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.

Location/Address of Construction: <u>29 Merrill St. Portland</u>		
Total Square Footage of Proposed Structure <u>Existing = 3450</u>	Square Footage of Lot <u>approx 1540</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>14</u> Block# <u>F</u> Lot# <u>001</u>	Owner: <u>Shane Bradstreet</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Stacy Goodwin</u> <u>Paul Davis Restoration</u> <u>P.O. Box 428</u> <u>Old Town ME 04468</u> <u>774-4150</u>	Cost Of <u>Demo</u> Work: \$ <u>30,000</u> Fee: \$ <u>230.00</u> C of O Fee: \$
Current Specific use: <u>3 Unit Rental Residential</u>		
If vacant, what was the previous use?		
Proposed Specific use: <u>3 Unit Rental Residential</u>		
Project description: <u>Repairs Due to Fire</u> <u>Gut interior to frame 90% of building</u>		
Contractor's name, address & telephone: <u>Paul Davis Restoration</u>		
Who should we contact when the permit is ready: <u>Stacy Goodwin</u>		
Mailing address: <u>PO Box 428</u> <u>Old Town ME 04468</u>		
Phone: <u>774-4150</u> x16		

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: <u>Stacy Goodwin</u>	Date: <u>8-1-06</u>
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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) 827-4205 Fax: (207) 827-4006

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 any supplemental estimates prepared by Contractor and approved by the adjuster for our insurance company, plus any change orders approved by Owners 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 _____ 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: _____

Phone: 207 329-1971 Contractor: [Signature]



Insured Shane Bradstreet Claim Number 19A-023375

AUTHORIZATION TO REPAIR
(To Be Signed Prior 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 Signature)

105296A Rev. 08-25-2003 Maine

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

Town or Plantation _____
Street _____
Subdivision Lot # _____

PROPERTY OWNERS NAME

Last: Brad Street First: Alone

Applicant Name: Mrs. Plum

Mailing Address of Owner/Applicant (If Different): 41 Street & Union

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant: _____ Date: _____

PORTLAND PERMIT # 10106 TOWN COPY

Date Permit Issued: 12 11 06 \$ 1124.00 If Double Fee Charged

Jeanie Bourke
Local Plumbing Inspector Signature

L.P.I. # 973.2

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

This Application is for

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D. HOUSING DEALER/MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # DEP40

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock	3	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain		Wash Basin
		Indirect Waste	12	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			10	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.

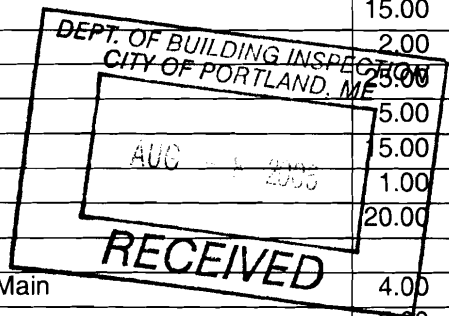


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date Aug 8, 06
 Permit # CL-4722
 CBL# 14 F 001

LOCATION: 29 Merriall St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Shaw Broad street
 TENANT _____ PHONE # _____

					TOTAL EACH FEE	
OUTLETS	Receptacles	Switches	Smoke Detector			.20
FIXTURES	Incandescent	Fluorescent	Strips			.20
SERVICES	Overhead	Underground	TTL AMPS <800			15.00
	Overhead	Underground	>800			25.00
Temporary Service	X Overhead	Underground	TTL AMPS			25.00
						25.00
METERS	(number of)					1.00
MOTORS	(number of)					2.00
RESID/COM	Electric units					1.00
HEATING	oil/gas units	Interior	Exterior			5.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens			2.00
	Insta-Hot	Water heaters	Fans			2.00
	Dryers	Disposals	Dishwasher			2.00
	Compactors	Spa	Washing Machine			2.00
	Others (denote)					2.00
	MISC. (number of)	Air Cond/win				
	Air Cond/cent		Pools			10.00
	HVAC	EMS	Thermostat			5.00
	Signs					10.00
	Alarms/res					5.00
	Alarms/com					15.00
	Heavy Duty(CRKT)					2.00
	Circus/Carnv					5.00
	Alterations					5.00
	Fire Repairs					1.00
	E Lights					20.00
	E Generators					
PANELS	Service	Remote	Main			4.00
TRANSFORMER	0-25 Kva					5.00
	25-200 Kva					8.00
	Over 200 Kva					10.00
TOTAL AMOUNT DUE						
MINIMUM FEE/COMMERCIAL 55.00					MINIMUM FEE	45.00



CONTRACTORS NAME Pace Electric MASTER LIC. # MC 60018108
 ADDRESS Droadway LIMITED LIC. # _____
 TELEPHONE 799-8489

SIGNATURE OF CONTRACTOR Russ Pione CC