

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

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

# PERMIT

Permit Number: 081618  
**PERMIT ISSUED**  
JUN 16 2008  
CITY OF PORTLAND

This is to certify that TASKER MATTHEW C & KARRIE L PACKER JTS/Metric Mason

has permission to remove and replace 30' feet foundation

AT 58 ATLANTIC ST

provided that the person or persons who 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 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 is procured before this building or part thereof is altered or closed-in. 4 HOUR 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

6/17/08 *CLM*  
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

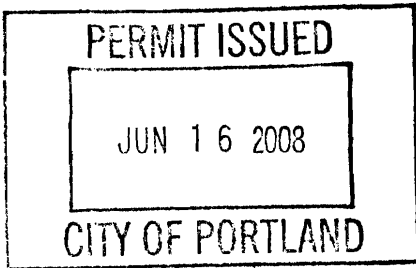
Permit No: 08-0648	Issue Date: 6/12/08	CBL: 016 E006001
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Location of Construction: 58 ATLANTIC ST	Owner Name: TASKER MATTHEW C & CARRI	Owner Address: 58 ATLANTIC ST	Phone:
Business Name:	Contractor Name: Metro Masonry	Contractor Address: 18 Harvey Street Portland	Phone 2078071798
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home - remove and replace 30' feet of foundation -	Permit Fee: \$150.00	Cost of Work: \$12,500.00	CEO District: 1
Proposed Project Description: remove and replace 30' feet of foundation -		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB IRC-2003 Signature: 6/12/08 CMA	
		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: 06/11/2008	<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: 6/12/08 CMA	<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 checked="" 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: 6/12/08 CMA
	Same Ft. Print		



**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

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers**


  X   **Re-Bar Schedule Inspection: Prior to pouring concrete**

  X   **Foundation Inspection: Prior to placing ANY backfill for below grade occupiable space**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

  
\_\_\_\_\_  
Signature of Applicant/Designee

  6-16-08    
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

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

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

<b>Permit No:</b> 08-0648	<b>Date Applied For:</b> 06/11/2008	<b>CBL:</b> 016 E006001
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<b>Location of Construction:</b> 58 ATLANTIC ST	<b>Owner Name:</b> TASKER MATTHEW C & CARRI	<b>Owner Address:</b> 58 ATLANTIC ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Metro Masonry	<b>Contractor Address:</b> 18 Harvey Street Portland	<b>Phone</b> (207) 807-1798
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	

<b>Proposed Use:</b> Single Family Home - remove and replace 30' feet of foundation -	<b>Proposed Project Description:</b> remove and replace 30' feet of foundation -
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 06/12/2008
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 06/12/2008
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			



# 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>58 ATLANTIC Street</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <b>must be owner, Lessee or Buyer</b> * Name      Address      City, State & Zip	Telephone:
<u>16</u> <u>E</u> <u>6</u>	<u>MATT TRISLER</u> <u>SAME AS ABOVE</u>	
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>12,500</u> C of O Fee: \$ _____ Total Fee: \$ <u>150</u>
Current legal use (i.e. single family) _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>REMOVE AND REPLACE 30' FEET OF FOUNDATION</u>	<u>SFH</u>	
Contractor's name: <u>METRO MASONRY</u>		
Address: <u>18 HARVEY STREET</u>		
City, State & Zip: <u>PORTLAND,</u>		Telephone: <u>207 867-1791</u>
Who should we contact when the permit is ready: <u>JAMES GAUDIN</u>		Telephone: <u>7724071</u>
Mailing address: <u>18 HARVEY STREET PORTLAND</u>		

**Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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: [Signature] Date: 6-11-08

**This is not a permit; you may not commence ANY work until the permit is issue**

JUN 10 2008

METRO MASONRY  
18 HARVEY STREET  
PORTLAND, MAINE 04102

(207) 772-4078  
(207) 807-1798

TO : BUILDING INSPECTIONS DIVISION PORTLAND

HERE IS A SCOPE OF WORK PLANNED FOR FOUNDATION REPAIR NEEDED FOR 58 ATLANTIC STREET PORTLAND. # 1 TEMPORARY SUPPORTS WILL BE INSTALLED ON EVERY FLOOR JOIST IN THE WORK AREA USING A 4X4 PRESSURE TREATED LUMBER SET ON TOP OF A 8X8 BLOCK ON THE CONCRETE FLOOR. #2 REMOVAL OF THE BLOCK FOUNDATION. #3 CONSTRUCT A 2'X1' CONCRETE FOOTING USING A 4000 PSI CONCRETE MIX AND REINFORCED WITH ½ INCH REBAR TIED AND CROSSED EVERY 18 INCHES. #4 A 8" CONCRETE WALL WILL BE SET USING LOGIC INSULATED CONCRETE FORMS REINFORCED WITH #4 REBAR #5 ANCHOR BOLTS WILL BE INSTALLED INTO THE CILL WITH A PRESSURE CILL PLATE

