

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

BU **PERMIT** IATION

Please Read Application And Notes, if Any, Attached

Permit Number: 090683

This is to certify that SOMERO SCOTT J /property owner  
has permission to Replace outside stairs, Left side ward Rear Using the existing footprint  
AT 68 SMITH ST CB 022 1025001

provided that the person or persons, firm or corporation accounting 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 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 written permission procured before this building or part thereof is lath or other work is done-in. 24 HOURS 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. CAPT. R. Gauthier  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

Cheryl A. Hill 7/14/09  
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: 09-0683	Issue Date: 7/14/09	CBL: 022 I025001
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Location of Construction: 68 SMITH ST	Owner Name: SOMERO SCOTT J	Owner Address: 13 ATLANTIC ST	Phone: 207-332-6069
Business Name:	Contractor Name: property owner	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-6

Past Use: Three Family Residential	Proposed Use: Three Family Residential - Replace outside stairs, Left side toward Rear, Using the existing Footprint	Permit Fee: \$30.00	Cost of Work: \$50.00	CEO District: 1
Proposed Project Description: Replace outside stairs, Left side toward Rear, Using the existing Footprint		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-2 Type: SB IBC-200?	
		Signature: <i>KG</i>	Signature: <i>CL</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: Imd	Date Applied For: 06/30/2009	<b>Zoning Approval</b>		
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"/> <i>or w/conditions</i> Date: 7/16/09 ABU	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 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 <i>ABU</i> Date:

**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 own 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>68 Smith Street</u>		
Total Square Footage of Proposed Structure/Area <u>100 SF STEPS</u>	Square Footage of Lot <u>.041 +/- acres</u>	Number of Stories <u>2 1/2</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>map 22                      1025001</u> <u>Block 14654 page 240</u>	Applicant *must be owner, Lessee or Buyer* Name <u>Scott Somero</u> Address <u>13 Atlantic St Apt #3</u> City, State & Zip <u>Portland Me. 04101</u>	Telephone: <u>332-6069 cell</u> <u>775-6511</u> <u>Home. Offn..</u>
Lessee/DBA (If Applicable)  <u>JUN 30 2009</u>	Owner (if different from Applicant) Name <u>Scott Somero</u> Address <u>13 Atlantic St Apt #3</u> City, State & Zip <u>Portland Me 04101</u>	Cost Of Work: \$ <u>50 -</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Apartment Building</u> Number of Residential Units <u>3</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>Rental units</u> Is property part of a subdivision? <u>no</u> If yes, please name _____ Project description: <u>same foot print of stairs replace rotten wood stairs in driveway left side towards Rear</u>		
Contractor's name: <u>Scott Somero</u> Telephone: <u>332-6069</u> Address: <u>13 Atlantic St Apt #3</u> City, State & Zip <u>Portland Me 04101</u> Telephone: <u>332-6069</u> Who should we contact when the permit is ready: <u>Scott Somero</u> Telephone: <u>775-6511</u> Mailing address: <u>13 Atlantic St Apt #3</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: 6/23/09

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

**City of Portland, Maine - Building or Use Permit**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 09-0683	<b>Date Applied For:</b> 06/30/2009	<b>CBL:</b> 022 1025001
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<b>Location of Construction:</b> 68 SMITH ST	<b>Owner Name:</b> SOMERO SCOTT J	<b>Owner Address:</b> 13 ATLANTIC ST	<b>Phone:</b> 207-332-6069
<b>Business Name:</b>	<b>Contractor Name:</b> property owner	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Three Family Residential - Replace outside stairs, Left side toward Rear, Using the existing Footprint	<b>Proposed Project Description:</b> Replace outside stairs, Left side toward Rear, Using the existing Footprint
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 07/06/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This permit is being issued with the condition that all the work will take place within the existing footprint. 2) This property shall remain a three family dwelling. Any change of use shall require a separate permit application for review and approval. 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 07/14/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Open risers are permitted, provided that the opening between treads does not permit the passage of a 4" diameter sphere. 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			
<b>Dept:</b> Fire	<b>Status:</b> Approved	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 07/08/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

**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   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

  X   **Final inspection required at completion of work.**

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

*Ch NA*

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

\_\_\_\_\_  
Date

*7/17/09*

\_\_\_\_\_  
Date

Deck 36" x 40"  
2x10

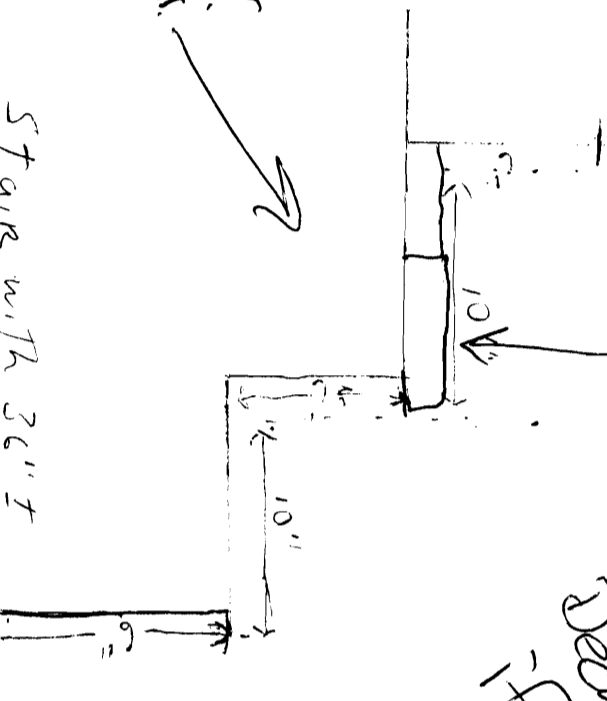
5/4 FT.

5/4 FT.

2x12  
Stringer

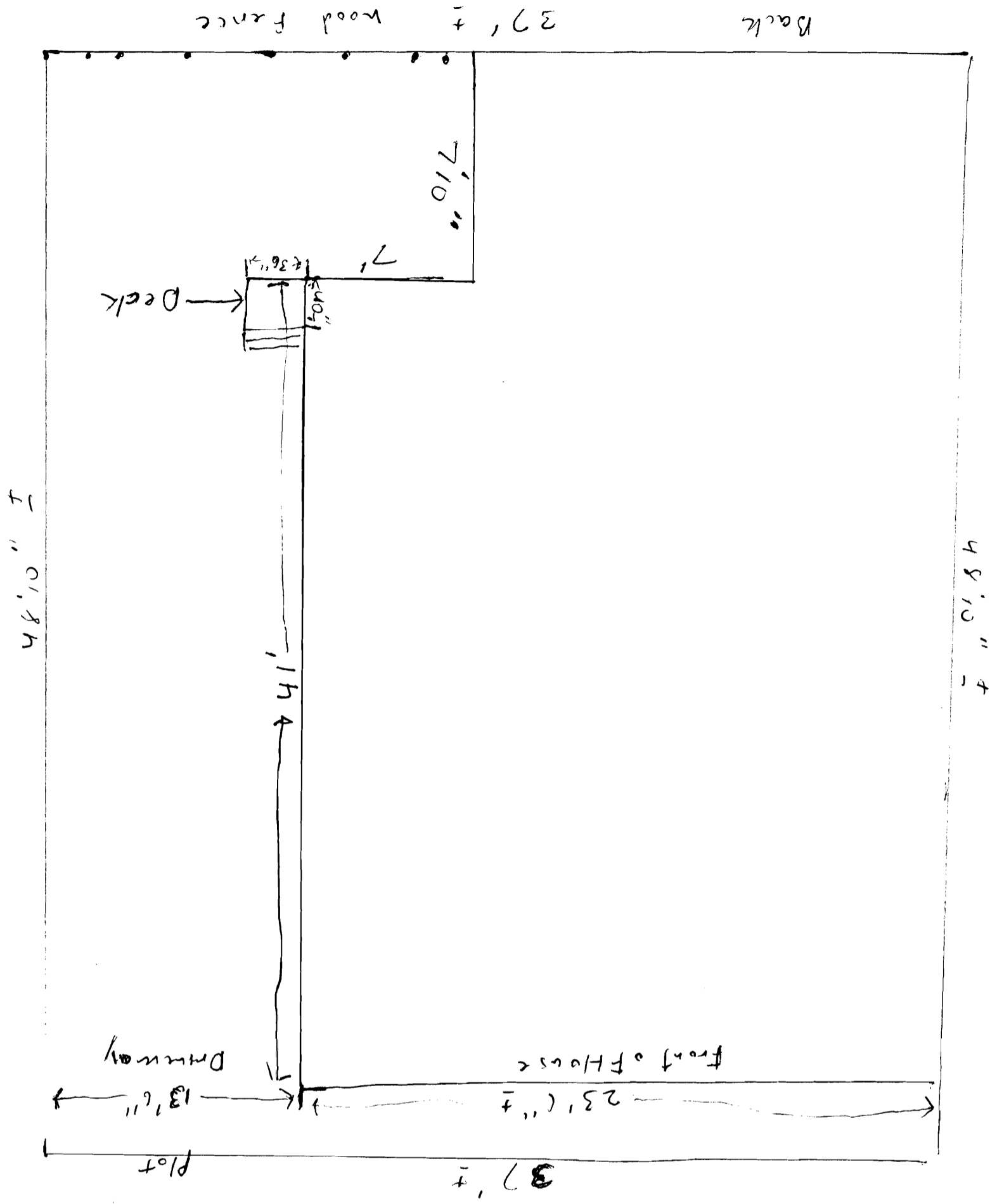
Stair with 36" T

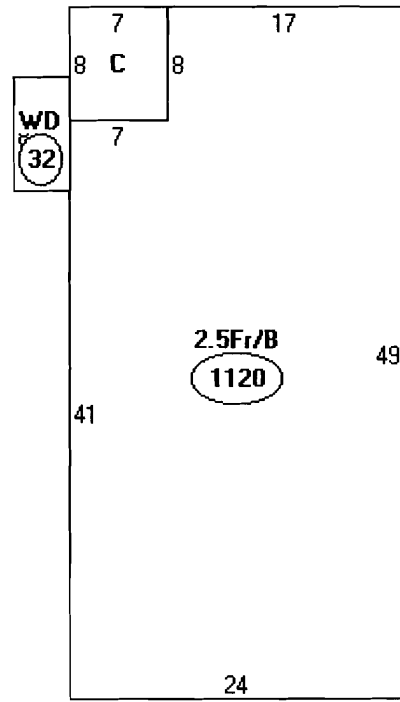
Ground



Deck Joist?  $2 \times 6$ ?  
Deck Material?  
Stringer Attached?  $2 \times 12$ ?  
Deck Attached?  $2 \times 10$ ?  
First Proportion.

Stringer  
First  
Proportion





Descriptor/Area

A: 2.5Fr/B  
1120 sqft

B: WD  
32 sqft

C: WD/2sOP  
56 sqft