

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING

PERMIT

Permit Number: 100617

This is to certify that Sussman S Donald /William Sw

has permission to Rebuild chimney from attic floor up, identical to existing chimney

AT 150 Newbury St CE 028-P002001

provided that the person or persons, firm or corporation acquiring 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 lathed or otherwise altered-in. 24 HOURS NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

JUN 23 2010

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

PERMIT ISSUED

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

June 2 2010

Received from Sweet's Building Corporation

Location of Work 151 Newbury St.

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 130.00

Building (IL) ☒ Plumbing (IS) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 25 P 10 9

Check #: 250 Total Collected \$ 130.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0617	Issue Date:	CBL: <i>2</i> 028 P001001
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Location of Construction: 154 Newbury St	Owner Name: Sussman S Donald	Owner Address: 800 Westchester Ae Ste S-414	Phone:
Business Name:	Contractor Name: William Sweet	Contractor Address: 2 Wynmor Drive Scarborough	Phone 2077737933
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: <i>R2-6</i>

Past Use: Single Family	Proposed Use: Single Family / Rebuild chimney from attic floor up, identical to existing chimney.	Permit Fee: \$130.00	Cost of Work: \$10,400.00	CEO District: 1
Proposed Project Description: Rebuild chimney from attic floor up, identical to existing chimney.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>Chimney</i> <i>IRC 2003</i> Signature: <i>JMB 6/23/10</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: <i>gg</i>	Date Applied For: 06/02/2010	Zoning Approval		
<ol style="list-style-type: none">This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.Building permits do not include plumbing, septic or electrical work.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"/> Denied Date: <i>6/7/10</i>	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 Date: <i>N/A</i>

PERMIT ISSUED

JUN 23 2010

City of Portland

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: 10-0617		Date Applied For: 06/02/2010		CBL: 028 P001001	
Location of Construction: 154 Newbury St		Owner Name: Sussman S Donald		Owner Address: 800 Westchester Ae Ste S-414	
Business Name:		Contractor Name: William Sweet		Phone: (207) 773-7933	
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Dwellings	
Proposed Use: Single Family / Rebuild chimney from attic floor up, identical to existing chimney.			Proposed Project Description: Rebuild chimney from attic floor up, identical to existing chimney.		
Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 06/07/2010 Note: Ok to Issue: <input checked="" type="checkbox"/> 1) Separate permits shall be required for future decks, sheds, pools, and/or garages. 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals. 3) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.					
Dept: Building Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 06/23/2010 Note: Ok to Issue: <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.					

PERMIT ISSUEDJUN 3³~~2~~ 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

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

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

JUN 23 2010



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>154 NEWBURY ST.</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories <u>2 1/2</u>
Tax Assessor's Chart, Block & Lot Chart# <u>028</u> Block# <u>7</u> Lot# <u>002</u>	Applicant *must be owner, Lessee or Buyer* Name <u>WILLIAM SWEET</u> Address <u>2 WYNMOOR DR.</u> City, State & Zip <u>SCARBOROUGH, ME</u>	Telephone: <u>207-773-7933</u> <u>04074</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>DONALD SUSSMAN</u> Address <u>154 NEWBURY ST.</u> City, State & Zip <u>PORTLAND, ME.</u> <u>04101</u>	Cost Of Work: \$ <u>10,400.00</u> C of O Fee: \$ Total Fee: \$ <u>130.00</u>
RECEIVED JUN - 2 2010 Dept. of Building Inspections City of Portland Maine		
Current legal use (i.e. single family) <u>6-AM</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: <u>REBUILD CHIMNEY FROM APRIL FIRE UP, IDENTICAL WITH EXISTING CHIMNEY, CLEARING ROOF OVER THE 2-3-10 RACE</u>		
Contractor's name: <u>WILLIAM SWEET</u> <u>Callahan</u> Address: <u>2 WYNMOOR DR.</u> City, State & Zip <u>SCARBOROUGH, ME. 04074</u> Telephone: <u>207-773-7933</u> Who should we contact when the permit is ready: <u>W. SWEET</u> Telephone: <u>781-724-2635</u> Mailing address: <u>2 WYNMOOR DR., SCARBOROUGH, ME. 04074</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, 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.

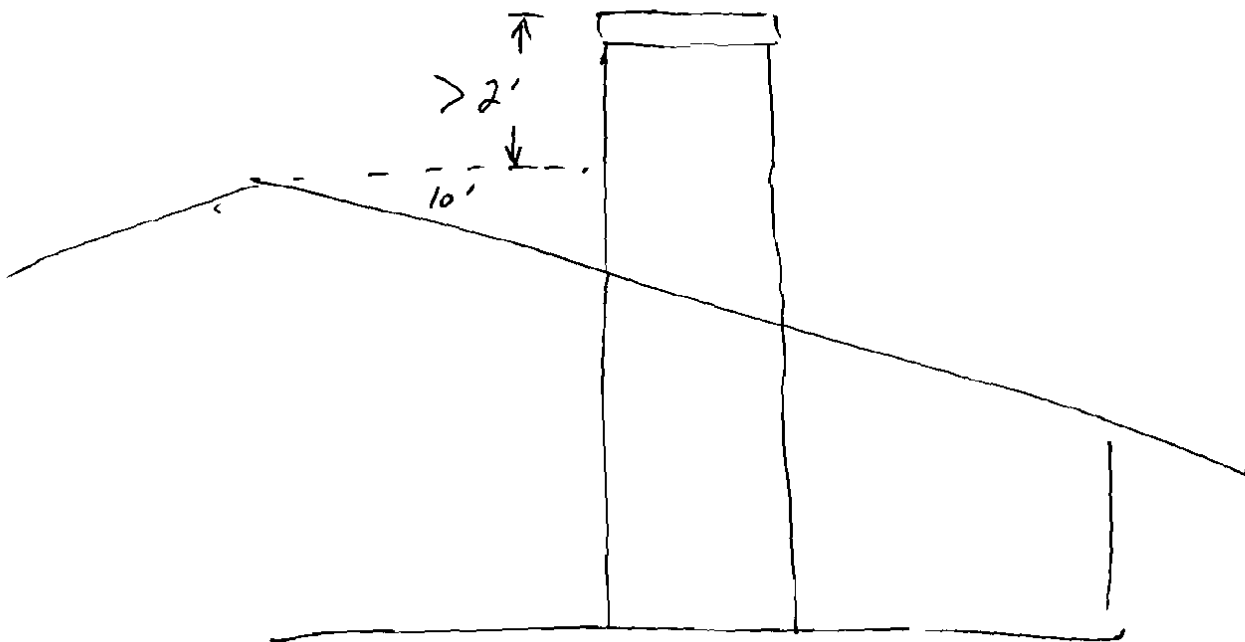
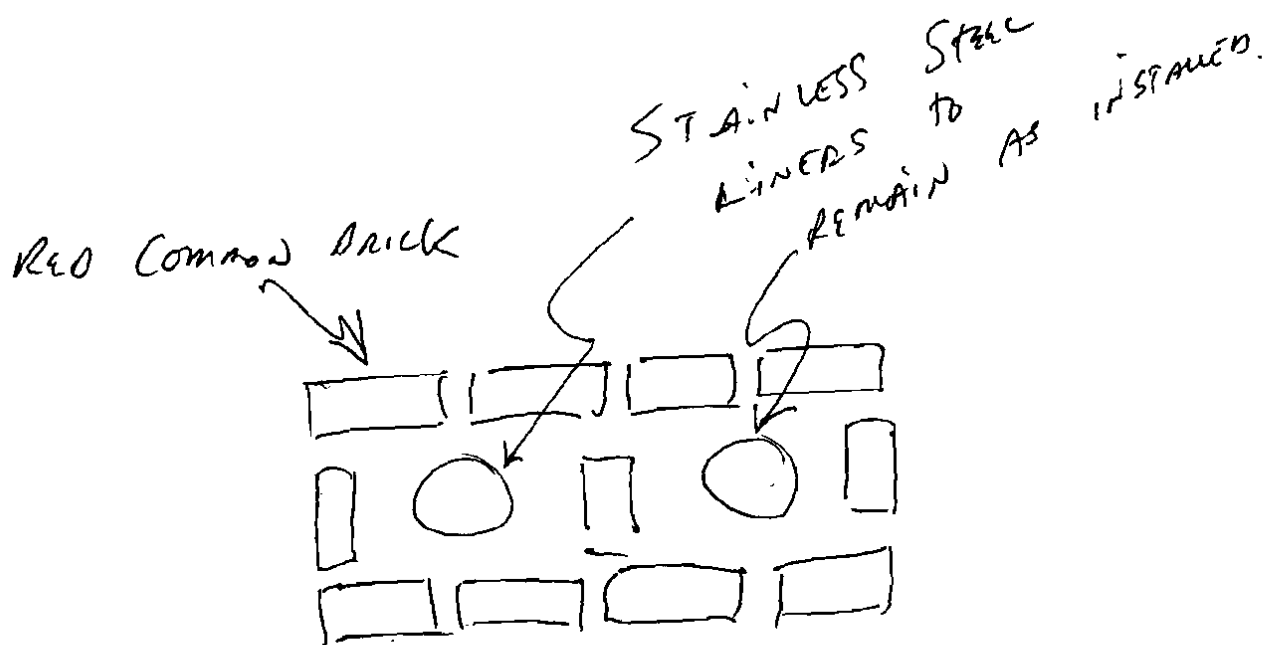
Signature: W Sweet

Date: 6/2/10

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

154 NEWBURY ST.-

BIRD'S EYE VIEW





**BILLY SWEET
CHIMNEY SWEEP**

2 Wynmoor Drive
Scarborough, ME 04074
207-773-7933 or 800.248.4900
781.595.1140 fax

Proposal

SPECIFICATIONS
AND ESTIMATE

PROPOSAL SUBMITTED TO:	DATE:
Marni Maynard	3/25/2010
STREET	PHONE
154 Newbury St.	Marni cell: 207-671-9099
CITY, STATE, ZIP CODE	PHONE
Portland, ME 04101	
EMAIL	
Mrsgandhi07@yahoo.com	

1. Stage the roof and chimney,
2. Tear down the chimney to the attic floor,
3. Rebuild the chimney using new red brick,
4. re-install the flashing,
5. Install a double-flue cap to cover the top of the chimney,
6. Waterproof the chimney,
7. Break down staging, cleanup, and disposal,
8. permit and cost to be additional.

WE PROPOSE hereby to furnish material and labor – complete in accordance with above specifications, for the sum of:

Ten thousand four hundred and 00/100***** Dollars (\$) 10,400.00

PAYMENT TO BE MADE AS FOLLOWS

1/3 deposit in advance (\$3466.66), 1/3 payment at the start of work (\$3466.66), balance due when the work is complete (\$3466.68).
#1702-83466.66
rcd 4/2

Advance deposits are non-refundable in case of cancellation by customer.

All material is guaranteed to be as specified. All work is to be completed in a substantial workman-like manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become 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 30 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: Marni Maynard

Signature: _____

Date of Acceptance: _____



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
05/06/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Thomas St Jean Insurance P O Box 3543 106 Lynn Street Suite 301 Peabody, MA 01961	CONTACT NAME:		
		PHONE (A/C, No, Ext): (978) 531-8053	FAX (A/C, No):	
		E-MAIL ADDRESS:		
		PRODUCER CUSTOMER ID #:	SW040406133138	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED	Sweet Contracting Corp dba Billy Sweet Chimney Sweep P O Box 287 Swampscott, MA 01907	INSURER A:	Northland Insurance Company	A0797
		INSURER B:	TRAVELERS INDEMNITY CO OF AMERICA	25666
		INSURER C:	LIBERTY MUTUAL INSURANCE CO	23043
		INSURER D:	TUDOR INSURANCE COMPANY	37982
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			WS063824	04/08/2010	04/08/2011	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/OP AGG \$ 2000000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA7167M153	11/30/2009	11/30/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 250,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	wc1-31s-351551-029	05/07/2010	05/07/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000
D	Professional Liability			EOP	08/31/2009	08/31/2010	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

TOWN OF WATERTOWN MA 149 MAIN STREET Watertown, MA 02472	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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