

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 071277

Please Read Application And Notes, if Any, Attached

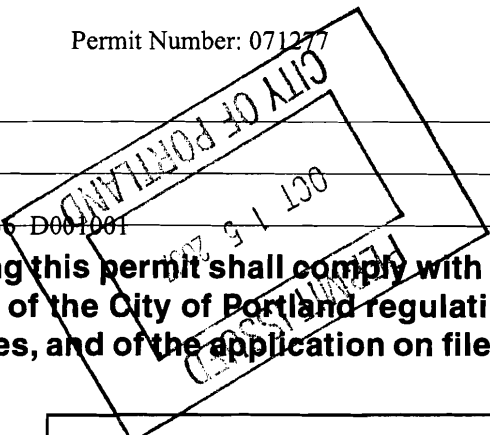
This is to certify that Mansfield Linda & Lavoie Co. / Patrick Lenders

has permission to Replace rotted beam

AT 293 STATE ST

036 D001901

provided that the person or persons performing or supervising the work in accepting this permit shall comply with all of the provisions of the Statutes of the State of Oregon 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 occupied or service is resumed - 4 HOUR NOTICE 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

Jeanne Bate 10/12/07
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: 07-1277	Issue Date: 10/12/2007	CBL: 036 D001001
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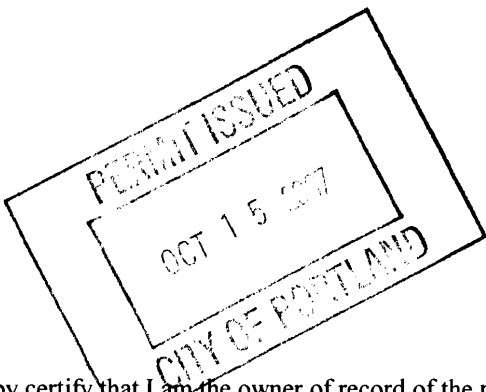
Location of Construction: 293 STATE ST	Owner Name: Mansfield Linda & Lavoie Chris	Owner Address: 291 State Street #2	Phone: 207-939-4806
Business Name:	Contractor Name: Patrick Landers	Contractor Address: 35 Trundy Cape Elizabeth	Phone: 2072522103
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone:

Past Use: 3 unit residential	Proposed Use: 3 unit residential - Replace rotted beam	Permit Fee: \$40.00	Cost of Work: \$2,000.00	CEO District: 2
Proposed Project Description: Replace rotted beam		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R2 Type: 5B IBC-2003 Signature: JMB 10/12/07	
		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: 10/11/2007	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	Zoning Appeal	Historic Preservation
<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: JMB 10/12/07	<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: _____	<input type="checkbox"/> Not in District or Landmark <input checked="" 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: 10/12/07 S.H.



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: 07-1277	Date Applied For: 10/11/2007	CBL: 036 D001001
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Business Name:	Contractor Name: Patrick Landers	Contractor Address: 35 Trundy Cape Elizabeth	Phone: (207) 252-2103
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	

Proposed Use: 3 unit residential - Replace rotted beam	Proposed Project Description: Replace rotted beam
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Dept: Historic	Status: Approved with Conditions	Reviewer: Scott Hanson	Approval Date: 10/12/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) All work shall be in kind replacement and does not require historic review			
Dept: Zoning	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 10/12/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The work is within the existing footprint of the eave overhang			
Dept: Building	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 10/12/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Comments:
10/12/2007-jmb: Spoke with Scott Hanson in historic for his approval. The applicant has HP approval to replace the gutters and came across some rott. Scott approves the work, ok to issue

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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>291-293 State St.</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>36</u> Block# <u>D</u> Lot# <u>1</u>	Applicant * must be owner, Lessee or Buyer * Name <u>Patrick Landers</u> Address <u>77 Sherman St</u> City, State & Zip <u>Portland Me 04101</u>	Telephone: <u>252-2103</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Lynda Mansfield</u> Address <u>291-293 State St</u> City, State & Zip <u>Portland Me 04101</u>	Cost Of Work: \$ <u>2,000.00</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>3 unit</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Replace Rotted Beam -</u>		
Contractor's name: <u>Patrick Landers</u> Address: <u>77 Sherman St Portland Me</u> City, State & Zip <u>04101</u> Telephone: <u>252-2103</u> Who should we contact when the permit is ready: <u>Patrick Landers</u> Telephone: _____ Mailing address: <u>77 Sherman St Apt 4 04101</u>		

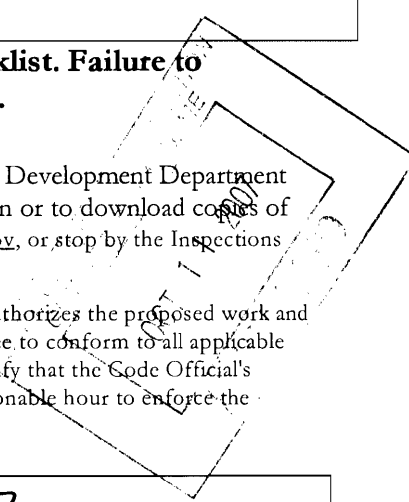
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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.

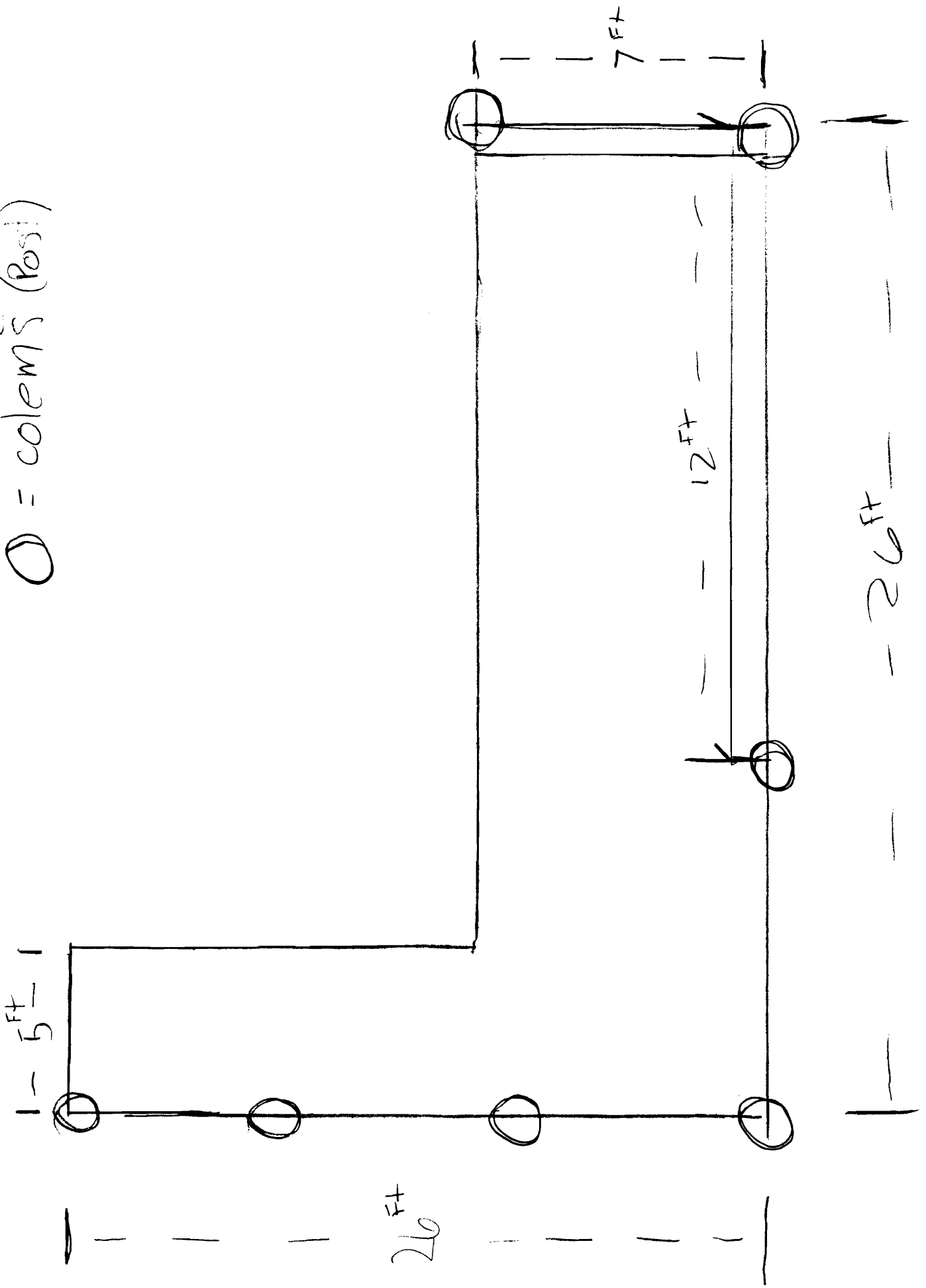
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: [Signature] Date: 10-11-07

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

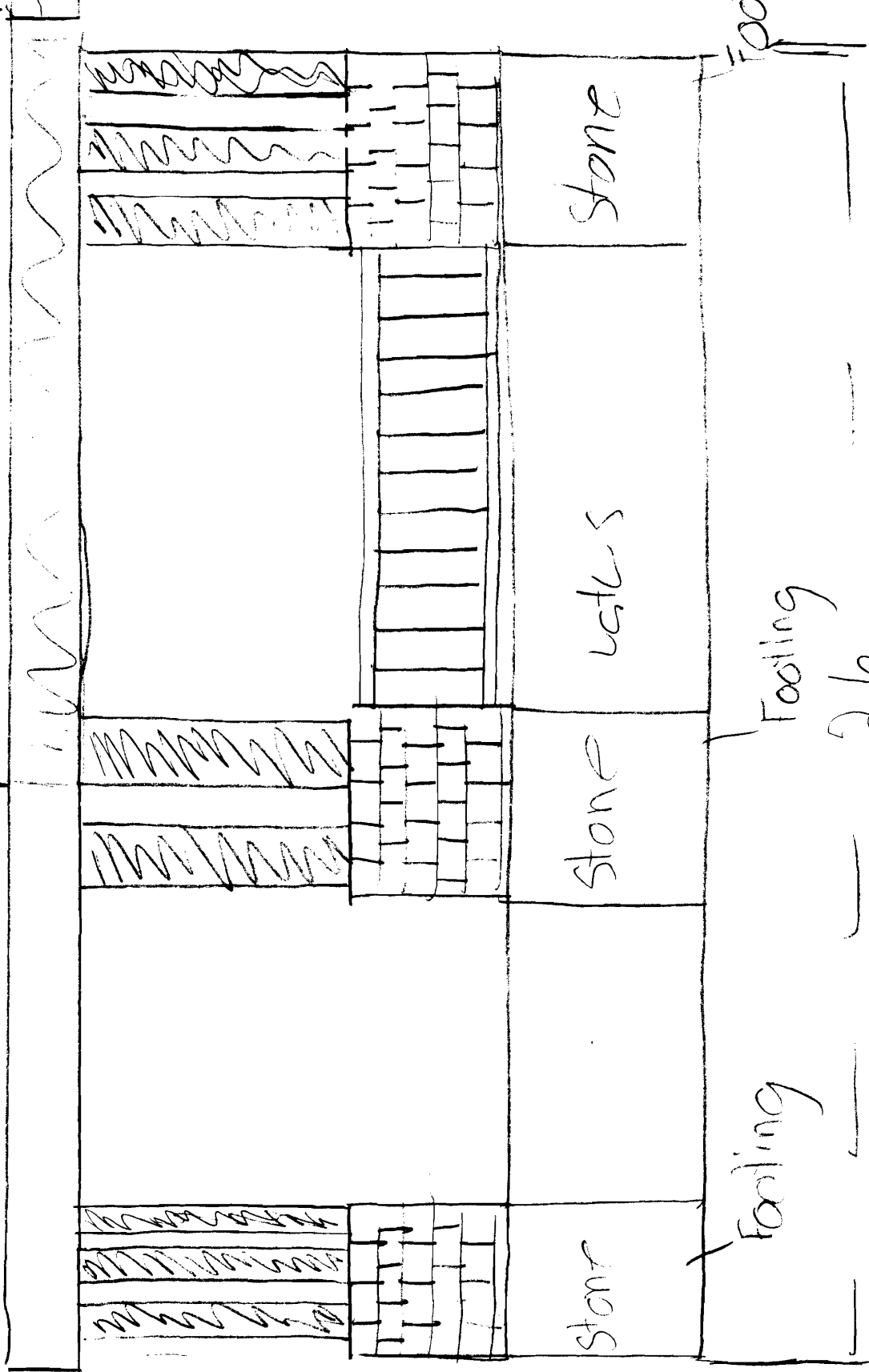


O = column (Post)



Problem area

12 FT



Footings

stone

lath & plaster

stone

stone

Footings

2-6

Footings

The Area in question is the carrying Beam on the Far Right corner of the second story of Deck. We are proposing the removal of the old 12' Beam and the installation of the new 12' x 6" x 10" Beam. We will use all Required Hangers and lags to ensure the structure. We will Jack up that portion of the



Deck and set a temporary Header and Posts while construction happens onsite. We are not changing the Finish at all. We will Reinstall old columns and wrap Beam in Fire-Rated Pine.

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.

- ~~Footing/Building Location Inspection:~~ Prior to pouring concrete
- ~~Re-Bar Schedule Inspection:~~ Prior to pouring concrete
- ~~Foundation Inspection:~~ Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

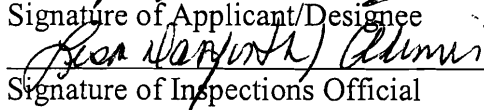
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

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

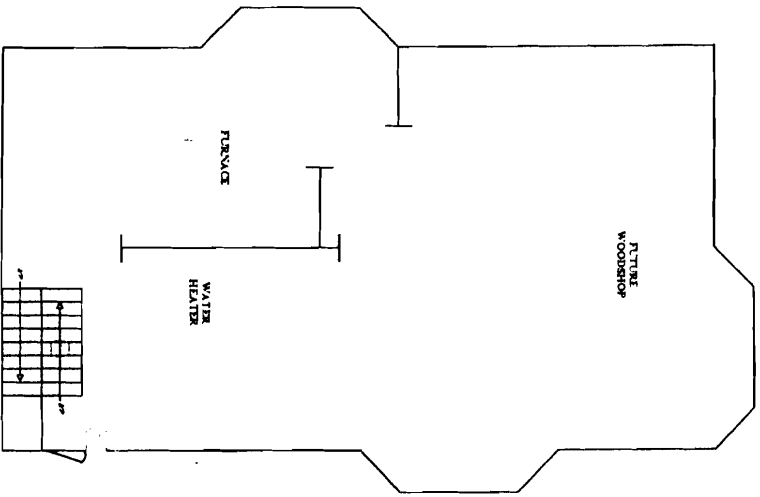
Date


Signature of Inspections Official

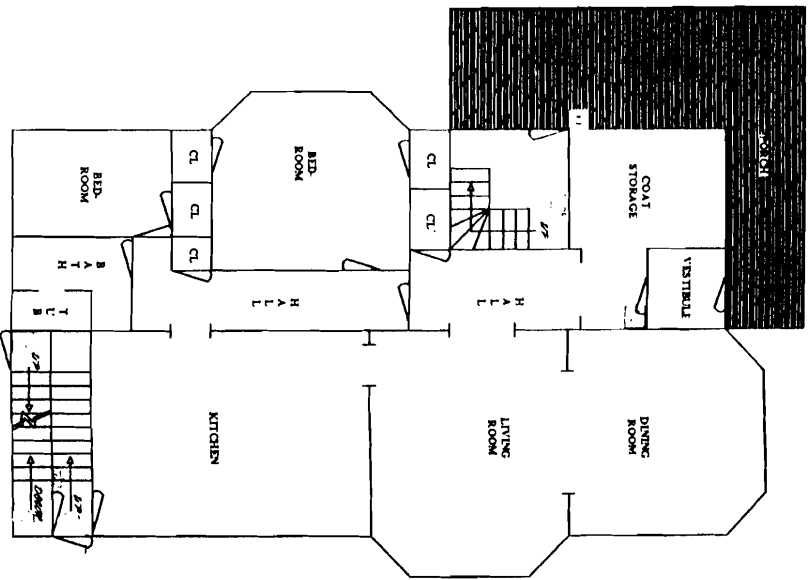
8/15/2007
Date

CBL: _____ Building Permit #: _____

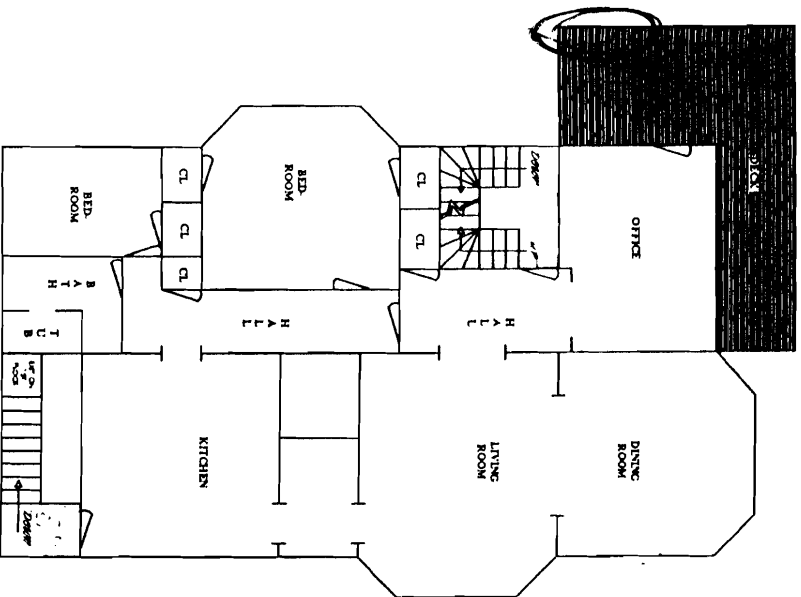
**291-293 STUART
ST.**



BASEMENT



1ST FLOOR



2ND FLOOR