

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that THOMAS P DOHERTY

Located At 187 DANFORTH ST

Job ID: 2012-09-4871-ALTR

CBL: 057- E-016-001

has permission to Repair damaged brick foundation per accident  
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

\_\_\_\_\_  
Fire Prevention Officer

*[Signature]* 9/20/12  
\_\_\_\_\_  
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

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

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

Job No: 2012-09-4871-ALTR	Date Applied: 9/4/2012 8/4/12 ✓	CBL: 057- E-016-001	
Location of Construction: 187 DANFORTH ST	Owner Name: THOMAS P DOHERTY	Owner Address: PO BOX 1211 PORTLAND, ME 04104	Phone: 712-9315
Business Name:	Contractor Name: RL Sanborn Masonry	Contractor Address: 1124 BRIGHTON AVE SUITE 43 PORTLAND MAINE 04102	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG REPAIR	Zone: R-6
Past Use: Two Family Dwelling	Proposed Use: Same: Two Family Dwelling - to repair brick wall damaged by auto accident and install window	Cost of Work: \$8,000.00	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group R-3 Type: N/A MUBEC '09 Signature: JMB
Proposed Project Description: Repair damaged foundation per accident		Pedestrian Activities District (P.A.D.)	9/20/12

Permit Taken By: Brad	<b>Zoning Approval</b>		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  ___ Maj ___ Min ___ MM Date: <i>ok with conditions</i> <i>S</i> 9/7/12	<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> <i>with</i> <input type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 9/10/12 <i>Robert W...</i>
	<b>CERTIFICATION</b>		

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)

or email: [buildinginspections@portlandmaine.gov](mailto: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 Inspections 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.**

### Final Inspection

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



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-09-4871-ALTR

Located At: 187 DANFORTH ST

CBL: 057- E-016-001

## **Conditions of Approval:**

### **Zoning**

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is understood that all work will be within the existing building footprint. This is not an approval to expand the existing footprint.
2. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
3. This property shall remain a two family dwelling. Any change of use shall require a separate permit application for review and approval.

### **Building**

1. Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
2. This does not approve any structural work of floor or wall systems. Plans shall be submitted for review prior to any repair or restoration of the framing.
3. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

Can this be expedited (stop work)

P-6

# General Building Permit Application

Entered

9/4/12

83



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.

H 2012-09-7871-ALTR

Location/Address of Construction: 187 Danforth Street Portland, ME 04102		
Total Square Footage of Proposed Structure/Area 45 SQ FT	Square Footage of Lot 3602 * 4800 SQ FT	Number of Stories 3
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 057 E016	Applicant: (must be owner, lessee or buyer) Name Thomas Doherty Address 187 Danforth St. City, State & Zip Portland, Maine 04102	Telephone: 207. 729.9315 712 8000
Lessee/DBA  RECEIVED AUG 31 2012 Dept. of Building Inspections City of Portland Maine	Owner: (if different from applicant) Name Address City, State & Zip	Cost of Work: \$7964.00 C of O Fee: \$ Historic Review: \$50- Planning Amin.: \$ Total Fee: \$150.00
Current legal use (e.g. single family) <u>2 family</u> Number of Residential Units <u>2</u> If vacant, what was the previous use? <u>not vacant</u> Proposed Specific use: <u>2 family</u> Is property part of a subdivision? <u>no</u> If yes, please name _____ Project description: <u>repair brick wall damaged by auto accident and re install window.</u> <u>The foundation wall is double brick construction.</u>		
Contractor's name: <u>BL Sanborn Masonry</u> Email: _____ Address: <u>1124 Brighton Ave Suite 43 Portland, ME 04102</u> City, State & Zip <u>Portland, Maine 04102</u> Telephone: _____ Who should we contact when the permit is ready: <u>Thomas Doherty</u> Telephone: <u>712-9315</u> Mailing address: <u>187 Danforth Street Portland, Maine 04102</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.

and 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: Thomas Doherty Date: 8/31/2012

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



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , Check Number: 540

**Tender Amount:** 150.00

## Receipt Header:

**Cashier Id:** bsaucier

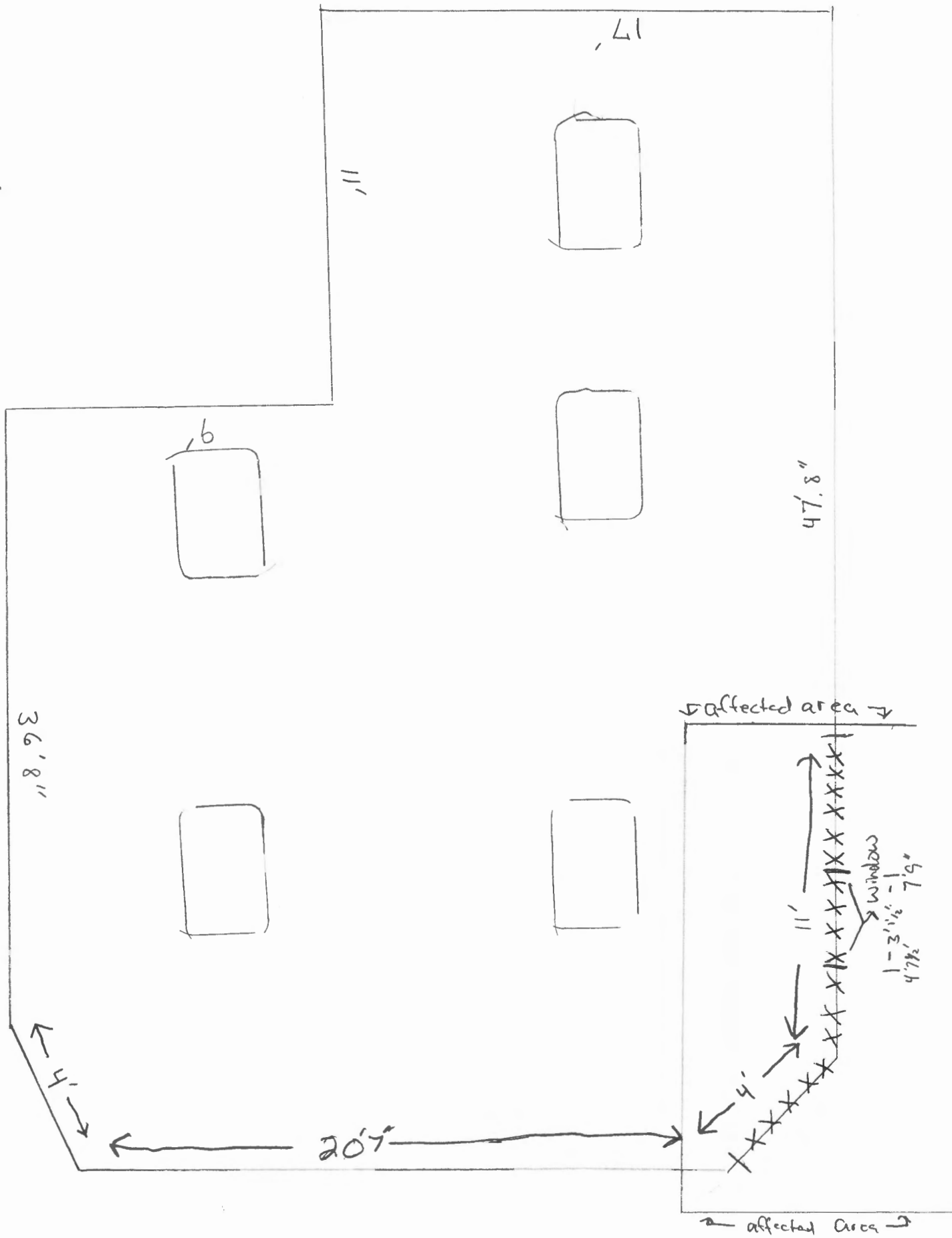
**Receipt Date:** 9/4/2012

**Receipt Number:** 47795

## Receipt Details:

Referance ID:	7884	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	100.00	Charge Amount:	100.00
Job ID: Job ID: 2012-09-4871-ALTR - Repair damaged foundation per accident			
Additional Comments: 187 Danforth			

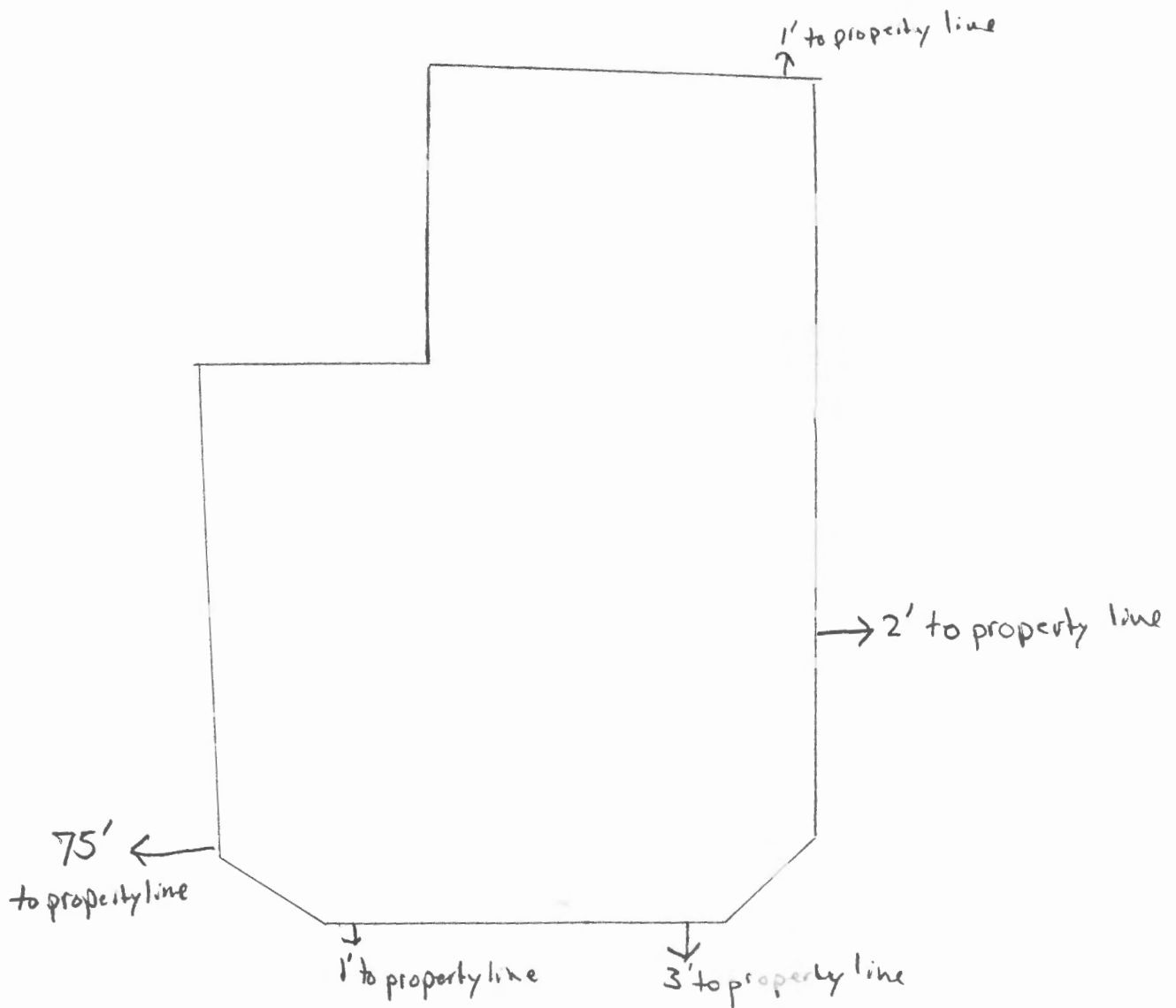
Referance ID:	7885	Fee Type:	BP-HRAD
Receipt Number:	0	Payment Date:	
Transaction Amount:	50.00	Charge Amount:	50.00
Job ID: Job ID: 2012-09-4871-ALTR - Repair damaged foundation per accident			



187 Danfort Street

# Scope:

Repair brick wall, damaged caused by auto accident  
re install window.







**RL Sanborn Masonry**

1124 Brighton Avenue,  
Suite 43  
Portland, ME  
04102

Date 8/13/2012  
Invoice # 972

**Bill To**

Tom Doherty  
187 Danforth Street  
Portland, Maine 04102

**Ship To**

Tom Doherty  
187 Danforth Street  
Portland, ME 04102

P.O. #

Terms Due on receipt

Ship Date 8/24/2012

Due Date 8/29/2012

Other

Item	Description	Qty	U/M	Price	Amount
	<b>**THIS DOCUMENT CONTAINS 5 PAGES**</b>				
Brick Found...	Brick Foundation Repair to include: *Removal of 15 foot by 5 foot section of double brick foundation that was damaged by an automobile collision *Inspect footing *Install Cribbing *Removal of 15 linear feet of vinyl siding to inspect framing *Removal of basement window due to structural failure of adjacent brickwork *Restoration of brickwork adjacent to removed window *Rebuild removed section of brick foundation to match existing brickwork and re- install window *Paint brick to match existing foundation *Reinstall vinyl siding			7,964.00	7,964.00
Thank-You f...	(Thank-you for remitting your initial payment. <b>***3,982.00.</b>				

Balance is due in full on the day of project completion.

Subtotal  
Sales Tax (0.0%)  
Total  
Payments/Credits  
Balance Due

**RL Sanborn Masonry**  
masonry@rlsanborn.com  
www.rlsanborn.com

(207)619-7473



**RL Sanborn Masonry**

1124 Brighton Avenue,  
Suite 43  
Portland, ME  
04102

Date 8/13/2012  
Invoice # 972

**Bill To**

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Ship Date 8/24/2012

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Other

Item	Description	Qty	U/M	Price	Amount
	<p>Your initial payment acts as consideration by you or your party. Your initial payment binds the following agreement, between you (consumer) and RL Sanborn Masonry (contractor).</p> <p>Your Initial payment locks in our services* beginning on the date specified below and concluding on the specified project completion date. Your project has been scheduled to begin; Friday August 24, 2012 @ 9AM.* This is your projected start date.* Your projected project completion date is Wednesday August 29, 2012 @ 4PM* *The actual start date could vary up to five days before or after the projected start date.</p> <p>We do our best to accurately schedule each project. Due to the complexity of the masonry trade and weather restraints, we are not able to guaranty a</p>				

Balance is due in full on the day of project completion.

Subtotal

Sales Tax (0.0%)

Total

Payments/Credits

Balance Due

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Due Date 8/29/2012  
Other

Item	Description	Qty	U/M	Price	Amount
	<p>start date nor completion date. Projected start dates may require rescheduling. If this occurs we will contact you before your project start date.</p> <p>In the event you should decide to cancel your project, your initial deposit is non refundable*. *If we are not able to move forward with your project, for reasons beyond our control, we will refund your initial deposit less any expenses already incurred.</p> <p>Your outstanding estimated Balance of \$**3,982.00 is due on the day of completion.</p> <p>The estimate, you were provided, is a good faith* estimate based on our initial observation or inspection. The calculations used to determine your estimate included estimated labor time, estimated material costs, estimated</p>				

Balance is due in full on the day of project completion.

Subtotal  
Sales Tax (0.0%)  
Total  
Payments/Credits  
Balance Due

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Due Date 8/29/2012

Other

Item	Description	Qty	U/M	Price	Amount
	<p>equipment costs and estimated administrative costs . The actual calculations may differ on your final invoice. We do our best to keep our customers fully informed of any variation from our original estimate. *Though we do our best to provide accurate estimates, your estimate does not cover issues that were not discovered upon initial observation or inspection as well as services not listed on your Invoice.</p> <p>A project may at times take longer than originally anticipated, due to a higher degree of difficulty than estimated. The estimated service and material cost listed on your invoice reflect upon the projected time frame required to complete your project. In the event that more time is actually required than projected, there may be additional</p>				

Balance is due in full on the day of project completion.

Subtotal  
Sales Tax (0.0%)  
Total  
Payments/Credits  
Balance Due

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Terms

Due on receipt

Ship Date 8/24/2012

Due Date 8/29/2012

Other

Item	Description	Qty	U/M	Price	Amount
	Thank You for your business!				

Balance is due in full on the day of project completion.

Subtotal	\$7,964.00
Sales Tax (0.0%)	\$0.00
Total	\$7,964.00
Payments/Credits	\$-3,982.00
Balance Due	\$3,982.00

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