

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 071363

PERMIT ISSUED

NOV 2 2007

CITY OF PORTLAND

This is to certify that WELTON JEFFREY SCOTT & SUSAN THERESA HEER

has permission to Repair porch roof, replace 4 carrying beams, plywood and roof

AT 50 MCKINLEY CT PORTLAND, OR 97203 083E E270001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this 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 laid or closed-in. 24 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

James Bouke 11/2/07
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

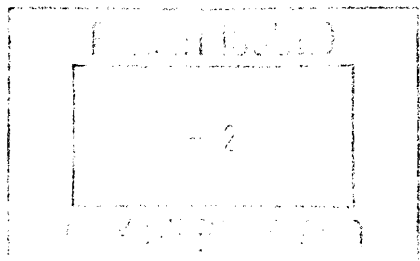
Permit No: 07-1363	Issue Date:	CBL: 083E E270001
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Location of Construction: 50 MCKINLEY CT	Owner Name: WELTON JEFFREY SCOTT & SU	Owner Address: 73395 DESERT ROSE DR	Phone:
Business Name:	Contractor Name: Kim Parkes Builders	Contractor Address: PO Box 7934 Portland	Phone 2076159225
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home - Repair porch roof, replace 4 carrying beams, plywood roof	Permit Fee: \$140.00	Cost of Work: \$11,200.00	CEO District: 1
Proposed Project Description: Repair porch roof, replace 4 carrying beams, plywood roof		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <u>R3</u> Type: <u>SB</u> <u>IRC 2003</u>		Signature: <u>JMB 11/2/07</u>
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: 11/02/2007	Zoning Approval	
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<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"/> Date: _____	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 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: _____
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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: 07-1363	Date Applied For: 11/02/2007	CBL: 083E E270001
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Location of Construction: 50 MCKINLEY CT	Owner Name: WELTON JEFFREY SCOTT & SU	Owner Address: 73395 DESERT ROSE DR	Phone:
Business Name:	Contractor Name: Kim Parkes Builders	Contractor Address: PO Box 7934 Portland	Phone (207) 615-9225
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family Home - Repair porch roof, replace 4 carrying beams, plywood roof	Proposed Project Description: Repair porch roof, replace 4 carrying beams, plywood roof
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Dept: Historic **Status:** Approved with Conditions **Reviewer:** Scott Hanson **Approval Date:** 11/02/2007

Note: **Ok to Issue:**

- 1) All work shall be replaced in kind

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/02/2007

Note: **Ok to Issue:**

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) This property shall remain a single family condominium. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/02/2007

Note: **Ok to Issue:**

- 1) This approves work on the porch roof structure only, no other work allowed

Comments:

11/2/2007-jmb: Verified with Scott Hanson that historic is ok to approve



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.

DIAMOND COVE. BGT DIAMOND ISLAND

- HISTORIC PRESERVATION BUILDING SO UNIT 27

Location/Address of Construction: <u>DIAMOND COVE. BGT DIAMOND ISLAND</u> <u>- HISTORIC PRESERVATION BUILDING SO UNIT 27</u>			Total Square Footage of Proposed Structure/Area		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>83 EE 27</u>			Applicant * must be owner, Lessee or Buyer * Name <u>KIM PARKES</u> Address <u>PO BX 7934</u> City, State & Zip <u>PORT ME 0412</u>			Telephone: <u>207 7660996</u> <u>207 6159225</u>
Lessee/DBA (If Applicable) <u>NOV - 2 2007</u>			Owner (if different from Applicant) Name <u>JEFF WELTON</u> Address <u>UNIT 27 DIAMOND COVE</u> <u>BT DIAMOND ISLAND</u> City, State & Zip <u>PORTLAND ME 04109</u>			Cost Of Work: \$ <u>71200</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>SINGLE FAMILY CONDO</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? <u>YES</u> If yes, please name <u>DIAMOND COVE</u> Project description: <u>REPAIR OF PORCEL ROOF, REPLACEMENT OF 4 CARRYING BEAMS, PLYWOOD ROOF SHEATHING, ASPHALT SHINGLES</u>						
Contractor's name: <u>KIM PARKES BUILDERS</u> Address: <u>PO BX 7934</u> City, State & Zip <u>PORTLAND ME 0412</u>			Telephone: <u>615 9225</u>			
Who should we contact when the permit is ready: <u>KIM PARKES</u>			Telephone: <u>615 9225</u>			
Mailing address: <u>SAME AS ABOVE</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: [Handwritten Signature] Date: NOV 2 07

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

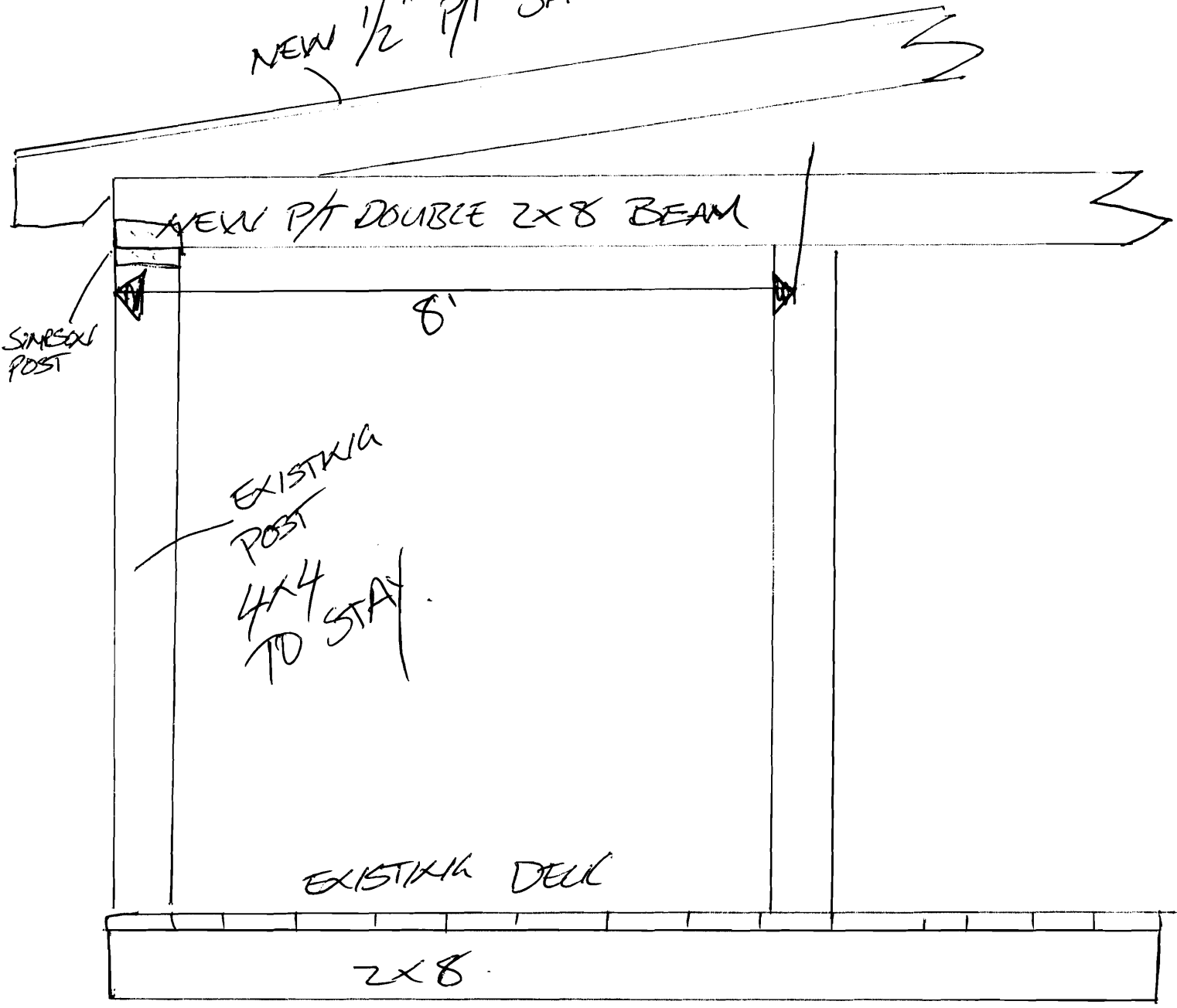
REMOVE EXISTING CARRIAGE BEAM
REPLACE WITH DBL 2x8 PT BEAM.

- (A) REMOVE EXISTING ROOFING MATERIAL
+ SHEATHING - REPLACE WITH RUBBER ROLLED ROOF
+ 1/2" PT PLY
- (B) REMOVE EXISTING CARRIAGE BEAM
REPLACE WITH NEW DBL 2x8 PT BEAMS



STA + NTA ELEVATION. B/C

NEW 1/2" P/T SHEATHING (PLY)



WEST ELEVATION FRONT

EXISTING RAFTERS

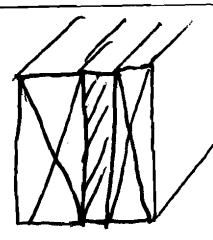
NEW 1/2" PLY

9' NEW P/T DBL 2X8

EXISTING
4X4 POST
TO STAY

EXISTING HAND RAILS

EXISTING H/RAILS



BEAM DETAIL
2X8 1/2" PLY 2X8
ALL MATERIALS P/T.