

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-10-5133-ALTR	Date Applied: 10/9/2012	CBL: 087-II-006-001	
Location of Construction: 102 BRACKETT AVE, PEAKS ISLAND	Owner Name: MORTEN ASBJORNSEN	Owner Address: 102 BRACKETT AVE PEAKS ISLAND, ME 04108	Phone: 207-650-9409
Business Name:	Contractor Name: Owner	Contractor Address:	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: IR-2
Past Use: Single family	Proposed Use: Same - single family - interior alterations - remove walls, new kitchen & bathroom	Cost of Work: 34000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: <i>12-3</i> Type: <i>SB</i> <i>TRC09</i>
Proposed Project Description: new kitchen /bath remove walls		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Gayle		Zoning Approval	

<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>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>Ok w/ conditions 10/11/12 ABM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>ABM</i></p>
	CERTIFICATION		

SCANNED

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 appication 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

11-16-12 GF CLOSE IN OK
PLUMBING PT-OK

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that **MORTEN ASBJORSEN**

Located At **102 BRACKETT AVE**

Job ID: **2012-10-5133-ALTR**

CBL: **087-II-006-001**

has permission to interior alterations – remove walls, new kitchen & bathroom.

provided that the person or persons, firm or corporation accepting 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 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



Code Enforcement Officer / Plan Reviewer

10/22/2012

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

SCANNED

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 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.**

Footings/Setbacks prior to pouring concrete

Close In Elec/Plmb/Frame prior to insulate or gyp

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.



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Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-10-5133-ALTR

Located At: 102 BRACKETT AVE CBL: 087-II-006-001

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.
2. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
3. This permit is being issued with the condition that all the work is taking place within the existing footprint.

10-11-12 Need right, title, and interest because this is a new owner. Left vcm for owner. - amachado

Building

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2. Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
3. 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.
4. Renovations of residential dwellings shall install a CO detector in each area within or giving access to bedrooms. That detection must be powered by the electrical service in the building and battery.

Fire

1. All construction shall comply with City Code Chapter 10.
2. All smoke detectors and smoke alarms shall be photoelectric.
3. Hardwired Carbon Monoxide alarms with battery back up are required on each floor.
4. A sprinkler system is recommended but not required based on the following:
 - a. Plans indicate the addition will not exceed 50% of the total completed structure.

IR 2

2012 10 5 133 66



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>102 Bracket Ave Peaks Island ME</u>		
Total Square Footage of Proposed Structure/Area <u>2720 (existing and will not change)</u>	Square Footage of Lot <u>31723 sq. ft.</u>	Number of Stories <u>1</u>
Tax Assessor's Chart, Block & Lot Chart# <u>087</u> Block# <u>II</u> Lot# <u>006</u>	Applicant: (must be owner, lessee or buyer) Name <u>Morten Asbjornsen</u> Address <u>102 Bracket Ave</u> City, State & Zip <u>Peaks Island ME 04108</u>	Telephone: <u>650 9409</u>
Lessee/DBA <u>N/A</u>	Owner: (if different from applicant) Name <u>Same</u> Address _____ City, State & Zip _____	Cost of Work: <u>\$33,600</u> C of O Fee: \$ _____ Historic Review: \$ _____ Planning Amin.: \$ _____ Total Fee: \$ _____
<p>Current legal use (i.e. single family) <u>Single family</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>Single family</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>New Kitchen, Bathroom. Remove walls</u></p>		
Contractor's name: <u>Morten Asbjornsen (owner)</u>		Email: _____
Address: <u>102 Bracket Ave Peaks Island ME 04108</u>		Telephone: <u>650-9409</u>
City, State & Zip: <u>Peaks Island ME 04108</u>		Telephone: _____
Who should we contact when the permit is ready: <u>Owner</u>		Telephone: _____
Mailing address: <u>102 Bracket Ave Peaks Island ME 04108</u>		

RECEIVED
OCT 9 2012
Dept. of Building Inspection
City of Portland Maine

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.

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: [Signature] Date: 10/8/12

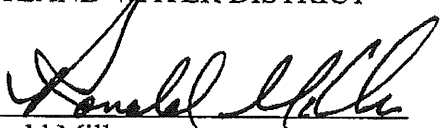
This is not a permit; you may not commence ANY work until the permit is issued

QUIT-CLAIM DEED WITH COVENANTS

KNOW ALL PERSONS BY THESE PRESENTS, that the **PORTLAND WATER DISTRICT** , a quasi- municipal corporation organized and existing under the laws of the State of Maine, with a mailing address of 225 Douglass Street, Portland, Maine 04104-3553 in consideration of one dollar (\$1.00) and other valuable consideration paid by **MORTEN B. ASBJORNSEN** and **CYNTHIA B. ASBJORNSEN**, with a mailing address of 56 Gundalo Gap Road, Brunswick, Maine 04011, the receipt whereof is hereby acknowledged, does hereby remise, release, bargain, sell and convey and forever quitclaim with quitclaim covenants, to the said Morten B. Asbjornsen and Cynthia B. Asbjornsen, as joint tenants, their heirs and assigns, a certain lot or parcel of land on Peaks Island in the City of Portland, County of Cumberland and State of Maine and described in Schedule A, attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the said Portland Water District has hereunto caused this instrument to be signed by Ronald Miller, it's duly authorized General Manager, this 12 day of September, 2012.



Witness

PORTLAND WATER DISTRICT
By: 
Ronald Miller
General Manager

STATE OF MAINE
CUMBERLAND, ss.

9-12, 2012

Personally appeared the above-named Ronald Miller in his capacity as the General Manager of the Portland Water District, and acknowledged the foregoing instrument to be his free act and deed and the free act and deed of the Portland Water District.

Before me,

Notary Public/Attorney at Law

RECEIVED

OCT 11 2012

Dept. of Building Inspections
City of Portland Maine

Printed Name

C. TRENT GRACE
Notary Public, Maine
My Commission Expires February 2, 2015



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Receipts Details:

Tender Information: Check , BusinessName: Morten Asbjornsen, Check Number: 2933
Tender Amount: 360.00

Receipt Header:

Cashier Id: gguertin
Receipt Date: 10/9/2012
Receipt Number: 49043

Receipt Details:

Referance ID:	8290	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	360.00	Charge Amount:	360.00
Job ID: Job ID: 2012-10-5133-ALTR - new kitchen /bath remove walls			
Additional Comments: 102 Bracket Ave. PI Morton Asbjornsen			

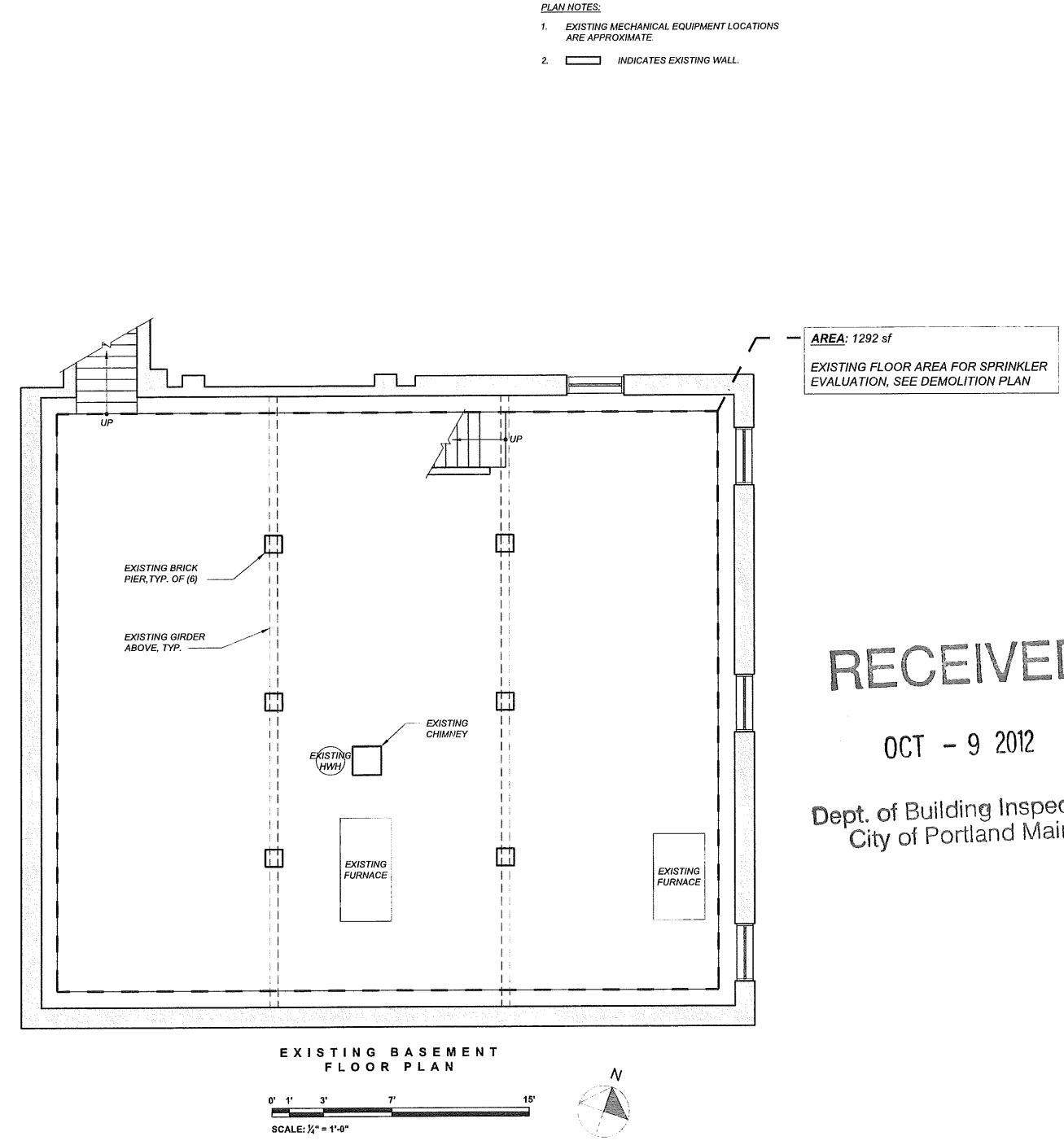
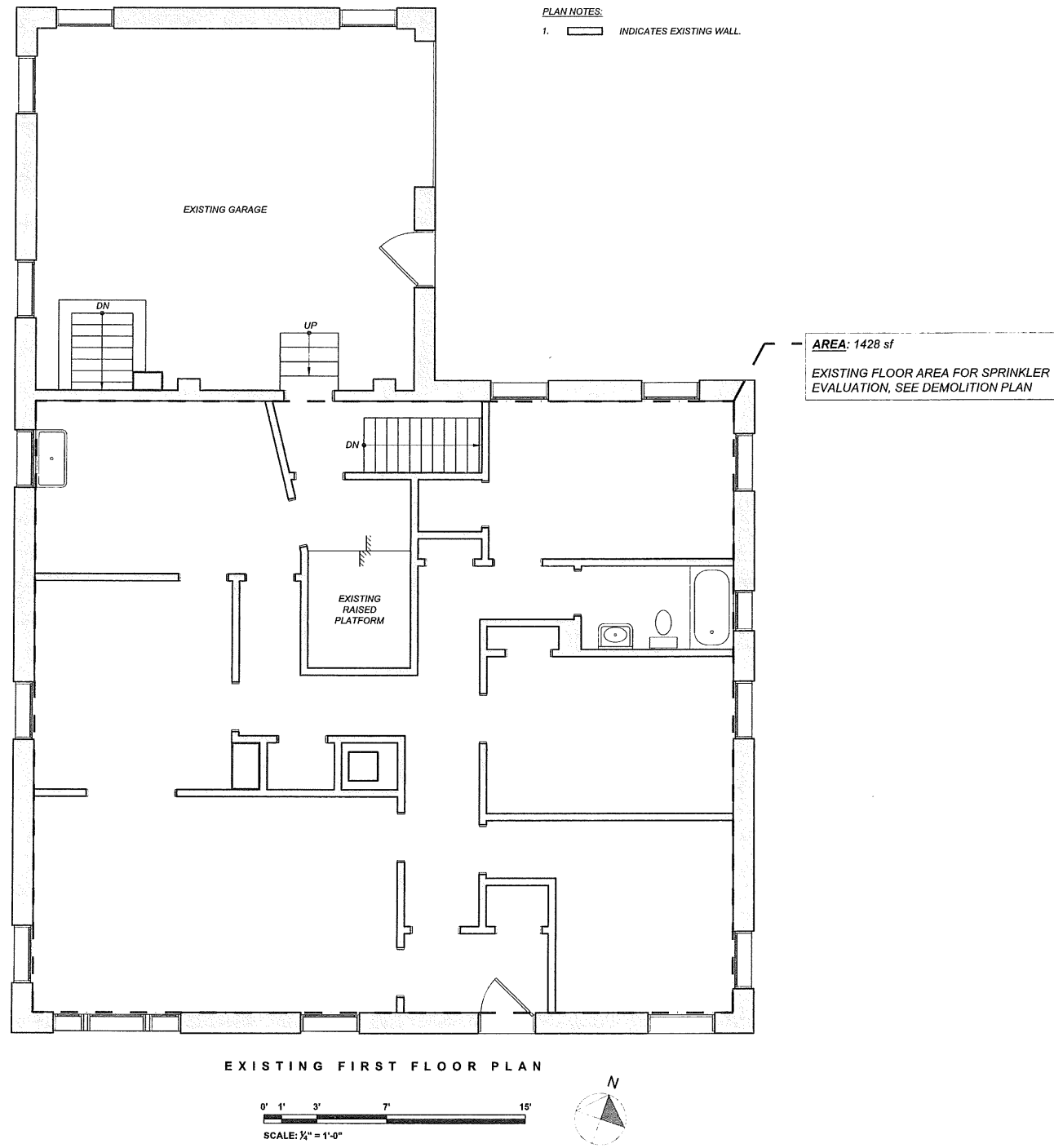
Thank You for your Payment!

ASBJORNSEN HOUSE - PERMIT SET

DRAWING INDEX

EX-100	EXISTING PLANS
EX-101	EXISTING FRAMING PLANS
EX-200	EXISTING EXTERIOR
D-100	DEMOLITION PLAN
A-100	FLOOR PLANS
A-101	FRAMING PLANS
A-300	SECTIONS

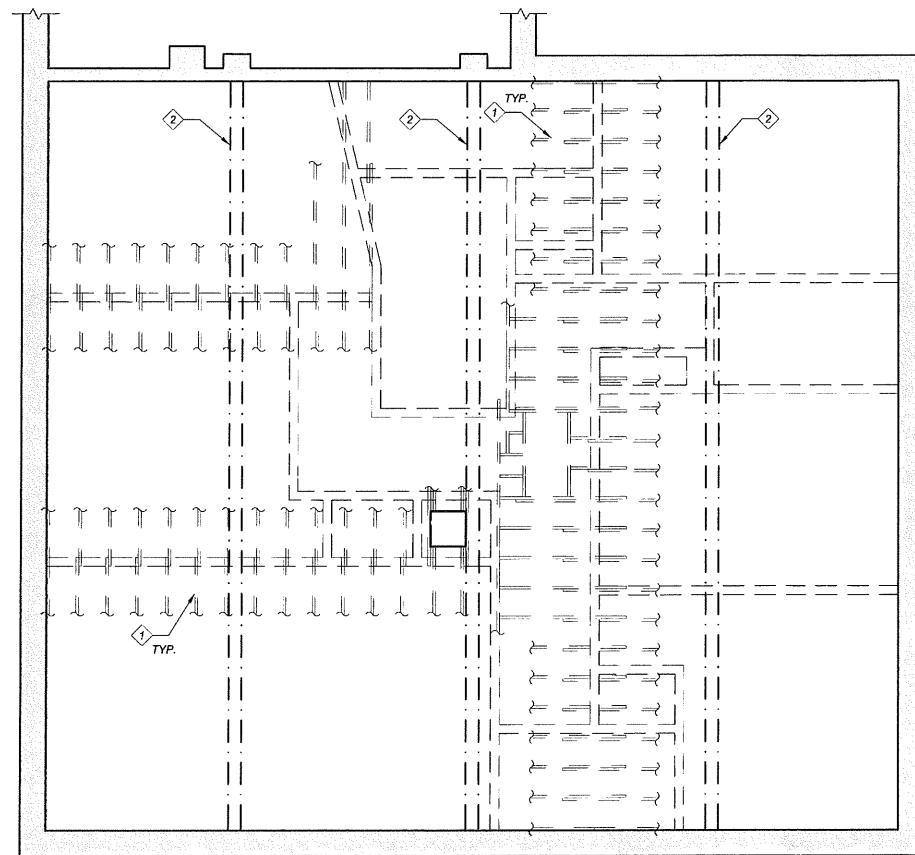
WINKELMAN ARCHITECTURE
41 UNION WHARF, SUITE 4, PORTLAND, ME 04101
PH: 307.690.2008



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OCT - 9 2012
Dept. of Building Inspections
City of Portland Maine

EXISTING PLANS
ASBJORNSEN HOUSE
102 BRACKETT AVE, PEAKS ISLAND

EX 100



EXISTING ATTIC
FRAMING PLAN

0' 1' 3' 7' 15'
SCALE: 1/4" = 1'-0"

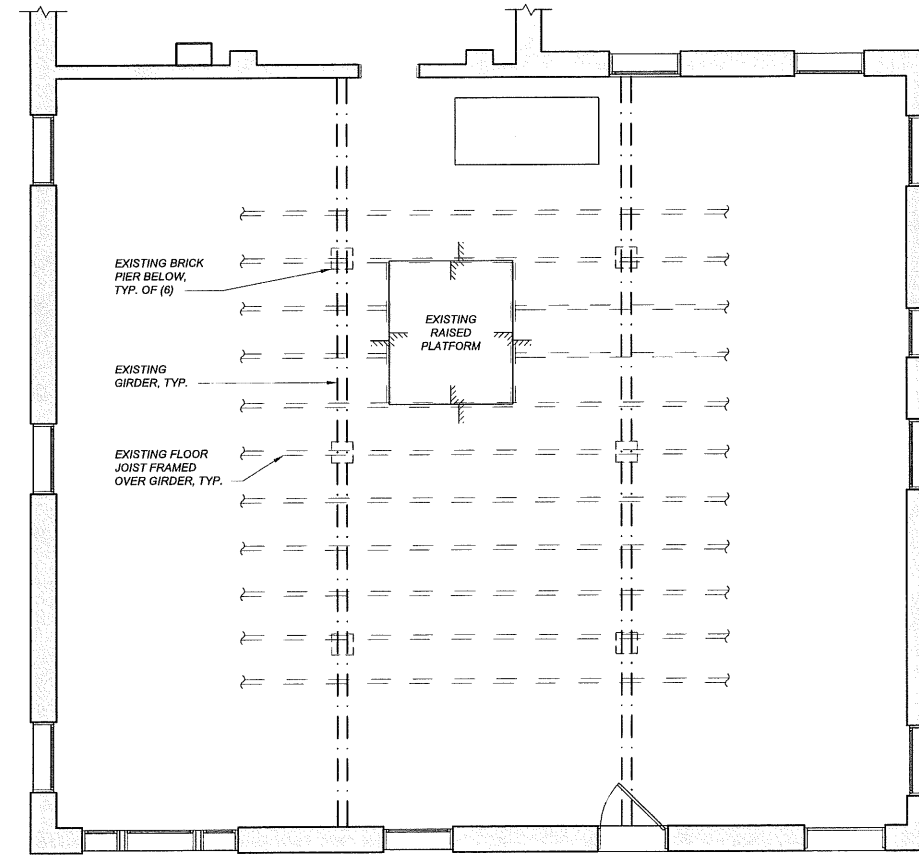


PLAN NOTES:

1. EXISTING FRAMING CONDITIONS OTHER THAN THOSE SHOWN OR IN NUMBERS VARYING FROM THOSE SHOWN MAY EXIST.
2. INDICATES EXISTING WALL.
3. INDICATES EXISTING WALL BELOW.

KEYED NOTES:

- 1 INDICATES EXISTING JOIST (NOT ALL EXISTING JOISTS SHOWN).
- 2 INDICATES EXISTING ROOF TRUSS ABOVE.



EXISTING FIRST FLOOR
FRAMING PLAN

0' 1' 3' 7' 15'
SCALE: 1/4" = 1'-0"

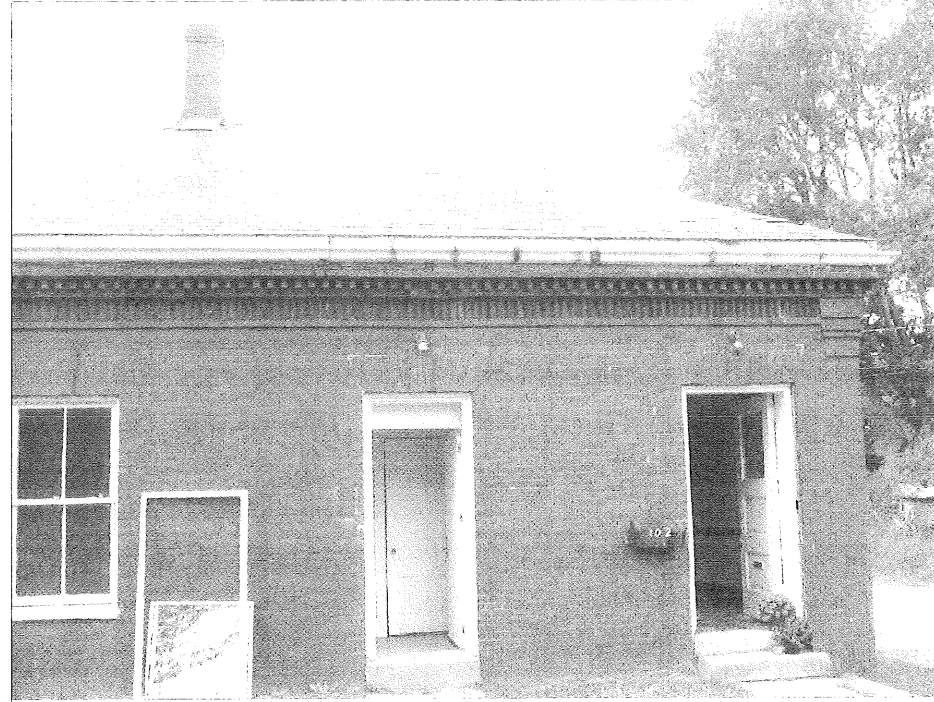


PLAN NOTES:

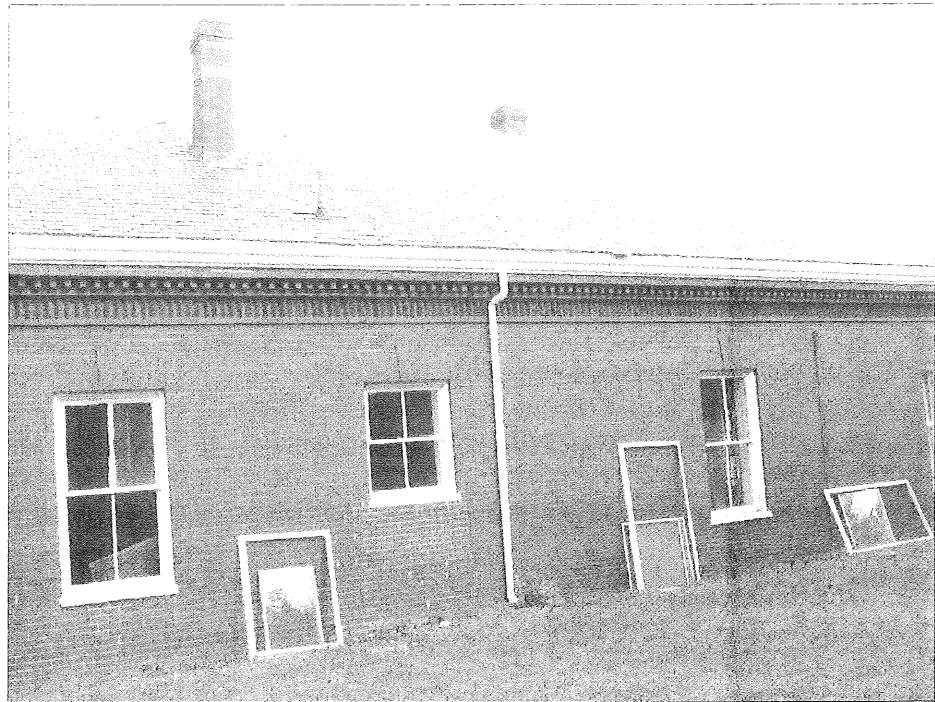
1. EXISTING FRAMING CONDITIONS OTHER THAN THOSE SHOWN OR IN NUMBERS VARYING FROM THOSE SHOWN MAY EXIST.
2. FIRST FLOOR WALLS, FIXTURES, AND FITTINGS NOT SHOWN FOR CLARITY.



EXISTING CONDITIONS



EXISTING CONDITIONS

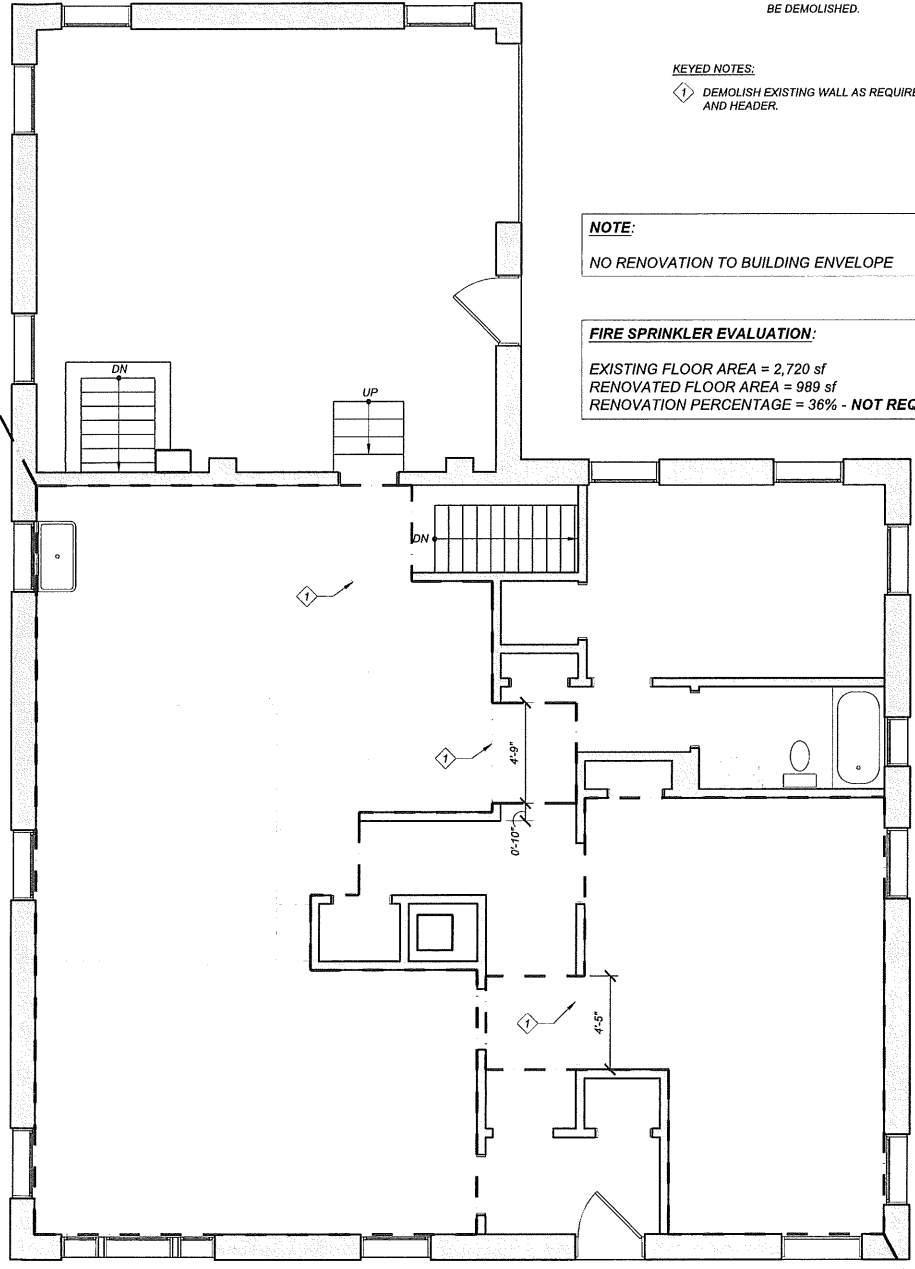


EXISTING CONDITIONS



EXISTING CONDITIONS

AREA: 705 sf
 RENOVATED FLOOR AREA FOR
 SPRINKLER EVALUATION



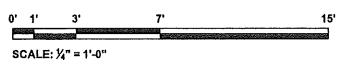
- PLAN NOTES:**
1. VERIFY EXTENTS OF ALL DEMOLITION WITH OWNER.
 2. INDICATES EXISTING WALL TO REMAIN.
 3. INDICATES EXISTING CONSTRUCTION TO BE DEMOLISHED.

KEYED NOTES:
 DEMOLISH EXISTING WALL AS REQUIRED FOR NEW OPENING AND HEADER.



NOTE:
 NO RENOVATION TO BUILDING ENVELOPE



FIRE SPRINKLER EVALUATION:
 EXISTING FLOOR AREA = 2,720 sf
 RENOVATED FLOOR AREA = 989 sf
 RENOVATION PERCENTAGE = 36% - **NOT REQUIRED**


FIRST FLOOR DEMOLITION PLAN




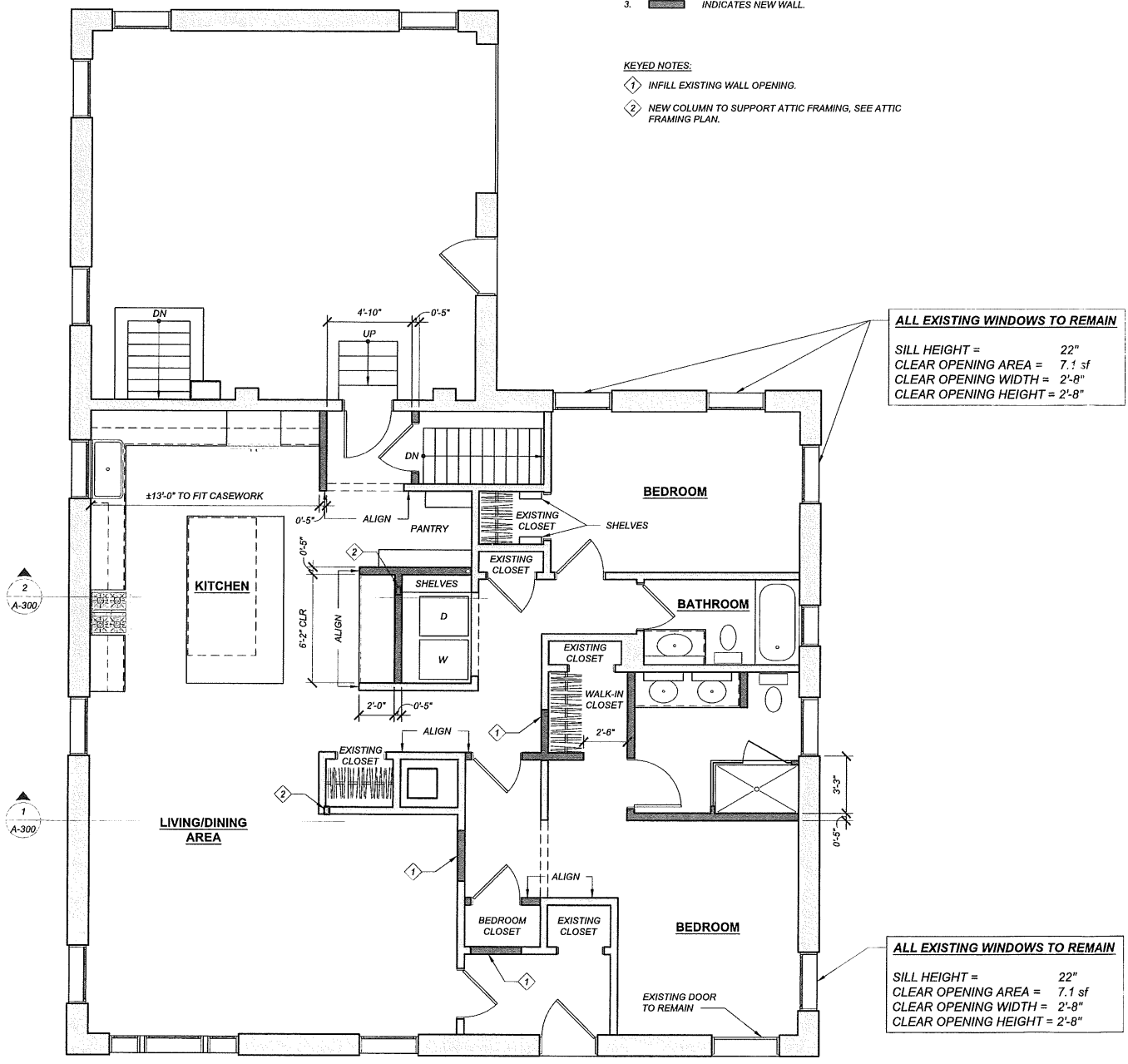
AREA: 284 sf
 RENOVATED FLOOR AREA FOR
 SPRINKLER EVALUATION

- PLAN NOTES:**
1. WALL LOCATION DIMENSIONS GIVEN ARE TO FINISH SURFACE.
 2.  INDICATES EXISTING WALL.
 3.  INDICATES NEW WALL.

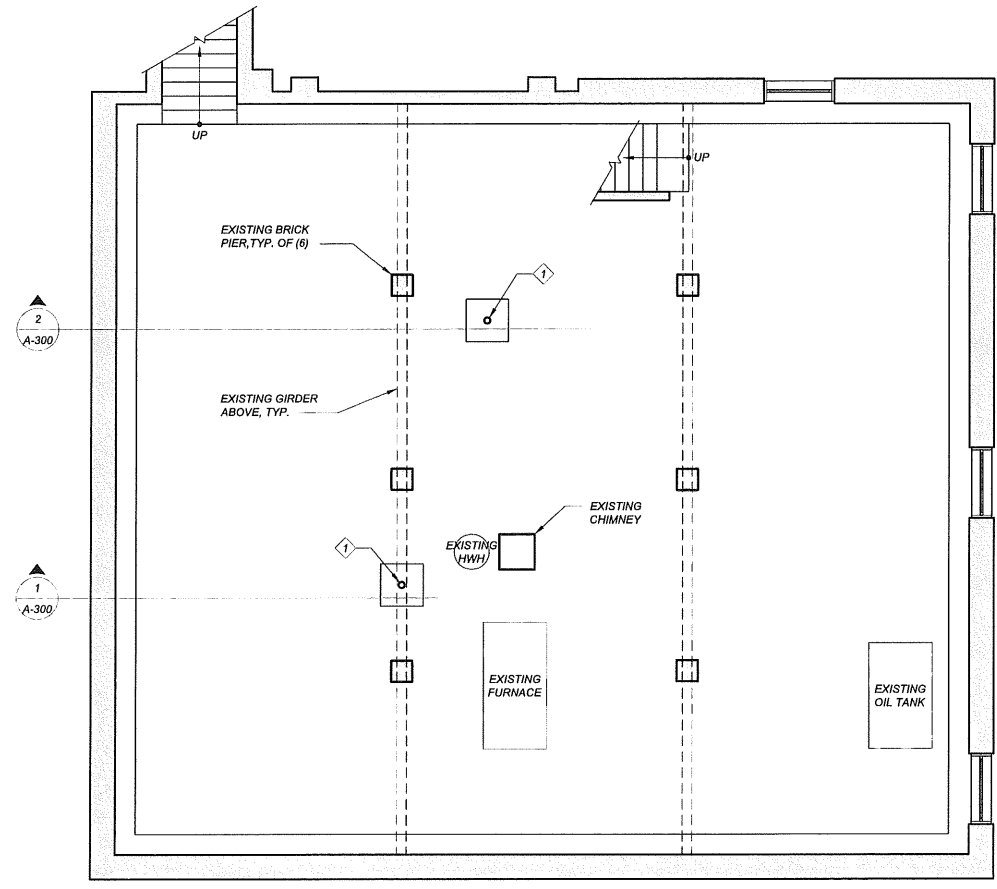
- KEYED NOTES:**
- 1  INFILL EXISTING WALL OPENING.
 - 2  NEW COLUMN TO SUPPORT ATTIC FRAMING, SEE ATTIC FRAMING PLAN.


- PLAN NOTES:**
1. EXISTING MECHANICAL EQUIPMENT LOCATIONS ARE APPROXIMATE.
 2.  INDICATES EXISTING WALL.
 3. INSTALL AND BRACE ALL NEW FRAMING ELEMENTS PER MANUFACTURER INSTRUCTIONS.

- KEYED NOTES:**
- 1  NEW 3/4" DIAMETER STEEL, CONCRETE-FILLED, PERMANENT LALLY COLUMN WITH 24"x24"x8" CONCRETE FOOTING UNDER NEW COLUMN ABOVE.







FIRST FLOOR PLAN
 0' 1' 3' 7' 15'
 SCALE: 1/4" = 1'-0"








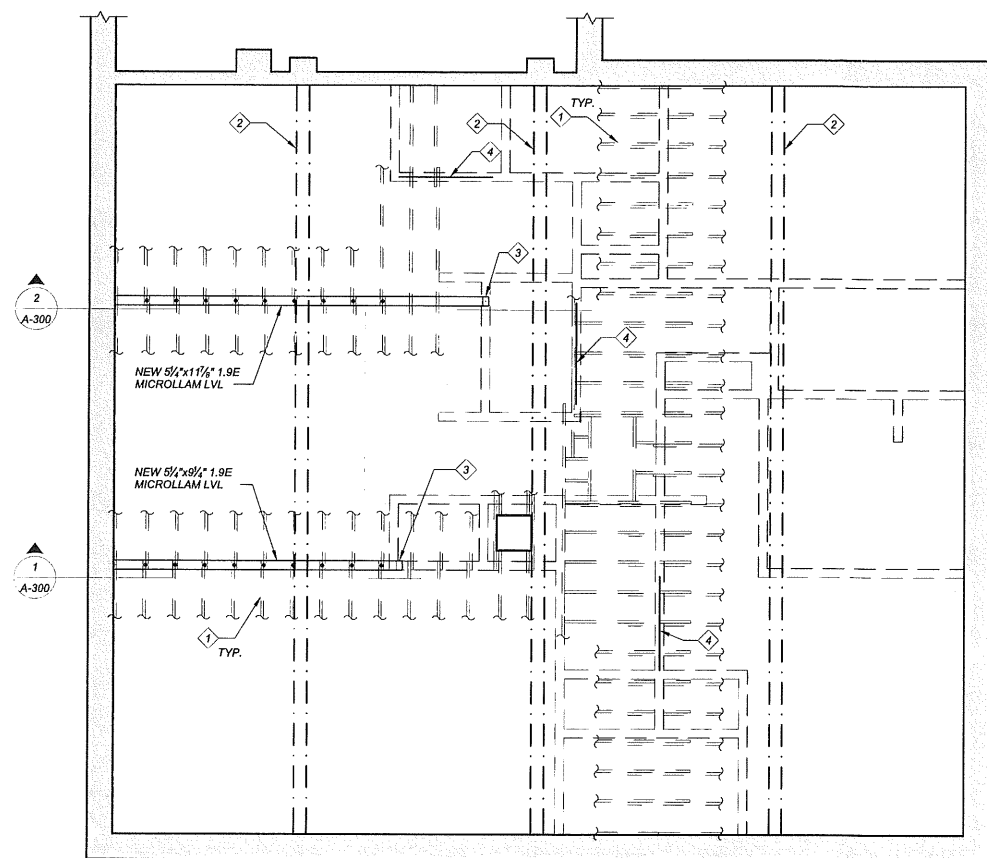
BASEMENT FLOOR PLAN
 0' 1' 3' 7' 15'
 SCALE: 1/4" = 1'-0"


PLAN NOTES:

- EXISTING FRAMING CONDITIONS OTHER THAN THOSE SHOWN OR IN NUMBERS VARYING FROM THOSE SHOWN MAY REQUIRE NEW STRUCTURAL SUPPORT.
- ENSURE ALL AFFECTED EXISTING FRAMING MEMBERS ARE SUPPORTED BY NEW STRUCTURAL SUPPORT BEFORE DEMOLITION OF FIRST FLOOR WALLS.
-  INDICATES EXISTING WALL TO REMAIN.
-  INDICATES EXISTING WALL BELOW TO BE DEMOLISHED.
-  INDICATES EXISTING WALL BELOW TO REMAIN OR NEW WALL BELOW.
-  INDICATES ATTACHMENT POINT BETWEEN EXISTING JOIST LAP AND NEW BEAM.
- INSTALL AND BRACE ALL NEW FRAMING ELEMENTS PER MANUFACTURER INSTRUCTIONS.

KEYED NOTES:

-  INDICATES EXISTING JOIST (NOT ALL EXISTING JOISTS SHOWN).
-  INDICATES EXISTING ROOF TRUSS ABOVE.
-  INDICATES NEW 3/4"x8 1/2" 1.3E TIMBERSTRAND LSL COLUMN.
-  INDICATES HEADER IN PARTIALLY DEMOLISHED WALL BELOW.



ATTIC FRAMING PLAN

0' 1' 3' 7' 15'
 SCALE: 1/4" = 1'-0"

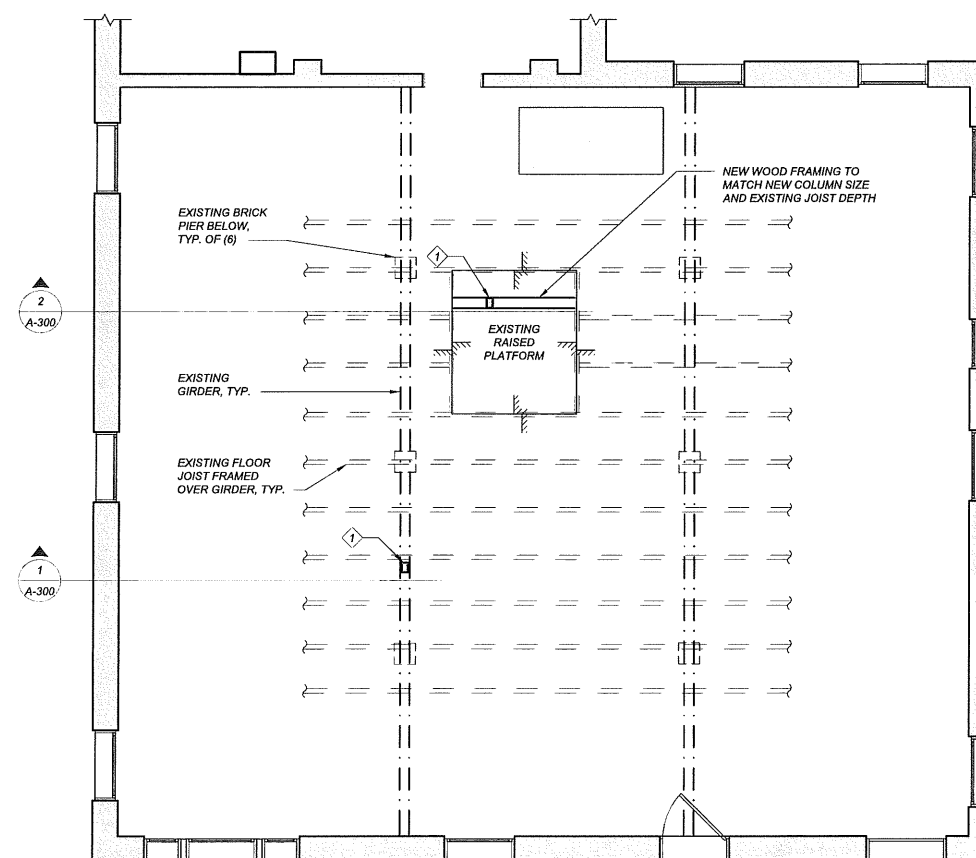


PLAN NOTES:

- EXISTING FRAMING CONDITIONS OTHER THAN THOSE SHOWN OR IN NUMBERS VARYING FROM THOSE SHOWN MAY EXIST.
- FIRST FLOOR WALLS, FIXTURES, AND FITTINGS NOT SHOWN FOR CLARITY.
- INSTALL AND BRACE ALL NEW FRAMING ELEMENTS PER MANUFACTURER INSTRUCTIONS.

KEYED NOTES:

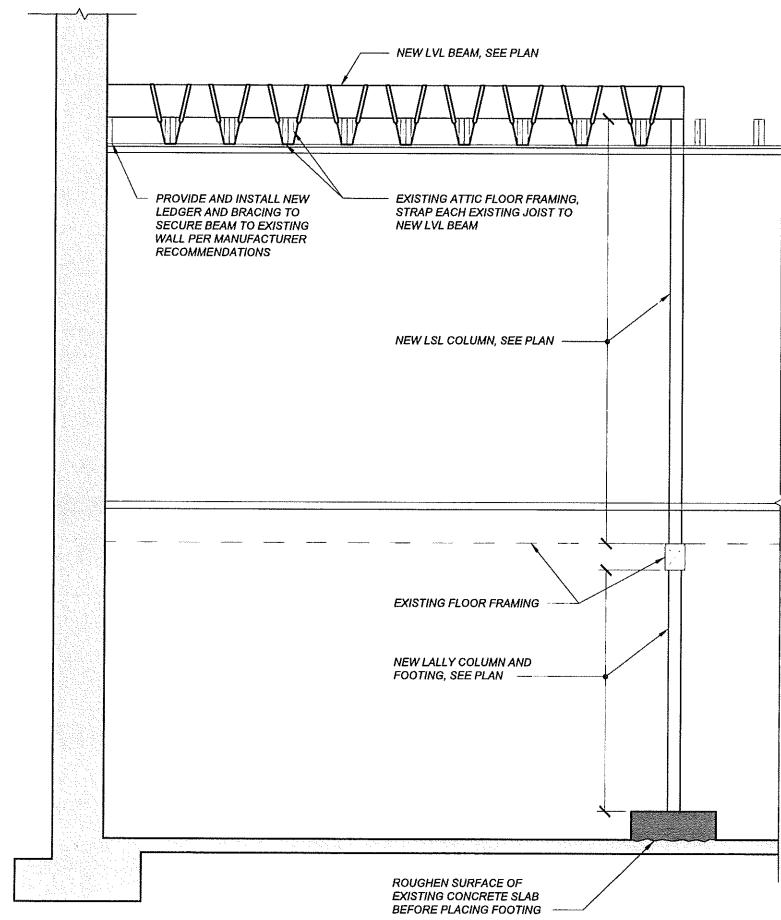
-  NEW COLUMN TO SUPPORT ATTIC FRAMING, SEE ATTIC FRAMING PLAN.



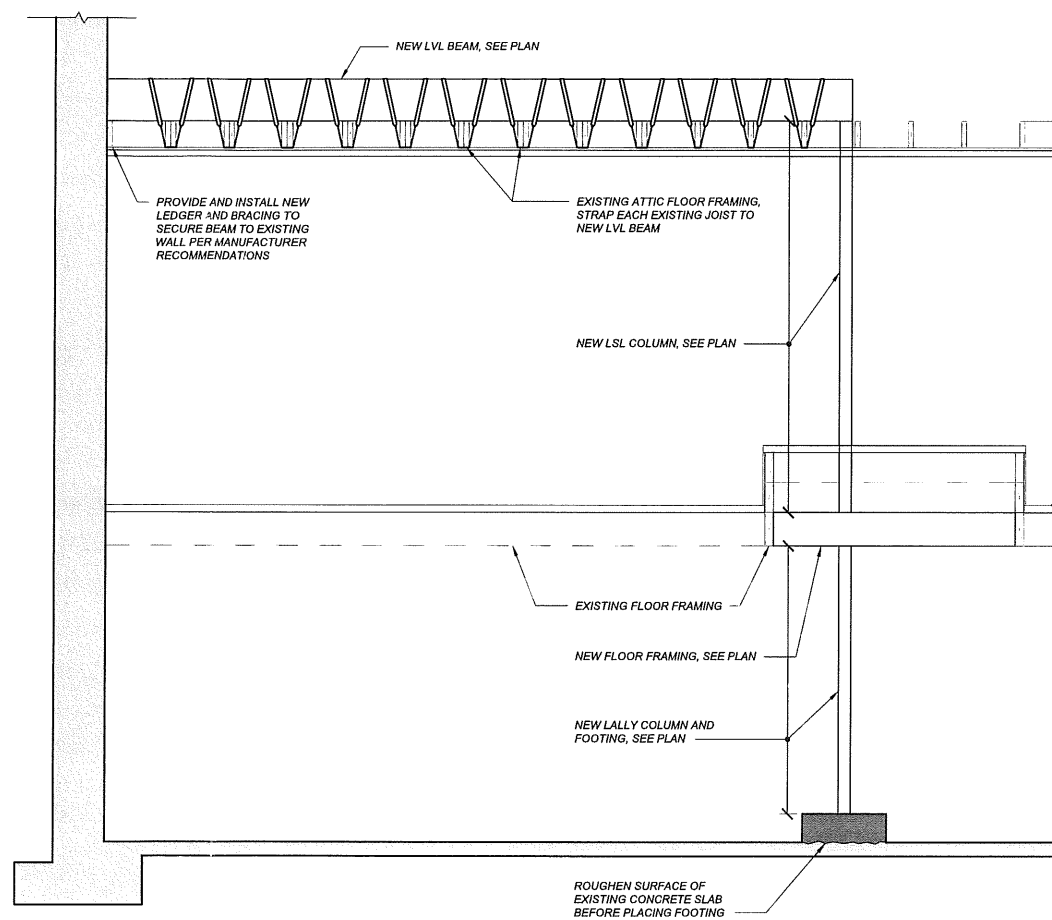
FIRST FLOOR FRAMING PLAN

0' 1' 3' 7' 15'
 SCALE: 1/4" = 1'-0"

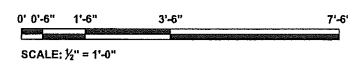




SECTION 1



SECTION 2



SECTION NOTES:

1. EXISTING FRAMING CONDITIONS OTHER THAN THOSE SHOWN OR IN NUMBERS VARYING FROM THOSE SHOWN MAY EXIST.
2. ENSURE ALL AFFECTED EXISTING FRAMING MEMBERS ARE SUPPORTED BY NEW STRUCTURAL SUPPORT BEFORE DEMOLITION OF FIRST FLOOR WALLS.
3. INSTALL AND BRACE ALL NEW FRAMING ELEMENTS PER MANUFACTURER INSTRUCTIONS.