

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 051747

This is to certify that Larson Jon N & Duncan Tre
has permission to remove existing chimney, he and fo ation. Framing a necessary for new footing, foundation, masonry f
AT 909 Seashore Ave 091 H008001

provided that the person or persons firm or person accepting this permit shall comply with all of the provisions of the Statutes of the 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 procured before this building or part thereof is loaded or enclosed-in-4 HOUR NOTICE IS REQUIRED.

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

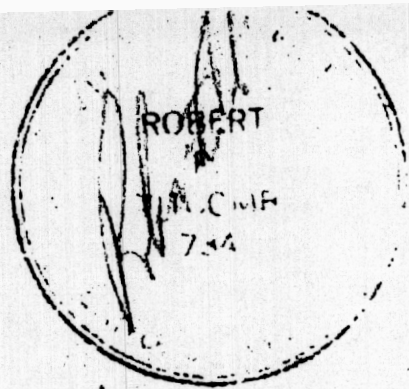
OTHER REQUIRED APPROVALS
Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name
CITY OF PORTLAND

PERMIT ISSUED

DEC 15 2005

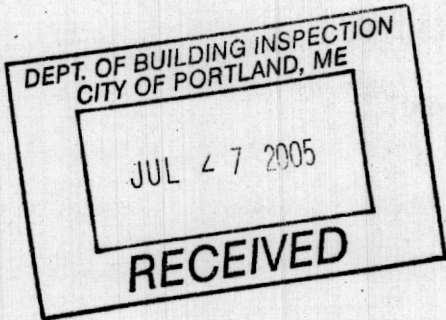
[Signature]
12/15/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

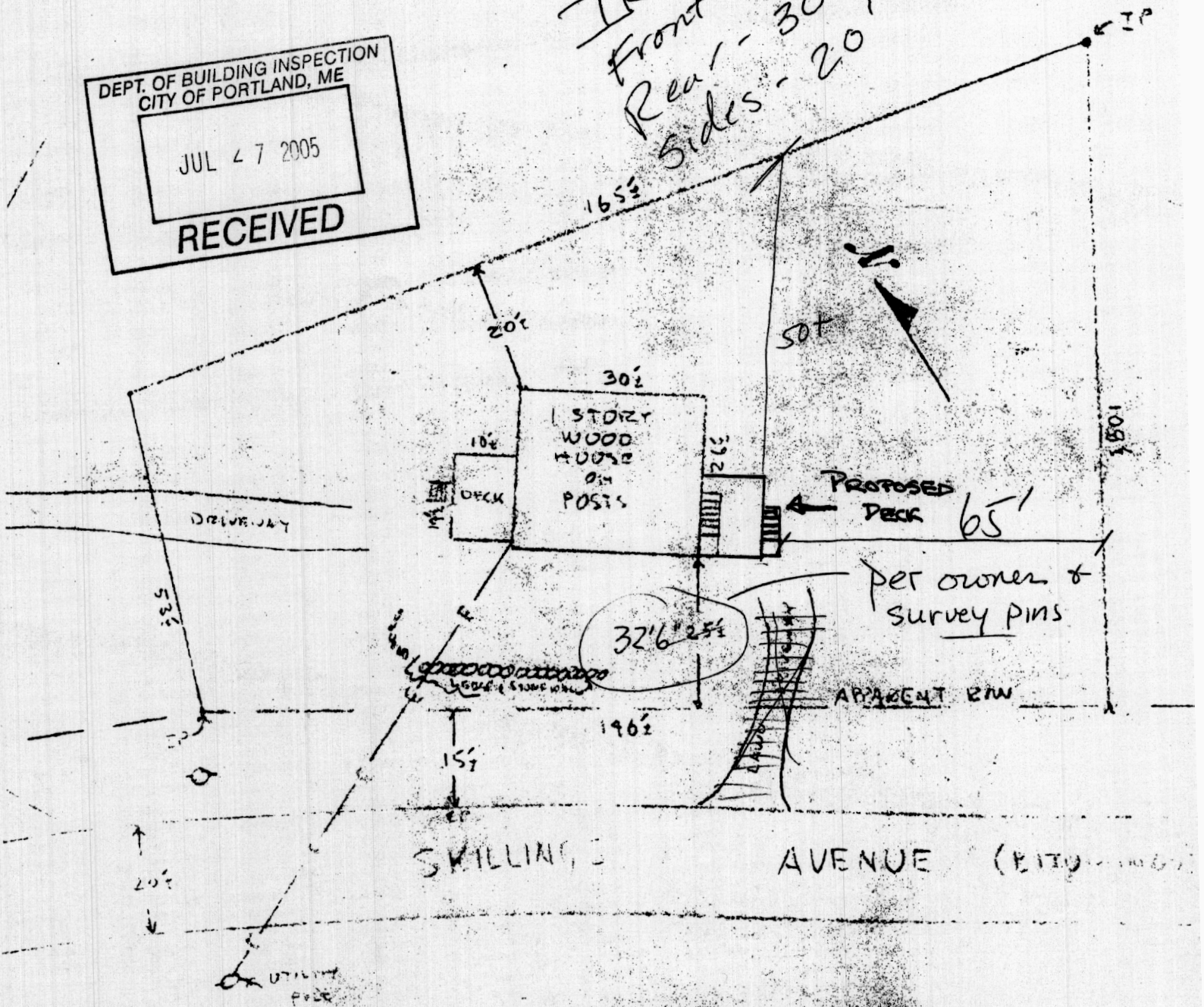


BUYERS: ROYER N. & JESSIE S. EDWARDS

SELLER: CHARLES JAMES WRIGHT



IR-1
Front - 30'
Rear - 30'
Sides - 20'



Not made from an instrument survey.
Dimensions are for mortgage purposes only.
Subject only to conditions existing as of
shown hereon. This plan is not for recording.

Date 4-17-04 Scale 1"=30'

R.P. TITCOMB ASSOCIATES, INC. Falmouth, Maine

Draw

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED		
Permit No: 05-1747	Issue Date: DEC 15 2005	CBL: 09 H008001

Location of Construction: 909 Seashore Ave	Owner Name: Larson Jon N &	Owner Address: 22 W Bryan St, Pmb 107 CITY OF PORTLAND	Phone:
Business Name:	Contractor Name: Duncan Traill	Contractor Address: 165 Bolsters Mills Rd Otisfield	Phone: 2076274607
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-1

Past Use: Single Family	Proposed Use: Single Family remove existing chimney, hearth and foundation. Reframing as necessary for new footing, foundation, masonry fireplace and single flue chimney.	Permit Fee: \$156.00	Cost of Work: \$14,127.00	CEO District: 2
Proposed Project Description: remove existing chimney, hearth and foundation. Reframing as necessary for new footing, foundation, masonry fireplace and single flue chimney.		FIRE DEPT: N/A <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Chis NFPA 211 / IRC 2003	

Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied	
Signature:	Date:

Permit Taken By: dmartin	Date Applied For: 11/30/2005	Zoning Approval
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1. 2. 3.	Special Zone or Reviews	Zoning Appeal	Historic Preservation
	<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input checked="" type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 12/15/05	<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 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: 12/15/05

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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> <u>Footings</u> /Building Location Inspection: | <u>Prior to pouring concrete</u> |
| <u>N/A</u> Re-Bar Schedule Inspection: | Prior to pouring concrete |
| <u>N/A</u> Foundation Inspection: | Prior to placing ANY backfill |
| <input checked="" type="checkbox"/> <u>check clearances</u>
Framing/Rough Plumbing/Electrical : | Prior to any insulating or drywalling |
| <input checked="" type="checkbox"/> <u>Final</u> /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**

<u>X Dennis R. Tevell</u> Signature of Applicant/Designee	_____ Date <u>12/15/05</u>
<u>[Signature]</u> Signature of Inspections Official	_____ Date
CBL <u>91-H-8</u>	Building Permit # <u>05-1747</u>

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-1747	Date Applied For: 11/30/2005	CBL: 091 H008001
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Location of Construction: 909 Seashore Ave	Owner Name: Larson Jon N &	Owner Address: 22 W Bryan St Pmb 107	Phone:
Business Name:	Contractor Name: Duncan Traill	Contractor Address: 165 Bolsters Mills Rd Otisfield	Phone (207) 627-4607
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family remove existing chimney, hearth and foundation. Reframing as necessary for new footing, foundation, masonry fireplace and single flue chimney.	Proposed Project Description: remove existing chimney, hearth and foundation. Reframing as necessary for new footing, foundation, masonry fireplace and single flue chimney.
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Dept: Zoning	Status: Approved	Reviewer: Tammy Munson	Approval Date: 12/15/2005
Note:	Ok to Issue: <input type="checkbox"/>		

Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 12/15/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> 1) There must be a 2" clearance maintained between the chimney and any combustible material, and fire blocking per code at each level 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans. 3) A copy of the enclosed chimney disclosure must be submitted to this office upon completion of the permitted work or for the Certificate of Occupancy. 			

Comments:
12/13/05-tn: left message w/mason - need termination height, frost protection, footing detail, plot plan, clean out

Delete Schedule Add Find Print Permit Print C of O Print Insp Invoicing Taxes

Prmt Text93 14774 Constr Type New Num1 5:
Permit Nbr 05-1747 Location of Construction 909 Seashore Ave Appl. Date 1
Status Hold Permit Type Alterations - Dwellings Issue Date
CBL 091 H008001 District Nbr 2 Estimated Cost \$14,127.00 Date Closed

Comment Date	Comment	Add	Delete	Save
12/13/200	left message w/mason - need termination height, frost protection, footing detail, plot plan, clear			
	Name tmm	Follow Up Date	Completed	

CreatedBy dmartin CreateDate 12/02/2005 ModBy tmm ModDate 12/13/



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>909 SEASHORE AVE, PEAKS ISLAND</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Char& Block# Lot# <u>91 H 008</u>	owner: <u>JON LARSON/JOHN JENNINGS</u>	Telephone: <u>766-4438</u> <u>912-234-8909</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>DUNCAN R. TRAZIL</u> <u>165 BOLSTERS HILLS RD</u> <u>CROSSFELLS ME 04270</u> <u>207-627-4607</u>	Cost Of Work: \$ <u>14,127</u> Fee: \$ _____ C of O Fee: \$ _____
Current Specific use: <u>SINGLE FLUE CHIMNEY FOR WOOD STOVE</u>	Proposed Specific use: <u>MASONRY FIREPLACE</u>	
Project description: <u>REMOVAL OF EXISTING CHIMNEY, HEARTH AND FOUNDATION, REFRAMING, AS NECESSARY TO ACCOMMODATE NEW MASONRY. NEW FOOTING, FOUNDATION, MASONRY FIREPLACE AND SINGLE FLUE CHIMNEY TO ACCOMMODATE THE FIREPLACE.</u>		
Contractor's name, address & telephone: <u>DUNCAN R. TRAZIL 165 BOLSTERS HILLS RD CROSSFELLS ME 04270 207-627-4607</u>		
Who should we contact when the permit is ready: <u>CONTRACTOR</u>		
Mailing address: <u>165 BOLSTERS HILLS RD</u> <u>CROSSFELLS ME 04270</u>	Phone: <u>207-627-4607</u>	<u>leave voicemail</u>

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

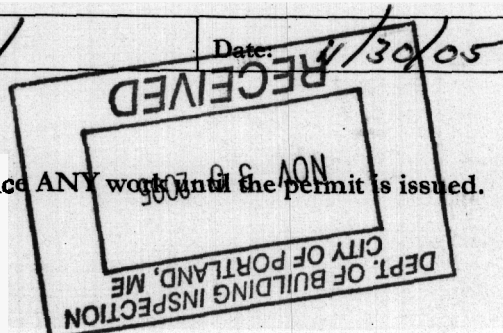
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 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 of applicant: Duncan R. Trzil

Date: 5/30/05

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



**STATE OF MAINE
CHIMNEY OR FIREPLACE DISCLOSURE**

Dear Consumer: State law, specifically 32 M.R.S.A., Chapter 33, requires chimney or fireplace installers, as of January 1, 1992, to provide you with this Disclosure prior to the installation work being done on your chimney or fireplace. The purpose of this Disclosure is to help you, as a consumer, make an informed decision as to the abilities of the installer and under what requirements the installation must comply. It is important to note that the State of Maine does not require registration or licensure of chimney or fireplace installers; however, it is just as important to realize that many fires are caused each year by improperly constructed fireplaces and chimneys. For further information about this law, call the Division of Licensing & Registration at 624-8629 or write to the Division at #35 State House Station, Augusta, Maine 04333.

INSTALLER INFORMATION

Name of Installer DUNCAN R. TRAZL
D.B.A. SAME
Name of Installer (if incorporated) _____
D.B.A. _____
Legal Address 165 BOLSTERS HILLS RD OWDSFIELD
(Street and No.) (City or Town)
MAINE OXFORD 04270
(State) (County) (Zip Code)
Home Telephone 207 627 14607 Business Telephone - 1 - 1 -
Years of experience doing fireplace or chimney installations 27

CONSUMER IDENTIFICATION

Consumer's Name JON LARSON / JOHN JENNINGS
Mailing Address 909 SEASHORE AVE. PEAKS ISLAND
(Street and No.) (City or Town)
ME. CUMBERLAND 04108
(State) (County) (Zip Code)
Home Telephone 207 766 14438 Business Telephone - 1 - 1 -

Installer, please give a brief description of installation being offered.

REMOVAL OF SINGLE FLUE CHIMNEY, INSTALL
NEW MASONRY FIREPLACE AND SINGLE FLUE CHIMNEY

I, DUNCAN R. TRAZL, the installer, hereby attest that the preceding information provided is true to the best of my knowledge. I also understand that if I fail to conform with the standards as outlined in NFPA 21.1 that I shall be subject to penalties as outlined under Title 32, Chapter 33, Oil and Solid Fuel Board.

Signature Duncan R. Traill Date 11/30/05

MATERIALS A d

11/29/05

JON LAESCH JOB

909 SEASHORE AVE.

PEAKS ISLAND

I. FOOTING

- RE-ENFORCED CAST CONCRETE - 12" \pm THICK
- RE-ENFORCEMENT - $\frac{1}{2}$ " REBAR ON 6" \pm GRID

II. FOUNDATION

- CEMENT BLOCK - 8" x 8" x 16"

III. HEARTH SLAB

- RE-ENFORCED CAST CONCRETE
- RE-ENFORCEMENT - $\frac{1}{2}$ " REBAR ON 6" \pm GRID

IV. HEARTH

- OUTER - FLUSH, RED BRICK
- INNER - RAISED 2 COURSES, RED BRICK

V. FIREBOX

- BACK WALL - RED FIREBRICK
- COVES - RED BRICK

VI. FIREBOX FILL

- RED BRICK

VII. SHELL

- VERTICAL SECTION - 4" x 8" x 16" SOLID BLOCK
- TAPER SECTION - RED BRICK

VIII. SMOKE CHAMBER

- RED BRICK

IX. CHIMNEY

- TILE LINING
- RED BRICK

X. FIRESTOPPING

- GALVANIZED STEEL - 26 GA.