

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that HELEN M CARTEN TRUSTEE

Located At 595 ISLAND AVE (PEAKS ISLAND)

Job ID: 2012-09-4878-ALTR

CBL: 092- E-002-001

has permission to Repiar decayed portions of the exterior wall/ sill plates & add an egress window (Single Family Residence). 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 occupanoy is required, it must be

Fire Prevention Officer


09/19/2012
Code Enforcement Officer / Plan Reviewer

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

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.**
 1. Footings/Setbacks prior to pouring concrete
 2. Close In Elec/Plmb/Frame prior to insulate or gypsum
 3. 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

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Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-09-4878-ALTR

Located At: 595 ISLAND AVE

CBL: 092- E-002-001

Conditions of Approval:

Building

1. Separate permits are required for any electrical: plumbing, sprinkler, fire alarm, HVAC systems, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2. A Carbon Monoxide (CO) alarms shall be installed in each area within or giving access to bedrooms. That detection must be powered by the electrical service (plug-in or hardwired) in the building and battery.
3. Section R317 Protection of Wood and Wood Based Products against decay. All wood framing members that rest on concrete or masonry exterior foundation walls and are less than 8 inches from the exposed ground.
4. Hardwired photoelectric interconnected battery backup smoke alarms shall be installed in each bedroom, protecting the bedrooms, and on every level. A field inspection will verify your current smoke detector arraignment and the City's minimal code requirements.
5. A graspable handrail (34-38 inches in height) shall be provided on at least one side of each continuous run of treads or flight with four or more risers. Fall protection (36 inches) from exterior decks may be required if floor joist are at or above thirty (30) inches from grade.
6. A code compliant emergency escape shall be provided in each bedroom. Window sills in locations more than 72 inches from finished grade shall be a minimum of 24 inches (no higher than 44 inches) above the finished floor of the room, or in compliance with Section R612.4.2 Operation for emergency escape.
7. R502.6 Bearing. The ends of each joist, beam or girder shall have not less than 1.5 inches of bearing on wood or metal and not less than 3 inches on masonry or concrete except where supported on a 1-inch-by-4-inch ribbon strip and nailed to the adjacent stud or by the use of approved joist hangers.
8. R502.5 Allowable girder spans. The allowable spans of girders fabricated of dimension lumber shall not exceed the values set forth in Tables R502.5(1) and R502.5(2).
9. Note: This permit approves repair to decayed portion of the single family residence; a field inspection will verify adequate fasteners/ bearing for spans- modifications may be required.

Fire

1. A sprinkler system is recommended but not required based on the following:
 - a. Plans indicate the repairs will not exceed 50% of the total completed structure.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-09-4878-ALTR	Date Applied: 9/4/2012	CBL: 092- E-002-001	
Location of Construction: 595 ISLAND AVE, Peaks Island	Owner Name: HELEN M CARTEN TRUSTEE	Owner Address: 18 IONIA ST AUBURNDALE, MA 02166	Phone:
Business Name:	Contractor Name: Thompson Johnson Woodworks	Contractor Address: 115 Island Ave., Peaks Island ME 04108	Phone: (207) 766-5919
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: IR-2
Past Use: Single family	Proposed Use: Same – single family – rot repair and add new window	Cost of Work: 15000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <i>Per Capt. P. Rose</i> <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: RB Type: SB IRC, 2009 <i>(MUBAC)</i> Signature: <i>[Signature]</i>
Proposed Project Description: Rot repair multiple locations and install new window		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Brad		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 9/11/12</i> <i>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		

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



IR-2
Standard

General Building Permit Application

Entered 9/4/12

(15)

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.

2012-09-4878-ALTER

Location/Address of Construction: 595 ISLAND AVE PEAKS ISLAND		
Total Square Footage of Proposed Structure/Area NO CHANGE	Square Footage of Lot 3450	Number of Stories 1 1/2
Tax Assessor's Chart, Block & Lot Chart# 92 Block# E Lot# 2	Applicant: (must be owner, lessee or buyer) Name HELEN CARTEN Address 18 IONIA ST. City, State & Zip ABURNDALE, MA 02144	Telephone:
Lessee/DBA	Owner: (if different from applicant) Name Address City, State & Zip	Cost of Work: \$ 15,000 C of O Fee: \$ Historic Review: \$ Planning Amin.: \$ Total Fee: \$ 170
Current legal use (i.e. single family) SF _____ Number of Residential Units 1 If vacant, what was the previous use? _____ Proposed Specific use: SF _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: ROT REPAIR - multiple locations + new windows		
Contractor's name: THOMPSON JOHNSON WOODWORKS Email: henton@tjwilton.com Address: 115 ISLAND AVE. City, State & Zip: PEAKS ISLAND, ME. 04108 Telephone: 207-766-5919 Who should we contact when the permit is ready: RACHEL CONLY Telephone: 207-766-5625 Mailing address: 26 STERLING ST., PEAKS ISLAND, ME. 04108		

RECEIVED
SEP 04 2012
Dept. of Building Inspections
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: 9-2-12

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

CARTON RESIDENCE : SILL REPAIR (NORTH)

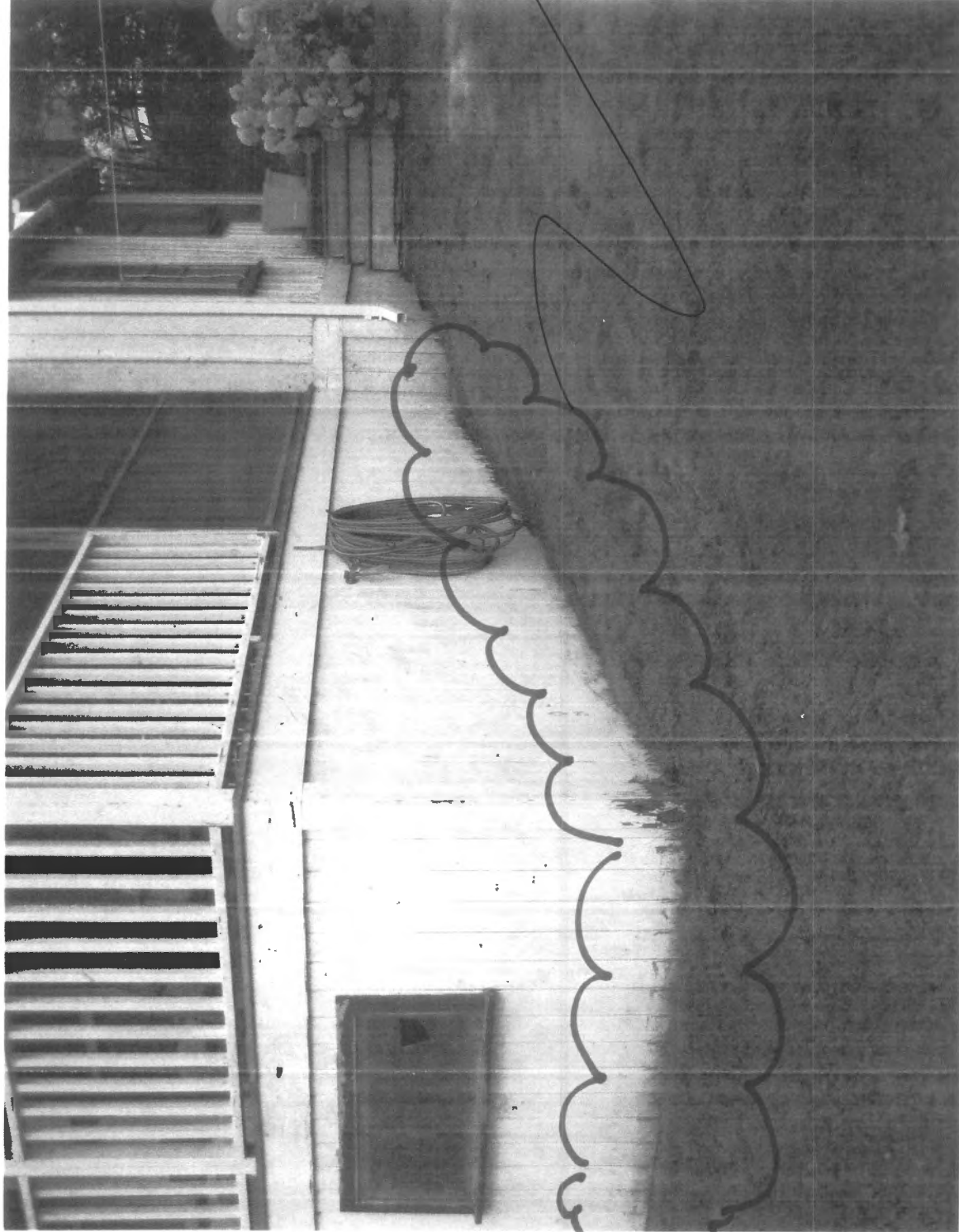
RACHEL CONLY 9.2.12

REPLACE ROTTEN
AREAS OF SILL
WITH P.T. AND
INSTALL (3)
6x6 P.T. POSTS
ON 10" ϕ
SONOTUBES
4'0" BELOW
GRADE OR
PINNED TO
LEDGE.



CARTER RESIDENCE: SKIRTING REPAIR (SOUTH WEST)

RACHEL CONLY 9.2.12.



REPAIR EXISTING
ROT AT SKIRTING
TRIM 6" OFF
BOTTOM OF
VERTICAL
BOARDS &
INSTALL INSERT
SCREEN AT
GRADE.

INSTALL 1/2" ϕ CONTINUOUS
HANDRAIL AT FACE OF HOUSE,
GAP TO WALL 7 1/2",
32" HIGH



INSTALL 36"
HIGH GUARD-
RAIL AT
OUTSIDE EDGE
OF STAIR,
OPENINGS
NOT TO EXCEED
4"

REPLACE
EXIST. ROTTEN
STAIRS. WITH
2X12 P.T.
STRINGERS @
16" O.C., 10"
MIN. TREAD,
7 3/4" MAX.
RISERS, 36"
WIDE

CARTEN RESIDENCE: STAIR REPAIR (SOUTH)
RACHEL CONLY 9.2.12

CARTEN RESIDENCE: SILL REPAIR (EAST)

RACHEL ONLY 9.2.12

REPLACE ROTTEN
AREAS OF SILL WITH
P.T. FROM EXTERIOR,
ALSO REPLACE
ROTTEN STUDS AS
NEEDED AND
INSULATE BETWEEN
BAYS WITH BATT
WHERE FEASIBLE





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Receipts Details:

Tender Information: Check , Check Number: 4789

Tender Amount: 170.00

Receipt Header:

Cashier Id: bsaucier

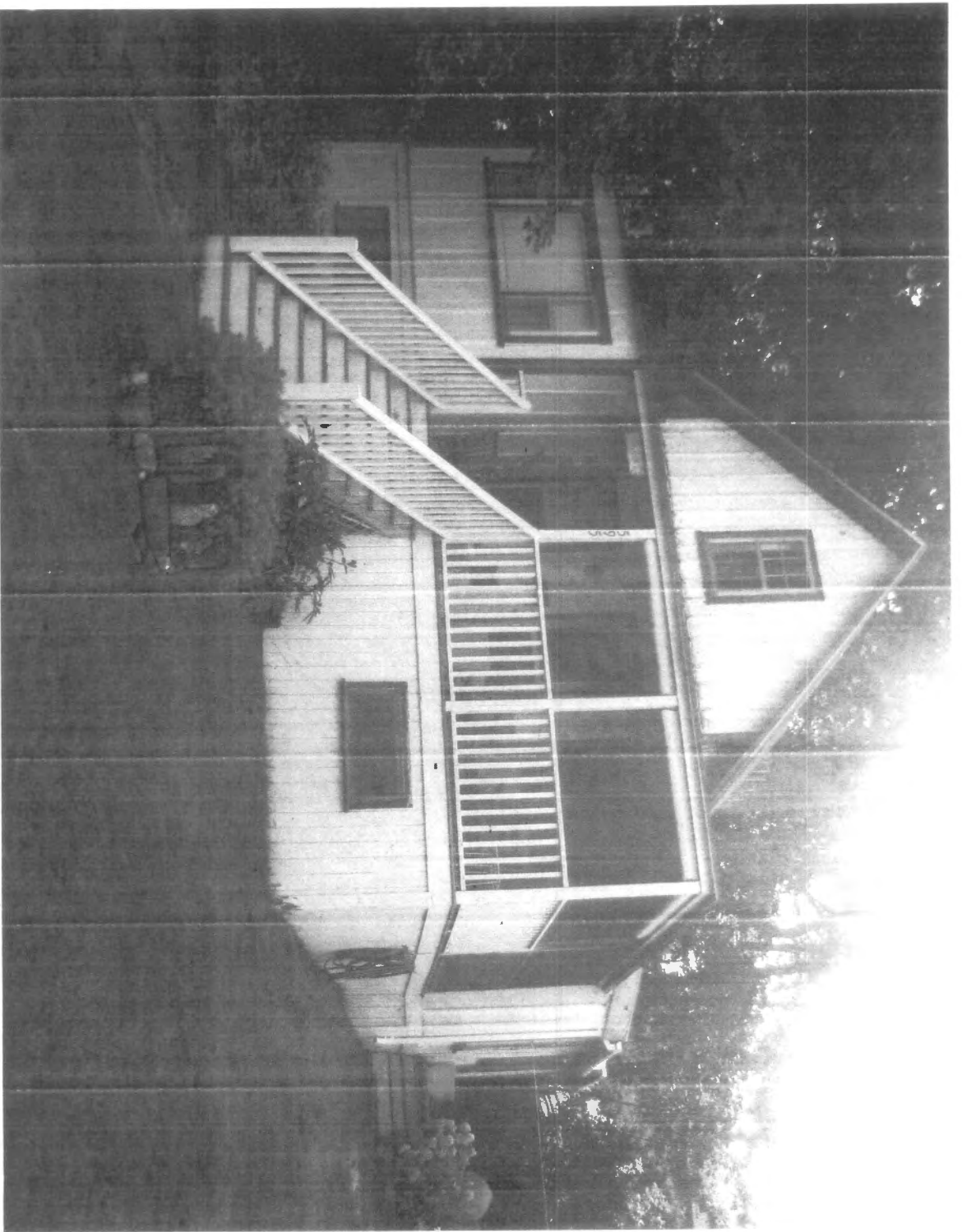
Receipt Date: 9/4/2012

Receipt Number: 47839

Receipt Details:

Referance ID:	7899	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	170.00	Charge Amount:	170.00
Job ID: Job ID: 2012-09-4878-ALTR - Rot repair multiple locations and install new wind			
Additional Comments: 595 Island Avenue			

Thank You for your Payment!



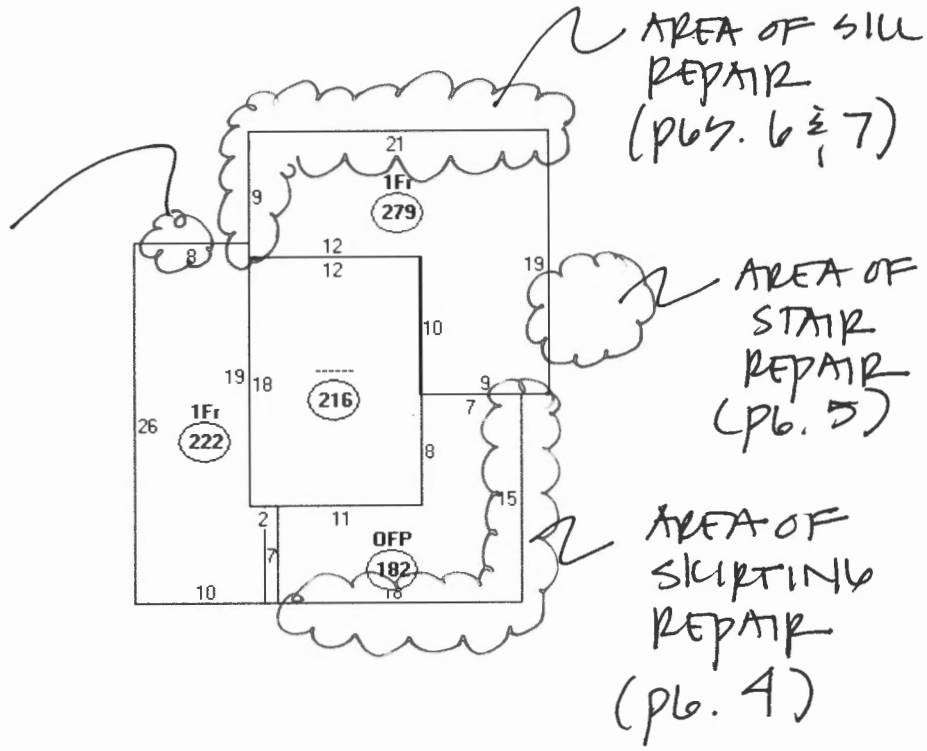
CARTER RESIDENCE: EXISTING CONDITIONS (WEST ELEVATION)

KARCHER CONY 9.2.12

front-facing the road.

PAGE 1

NEW WINDOW
(pb. 8)



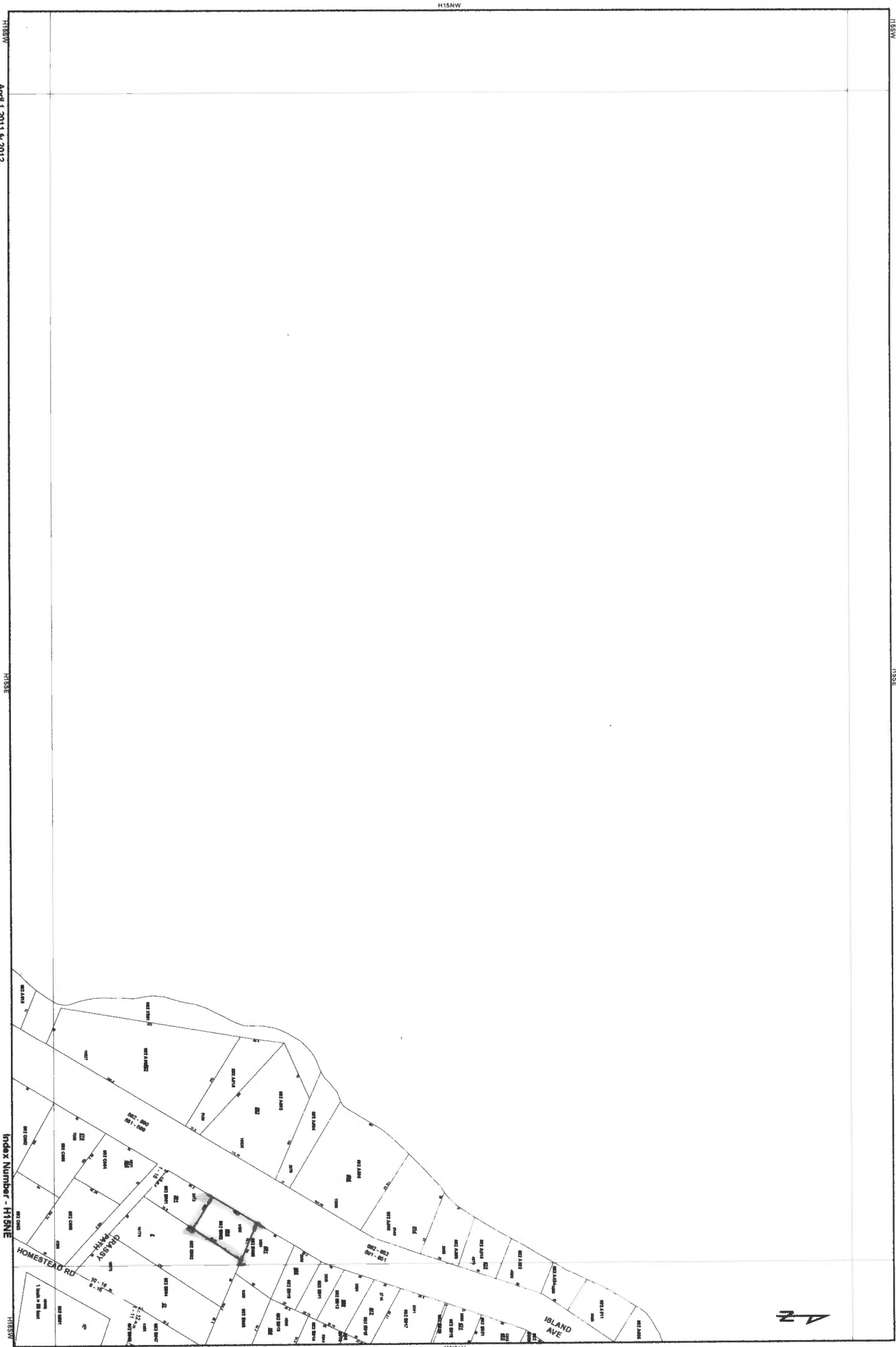
Descriptor/Area

- A:
216 sqft
- B: 1Fr
279 sqft
- C: OFF
182 sqft
- D: 1Fr
222 sqft

CARTEN RESIDENCE : AREAS OF WORK

RACHTEL ONLY 9.2.12

CHRYSTEN RESIDENCE: SITE LOCATION
PATCHER COUNTY 9.2.12



Index Number - H185E

PAGE 3

9-27-12 DWM Heather 653-1392 Framms + plans as noted p2.
10-11-12 DWM Heather Framms Provide girder support.
11-29-12 DWM Heather Final OK.

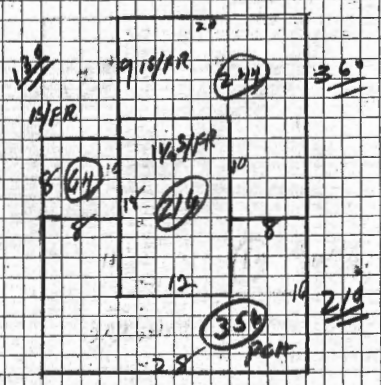
YEAR 19

YEAR 19

1951

FOUNDATION		FLOOR CONST.		PLUMBING	
CONCRETE		WOOD JOIST	<input checked="" type="checkbox"/>	BATHROOM	
CONCRETE BLOCK		STEEL JOIST		TOILET ROOM	
BRICK OR STONE		MILL TYPE		WATER CLOSET	<input checked="" type="checkbox"/>
PIERS	<input checked="" type="checkbox"/>	REIN. CONCRETE		LAVATORY	
CELLAR AREA FULL		FLOOR FINISH		KITCHEN SINK	<input checked="" type="checkbox"/>
1/4 1/2 3/4			B 1 2 3	STD. WAT. HEAT	
NO. CELLAR		CEMENT		AUTO. WAT. HEAT	
EXTERIOR WALLS		EARTH		ELECT. WAT. SYST.	
CLAPBOARDS		PINE	<input checked="" type="checkbox"/>	LAUNDRY TUBS	
WIDE SIDING	<input checked="" type="checkbox"/>	HARDWOOD		NO PLUMBING	
DROP SIDING		TERRAZZO		TILING	
NO SHEATHING		TILE		BATH FL. & WCOT.	
WOOD SHINGLES				TOILET FL. & WCOT.	
ASBES. SHINGLES				LIGHTING	
STUCCO ON FRAME		ATTIC FLR. & STAIRS		ELECTRIC	<input checked="" type="checkbox"/>
STUCCO ON TILE		INTERIOR FINISH		NO LIGHTING	
BRICK VENEER			B 1 2 3	NO. OF ROOMS	
BRICK ON TILE		PINE		BSMT.	2ND 1
SOLID BRICK		HARDWOOD		1ST 2	3RD
STONE VENEER		PLASTER		OCCUPANCY	
CONC. OR CIND. BL.		UNFINISHED	<input checked="" type="checkbox"/>	SINGLE FAMILY	<input checked="" type="checkbox"/>
		METAL CLG.		TWO FAMILY	
TERRA COTTA				APARTMENT	
VITROLITE		RECREAT. ROOM		STORE	
PLATE GLASS		FINISHED ATTIC		THEATRE	
INSULATION		FIREPLACE	<input checked="" type="checkbox"/>	HOTEL	
WEATHERSTRIP		HEATING		OFFICES	
ROOFING		PIPELESS FURNACE		WAREHOUSE	
ASPH. SHINGLES		HOT AIR FURNACE		COMM. GARAGE	
WOOD SHINGLES		FORCED AIR FURN.		GAS STATION	
ASBES. SHINGLES		STEAM		ECONOMIC CLASS	
SLATE TILE		HOT WAT. OR VAPOR		OVER BUILT	
METAL		NO HEATING	<input checked="" type="checkbox"/>	UNDER BUILT	
COMPOSITION		GAS BURNER		DT. 8/22/50	AR. BC
ROLL ROOFING	<input checked="" type="checkbox"/>	OIL BURNER		LD. 7-6	PD. BC
INSULATION		STOKER		MS. 7-6	CK. D

COMPUTATIONS		UNIT	1951
		216 S. F.	1040
		S. F.	
ADDITIONS	+700		
BASEMENT			
WALLS			
ROOF			
FLOORS			
ATTIC			
FINISH	-130		
FIREPLACE	+80		
HEATING			
PLUMBING	+70		
TILING			
TOTAL	1360		
FACT. VAL.	+60		
REP. VAL.	1420		



SUMMARY OF BUILDINGS											
OCC'Y	TYPE	GR.	AGE	REMOD.	COND.	REP. VAL.	P. D.	PHY. VAL.	F. D.	SOUND VAL.	TAX VAL.
COTTAGE	A 1 1/2 S/FR	EC	75		F	1420	5590	640	A		375
	B								B		
	C								C		
	D								D		
	E								E		
	F								F		
	G								G		

YEAR	1951	1951 TOTAL BLDGS.		640
TAX VAL.		19		19
OLD VAL.		19		19
CHANGE		19		19