

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1389	Issue Date:	CBL: 092 F013001
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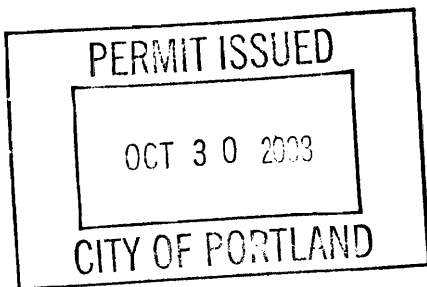
Location of Construction: 679 ISLAND AVE	Owner Name: SHAW RICHARD	Owner Address: 18 SOUTH MILL DR	Phone: 207-766-5919
Business Name:	Contractor Name: Thompson & Johnson Woodworkers	Contractor Address: 115 Island Ave Peaks Island	Phone: 2077665219
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR1

Past Use: Single Family Home	Proposed Use: Single Family Home - Rot and Repair of Enclosed Porch	Permit Fee: \$420.00	Cost of Work: \$40,000.00	CEO District: 1
Proposed Project Description: Rot and Repair of Enclosed Porch		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB JRC 2103	
		Signature: _____		Signature: <i>Jm 10/30/08</i>
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: lmd	Date Applied For: 10/30/2008	Zoning Approval
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>Jm 10/30/08</i>	Date: _____	Date: <i>Jm 10/30/08</i>



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

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Permit No: 08-1389	Date Applied For: 10/30/2008	CBL: 092 F013001
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Location of Construction: 679 ISLAND AVE	Owner Name: SHAW RICHARD	Owner Address: 18 SOUTH MILL DR	Phone: 207-766-5919
Business Name:	Contractor Name: Thompson & Johnson Woodworkers	Contractor Address: 115 Island Ave Peaks Island	Phone: (207) 766-5219
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family Home - Rot and Repair of Enclosed Porch	Proposed Project Description: Rot and Repair of Enclosed Porch
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Dept: Zoning	Status: Approved	Reviewer: Tom Markley	Approval Date: 10/30/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.			
2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/30/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This permit DOES NOT certify the use of the property or building. It only authorizes the construction activities.			
2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			

ROT AND REPAIR

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>679 ISLAND AVE PEAKS ISLAND 04108</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>92 F 13</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>RICHARD SHAW</u> Address <u>18 SOUTH MILL DR.</u> City, State & Zip <u>SOUTH GLASTONBURY CT., 06073</u>	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>40,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>0</u>
Current legal use (i.e. single family) <u>SINGLE FAMILY</u>	If vacant, what was the previous use? _____	
Proposed Specific use: <u>SINGLE FAMILY</u>	Is property part of a subdivision? _____ If yes, please name _____	
Project description: <u>ROT AND REPAIR OF ENCLOSED PORCH ROOF</u>		
Contractor's name: <u>THOMPSON JOHNSON WOODWORKS</u>		
Address: <u>115 ISLAND AVE</u>		
City, State & Zip <u>PEAKS ISLAND, ME 04108</u>		Telephone: <u>766-5919</u>
Who should we contact when the permit is ready: <u>HARVEY JOHNSON OR RACHEL COULY</u>		Telephone: <u>11</u>
Mailing address: <u>SAME AS ABOVE</u>		

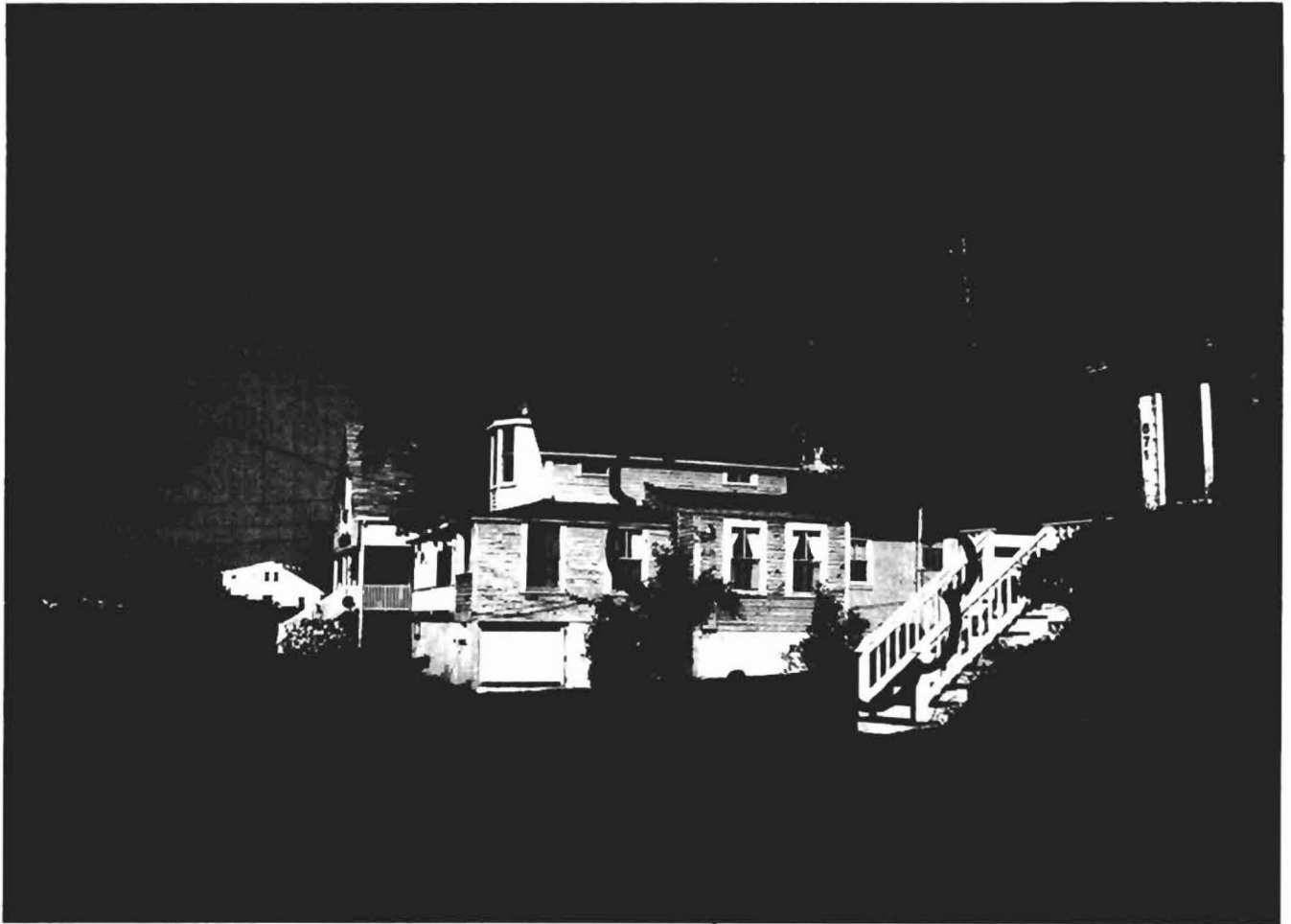
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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: Paul D. [Signature] Date: 10-24-08

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

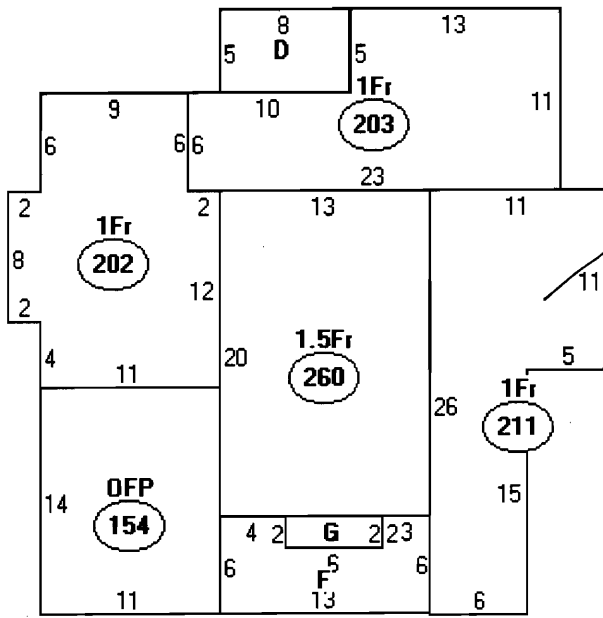


REMOVE EXISTING ROOF SHEATHING ALONG SOUTH FACING STEEP
ROOF AND EAST FACING HIP ROOF. BUILD NEW CONTINUOUS
AND WRAPPING HIP ROOF USING 2x8 RAFTERS AT 16" O.C.
(EXISTING ROOF FRAMING TO REMAIN)

- * 1/2" ply, 15lb felt ~~AND~~ AND CLAPBOARD SIDING ON EXTERIOR WALLS
- * 5/8" ply, 30lb felt AND COMPOSITE SHINGLE ROOFING ON ROOF

SHAW RESIDENCE: ROOF ROT AND REPAIR

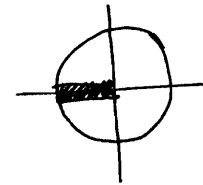
10.24.08



Descriptor/Area

- A: 1.5Fr
260 sqft
- B: 1Fr
202 sqft
- C: 1Fr
203 sqft
- D: EUB
40 sqft
- E: 1Fr
211 sqft
- F: OFP
66 sqft
- G: FBAY/OP
12 sqft
- H: OFP
154 sqft

AREA OF WORK
TO BE DONE



* NOTE: LARGEST SPAN IS 11'-0"

SHAW RESIDENCE: ROOF ROT AND REPAIR

10.24.08

SOUTH ELEVATION



BUILD NEW 2x4 STEM WALL ON TOP OF EXISTING TOP PLATE
TO CARRY NEW 2x8 ROOF RATTERS AT A CONTINUOUS AND
LEVEL PITCH.

SHAW RESIDENCE: ROOF ROT AND REPAIR

10.24.08

EAST ELEVATION



AREA OF WORK

SHAW RESIDENCE: ROOF ROT AND REPAIR

10.24.08

NORTHEAST ELEVATION



WORK TO END AT JUNCTION OF EXISTING NORTHERN
SHED ROOF.

SHAW RESIDENCE: ROOF ROT AND REPAIR

10.24.08

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

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.

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

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.

Paul. Cully
Signature of Applicant/Designee

10-30-08
Date

Ann H. MacBlay
Signature of Inspections Official

10/30/08
Date