

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 081204

PERMIT ISSUED

SEP 29 2008

CITY OF PORTLAND

This is to certify that TRENCHER MARLENE /HCB property
has permission to Repair and Replace portions of existing deck, new hand rails, facing plaster in Kitchen and bath, new back door
AT 68 WILLIAM ST CB 117 C021001

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 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 written permission procured before this building or part thereof is lathed or otherwise finished-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

9/29/08 *[Signature]*
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: 08-1204	Issue Date: 9/29/08	CBL: 117 C021001
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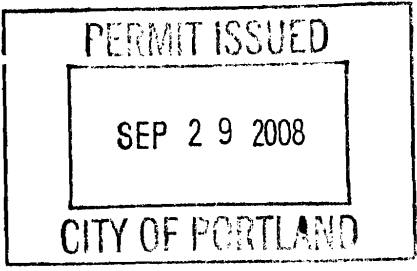
Location of Construction: 68 WILLIAM ST	Owner Name: TRENCHER MARLENE	Owner Address: 70 WILLIAM ST	Phone:
Business Name:	Contractor Name: HCR Propertyys, LLC	Contractor Address: 57 Walton Street #1 Portland	Phone 2075181507
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	Zone: R-5

Past Use: 2 unit residential	Proposed Use: 2 unit residential - Repair and Replace portions of existing decks, new hand rails, falling plaster in Kitchen and bath, new back door	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEO District: 2	6168 ⁴
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Proposed Project Description: Repair and Replace portions of existing decks, new hand rails, falling plaster in Kitchen and bath, new back door <i>front deck repairs</i>	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-2 Type: SB IRC-2003
	Signature:	Signature:
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: 09/24/2008	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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"/>	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	Historic Preservation <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: <i>9/25/08</i>	Date: <i>9/25/08</i>	Date:



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: 08-1204	Date Applied For: 09/24/2008	CBL: 117 C021001
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Location of Construction: 68 WILLIAM ST	Owner Name: TRENCHER MARLENE	Owner Address: 70 WILLIAM ST	Phone:
Business Name:	Contractor Name: HCR Propertys, LLC	Contractor Address: 57 Walton Street #1 Portland	Phone (207) 518-1507
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	

Proposed Use: 2 unit residential - Repair and Replace portions of existing decks, new hand rails, falling plaster in Kitchen and bath, new back door	Proposed Project Description: Repair and Replace portions of existing decks, new hand rails, falling plaster in Kitchen and bath, new back door
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 09/25/2008
Note: **Ok to Issue:**

- 1) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 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.
- 3) This property shall remain a two (2) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is understood that the repairs will not enlarge the footprint of the existing deck. Any change to the footprint will need a separate review and approval prior to changes.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 09/29/2008
Note: **Ok to Issue:**

- 1) All floors and walls that separate dwelling units or dwelling units and common areas are required to meet a 1 hour fire rated assembly and sound transmission rating of 45 STC.
- 2) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.
- 3) The existing deck shall be inspected for adequate fasteners and bearing for spans, and modifications may be required
- 4) This permit DOES NOT certify the use of the property or building. It only authorizes the construction activities.
- 5) Frost protection must be installed per the enclosed detail as discussed w/owner/contractor.
- 6) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.

Comments:

9/25/2008-mes: I called Rob Wing and asked him what deck(s) is being repaired - he stated the front porch



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>68-70 William St Portland Me 04103</u>		
Total Square Footage of Proposed Structure/Area <u>1800, per Plogr</u>	Square Footage of Lot <u>6168</u>	Number of Stories <u>2 1/2</u>
Tax Assessor's Chart, Block & Lot Chart# <u>117</u> Block# <u>C16</u> Lot# <u>16</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>HCR Properties LLC</u> Address <u>57 Walton St #1</u> City, State & Zip <u>Portland Me 04103</u>	Telephone: <u>207 450-3687</u> or <u>207 518 1507</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>15,000⁰⁰ Electrical</u> C of O Fee: \$ _____ Total Fee: \$ _____

Current legal use (i.e. single family) _____ Number of Residential Units 2
 If vacant, what was the previous use? 2 Unit
 Proposed Specific use: 2 Unit
 Is property part of a subdivision? no If yes, please name _____
 Project description: TO bring up to code for central air and on plaster main deck safe

Contractor's name: HCR Properties LLC
 Address: 57 Walton St #1 ① Rob Wing
 City, State & Zip Portland ME 04103 Telephone: 518-1507
 Who should we contact when the permit is ready: Chris Smith ② Telephone: 450-3687
 Mailing address: 57 Walton St #1 Portland Me 04103

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: [Signature] for HCR Properties LLC Date: 9/22/08

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

RECORD OF BUILDINGS

GRADE DENOTES QUALITY OF CONSTRUCTION: A—EXCELLENT; B—GOOD; C—AVERAGE; D—CHEAP; E—VERY CHEAP

YEAR 19

YEAR 19

pre-1957

Cards

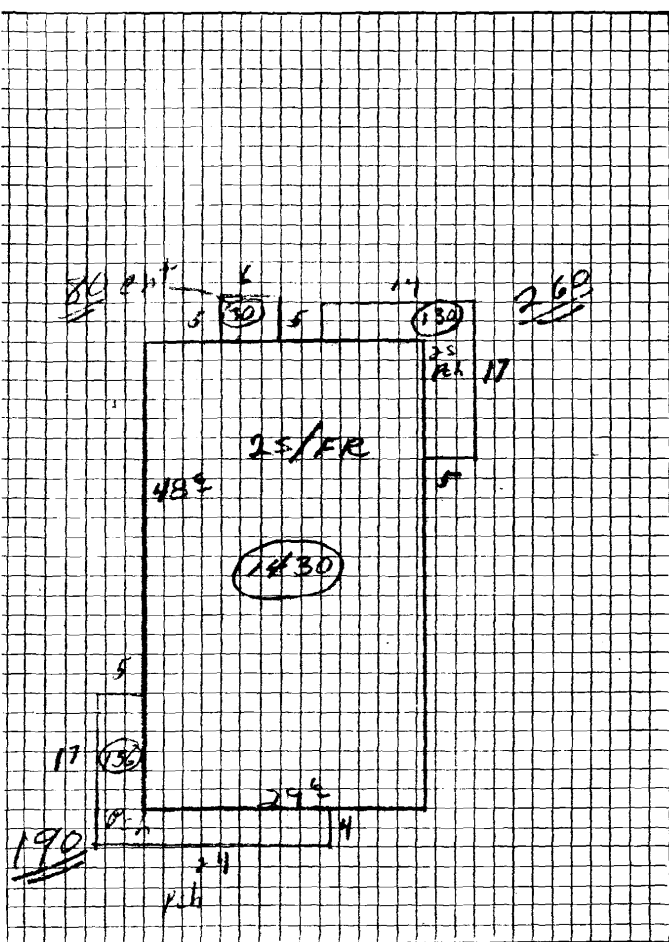
40 per month
80 x 12 = 960

CONSTRUCTION

FOUNDATION		FLOOR CONST.		PLUMBING	
CONCRETE		WOOD JOIST	<input checked="" type="checkbox"/>	BATHROOM	2 <input checked="" type="checkbox"/>
CONCRETE BLOCK		STEEL JOIST		TOILET ROOM	
BRICK OR STONE	<input checked="" type="checkbox"/>	MILL TYPE		WATER CLOSET	
PIERS		REIN. CONCRETE		LAVATORY	
CELLAR AREA FULL	<input checked="" type="checkbox"/>	FLOOR FINISH		KITCHEN SINK	2 <input checked="" type="checkbox"/>
1/4 1/2 3/4			B 1 2 3	STD. WAT. HEAT	
NO. CELLAR		CEMENT	<input checked="" type="checkbox"/>	AUTO. WAT. HEAT	<input checked="" type="checkbox"/>
EXTERIOR WALLS		EARTH		ELECT. WAT. SYST.	
CLAPBOARDS	1/2 <input checked="" type="checkbox"/>	PINE	<input checked="" type="checkbox"/>	LAUNDRY TUBS	
WIDE SIDING		HARDWOOD	<input checked="" type="checkbox"/>	NO PLUMBING	
DROP SIDING		TERRAZZO		TILING	
NO SHEATHING		TILE		BATH FL. & WCOT.	
WOOD SHINGLES	1/2 <input checked="" type="checkbox"/>	ATTIC FLR. & STAIRS		TOILET FL. & WCOT.	
ASBES. SHINGLES			<input checked="" type="checkbox"/>	LIGHTING	
STUCCO ON FRAME		INTERIOR FINISH		ELECTRIC	<input checked="" type="checkbox"/>
STUCCO ON TILE			B 1 2 3	NO LIGHTING	
BRICK VENEER		PINE	<input checked="" type="checkbox"/>	NO. OF ROOMS	
BRICK ON TILE		HARDWOOD	<input checked="" type="checkbox"/>	BSMT.	2ND 6
SOLID BRICK		PLASTER	<input checked="" type="checkbox"/>	1ST 6	3RD 2
STONE VENEER		UNFINISHED	<input checked="" type="checkbox"/>	OCCUPANCY	
CONC. OR CIND. BL.		METAL CLG.		SINGLE FAMILY	2 25/FR = 300
ROOFING		HEATING		TWO FAMILY	<input checked="" type="checkbox"/>
ASPH. SHINGLES	<input checked="" type="checkbox"/>	PIPELESS FURNACE		APARTMENT	
WOOD SHINGLES		HOT AIR FURNACE		STORE	
ASBES. SHINGLES		FORCED AIR FURN.		THEATRE	
SLATE TILE		STEAM	<input checked="" type="checkbox"/>	HOTEL	
METAL		HOT WAT. OR VAPOR		OFFICES	
COMPOSITION		NO HEATING		WAREHOUSE	
ROLL ROOFING		GAS BURNER		COMM. GARAGE	
INSULATION		OIL BURNER	2 <input checked="" type="checkbox"/>	GAS STATION	
WEATHERSTRIP		STOKER		ECONOMIC CLASS	
RECREAT. ROOM		FINISHED ATTIC		OVER BUILT	
FINISHED ATTIC		FIREPLACE		UNDER BUILT	
FIREPLACE		2 <input checked="" type="checkbox"/>		DT 13/7/50	AR. CH

COMPUTATIONS

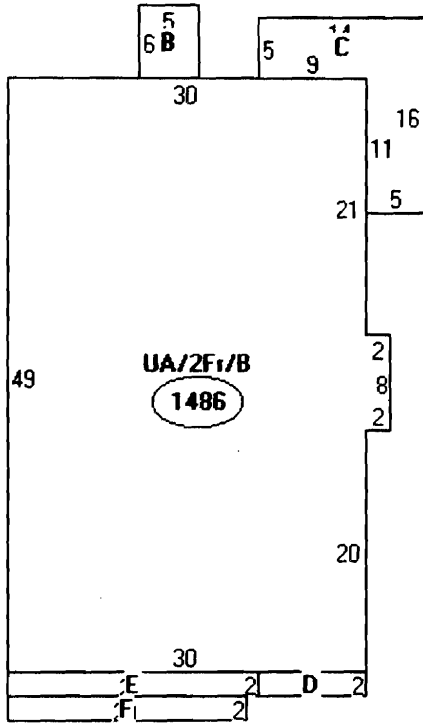
UNIT	1951		
1480 S. F.	7070		
S. F.			
ADDITIONS	+530		
BASEMENT			
WALLS			
ROOF			
FLOORS			
ATTIC 1/2	+330		
FINISH			
FIREPLACE	+320		
HEATING	+560		
PLUMBING	+370		
TILING			
M.F. 10M	+710		
TOTAL	10190		
FACT 10	710		
REP. VAL.	10900		



SUMMARY OF BUILDINGS

OCC'Y	TYPE	GR.	AGE	REMOD.	COND.	REP. VAL.	P. D.	PHY. VAL.	F. D.	SOUND VAL.	TAX VAL.	Y.
Dwg	A 25/FR	C	38		F	10900	45%	6000	10%	5400	3250	
GAR	B 20/FR 18x20	D	22		F	430	30%	300	-	300	175	
C												
D												
E												
F												
G												

YEAR	1951	1951 TOTAL BLDGS.	
TAX VAL.		5700	3425
OLD VAL.			
CHANGE			



Descriptor/:

- A: UA/2Fr/B
1486 sqft
- B: FUB
30 sqft
- C: EP/EP
125 sqft
- D: UA/2sFBA\
- 18 sqft
- E: N/A
42 sqft
- F: WD/DP
40 sqft





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 **Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers**


 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.



Signature of Applicant/Designee

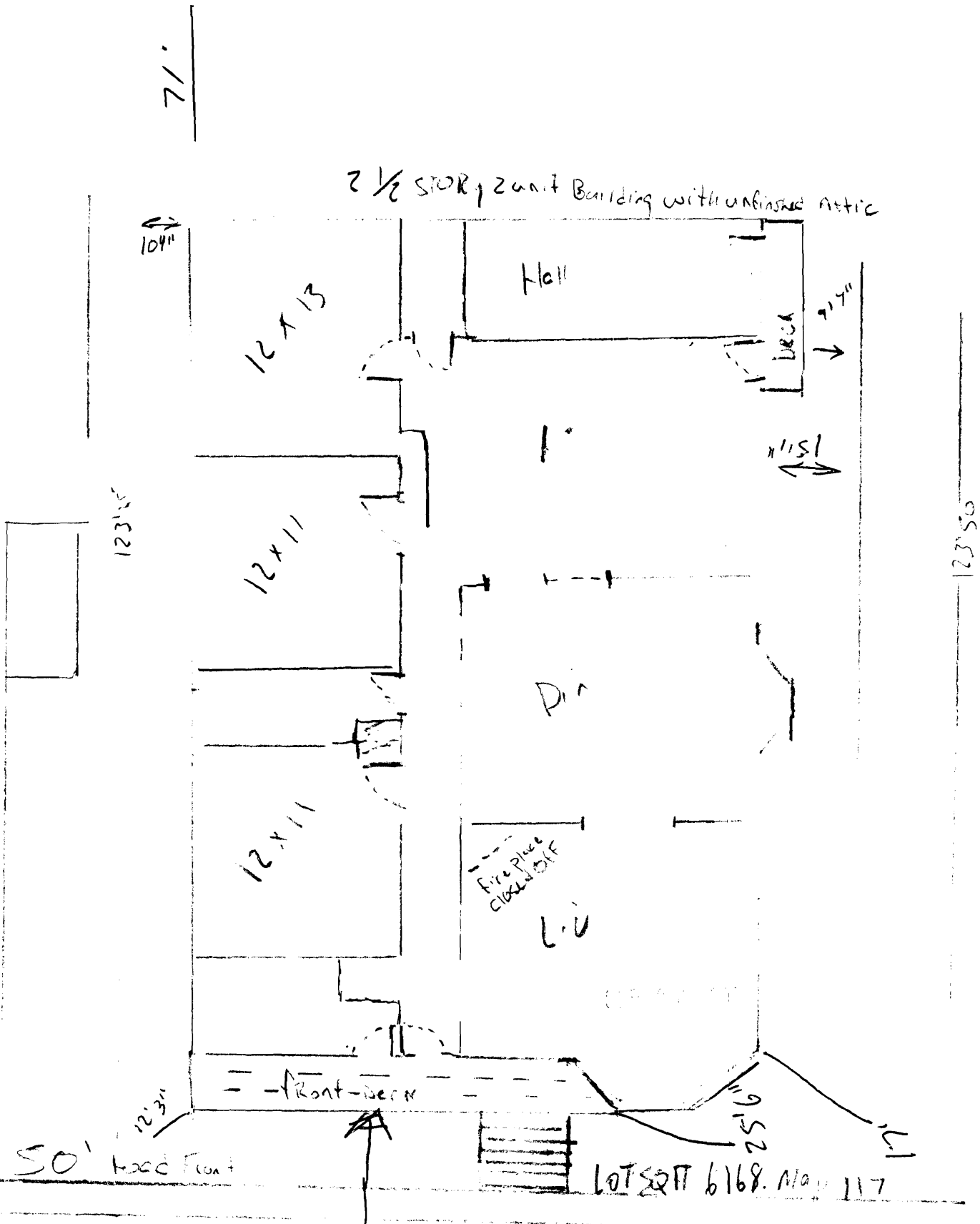
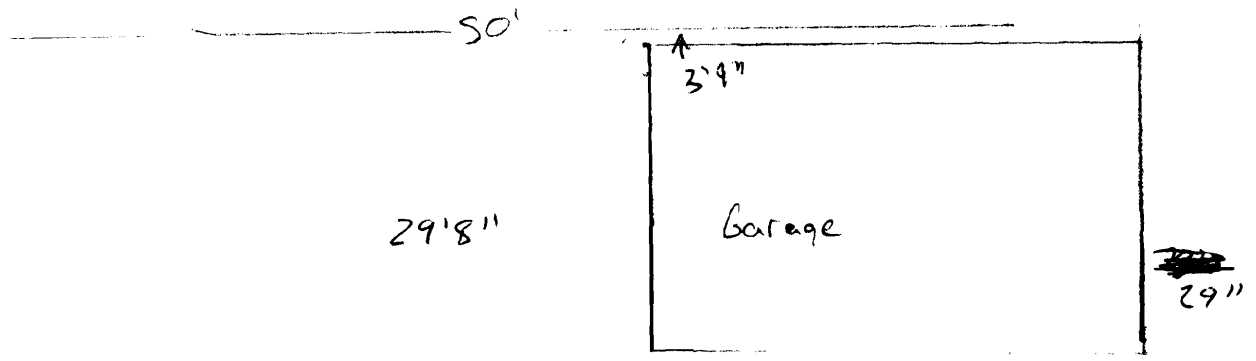
Date



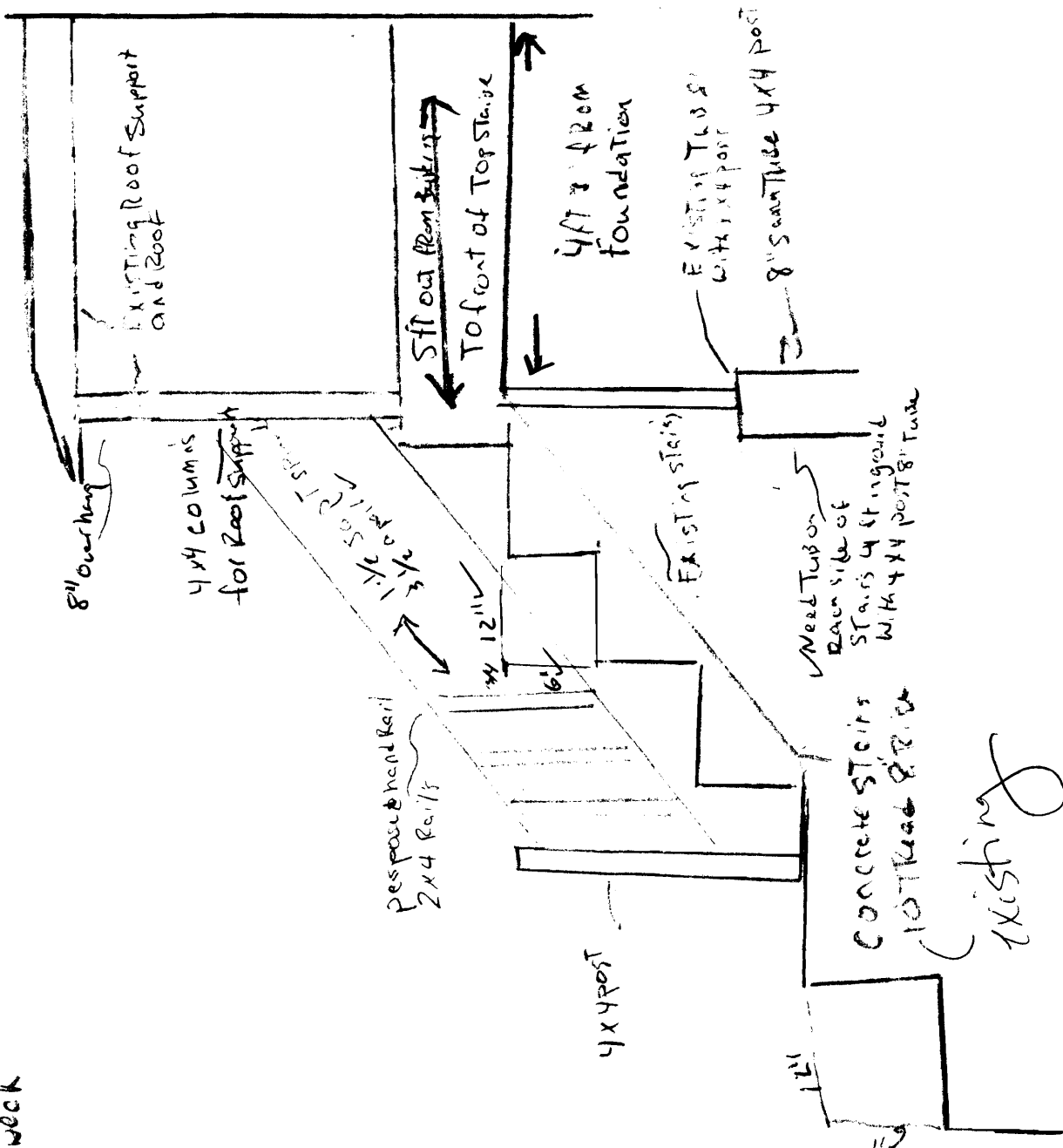
Signature of Inspections Official

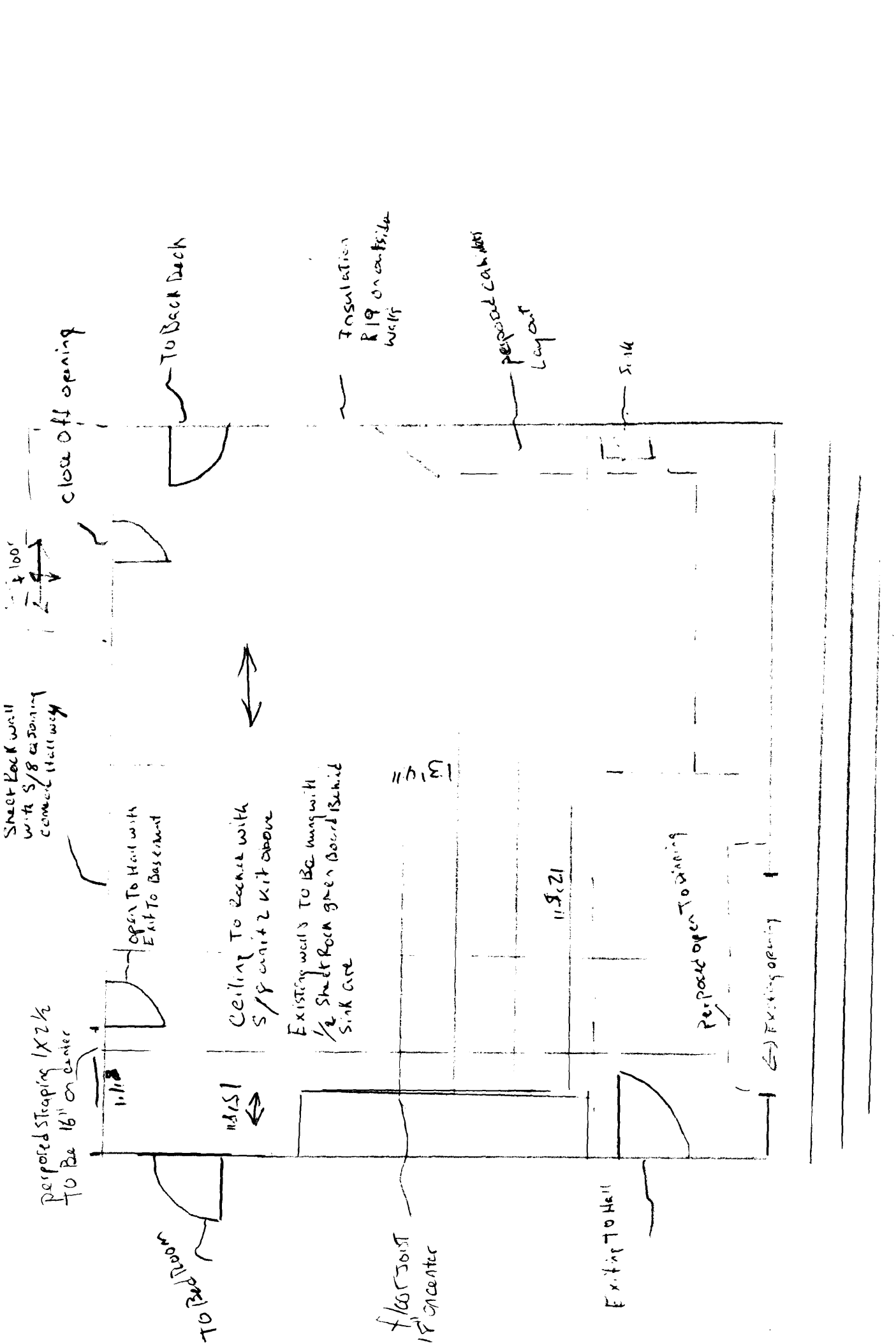
 9-29-08

Date



Front weck





Sheet Rock wall
with S/P casing
cement stall way

4' 100"

close off opening

To Back Deck

Insulation
R19 on outside
walls

Proposed cabinet
layout

Sink

Open To Hall with
Exit To Basement

Ceiling To Recess with
S/P unit 2 kit above

Existing walls To Be hung with
1/2 Sheet Rock given Board Behind
Sink area

Floor Joist
18" on center

MSI

11'0 1/2"

11'9 1/2"

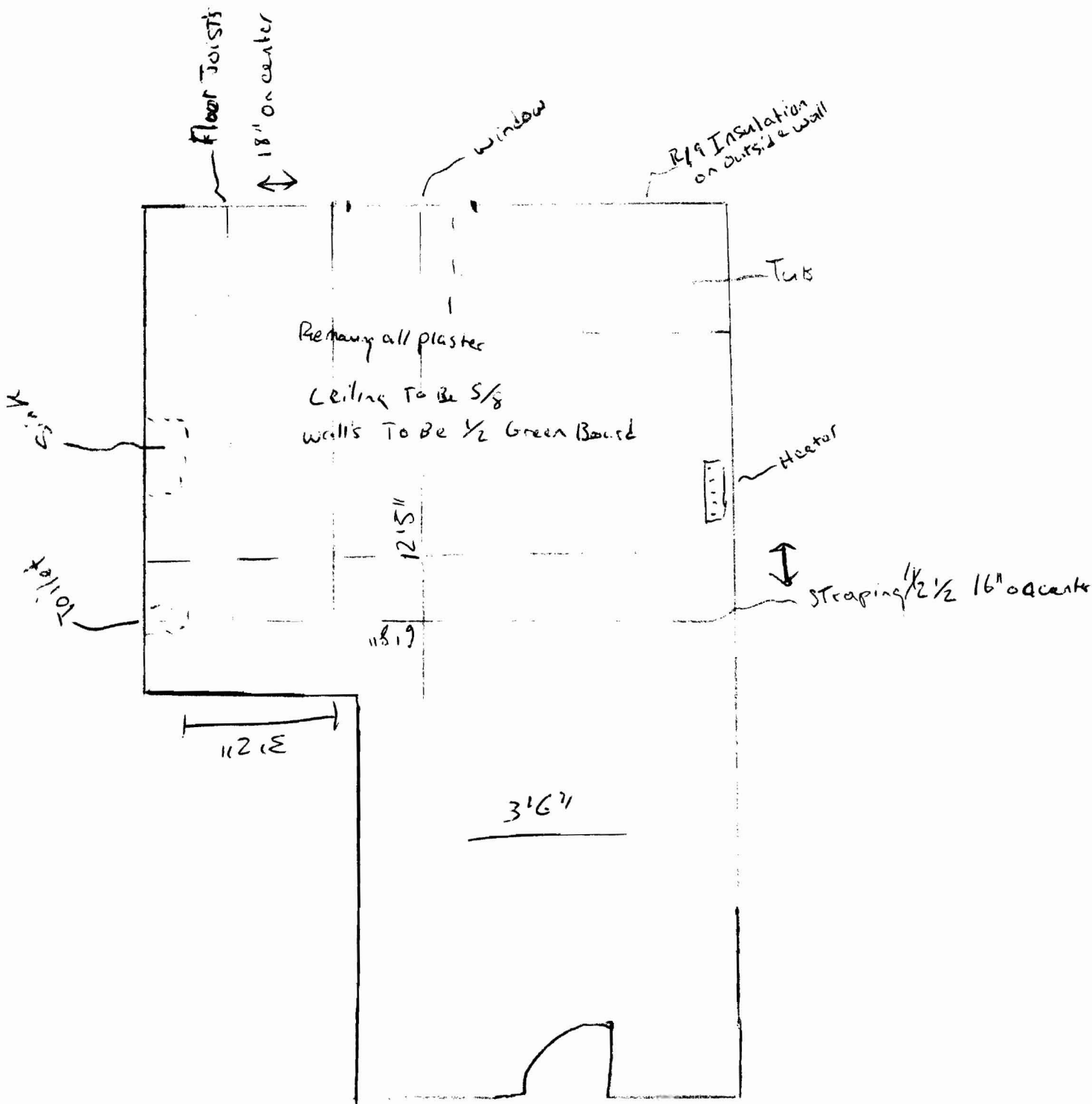
Proposed open To existing

Existing opening

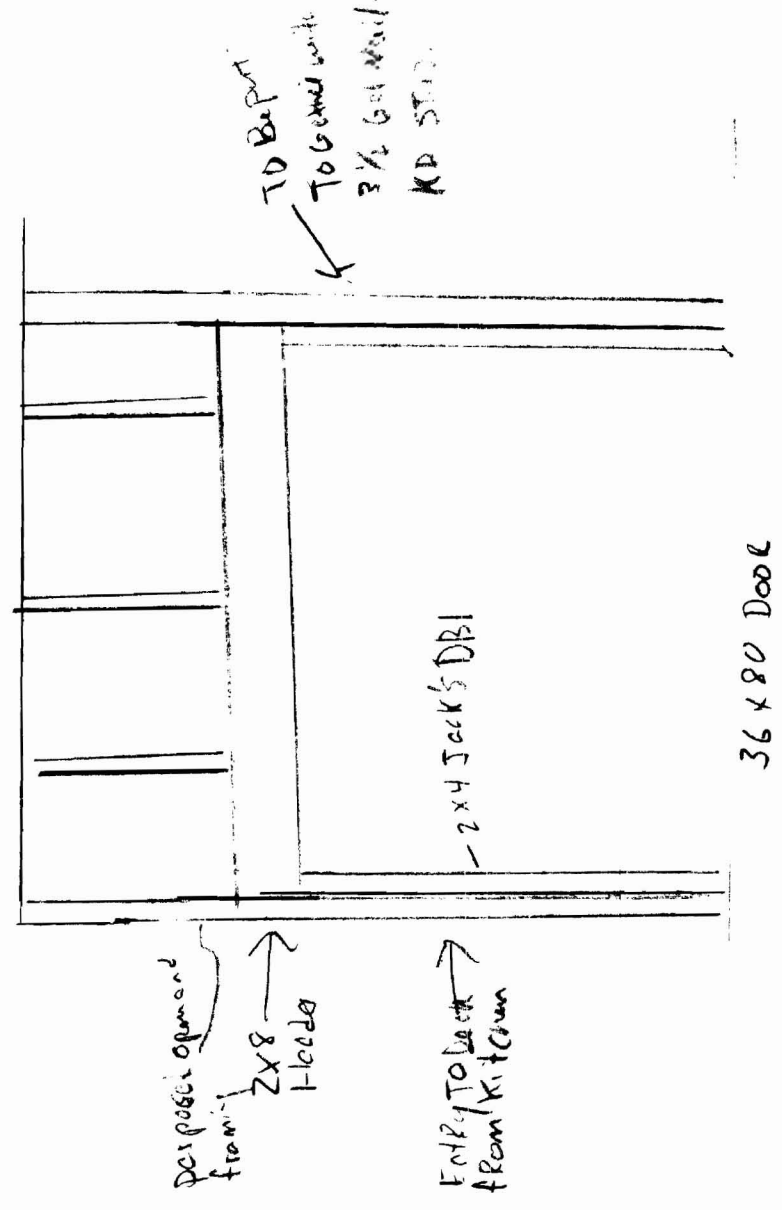
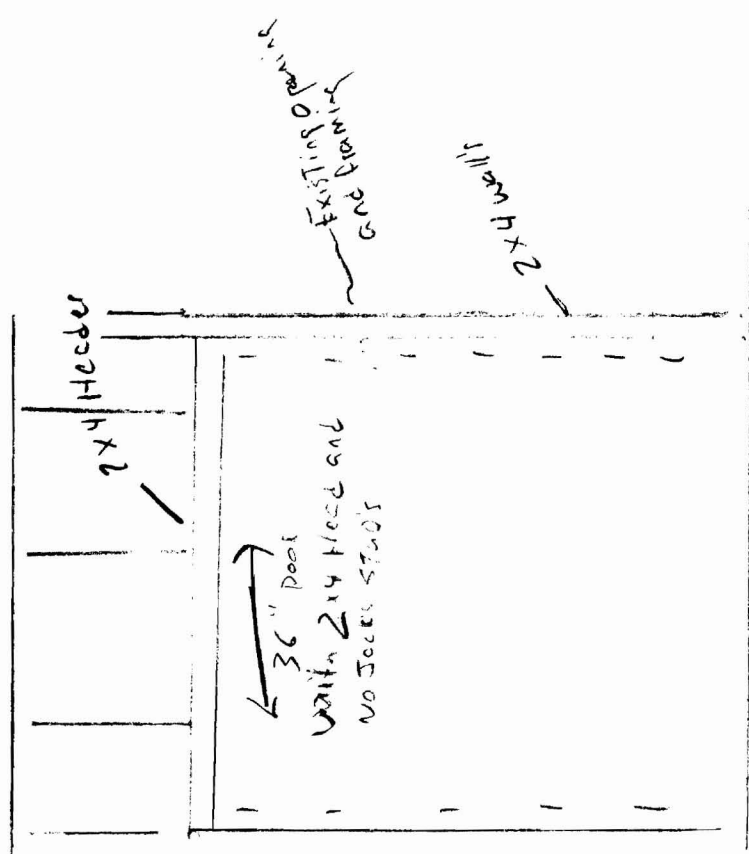
To Back Room

Existing To Hall

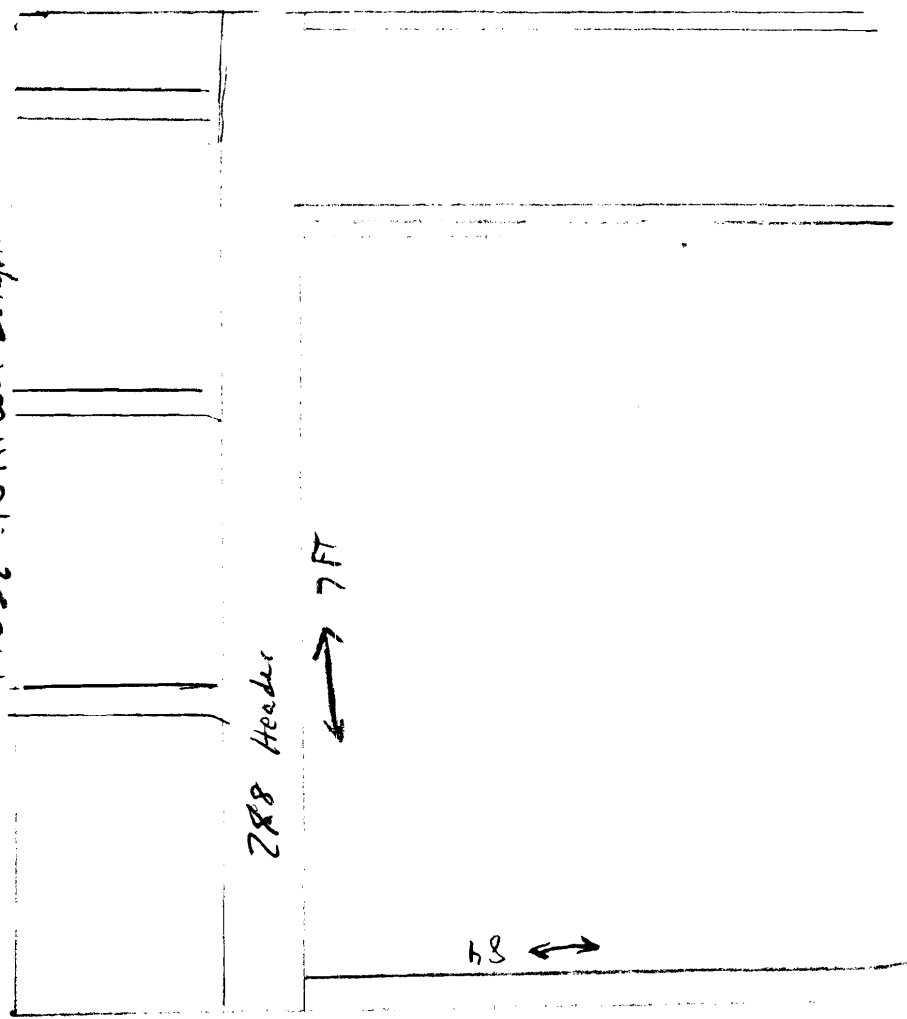
Proposed Striping 1x2 1/2
To Be 16" on center



To Replaced with 2x8 Header 44in
with Double 2x4 Jacks



Proposed opening framing
170 1/2" TOTAL WALL LENGTH



Existing opening and framing

1x6x6 header



Double Jack

has no nailing

