

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-1368 Issue Date: NOV 14 2001 CBL: 133 E010001

Location of Construction: 59 Brentwood St	Owner Name: Hubner John M & Noreen A Jts	Owner Address: 59 Brentwood St	Phone: 207-797-5978
Business Name: n/a	Contractor Name: Coastal Restoration Services, Inc.	Contractor Address: PO Box 283 Cape Elizabeth	Phone: 2077999777
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Dwellings	Zone: R-5

Past Use: Single Family	Proposed Use: Single Family / Repair fire damage	Permit Fee: \$444.00	Cost of Work: \$70,000.00	CEO District: 3
Proposed Project Description: Repair Fire Damage		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: SB BOCK 1999 Signature: T. M. V... Signature: N/A	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: N/A Date:		

Permit Taken By: gg	Date Applied For: 11/02/2001	Zoning Approval		
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"/> Date: 11/14/01	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 Date: 11/14/01	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: 11/14/01	

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

All Purpose 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>59 Brentwood Street Rtd.</u>		
Total Square Footage of Proposed Structure <u>Footprint of House 40' x 26.5"</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>133</u> Block# <u>E</u> Lot# <u>010</u>	Owner: <u>John Hubner</u>	Telephone: Temp Phone <u># 797-5978</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>John HARVEY</u> <u>Coastal Restoration</u> <u>799-9777</u>	Cost Of Work: \$ <u>70,000.00</u> Fee: \$ <u>444-</u>
Current use: <u>Private Home</u> <u>Single family</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>—</u>		
Proposed use: <u>—</u>		
Project description: <u>Repair Fire Damage. No property betterments.</u>		
Contractor's name, address & telephone: <u>Coastal Restoration Services, Inc.</u>		
Who should we contact when the permit is ready: <u>John HARVEY</u>		
Mailing address: <u>P.O. Box 283</u> <u>Cape Eliz. ME. 04107</u>		Phone: <u>799-9777</u>

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>John Harvey</u>	Date: 11/10/01 <u>NOV 02 2001</u>
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This is not a permit, you may not commence ANY work until the permit is issued

L & L STRUCTURAL
ENGINEERING SERVICES, INC.

Six Q Street
South Portland, ME 04106
Phone: (207) 767-4830
Fax: (207) 799-5432

November 1, 2001

Mr. John J. Harvey
Coastal Restoration Services, Inc.
P.O. Box 283
Cape Elizabeth, Maine 04107

Subject: 59 Brentwood Street – Portland, Maine.

Dear Mr. Harvey,

We have completed our review of the above mentioned project. It appears the structural components damaged by the recent fire are the hip portion of the existing roof and the ceiling joists above the front right bedroom on the second level. In both cases the existing framing requires reinforcement or repair.

The existing roof framing is 2"x5 3/4" rafters spaced at 30" on center. These rafters require reinforcing in order to meet the requirements of the local building code Boca 1990. The repair to the rafters is shown in Sks-1 attached. The new rafters shall be attached to the existing rafters using 12d nails spaced at 8" o.c. staggered. *1999 - Typo per Mark Leasure*

In addition the ceiling joists in the right rear bedroom are 2x8's spaced at 16" on center. These rafters shall be reinforced by adding a 2x8 to its side and attaching it with 12d nails spaced at 8" o.c. staggered.

If you have any questions or require further assistance, please do not hesitate to call

Sincerely,

L&L Structural Engineering Services, Inc.

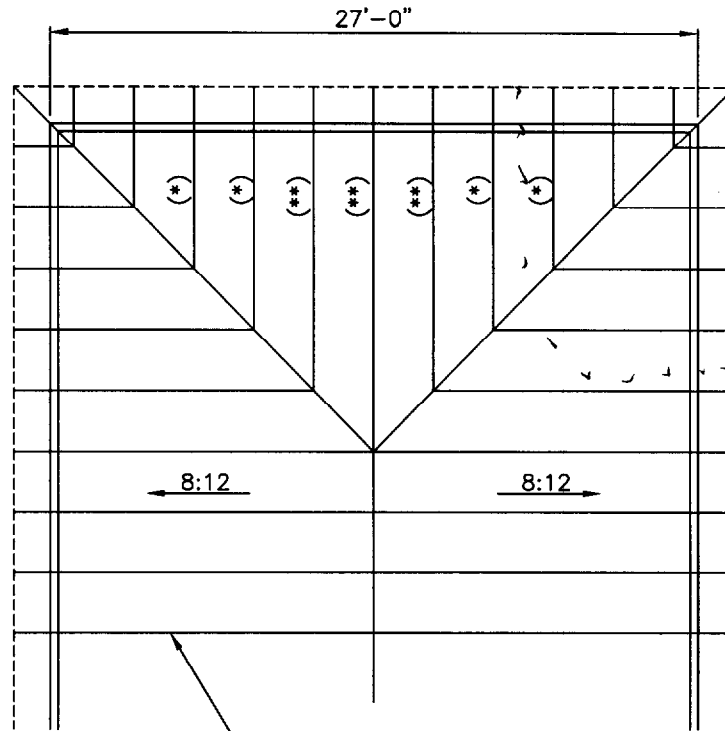
Mark F. Leasure

Mark F. Leasure, P.E.
President



KEY

- (*)-INDICATES TO SISTER EXISTING JOISTS W/ (1) 2X6
- (**)-INDICATES TO SISTER EXISTING JOISTS W/ (2) 2X6



EXIST. 2"x5 3/4" RAFTERS
@ 30" O.C. TYP.

PARTIAL ROOF FRAMING PLAN

1/8" = 1'-0"



21176

designed by: MFL	59 BRENTWOOD STREET PORTLAND, MAINE	L & L STRUCTURAL ENGINEERING SERVICES, INC. SIX Q STREET SOUTH PORTLAND, MAINE 04106 PHONE: (207) 767-4830 FAX: (207) 799-5432 EMAIL: LLENG@AOL.COM
drawn by: MFL		
checked by: JHL		
scale: NOTED		
date: NOV 1, 2001		
ROOF REINFORCING		SKS-1