Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

日

Please Read Application And Notes, If Any,

CTION

Permit Number: 051487

PERMIT Attached PERMIT ISSUED This is to certify that Sarkisov Valeriy & /no contr or / self 26' x 3 has permission to _____ammend permit # 05-1318 - 1 d attach arage an eezeway OCT 1 4 2005 333 H005001 AT 129 Braintree St ation epting this <u>permit shall compl</u>y with all provided that the person or persons. m or ances of the dity of Fortland regulating of the provisions of the Statutes of ine and of the the construction, maintenance and u of buildings and sa ctures, 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.

ication insped n must and w n permi: n procu g b re this ding or t thered ed or d osed-in. la R 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

PENALTY FOR REMOVING THIS CARD

ctor Building & Inspection Services

City of Portland, N	Maine - Bui	lding or Use	Permi	t Applicatio	n Permit No:		Islu Diale!	1990	CU.:	
389 Congress Street,	04101 Tel: (207) 874-8703	B, Fax:	(207) 874-871	6 05-14	17			333 H	005001
Location of Construction:		Owner Name:			Owner Address:	:[OCT 1	4 200	j hone:	
129 Braintree St		Sarkisov Vale	riy &		135 Braintree	e St			207-831	-8546
Business Name:		Contractor Name	:		Contractor Add	ress:	OLTY OF F	ODT	Phone	
		no contractor	/ self		Portland		CITY OF F	UKI	.AND	
Lessee/Buyer's Name		Phone:		1	Permit Type:					Zone:
					Garages - At	ttache	ed		 	R-2
Past Use:		Proposed Use:			Permit Fee: C		Cost of Work:	CEC	District:	ct:
1318				d permit # 05-	\$174.00 \$17,000.0				5	
		1318 - build a garage and bre			FIRE DEPT: Approved		Approved INS	NSPECTION: Use Group: R-3 Type: 573 TRC 2203		
		garage and bre	czeway)] [A enied Us	e Group:	K-5	Type: 3L
					1 . 1	1			20 2	003
Proposed Project Descripti					1 1/	/ F	7	-LR	رے سا <u>۔</u> ۔	
ammend permit # 05-1		ached 26' v 36' o	rarana ai	nd breezeway	Signature:	//	e:.	mature:	Z	
difficing perime # 05 1	510 Gund att	iched 20 x 30 g	arage a	id breezeway	1 -1	ACTE	VITIES DISTRIC	,		
					Action: A	pprov	ed	d w/Cond	itions	Denied
					Signature:			Date	: :	
Permit Taken By:	Date A ₁	oplied For:			Zon	ning	Approval			
tmm	10/14	1/2005								_
1. This permit applic	ation does not	preclude the	Special Zone or Reviews		ews	Zonin	g Appeal	Historic Preservation		
Applicant(s) from		•	Sh	oreland	☐ Variance		Not in District or Landmar Does Not Require Review			
Federal Rules.										
2. Building permits of		olumbing,	_ w	etland	Miscellaneous					
septic or electrical			☐ Flood Zond		Conditional Use					
3. Building permits a							Requires Review Approved			
within six (6) mon False information										
permit and stop all		a building	∐ Su	Patr Slote	[] Int	erpreta	ation	''	Approved	
			□ Sit	e Plan		prove	4		Approved u	/Conditions
				C I lan	ا ا	ргоче	u	" "	sppioved w	/Conditions
			 Mai [☐ Minor 🚺 MM	☐ ☐ De	nied			Denied .	/
				1. F/						
			Date:	0/14/05	Date:			Date:	10/14	1105
				1-1				1		/
									, ,	
				ERTIFICATI						
I hereby certify that I ar										
I have been authorized I jurisdiction. In addition										
shall have the authority										
such permit.	an are		perii	ar any rouser			- my provioion		(0) 4	
SIGNATURE OF APPLICA	NT			ADDBER	3		DATE	.	חות	ONIE
SIGNATURE OF APPLICA	14.1			ADDRESS	•		DATE		PHC	ONE _
RESPONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE					DATE		PHO	ONE

City of Portland, Maine - Bu	ilding or Use Permit			Permit No:	Date Applied For:	CBT:	
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (2	207) 874	1 -8716	05-1487	10/14/2005	333 H005	5001
Location of Construction:	Owner Name:		C	wner Address:		Phone:	
129 Braintree St	Sarkisov Valeriy &			135 Braintree St		207-831-8546	
Business Name:	Contractor Name:		C	Contractor Address:		Phone	
	no contractor / self			Portland			
Lessee/Buyer's Name	Phone:		P	ermit Type:			
				Garages - Attached	d		
Proposed Use:		[]	Proposed	Project Description:			
single family - ammend permit # 05- garage and breezeway	1318 - build attached 26' x	I .	ammen breezev	•	3 - build attached 26	' x 36' garage	and
Dept: Zoning Status: Note:	Approved	Rev	iewer:	Tammy Munson	Approval D	ate: 10/14 Ok to Issue:	√2005 ✓
Dept: Building Status:	Approved with Conditions	s Rev	iewer:	Tammy Munson	Approval D	ate: 10/14	/2005
Note:						Ok to Issue:	✓
1) Frost protection must be installed	d per the enclosed detail as	s discuss	ed w/ov	ner/contractor.			
Permit approved based on the planeted on plans.	ans submitted and reviewe	ed w/own	er/contr	actor, with additio	nal information as a	greed on and a	as
3) Separate permits are required for	any electrical, plumbing,	or heating	ng.				

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	ce upon receipt of your building permit.
MA Footing/Building Location Inspec	tion: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electri	cal: Prior to any insulating or drywalling
Final/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 you if your project requires a Certificate of Cinspection If any of the inspections do not ocphase, REGARDLESS OF THE NOTICE	Occupancy. All projects DO require a final cur, the project cannot go on to the next
EFORE THE SPACE MAY BE OCCU	ES MUST BE ISSUED AND PAID FOR, PIED
Signature of Applicant/Designee Signature of Inspections Official CBL: 333-H- Building Permit	Date /0/14/05 Date +: 05-1487

All Purpose Building Permit Application

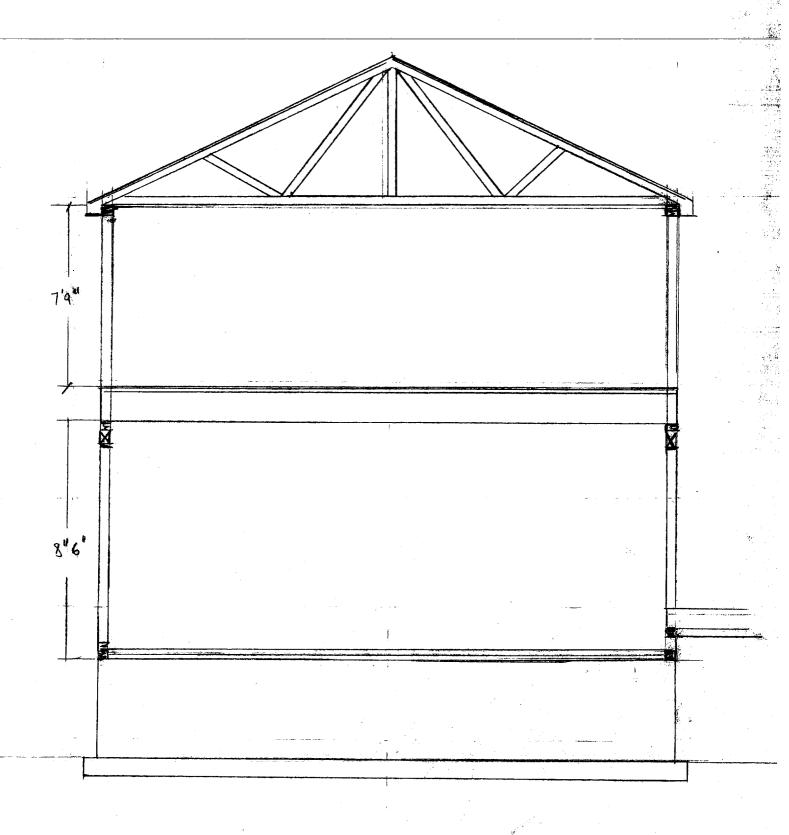
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 13	5 Brai	ntree St.		·
Total Square Footage of Proposed Structu (2:642) × 816ft² = 1,640 ft²	ure	Square Footage	of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Va	cleriy and Sarkison	Ashot v	Telephone: (207)797-9515
Lessee/Buyer's Name (If Applicable)	telephone:	name, address & Valeriy Sarl intree St, Portl ; (207)797-951	and	Cost Of 17,000 Work: \$ 17,000
Current use:		•		
If the location is currently vacant, what wa	ıs prior use: _			
Approximately how long has it been vaca	nt:			
Proposed use: 15t floor-garage Project description:	; 2nd flo	or-open sp	ace	-
Contractor's name, address & telephone:				
Who should we contact when the permit is Malling address:	s ready:			
We will contact you by phone when the per review the requirements before starting any and a \$100.00 fee if any work starts before	y work, with a	a Plan Reviewer. A		
F THE REQUIRED INFORMATION IS NOT INCLUI DENIED AT THE DISCRETION OF THE BUILDING/ NFORMATION IN ORDER TO APROVE THIS PER	PLANNING D			

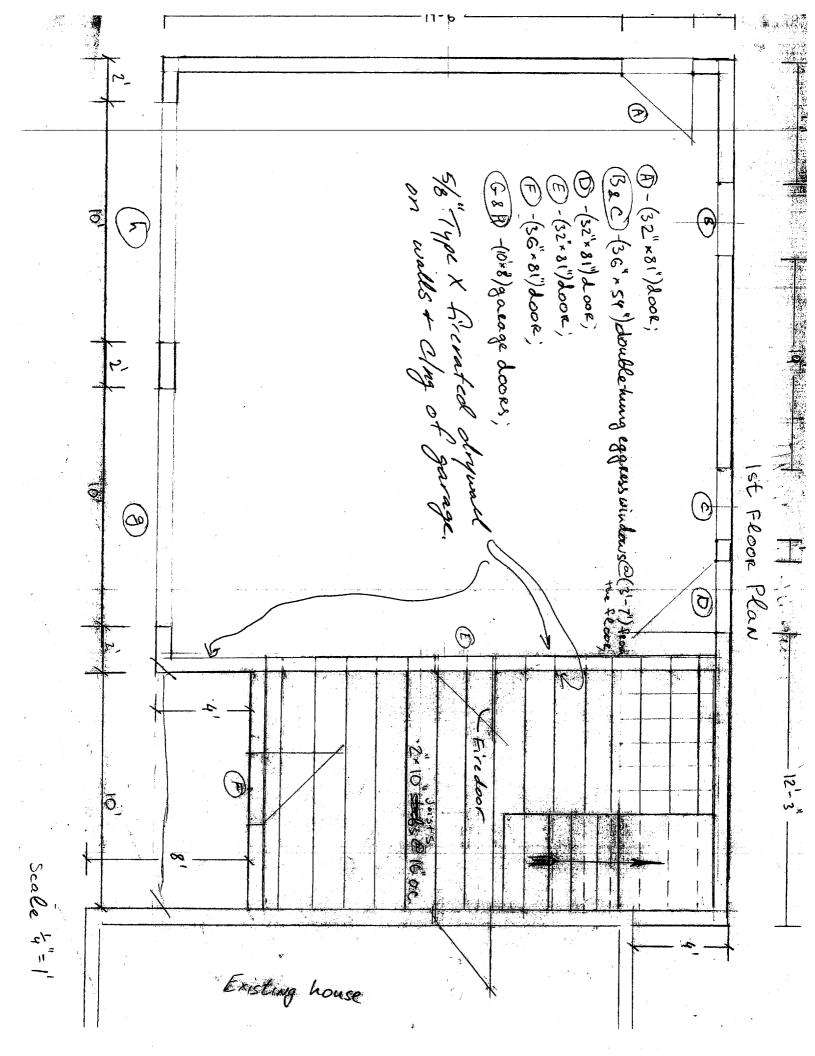
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

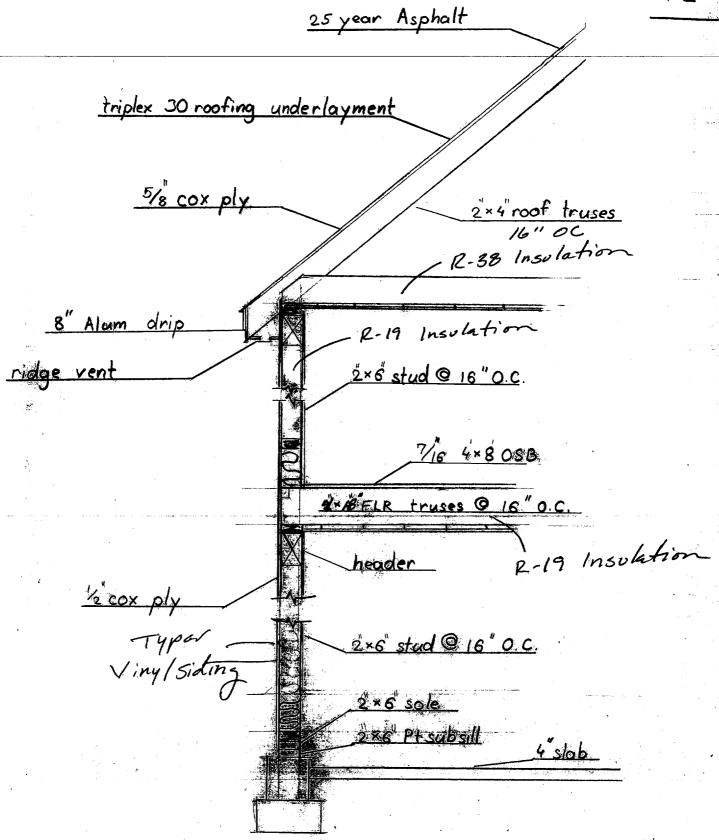
	<u> </u>		
Signature of applicant:	V Saekisev	Date: 10 / 10	105

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

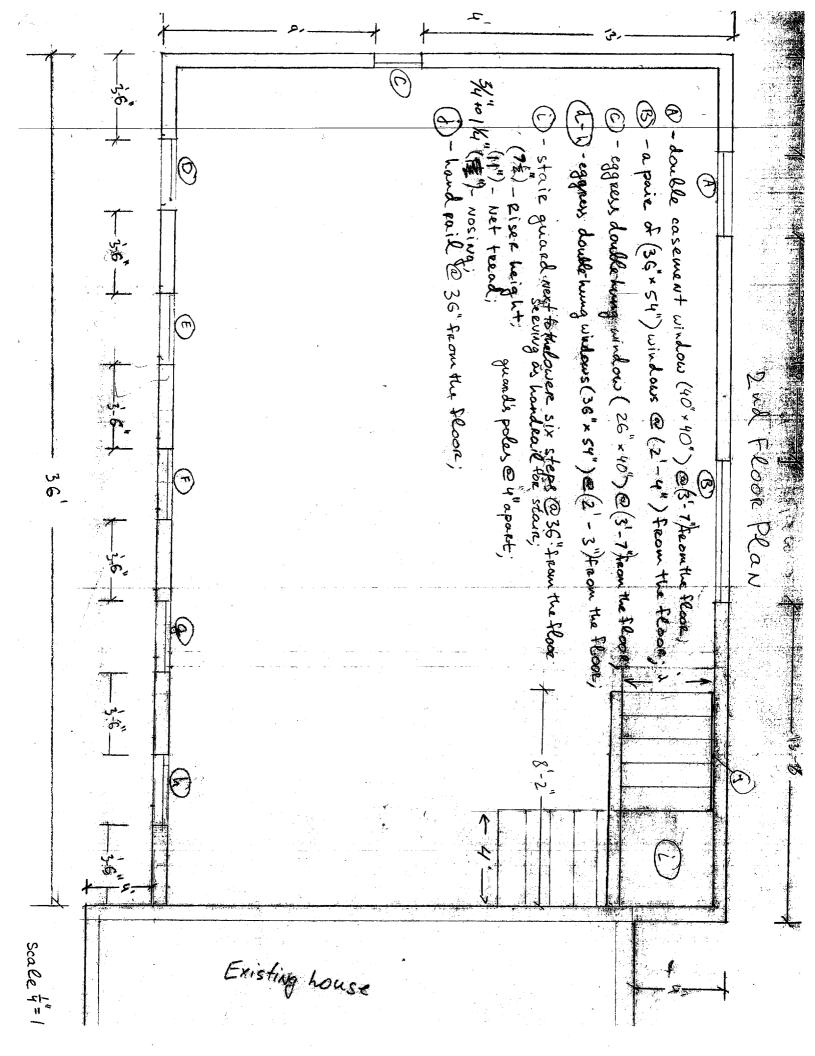


Scale 4"=1"





Scale 4=1

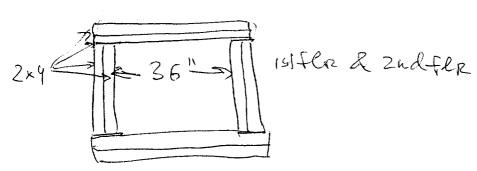


DStructural header sizes over all windows & doors.

Destructural beam size supporting 2 nd floor over breezeway.

3) Stair detail for boureway entry.

DEK.



upsfairs 3 2×6 over upstairs over windows (st flr & 36×54 win 2nd flr



BC CALC® 9.1 DESIGN REPORT - US

Friday, October 14, 2005 10:59

Triple 1 3/4" x 9 1/4" VERSA-LAM® 2.0 3100 SP

Job Name:

SARKISOV JOB

Address:

135 BRAINTREE ST.

City, State, Zip; PORTLAND, ME

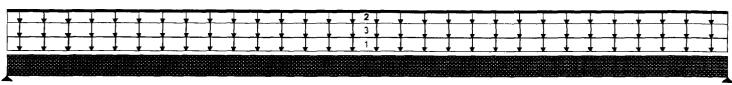
Customer: Code reports: ESR-1040 File Name: BC CALC Project: FB02

Description:

Specifier: HOME DEPOT--

Designer KIRK CRANDALL

Company: WOOD STRUCTURES INC Misc: FLOOR HEADER BEAM



B0 LL 3560 lbs DL 1743 lbs

Total of Horizontal Design Spans = 10-00-00

B1 LL 3560 lbs DL 1743 lbs

General Data Version: US Imperial

Member Type: Floor Beam Number of Spans: 1 Left Cantilever: No

No

Slope:

Disclosure

Right Cantilever:

The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design properties and analysis methods. Installation of BOISE engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)232-0788 before beginning product installation.

BC CALC®, BC FRAMER®, BCI®, BC RIM BOARD™, BC OSB RIM BOARD™, BOISE GLULAM™, VERSA-LAM®, VERSA-RIM®, VERSA-STRAND™, VERSA-STUD®, ALLJOIST® and AJS™ are trademarks of Boise Cascade Corporation.

Lo	ad Summary								
ID	Description	Load Type	Ref.	Start	End	Type	Value	Trib.	Dur.
1	Standard Load	Unf. Area	Loft	00-00-00	10-00-00	Live	40 psf	01-00-00	100%
						Dead	10 psf	01-00-00	90%
2		Unf. Lin.	Left	00-00-00	10-00-00	Live	0 plf	n/a	100%
						Dead	85 plf	n/a	90%
3		Unf. Area	Left	00-00-00	10-00-00	Live	56 psf	12-00-00	100%
1						Dead	20 nsf	12-00-00	90%

Controls Summary

Control Type	Value	% Allowable	Duration	Load Case	Span Location
Pos. Moment	13258 ft-lbs	66.6%	100%	1	1 - Internal
End Shear	4408 lbs	47.8%	100%	1	1 - Left
Total Load Defl.	L/348 (0.345")	68.9%		1	1
Live Load Defl.	L/519 (0.231")	69.4%		1	1
Max Defl.	0.345"	34.5%		1	1
Span / Depth	13.0	n/a			1

Notes

Design meets Code minimum (L/240) Total load deflection criteria. Design meets Code minimum (L/360) Live load deflection criteria.

Design meets arbitrary (1") Maximum load deflection criteria.

Minimum bearing length for B0 is 1-1/2".

Minimum bearing length for B1 is 1-1/2".

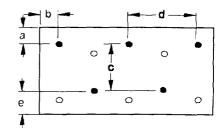
Entered/Displayed Horizontal Span Length(s) = Clear Span + 1/2 min, end bearing + 1/2 intermediate bearing

Connection Diagram

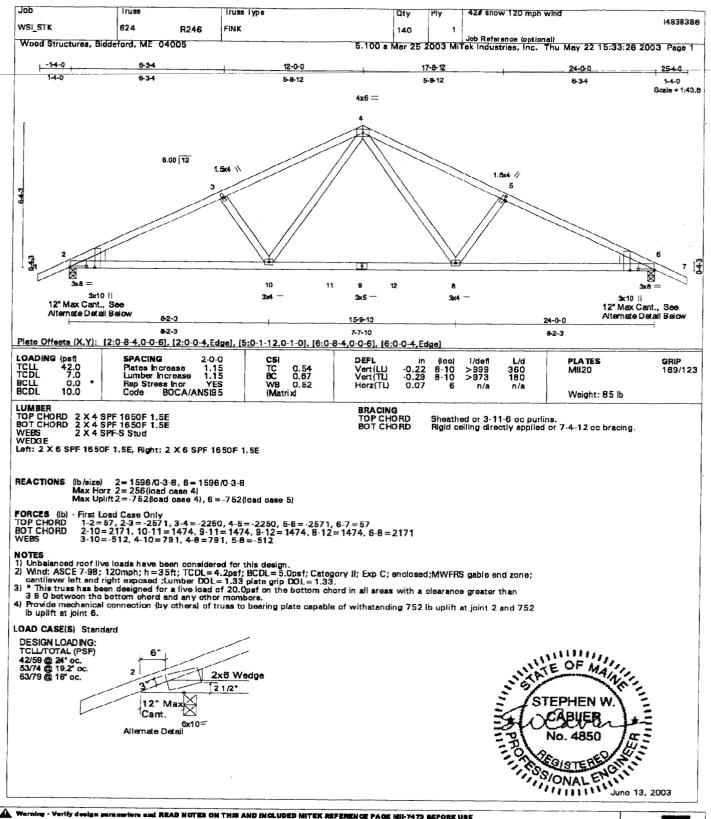
Consult project design professional of record or BOISE technical representative for connection design Member has no side loads.

Connectors are: 16d Sinker Nails

a minimum = 2" b minimum = 3" c = 5-1/4" d = 12" e minimum = 3"







Warning - Verify deeling surameters and READ NOTES ON THIS AND INCLUDED MITTER REFERENCE PAGE MII-7473 BEFORE USE
Design valid for use only with MIT ex connectors. This design is based only upon parameters shown, and is for an individual building component to be
installed and to had or vertically. Applicability of design parameters and proper incorporation of component is responsibility of building designer. On those
designer. Bracing shown is for lateral support of individual web membes only. Additional temporary bracing to insure stability during construction is the
responsibility of the erodor. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance
regarding fabrication, quality control, storage, delivery, erodion and bracing, consult OST-86 build Standard, DSE-88 Bracing Specification, and HIB-91
Handling Installing and Bracing Recommendation evailable from Truss Plate Institute, 583 D'Chofrio Drive, Madison, WI 53719



....

Job Truss Truss Type WSI STOCK FLOOR TRUSS Qty 1559122 STKFLR 704 FLOOR 100 Job Reference (optional) Wood Structures, Biddeford, ME 04005 5.200 s Sep 30 2003 MiTek Industries, Inc. Tue Oct 14 10:44:08 2003 Page 1 0-1-8 2-1-0 1-11-0 0-1-8 Scale = 1:40.2 1.594 11 1.594 | 1.5x4 || 3x3 == 1.504 4x10 == 1.5x4 || 4x6 = 3x3 == ll. 4x6 = 1.504 4x10 = 1.5x4 = 10 11 13 Q 12 923 9 24 **X** 22 21 20 18 17 16 15 4x10 4x8 == 3x10 MII18H FP = 1.5x4 II 3x8 = 4x10 = 3x10 WB = 4x8 = 8-8-8 10-11-0 13-1-0 24-0-0 24-0-0 Plate Offsets (X,Y): [1:Edge,0-0-12], [23:0-1-8,0-0-12], [24:0-1-8,0-0-12] LOADING (psf) TCLL 40.0 SPACING DEFL in (loc) -0.59 18-19 PLATES 2-0-0 I/defi L∕d GRIP 40.0 Plates Increase 1.00 TC MII20 169/123 0.63 Vert(LL) >485 480 BC BC TCDL 10.0 Lumber Increase 1.00 0.66 Vert(TL) -0.88 18-19 240 MIII 8H 141/138 BCLL 0.0 Rep Stress Incr YES 0.61 HOTZ(TL) 0.13 n/a ก/ล BCDL 10.0 **BOCA/ANSI95** (Matrix) Weight: 95 lb LUMBER BRACING LUMBER
TOP CHORD 4 X 2 SPF 1650F 1.5E
BOT CHORD 4 X 2 SPF 2400F 2.0E
WEBS 4 X 2 SPF S Stud "Except"
2-22 4 X 2 SYP No.2, 12-14 4 X 2 SYP No.2, 2-21 4 X 2 SYP No.2 TOP CHORD Sheathed or 5-6-0 oc purlins, except end verticals. BOT CHORD Rigid ceiling directly applied or 10-0-0 oc bracing. 12-15 4 X 2 SYP No.2 REACTIONS (lb/size) 22=1419/0-3-8, 14=1419/0-3-8 FORCES (lb) - Maximum Compression/Maximum Tension 22-23-86/0, 1-23-86/0, 14-24=-86/0, 13-24=-86/0, 1-2=-4/0, 2-3=-3729/0, 3-4=-3729/0, 4-5=-5720/0, 5-6=-5720/0, 6-7=-5720/0, 7-8=-6122/0, 8-9=-5720/0, 9-10=-5720/0, 10-11=-3729/0, 11-12=-3729/0, 12-13=-4/0
21-22-0/2086, 20-21=0/4897, 19-20=0/6122, 18-19=0/6122, 17-18=0/6122, 16-17=0/6122, 15-16=-0/4897, 14-15=0/2086, 20-21=0/4897, 12-21=0/1951, 3-21=-204/0, 12-15=0/1951, 11-15=-204/0, 4-21=-1386/0, 10-15=-1386/0, 4-20=0/978, 5-20=-214/0, 10-15=0/978, 1-15=-204/0, 12-15=0/37, 8-18=0/37 TOP CHORD BOT CHORD WEBS NOTES 1) All plates are Mil20 plates unless otherwise indicated. 2) Recommend 2x6 strongbacks, on edge, spaced at 10-0-0 oc and fastened to each truss with 3-16d nails. Strongbacks to be attached to walls at their outer ends or restrained by other means. LOAD CASE(S) 1) Floor: Lumber Increase=1.00, Plate Increase=1.00 Uniform Loads (plf) Vert: 14-22-20, 1-13-100 SINTE OF MAIN STEPHEN W

⚠ Warning - Verify design parameters and READ NOTES ON THIS AND INCLUDED MITEK REFERENCE PAGE ME-7473 DEFORE USE

Design valid for use only with MITek connectors. This design is based only upon parameters shown, and is fire an individual building component to be installed and toaded vetically. Applicability of design parameters and proper incorporation of component is responsibility of building designer - not trues designer. Francing shown is for lateral support of individual web members only. Additional tempory bracing to insure stability during construction is the responsibility of the crocker. Additional temporary bracing to insure stability during construction is the responsibility of the crocker. Additional temporary bracing to insure stability during during one for the construction is the responsibility of the crocker. Additional temporary bracing to insure stability during during one for the construction is the responsibility of the crocker. Additional temporary bracing to insure stability during during stability on the stability control, storage delivery, erection and bracing, consult CST-88 Quality Standard, DSS-89 Bracing Specification, and HIB-91 Handling Installing and Bracing Recommendation available from Trues Plate Institute, 583 D'Orofro Drive, Madison, Wi S3719



F.E.

Oct. 28, 2003

No 4850 SECULED! ONAL EN



CITY OF PORTLAND, MAINE

Department of Building Inspections

) / 2 20
Received from Valleying Conditions
Location of Work 135 3 Tank
Cost of Construction \$ Permit Fee \$
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)
Other
CBL: 3337/5
Check #: Total Collected s

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy