

mail to P.O. Box 727, Gorham, Me
 Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee 50.00 Zone _____ Map # _____ Lot# _____

930235

Please fill out any part which applies to job. Proper plans must accompany form.
 Owner: Wilford Ferrante Phone # 727-4168

Address: 29 A Rockydudg Rd. West Buxton, Me.
 LOCATION OF CONSTRUCTION 155 Washington Avenue

Contractor: Contract Crushing Sub: _____
 Address: W. Buxton Phone # _____

Est. Construction Cost: 5500.00 Proposed Use: Retail Garage
 Past Use: Retail Garage

of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft _____
 # Stories _____ # Bedrooms _____ Lot Size _____

In Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: putting a pitch roof on existing garager
as per plans

Foundation:
 1. Type of Soil: _____ Bear _____ Side(s) _____
 2. Set Backs - Front _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____ Size: _____
 3. Lally Columns Spacing: _____ Spacing 16" O.C.
 4. Joists Size: _____ Size: _____
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____ Span(s) _____
 4. Header Sizes _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____ Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date: 3/31/93
 Inside Fire Limits: _____
 Edg Code: _____
 Time Limit: _____
 Estimated Cost: 5500.00

Subdivision: _____
 Name: APR - 6 1993
 Lot: _____
 Ownership: _____
 Public _____
 Private _____

Zoning: Street Frontage Provided: _____ Back _____ Side _____
 Provided Setbacks: Front _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception: _____
 Other: W.D.N. 4-5-93 (Explain) _____

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____
 2. Ceiling Strapping Size: _____
 3. Type Ceiling: _____ Size _____
 4. Insulation Type: _____
 5. Ceiling Height: _____
 Historic Preservation: Not in District nor Landmark
Does not require review.

Roof:
 1. Truss or Rafter Size: _____ Span: _____
 2. Sheathing Type: _____ Size: _____
 3. Roof Covering Type: _____
 Action: Approved
Approved with conditions

Chimneys: _____ Number of Fire Places _____
 Type: _____
 Heating: Type of Heat: _____
 Electrical: Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing:
 1. Approval of soil test if required _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____ Square Footage _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Law.
 D. Marquis

Permit Received By: _____ Date: _____
 Signature of Applicant: _____ Date: _____
 Signature of CEO: _____ Date: _____

Inspection Dates: _____
 White Tag - CEO: D. Marquis