

Permit No. **950974**

Location of Construction: 18 Cumberland Ave
 Owner: Dale & Judith Carlson
 Phone: _____

Owner Address: _____
 Lessor/Buyer's Name: James C. Johnson Jr., 18 Cumberland Ave (Apt #2) 04101
 Phone: _____
 Business Name: _____
 Phone: _____

Contractor Name: _____
 Address: _____
 Phone: 774-2657

Part Use: _____
 Proposed Use: _____
 COST OF WORK: \$ _____
 PERMIT FEE: \$ 25.00
 INSPECTION: \$ _____
 FIRE DEPT. Approved Denied
 Use Group: _____
 Signature: _____
 Structure: _____

Proposed Project Description: _____
 Change Use from 4-fam to 4-fam w/home occ
 Computer Consulting
 Signature: _____
 Date: _____

Permit Taken By: Mary Grella
 Date Applied For: 12 Sept 1995

Permit Issued With Requirements
 Action: Approved Approved with Conditions Denied
 Special Zone or Reviews: Flood Zone Wetland Shoreland Home Occ
 Zoning Approval: _____
 Date: 9/15/95

Permit Issued With Requirements
 Action: Approved Approved with Conditions Denied
 Historic Preservation: Not in District or Landmark Does Not Require Review Requires Review
 Zoning Appeal: _____

Permit Issued With Requirements
 Action: Approved Approved with Conditions Denied
 Miscellaneous: Conditional Use Interpretation Approved Denied
 Zoning Appeal: _____

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 Historic Preservation: Not in District or Landmark Does Not Require Review Requires Review
 Zoning Appeal: _____

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CEO DISTRICT
 M. LEARY

Signature of Applicant: James Johnson
 Address: _____
 Date: 12 Sept 1995
 Phone: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE
 PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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 provisions of the code(s) applicable to such permit.

CERTIFICATION

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.

Permit Issued With Requirements

Permit Issued With Requirements

February 20 1987

PERMIT BUILDING PERMIT APPLICATION **Portland** Previous permit #

APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 16-18 Cumberland Ave.
Owner or lessee's name John & Mark Nelson Tel. 797-6724

Address 77 Northwood Drive

Contractor's name David Blessing Tel. 773-6823

Address 31 Nabal Street

Subcontractors:

MAR 6 1987

CITY OF PORTLAND

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE

Name _____
Lot 8x 5 Map 14
Block B
Bk. & pg. Reg./ deeds _____
Date recorded _____

III. PROPOSED USE: CODE 104- 3-4 family If other*, explain _____ Seasonal Condominium Apartment

IV. PAST USE: 104- 4 family

V. OWNERSHIP: PUBLIC (Federal/ State/ local government) _____ PRIVATE (individual/corp/nonprofit) _____

VI. DESCRIPTION OF WORK:

Change of use from 3 to 4 family with new apt on 3rd floor alterations, no structural changes as per plans. 2 sheets of plans. Send # 2 04103

VII. BUILDING DIMENSIONS: length _____ width _____ square footage 4200 height _____ #stories 5

VIII. EST. CONSTRUCTION COST: 16,000 IX. GR. SQ. FT. OF LAND _____ BUILDING _____

X. RESIDENTIAL BUILDINGS ONLY: BEDROOMS
1 BDRM 2 BDRMS 3 BDRMS
NEW DWELLING UNITS WITH: _____
EXISTING DWELLING UNITS WITH: _____

XI. RESIDENTIAL UNITS:
NEW DWELLINGS _____
EXISTING DWELLINGS _____
NET RESIDENTIAL UNITS 4

XII. SIGNATURE OF APPLICANT _____ DATE: 20-07-87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING:
DISTRICT _____ STREET FRONTAGE _____
SETBACKS: front _____ back _____ side _____ side _____
ZONING BOARD APPROVAL: no yes (date) _____
PLANNING BOARD APPROVAL: no yes (date) _____

XIV. OFFICE USE:
TAX MAP _____
LOT _____
VALUE/STRUCTURE _____
PERMIT EXPIRATION _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) _____ DATE _____

XVII. FEES:
base fee
subdivision fee
site plan review fee
other fees
late fee
TOTAL 125.00

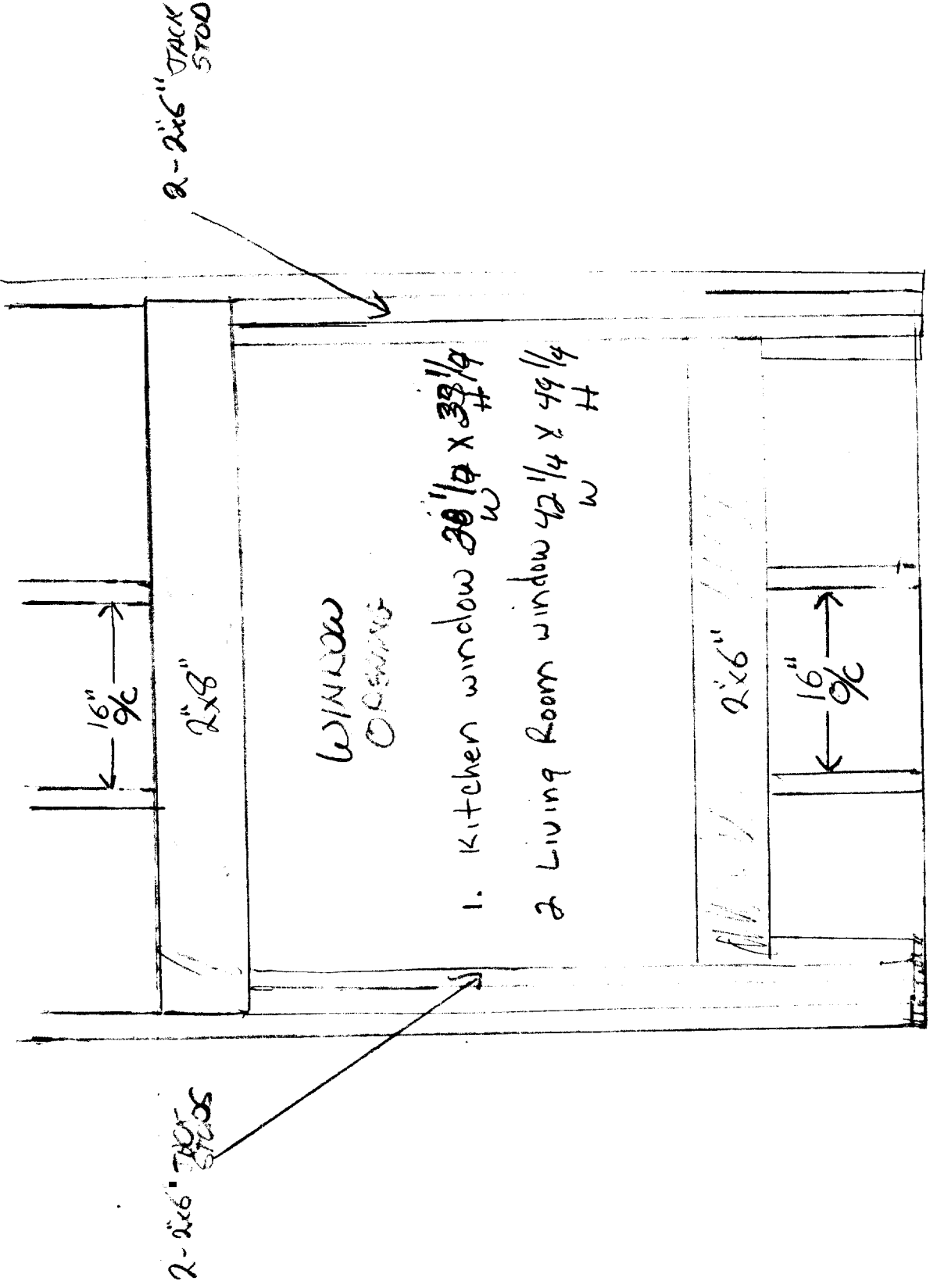
XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

1. WATER SUPPLY public private
2. SEWER public private. type _____
3. HEAT type _____ fuel _____
4. FOUNDATION type _____
thickness _____ footing _____
5. ROOF type _____ pitch _____
covering _____ load _____
6. PLUMBING # tubs _____ # showers _____
lavatories _____ # laundry tubs _____
flushes _____ # other _____
SPRINKLER SYSTEM? yes no

8. CHIMNEY # flues _____ fireplaces _____
material _____
9. FRAMING: floor joists _____
size _____ max. on centers _____
ceiling joists _____
rafters _____
studs _____
wall studs _____

PLOT PLAN/DETAILS OF WORK ON REVERSE

White - Municipal Office
Green - Applicant
Yellow - CEO
Pink - Tax Assessor
Grey - GPCUS



3RD FLOOR
 ROOF IS OVER ROAD