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Permit # _____ City of _____ BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: _____ Phone # _____

Address: _____

LOCATION OF CONSTRUCTION

Contractor: _____ Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: _____

_____ Past Use: _____

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion _____

For Official Use Only

Date _____

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: _____

Name _____

Loc _____

Ownership: _____

Public _____

Private _____

NOV 25 1992

CITY OF PORTLAND

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ 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 _____ (Explain) _____

HISTORIC PRESERVATION

Foundation:

1. Type of Soil: _____

2. Set Backs - Front _____ Rear _____ Side(s) _____

3. Footings Size: _____

4. Foundation Size: _____

5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.

2. Girder Size: _____

3. Lally Column Spacing: _____ Size: _____

4. Joists Size: _____ Spacing 16" O.C.

5. Bridging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____

2. No. windows _____

3. No. Doors _____

4. Header Sizes _____ Span(s) _____

5. Bracing: Yes _____ No _____

6. Corner Posts Size _____

7. Insulation Type _____ Size _____

8. Sheathing Type _____ Size _____

9. Siding Type _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____

2. Header Sizes _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____ Not in District nor Landmark.

2. Ceiling Strapping Size _____ Spacing _____ Does not require review.

3. Type Ceilings: _____

4. Insulation Type _____ Size _____ Requires Review.

5. Ceiling Height: _____ *****

Roof:

1. Truss or Rafter Size _____ Span _____ Action: _____ Approved.

2. Sheathing Type _____ Size _____ Approved with Conditions.

3. Roof Covering Type _____ Dashed.

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____

2. No. of Tubs or Showers _____

3. No. of Flushes _____

4. No. of Lavatories _____

5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____

2. Pool Size: _____ Square Footage _____

3. Must conform to National Electrical Code and State Law.

Permit Received By _____

Signature of Applicant _____

CEO's District _____

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

PERMIT ISSUED
WITH REQUIREMENTS

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WITH REQUIREMENTS

White - Tax Assessor