

PERMIT # 1 CITY OF 1 BUILDING PERMIT APPLICATION MAP # 1353 LOT# 4816

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

Owner: _____
 Address: _____
 LOCATION OF CONSTRUCTION TIDE MILL RD
 CONTRACTOR: _____ SUBCONTRACTORS: _____
 ADDRESS: _____

Est. Construction Cost: _____ Type of Use: _____
 Past Use: _____
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 _____ Conversion - Explain _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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 _____

For Official Use Only

Date <u>1/2/87</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee _____	

Ceiling: 09-A-001
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____ **PERMIT ISSUED**
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____ **DEC 28 1987**

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____ **City Of Portland**
 3. Roof Covering Type _____
 4. Other _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

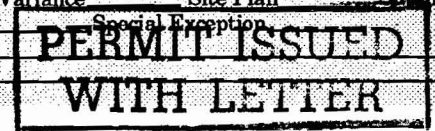
Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

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: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Zoning:
 District _____ Street Frontage Req.: _____ Provided _____
 Required 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 _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain) _____
 Date Approved _____



Permit Received By _____
 Signature of Applicant _____ Date 1/2/87
 Signature of CEO _____ Date _____
 Inspection Dates _____

MR. IRVING

1/2/87

PLOT PLAN

ST NO - 43.



019-A-001

001436

FEES (Breakdown From Front)

Base Fee \$ _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

2/9/88 - Foundation forms on location, excavation work for foundation completed - OK

3/2/88, pm OK'd to place 10" C.C. foundation, location appears OK, as per strings & stakes indicating the required set backs as per plot plan.

6/27/88 #
6/8/90 I was replaced in this area by CO. F. A. M. S. & later by Mark Mitchell - make to contact the owner today.

6/90
8/30/90 Grading Complete
Signature of Applicant *[Signature]*

Date 12-18-87

ELECTRICAL PERMIT

City of Portland, Me.

019-A-001



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date 11/7/96

LOCATION: One India St

Permit # _____

OWNER One India Street Assoc

ADDRESS _____

TOTAL EACH FEE

OUTLETS									
	Receptacles		Switches		Smoke Detector				.20
FIXTURES	(number of)								
	incandescent		fluorescent						.20
	fluorescent strip								.20
SERVICES									
	x Overhead				TTL AMPS TO	800	100	15.00	15.00
	Underground					800		15.00	
TEMPORARY SERV.									
	Overhead				AMPS OVER	800		25.00	
	Underground					800		25.00	
METERS	(number of)						1	1.00	1.00
MOTORS	(number of)							2.00	
RESID/COM	Electric units							1.00	
HEATING	oil/gas units							5.00	
APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00	
	Water heaters		Fans		Dryers			2.00	
Disposals	Dishwasher		Compactors		Others (denote)			2.00	
MISC. (number of)	Air Cond/win							3.00	
	Air Cond/cent							10.00	
	Signs							5.00	
	Pools							10.00	
	Alarms/res							5.00	
	Alarms/com							15.00	
	Heavy Duty							2.00	
	Outlets								
	Circus/Carnv							25.00	
	Alterations							5.00	
	Fire Repairs							15.00	
	E Lights							1.00	
	E Generators							20.00	
	Panels							4.00	
TRANSFORMER	0-25 Kva							5.00	
	25-200 Kva							8.00	
	Over 200 Kva							10.00	
					TOTAL AMOUNT DUE				
					MINIMUM FEE/COMMERCIAL	35.00			
					MINIMUM FEE		25.00		25.00

619 A 001

INSPECTION: Will be ready _____ or will call X _____

CONTRACTORS NAME Gerry's Elect
 ADDRESS p o bX 5148 - Ptld
 TELEPHONE 773-54897
 MASTER LICENSE No. Gerry Cirardo #03580
 LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

ELECTRICAL INSTALLATIONS—


Permit Number _____

Location _____


Owner _____

Date of Permit _____

Final Inspection 11/27/96

By Inspector 

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSPECTION: Service 11/27/96 by 

Service called in 11/27/96 by _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: 11/27/96 (service)

019-A-001

REMARKS:

DATE: