

930166

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee 30.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

PERMIT ISSUED

Owner: Monument Way Inc/Group Dynamics

Address: One Monument Way

LOCATION OF CONSTRUCTION: One Monument Way (Group Dynamics)

Contractor: David Hendrick Sub: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: \_\_\_\_\_ Proposed Use: office space w/int reno Zoning: B3 PAD

\_\_\_\_\_ Past Use: office space

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Combination \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion: Install 2 doors to interior office space (3rd fl)

**For Official Use Only**

Date: March 1, 1993 Subdivision: \_\_\_\_\_

Issued For: \_\_\_\_\_ Name: MAR - 9 1993

Edg. Code: \_\_\_\_\_ Lot: \_\_\_\_\_

Time Limit: \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Street Frontage Provided: \_\_\_\_\_

Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ 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): WDA 3-3-93

**Foundation**

- Type of Soil: \_\_\_\_\_
- Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ (Side) \_\_\_\_\_
- Footings Size: \_\_\_\_\_
- Foundation Size: \_\_\_\_\_
- Other: \_\_\_\_\_

**Floor**

- Slab Size: \_\_\_\_\_ Slab must be anchored.
- Order Size: \_\_\_\_\_
- Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
- Joints Size: \_\_\_\_\_ Spacing 16" O.C.
- Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Other Material: \_\_\_\_\_

**Exterior Walls**

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- No. windows \_\_\_\_\_
- No. Doors \_\_\_\_\_
- Header Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
- Corner Posts Size \_\_\_\_\_
- Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
- Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
- Masonry Materials \_\_\_\_\_
- Metal Materials \_\_\_\_\_

**Interior Walls**

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Header Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Wall Covering Type \_\_\_\_\_
- Fire Wall if required \_\_\_\_\_
- Other Materials \_\_\_\_\_

**Ceiling**

- Ceiling Joists Size: \_\_\_\_\_
- Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Not in District nor Landmark.
- Type Ceiling: \_\_\_\_\_ Does not require ceiling.
- Insulation Type \_\_\_\_\_ Size \_\_\_\_\_ Requires Review
- Ceiling Height: \_\_\_\_\_

**Roof**

- Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Spacing \_\_\_\_\_ Approved
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approved with fasteners
- Roof Covering Type \_\_\_\_\_

**Chimneys**

Type: \_\_\_\_\_ Number of Fire Places: 3/2

**Heating**

Type of Heat: \_\_\_\_\_

**Electrical**

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required: Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing**

- Approval of soil test if required: Yes \_\_\_\_\_ No \_\_\_\_\_
- No. of Tubs or Showers \_\_\_\_\_
- No. of Fixtures \_\_\_\_\_
- No. of Lavatories \_\_\_\_\_
- No. of Other Fixtures \_\_\_\_\_

**Swimming Pools**

- Type: \_\_\_\_\_
- Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
- Must conform to National Electrical Code and State Law.

Permit Received By: Mary Greshk

Signature of Applicant: Chris McLain Date: March 1, 1993

Signature of CEO: Chris McLain Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_

White-Tax Assesor

Yellow-GPCOG

White Tag - CEO

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