

PERMIT # _____	PORTLAND BUILDING PERMIT APPLICATION	DATE <u>6/12/87</u>	PERMIT ISSUED JUN 29 1987 City Of Portland
I. GENERAL INFORMATION			
Location/address of construction <u>1-7 Exchange Street</u>			
1. Owner's name <u>Joseph L. Soley</u>	Tel. <u>773-3333</u>		
Address <u>P.O. Box 367 04112</u>			
2. Lessor name _____	Tel. _____		
Address _____			
3. Contractor name <u>OWNER</u>	Tel. _____		
Address _____			
4. Is this a legally recorded lot? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>			

II. DESCRIPTION OF WORK:

combining a stairway of 1 and 7 Exchange Street.

PERMIT ISSUED WITH LETTER

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

IV. ZONE B-3 Street frontage _____ Zoning board approval no yes date _____

Setbacks: front _____ back _____ side _____ #ft. _____ Planning board approval no yes date _____

V. REVIEW REQUIRED: variance _____ other _____ Number of off-street parking spaces _____

site plan _____ subdivision _____ shore _____ floodplain mgmt _____ enclosed _____ outdoor _____

VI. FEES:

base fee _____ other fees _____

subdivision fee _____ lot fee _____

site plan review fee _____ TOTAL \$25.00

VII. DETAILS OF WORK

1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size _____ # smoke detectors _____	8. CHIMNEY: # flues _____ material _____ # freestones _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT: type _____ fuel _____	10. If 1-story building w/masonry walls: wall thickness _____ height _____	11. BEDROOM WINDOWS: height _____ width _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION: type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING: SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input type="checkbox"/>		
VIII. OFFICE USE: TAXMAP # _____ LOT # _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____		IX. NEW OR PHASED SUBDIVISION REFERENCE: Name _____ Lot _____ Block _____
CODE _____ If other explain _____		Seasonal Condominium Apartment
X. PROPOSED USE: _____		
XI. PAST USE: _____		
XII. OWNERSHIP: _____ PUBLIC _____ PRIVATE _____		
XIII. EST. CONSTRUCTION COST: <u>1,000</u>		XIV. GR. SQ. FT. OF LOT BUILDING _____

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY:		XVI. RESIDENTIAL UNITS:
# NEW DWELLING UNITS WITH:	<u>1</u> BDRM <u>2</u> BDRMS <u>3</u> BDRMS	# NEW DWELLINGS _____
# EXISTING DWELLING UNITS WITH:	_____	# EXISTING DWELLINGS _____
		TOTAL RESIDENTIAL UNITS _____

APPROVALS BY:	DATE	MISCELLANEOUS
BUILDING INSPECTION / PLAN EXAMINER _____	_____	Will work require disturbing of any tree on a public street? _____
ZONING: <u>OK</u> _____	<u>June 17, 1987</u>	Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? _____
C.E.O. _____		
FIRE DEPT. _____		

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanical.

District No. _____	XVII
SIGNATURE OF APPLICANT <u>Joseph Soley</u>	PHONE # <u>773-3333</u>
TYPE NAME OF ABOVE <u>App. for Joseph Soley</u>	<u>1 2 2 1</u>

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

Nathan Row