

924482

45

037-B-015

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: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Inside Fire Limits: \_\_\_\_\_ Name: \_\_\_\_\_

Bldg Code: \_\_\_\_\_ Lot: \_\_\_\_\_

Time Limit: \_\_\_\_\_ Ownership: \_\_\_\_\_

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

**PERMIT ISSUED**

**JAN 15 1993**

Public \_\_\_\_\_

Private \_\_\_\_\_

**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) \_\_\_\_\_

**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: \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_

**Roof:**  
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_

**Chimneys:**  
Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
Signature: \_\_\_\_\_

**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.

Permit Received By \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

**HISTORIC PRESERVATION**

~~Not in District nor Landmark.~~

~~Does not require review.~~

~~Requires Review.~~

Action: Approved.

~~Approved with Conditions.~~

~~Denied.~~

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr  
Director

## CITY OF PORTLAND

January 14, 1993

Erik Knudsen  
11 Shepley St.  
Portland, ME 04101

re: 11 Shepley St.

Dear Mr. Knudsen:

Your application to install a fire alarm system as per plans at 11 Shepley St. has been reviewed, and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. All required Fire Alarm systems shall have the capability of "Zone Disconnect" via switches or key pad program, provided the method is approved by the Fire Prevention Bureau.
2. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
3. A fire alarm acceptance report shall be provided to the Portland Fire Department.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in cursive script, reading "Marge Schmuckal".

Marge Schmuckal  
Asst. Chief of Inspection Services

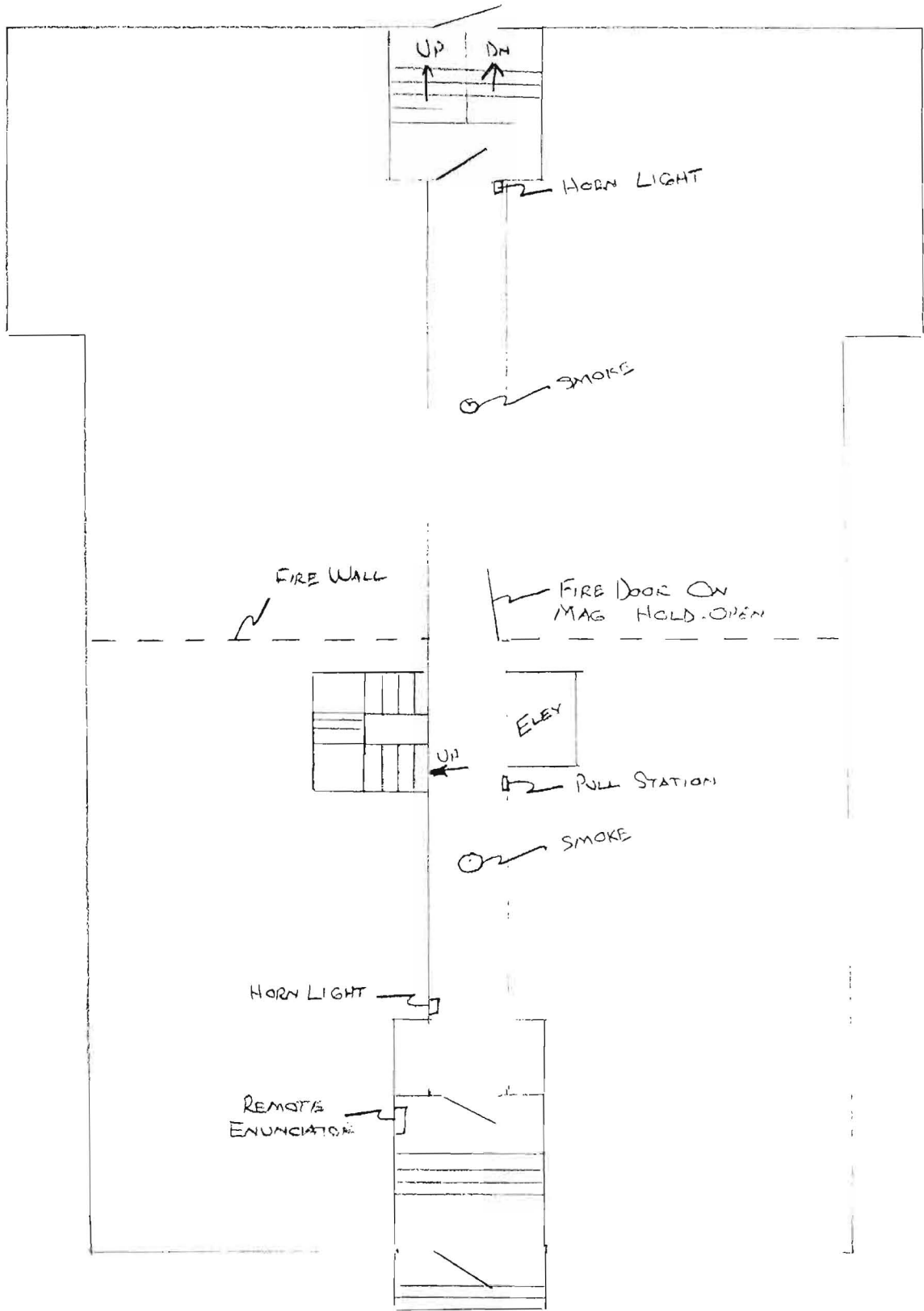
cc: Lt. G. MacDougall, Fire Dept.

lec

MILES STANDISH APARTS  
11 SHEPLEY ST  
PORTLAND, ME. 04102

FIRE ALARM PLAN

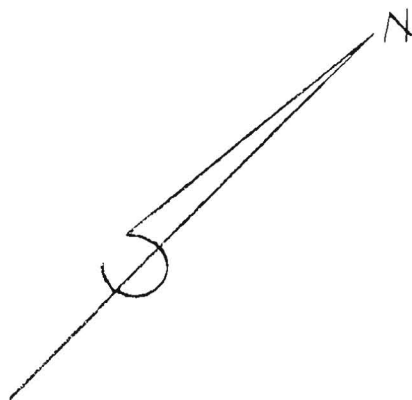
TYPICAL: FLOORS 1-5



RECEIVED

JAN - 7 Rec'd

COPY OF ORIGINAL  
FILED AT PORTLAND



SCALE: 1" = 10'

# BASEMENT

