

040162

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 390.00 Zone _____ Map # _____ Lot# _____

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

Owner: Fors River Co. Phone # 772-6404

Address: 5 Milk St. Portland 04112

LOCATION OF CONSTRUCTION 48 Free St.

Contractor: Aldenterprises Sub: _____
Address: 275 Forest Ave. Suite 167 Phone # 828-2914

Est. Construction Cost: 13,500 Proposed Use: office and retail

Post 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 cutting in six windows as per plans

Foundations:

- 1. Type of Soil: _____
- 2. Set Backs - Front _____ Rear _____ Side(s) _____
- 3. Footings Size: _____
- 4. Foundation Size: _____
- 5. Other _____

Floors:

- 1. Sills Size: _____ Sills must be anchored.
- 2. Girder Size: _____
- 3. Lally Column Spacing: _____ Size: _____
- 4. Joints 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 _____ Span(s) _____
- 4. Header Sizes _____
- 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

PERMIT ISSUED

Date July 28, 1993

Inside Fire Limits _____

Blgd Code _____

Time Limit _____

Estimated Cost 13,500

Subdivision: _____

Name: _____

Lot: MAP 16 1994

Ownership: _____

Public _____

Private _____

CITY OF PORTLAND

Zoning: B3 PAD
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) W.A.H. 8-2-93

Ceiling:

1. Ceiling Joist Size: _____
2. Ceiling Strapping Size _____ Spacing _____ Not in District or Technical. Does not require review.
3. Type Ceiling: _____ Size _____ Requires Review.
4. Insulation Type _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____ Approved.
2. Sheathing Type _____ Size _____ Approved with conditions.
3. Roof Covering Type _____

Chimneys: _____ Number of Fire Places _____

Heating: _____ Type of Heat: _____

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

Plumbing: _____

1. Approval of local code if required _____
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 Lat Inl

Signature of Applicant Glen Alden Date 7/28/93

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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