PERMIT # 001481

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: R.B.K. Trust - 761-4070

Address: 306 Congress St., Portland, ME 04101

LOCATION OF CONSTRUCTION: 96 Winter St. - Basement Area

CONTRACTOR: The Brendan Group ~~SUBCONTRACTOR~~: same

ADDRESS: _____

Est. Construction Cost: $4,000.00 Type of Use: 5-Fam

Past Use: same

Building Dimensions L ___ W ___ Sq. Ft. ___ # Stories: ___ Lot Size: ___

If Proposed Use: ___ Seasonal ___ Condominium ___ Apartment

___ Conversion - Explain: To renovate basement area, sheetrock, studding, trim molding, etc.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units ___ # Of New Dwelling Units ___ Apartment Unit. No: Extra Units.

For Official Use Only

Date: December 1, 1988

Inside Fire Limits: ___

Bldg Code: ___

Time Limit: ___

Estimated Cost: $4,000.00

Value/Structure: ___

Fee: $40.00

Subdivision: Yes / No

Name: ___

Lot: ___

Block: ___

Permit Expiration: ___

Ownership: ___ Public ___ Private

PERMIT ISSUED

DEC 9 1988

City Of Portland

Foundation:

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

Floor:

1. Sills Size: ___
2. Girder Size: ___ Sills must be anchored.
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 ___ Spacing ___
2. Sheathing Type ___ Size ___
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: Joyce M. Rinaldi

Signature of ~~Owner~~ Applicant: [signature] Date: 12/1/88

Signature of CEO: [signature] Date: ___

Inspection Dates: ___

White-Tax Assesor Yellow-GPCOG White Tag -CEO

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