

PERMIT # \_\_\_\_\_ PORTLAND BUILDING PERMIT APPLICATION DATE 8/11/87 PERMIT ISSUED

**I. GENERAL INFORMATION**  
 Location/address of construction Brakbett Street 315  
 1. Owner's name Thomas & Anette McGURRAN Tel. 774-1913  
 Address 7 Fairlawn Sq, Portland  
 2. Lessee's name \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_  
 3. Contractor's name William Emerson Tel. 985-4307  
 Address 33 Intervale Road, Kennebunk 04043  
 4. Is this a legally recorded lot? yes \_\_\_\_\_ no \_\_\_\_\_

**AUG 12 1987**  
**City of Portland**

**II. DESCRIPTION OF WORK:**

~~RENOVATION~~ to refinish bedroom and put in skylight as per plans

send permit to #3 will pick up on Thursday if ready

**III. BUILDING DIMENSIONS:** length \_\_\_\_\_ width \_\_\_\_\_ square footage \_\_\_\_\_ height \_\_\_\_\_ #stories \_\_\_\_\_

**IV. ZONE** R-10 Street frontage \_\_\_\_\_ Zoning board approval no  yes  date \_\_\_\_\_  
 Setback: front \_\_\_\_\_ back \_\_\_\_\_ side \_\_\_\_\_ side \_\_\_\_\_ Planning board approval no  yes  date \_\_\_\_\_

**V. REVIEW REQUIRED:** variance \_\_\_\_\_ other \_\_\_\_\_  
 site plan \_\_\_\_\_ subdivision \_\_\_\_\_ shore \_\_\_\_\_ floodplain mgmt \_\_\_\_\_  
 Number of off-street parking spaces: enclosed \_\_\_\_\_ outdoor \_\_\_\_\_

**VI. FEES:**  
 base fee \_\_\_\_\_ other fees \_\_\_\_\_  
 subdivision fee \_\_\_\_\_ late 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 _____ # fireplaces _____
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 _____ ill height _____ 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:**  
 TAX MAP # \_\_\_\_\_  
 LOT # \_\_\_\_\_  
 VALUE/STRUCTURE \_\_\_\_\_  
 PERMIT EXPIRATION \_\_\_\_\_

**IX. NEW OR PHASED SUBDIVISION REFERENCE:**  
 Name \_\_\_\_\_  
 Lot \_\_\_\_\_  
 Block \_\_\_\_\_

CODE \_\_\_\_\_ If other, explain \_\_\_\_\_  
**X. PROPOSED USE:** 104-3 family Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

**XI. PAST USE:** \_\_\_\_\_  
**XII. OWNERSHIP:** PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

**XIII. EST. CONSTRUCTION COST:** 750.00 **XIV. GR. SQ. FT. OF LOT BUILDING:** \_\_\_\_\_

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

**XV. RESIDENTIAL BUILDINGS ONLY:**  
 # NEW DWELLING UNITS WITH: 1 BDRM 2 BDRMS 3 BDRMS  
 # EXISTING DWELLING UNITS WITH: \_\_\_\_\_

**XVI. # RESIDENTIAL UNITS:**  
 # NEW DWELLINGS \_\_\_\_\_  
 # EXISTING DWELLINGS \_\_\_\_\_  
 TOTAL RESIDENTIAL UNITS \_\_\_\_\_

<b>APPROVALS BY:</b> BUILDING INSPECTION - PLAN EXAMINER _____ ZONING _____ C.E.O. _____ FIRE DEPT. _____	<b>DATE</b> _____	<b>MISCELLANEOUS</b> Will work require disturbing of any tree on a public street? _____ Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? _____
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**NOTE TO APPLICANT:** Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals.

District No. <u>5</u>	XVII. SIGNATURE OF APPLICANT <u>William Emerson</u> PHONE # <u>985-4307</u> TYPE NAME OF ABOVE <u>William Emerson</u> PHONE # <u>774-1913</u>
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White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector  
MA, Leary