

PERMIT # 001507

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Restoration Assoc.

Address: P. O. Box 221 South Freeport, Maine 04078

LOCATION OF CONSTRUCTION: 263 York St. Portland

CONTRACTOR: Self SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Est. Construction Cost: 19,000 Type of Use: 2 family

Past Use: 2 family

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

Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain Interior Renovations/Including Adding \_\_\_\_\_

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 3 floor bathroom Residential Buildings Only

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundations:

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

Floors:

- 1. Beams Size: \_\_\_\_\_ Beams 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 Size \_\_\_\_\_ 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 Size \_\_\_\_\_ Span(s) \_\_\_\_\_
- 3. Wall Covering Type \_\_\_\_\_
- 4. Fire Wall if required \_\_\_\_\_
- 5. Other Materials \_\_\_\_\_

For Official Use Only

Date: 12/16/88 Subdivide: Yes / No \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
 IRG Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Block \_\_\_\_\_  
 Estimated Cost: \$19,000 Permit Expiration: \_\_\_\_\_  
 Value/Structure \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
 Fee: \$95.00

Ceilings:

- 1. Ceiling Joists Size: \_\_\_\_\_
- 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
- 3. Type Ceiling: \_\_\_\_\_
- 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 Fixtures: \_\_\_\_\_
- 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: \_\_\_\_\_ Subdivides: \_\_\_\_\_  
Shore and Floodplain Mgmt: \_\_\_\_\_ Special Exception: \_\_\_\_\_  
Other: (Explain) \_\_\_\_\_  
Date Approved: \_\_\_\_\_

Permit Received By: Latini

Signature of Applicant: [Signature] Date: 12/16/88

Signature of CEO: [Signature] Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_