

924003

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$45. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Paul M. Clough Phone # 773-5761
Address: 39 Washburn St- Ptld, ME 04101 \$
LOCATION OF CONSTRUCTION 64 Payson St.
Contractor: John J. Porter Inc. Sub: 787-3146
Address: Box 45; East Sebago, ME Phone # 04029
Est. Construction Cost: 4500 Proposed Use: 2-fam dwlg w renov Zoning:
Past Use: 2-fam dwlg
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 Demolish 2-level porch; Build deck - 8'x17'

For Official Use Only
Date 8/10/92 Subdivision: _____
Inside Fire Limits _____ Name AUG 13 1992
Bldg Code _____ Lot _____
Time Limit _____ Ownership: _____ Public _____ Private _____
Estimated Cost 4500

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) WJH 8-12-92

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 _____ Spac(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 _____ Spac(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____ NOT in District nor Landmark.
3. Type Ceiling: _____ Does not require review.
4. Insulation Type _____ Size _____ Requires Review.
5. Ceiling Height: _____
Roof:
1. Truss or Rafter Size _____ Span _____ Action: Approved
2. Sheathing Type _____ Size _____ Approved with conditions
3. Roof Covering Type _____
Chimneys:
Type: _____ Number of Fire Places _____ Date: 8/10/92
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.

HISTORIC PRESERVATION

Permit Received By Louise E. Chase
Signature of Applicant John J. Porter Date 8/10/92.
CEO's District John J. Porter

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO

6 M.A. Rowe

White - Tax Assessor