

PERMIT # 000700 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # 116B LOT# 001

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

Owner: Morse, Payson, Norys

Address: 130 Middle Street

LOCATION OF CONSTRUCTION 448 Forest Avenue

CONTRACTOR: Thaxter Company SUBCONTRACTORS: 774-5553

ADDRESS: P.O. Box 7231 DTS Portland

Est. Construction Cost: 85,000 Type of Use: retail

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

_____ Conversion - Explain _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

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 _____ 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 _____

For Official Use Only	
Date _____	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee _____	

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 _____ Span _____
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 B-2 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 OK. M. D. Turner June 10, 1988

Permit Received By Johanne Quint

Signature of Applicant _____ Date June 9, 1988

Signature of CEO J. P. Collins, Jr. Date 6-17-88

Inspection Dates _____

Mr. MacIsaac

PLOT PLAN



Done w/out Insp.

FEES (Breakdown From Front)

Base Fee \$ _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant _____ **Date** _____

PLUMBING APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND, ME

Street Subdivision Lot #: 448 FOREST AVE

PROPERTY OWNERS NAME

Last: KEMMO' COPPEE First: _____

Applicant Name: AIRTEMP

Mailing Address of Owner/Applicant (If Different): 11 WALLACE AVE. S. PORTLAND, ME. 04106

PORTLAND 5865 TOWN COPY

Date Permit Issued: 9/13/96

\$ _____ FEE If Double Fee Charged

L.P.I. # 0124

Local Plumbing Inspector Signature: [Signature]

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature]

Date: 9/13/96

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: David Jordan

Date Approved: 2-18-97

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER — SPECIFY COPY CENTER

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER / MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 05685

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2		Column 1	
	Description	Number	Type of Fixture	Number	Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
	OR		Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	2	Wash Basin
	OR		Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator		Dish Washer
	Number of Hook-Ups & Relocations		Dental Cuspidor		Garbage Disposal
\$	Hook-Up & Relocation Fee		Bidet		Laundry Tub
	OR		Other: _____		Water Heater
		TRANSFER FEE (\$6.00)		Fixtures (Subtotal) Column 2	4
				-0-	Fixtures (Subtotal) Column 2
				4	Total Fixtures
\$				16	Fixture Fee
\$					Transfer Fee
\$					Hook-Up & Relocation Fee
\$				16	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE