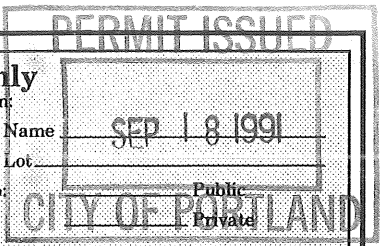


Please fill out any part which applies to job. Proper plans must accompany form.

Owner: _____ Phone # _____
 Address: _____
 LOCATION OF CONSTRUCTION _____
 Contractor: _____ Sub.: _____
 Address: _____ Phone # 774-7411
 Est. Construction Cost: 300.00 Proposed Use: add balcony 1-fam
 Past Use: deck 1-fam
 # 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 take down existing deck replace with balcony

For Official Use Only

Date _____ Subdivision _____
 Inside Fire Limits _____ Name SEP 18 1991
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: Public Private
 Estimated Cost _____



Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ 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) _____

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 _____

Ceiling: **HISTORIC PRESERVATION**
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ Not in District nor Landmark.
 3. Type Ceilings: _____ 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 _____ Denied.

Chimneys: _____
 Type: _____ Number of Fire Places _____ Date: 9/17/91
 Signature: _____

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.

Permit Received By Mary Grebik

Signature of Applicant [Signature] Date _____

CEO's District _____

CONTINUED TO REVERSE SIDE

PLOT PLAN



FEES (Breakdown From Front)

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

Inspection Record

Type	Date
<i>MS</i>	<i>1 / 1</i>
<i>never called - work</i>	<i>1 / 1</i>
<i>has been completed</i>	<i>1 / 1</i>
_____	<i>1 / 1</i>
_____	<i>1 / 1</i>
_____	<i>1 / 1</i>

COMMENTS

CERTIFICATION

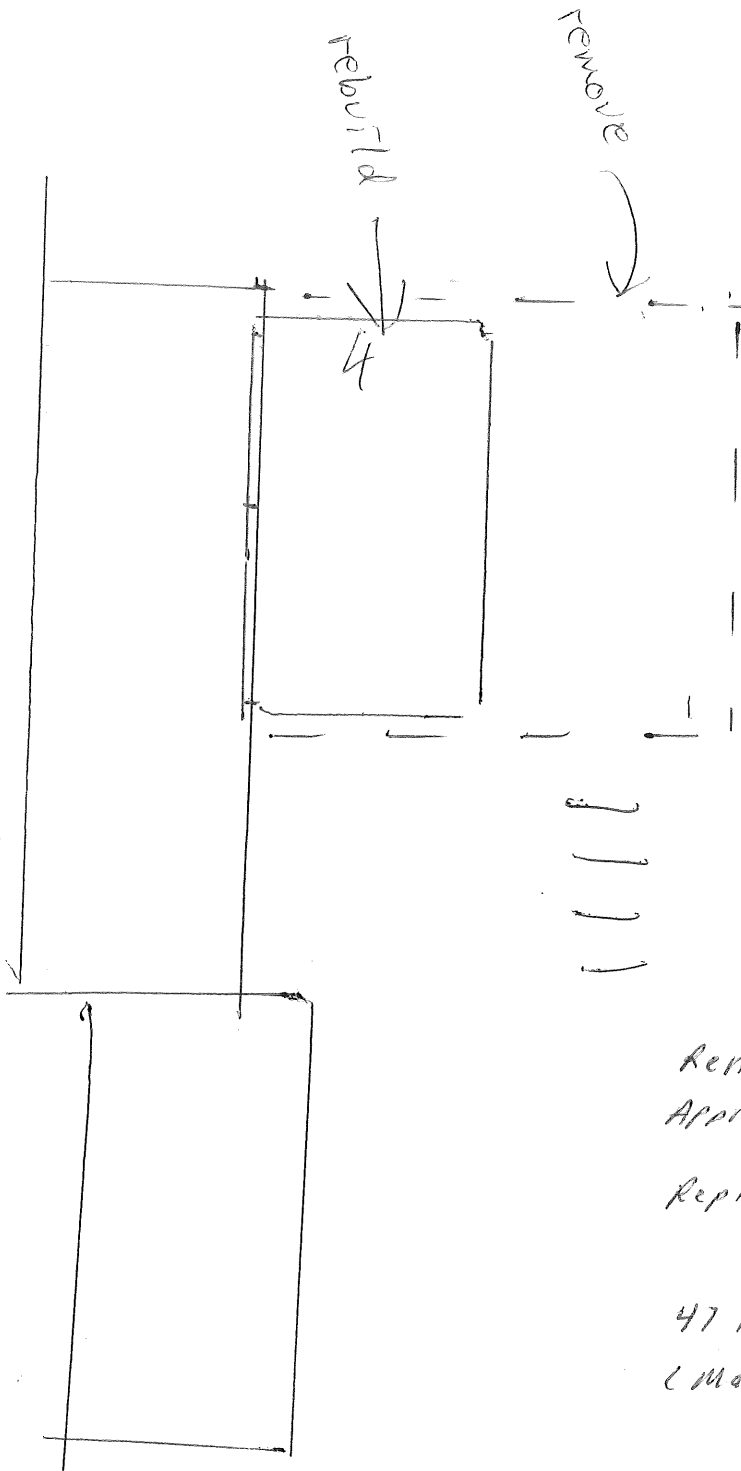
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

[Signature] _____ *43 Webster St.* _____ *774-7411*
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

SEP 1 1 1991

RECEIVED



Remove existing deck
Approx. 12' X 12', and steps.

Replace with 7' X 5'

47 Hale Street, Portland
(Mancini)

4' X 4' bracket

joist 2 X 6

16" on center

Pressure treated

Balusters 4" apart and all openings
Height of Rail 36" or more.