

923962

Permit # _____ City of _____ BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # 180-E-004 Lot# _____

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

Owner: _____ Phone # _____
 Address: _____
 LOCATION OF CONSTRUCTION _____
 Contractor: _____ Sub.: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 1-fam w tank
 Past Use: 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: install abv/grnd propane tank - 100 gal

For Official Use Only

Date _____ Subdivision: _____
 Inside Fire Limits _____ Name: JUL 31 1992
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: Public _____ Private _____
 Estimated Cost _____

Zoning:
 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) _____

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:

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: Date: _____
 Type: _____ Number of Fire Places _____ 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: Type: _____
 _____ x _____ Square Footage _____
 Must conform to National Electrical Code and State Law.

PERMIT ISSUED WITH LETTER

Signature of Applicant _____ Date _____
 CEO's District _____

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

PERMIT ISSUED WITH LETTER

PLOT PLAN



Done without Insp.

FEES (Breakdown From Front)

Base Fee \$ 25-

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

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 OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

July 31, 1992

RE: 67 Mabel Street

Dear River Company
Box 467
Scarboro, ME 04070

Dear Sir:

Your application to install above ground propane tank-100 gallon, has been reviewed and a permit is herewith issued subject to the following requirement:

The storage system for liquefied petroleum gas shall be designed and installed in accordance with N.F.P.A. 58.

If you have any questions regarding this requirement, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

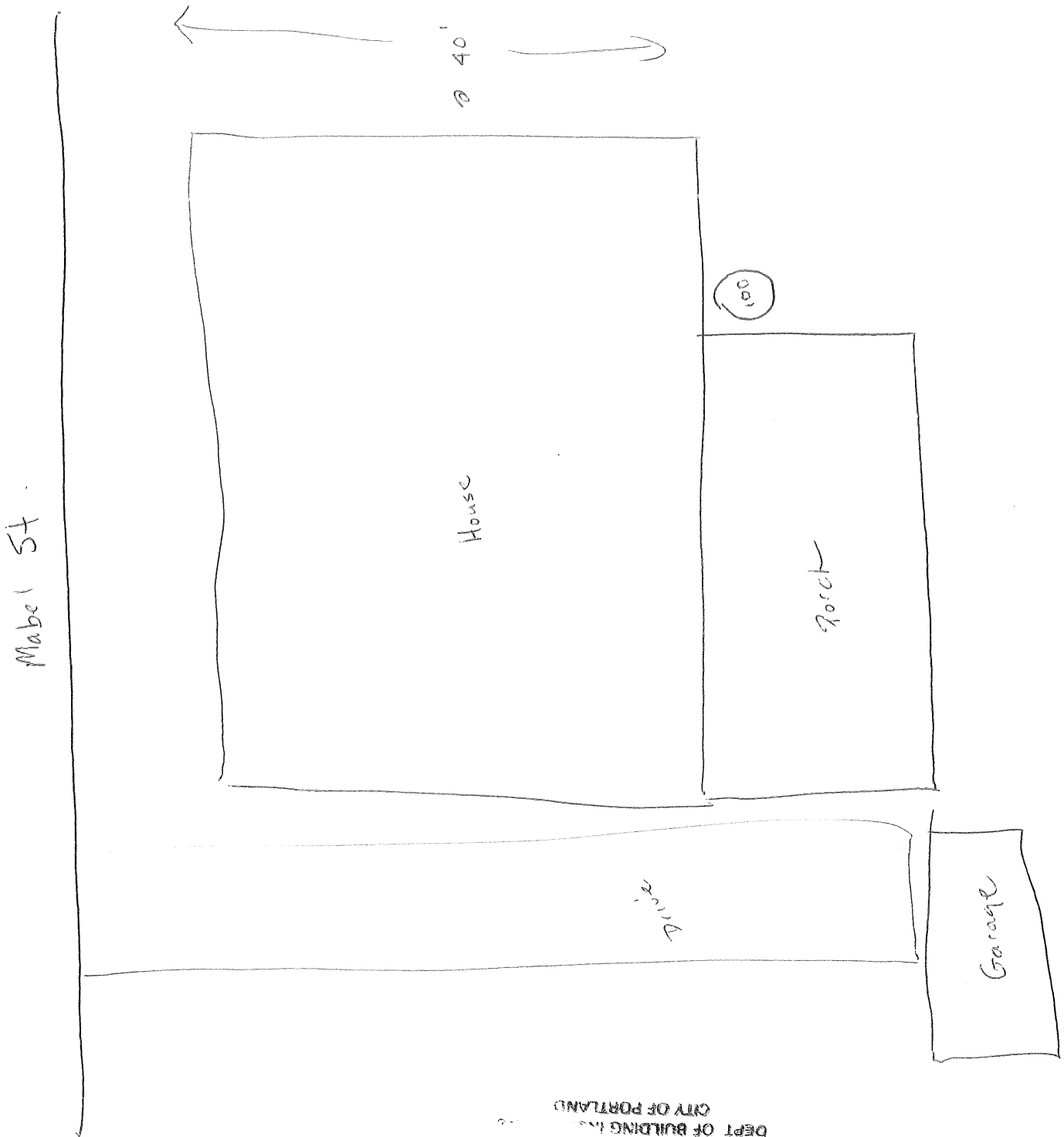
/el

cc: LT. Wallace Garroway, Fire Prevention Bureau

Joe Foley
67 Mabel St.
Portland

775-2577

Single family



DEPT OF BUILDING INSPECTION
CITY OF PORTLAND
JUL 27 1992
RECEIVED