

913296

181-D-009

Permit # \_\_\_\_\_ City of \_\_\_\_\_ BUILDING PERMIT APPLICATION Fee \_\_\_\_\_ Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: 97 Westminster Av.  
 LOCATION OF CONSTRUCTION \_\_\_\_\_  
 Contractor: \_\_\_\_\_ Sub.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
 \_\_\_\_\_ Past Use: \_\_\_\_\_  
 # 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 \_\_\_\_\_

**For Official Use Only**

Date \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name: DEC 10 1991  
 Bldg Code \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_

**PERMIT ISSUED**  
**CITY OF PORTLAND**

Zoning: R-3  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required: 14-436  
 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:**

- Type of Soil: \_\_\_\_\_
- Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
- Footings Size: \_\_\_\_\_
- Foundation Size: \_\_\_\_\_
- Other \_\_\_\_\_

**Ceiling:**

- Ceiling Joists Size: \_\_\_\_\_
- Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Type Ceilings: \_\_\_\_\_
- Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
- Ceiling Height: \_\_\_\_\_

**Floor:**

- Sills Size: \_\_\_\_\_ Sills must be anchored.
- Girder Size: \_\_\_\_\_
- Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
- Joists Size: \_\_\_\_\_ Spacing 16" O.C.
- Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Other Material: \_\_\_\_\_

**Roof:**

- Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
- Roof Covering Type \_\_\_\_\_

**Chimneys:**  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Date: \_\_\_\_\_

**Exterior Walls:**

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- No. windows \_\_\_\_\_
- No. Doors \_\_\_\_\_
- Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
- Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
- Corner Posts Size \_\_\_\_\_
- Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
- Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
- Masonry Materials \_\_\_\_\_
- Metal Materials \_\_\_\_\_

**Heating:** Type of Heat: \_\_\_\_\_

**Electrical:** Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:**

- Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_
- No. of Tubs or Showers \_\_\_\_\_
- No. of Flushes \_\_\_\_\_
- No. of Lavatories \_\_\_\_\_
- No. of Other Fixtures \_\_\_\_\_

**Interior Walls:**

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
- Wall Covering Type \_\_\_\_\_
- Fire Wall if required \_\_\_\_\_
- Other Materials \_\_\_\_\_

**Swimming Pools:**

- Type: \_\_\_\_\_
- Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
- Must conform to National Electrical Code and State Law.

Permit Received By \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**  
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CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

**PLOT PLAN**



**FEES (Breakdown From Front)**  
 Base Fee \$ 210-  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

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

**COMMENTS**

*1/22/92 - Create Permit - ok to issue 1/22/92*  
*2/19/92 - Permitting ok - proceed to Close & Finish 2/19/92*

**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. 283 1876

\_\_\_\_\_  
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.