

923998

182-D-003

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: Richardson Phone # 775-0865

Address: 11 Woodfield Road Portland 04102

LOCATION OF CONSTRUCTION 11 Woodfield Rd.

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 change of use single family to single family with day care

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: August 6, 1992 Subdivision: _____
 Inside Fire Limits _____ Name: AUG 12 1992
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: _____ Public
 Estimated Cost _____ Private

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) _____

Ceiling:

- 1. Ceiling Joists Size: _____ **HISTORIC PRESERVATION**
- 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 _____
- 2. Sheathing Type _____ Size _____ **Action: Approved.**
- 3. Roof Covering Type _____ **Approved with Conditions**

Chimneys:

Type: _____ Number of Fire Places _____ Date: _____

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 Latini

Signature of Applicant _____ Date 8/6/92

CEO's District _____

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

White - Tax Assessor

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

4 MacCarroll

PLOT PLAN



done w/out inspection

FEES (Breakdown From Front)

Base Fee \$ 25.00 Change of Use _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

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

COMMENTS

2 copies of floor plan submitted

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.

[Handwritten Signature]

SIGNATURE OF APPLICANT

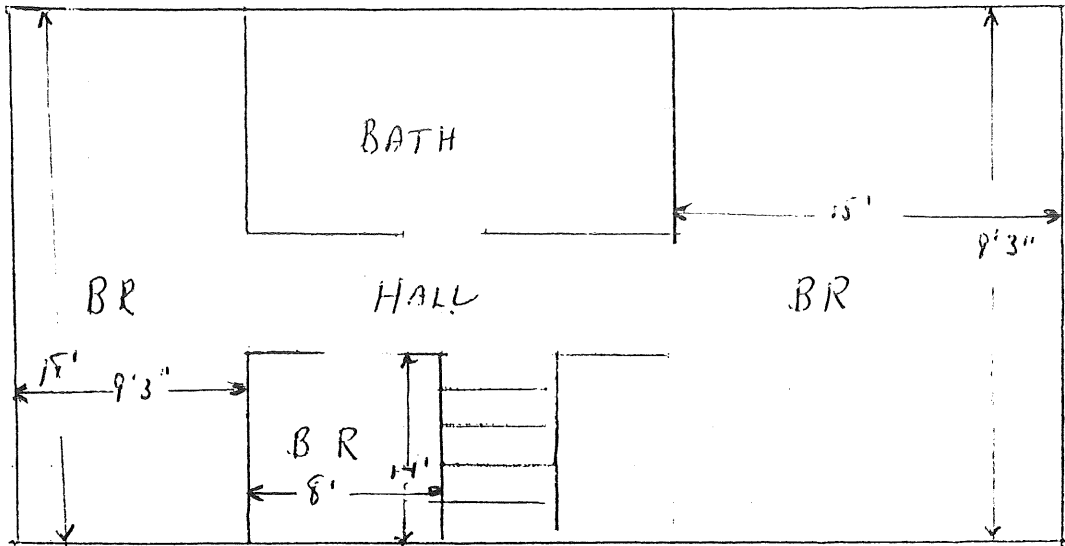
ADDRESS

PHONE NO.

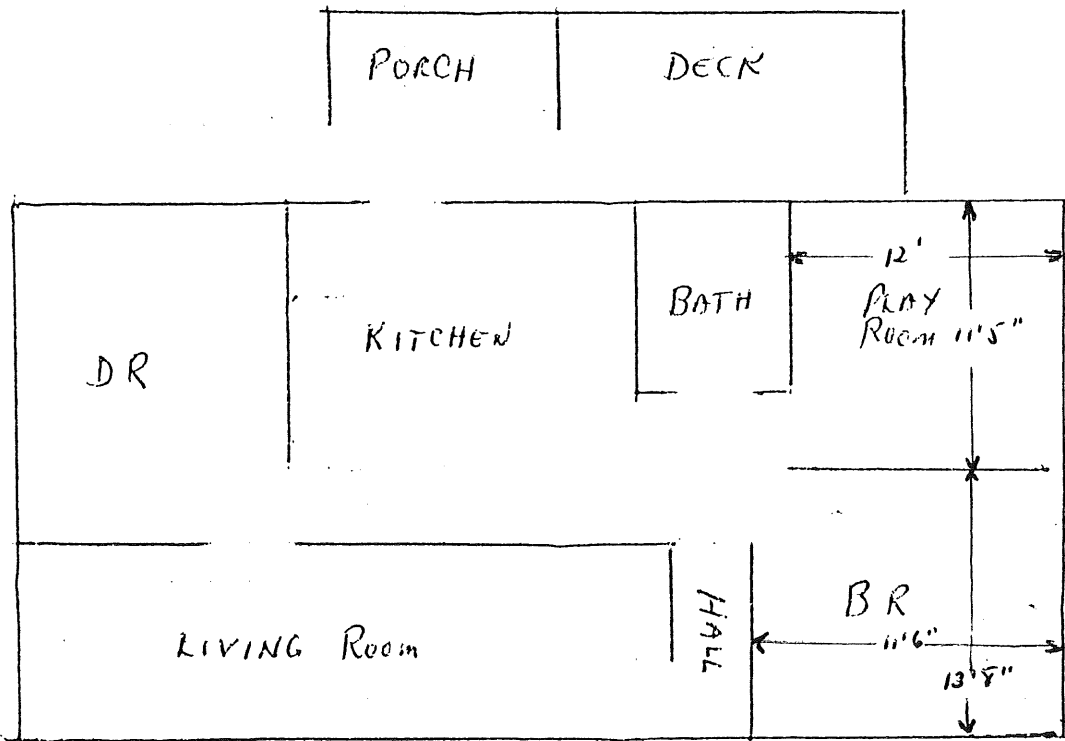
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

Mildred
NICHARDSON, Rupert
11 WOODFORD ROAD
PORTLAND, ME



SECOND FLOOR

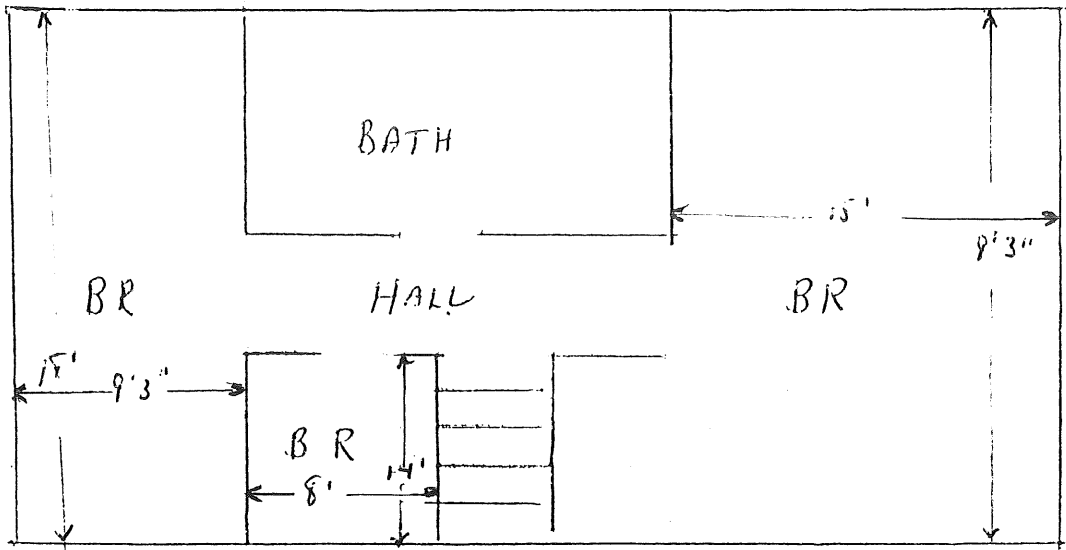


FIRST FLOOR

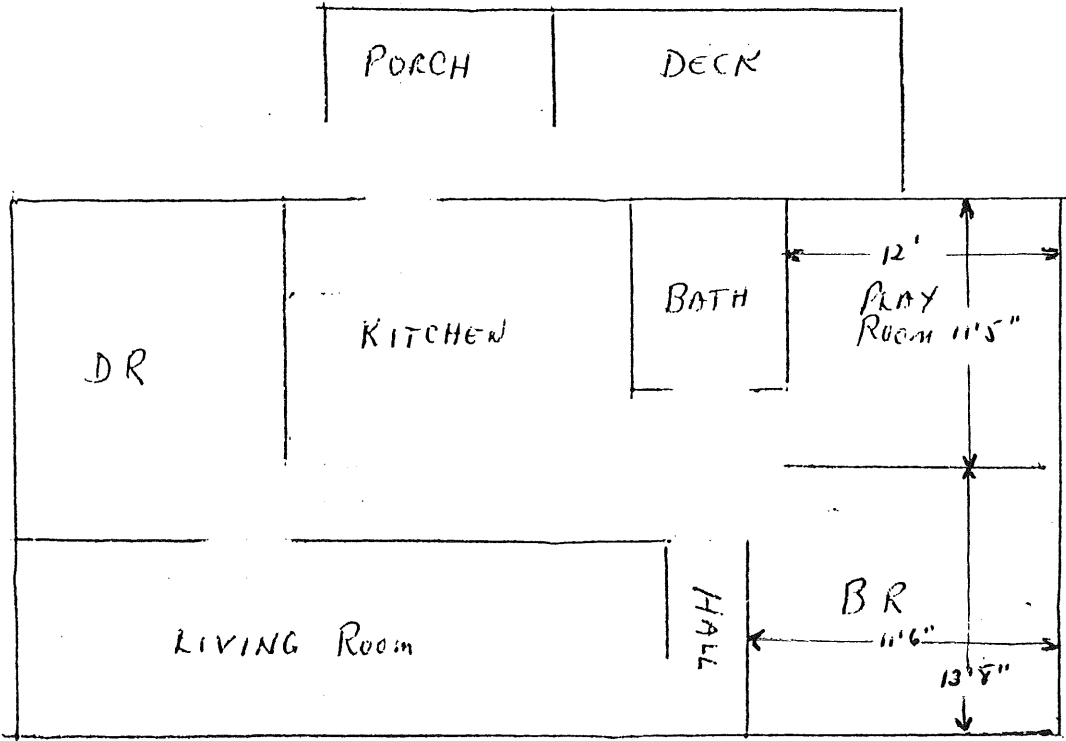
RECEIVED
AUG - 6 1992

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

Mildred NICHARDSON
11 WOODFIELD ROAD
PORTLAND, ME



SECOND FLOOR



FIRST FLOOR

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