

912943

184-D-15

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: _____

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: **AUG 19 1991**
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: **Public**
 Estimated Cost _____ **Private**

PERMIT ISSUED
CITY OF PORTLAND

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:
 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: _____

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 _____

Signature of Applicant _____ Date _____

CEO's District **4** _____

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

PLOT PLAN



Paul Federico

FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ <u>20.00</u>			/ /
Subdivision Fee \$ _____			/ /
Site Plan Review Fee \$ _____			/ /
Other Fees \$ _____			/ /
(Explain) _____			/ /
Late Fee \$ _____			/ /

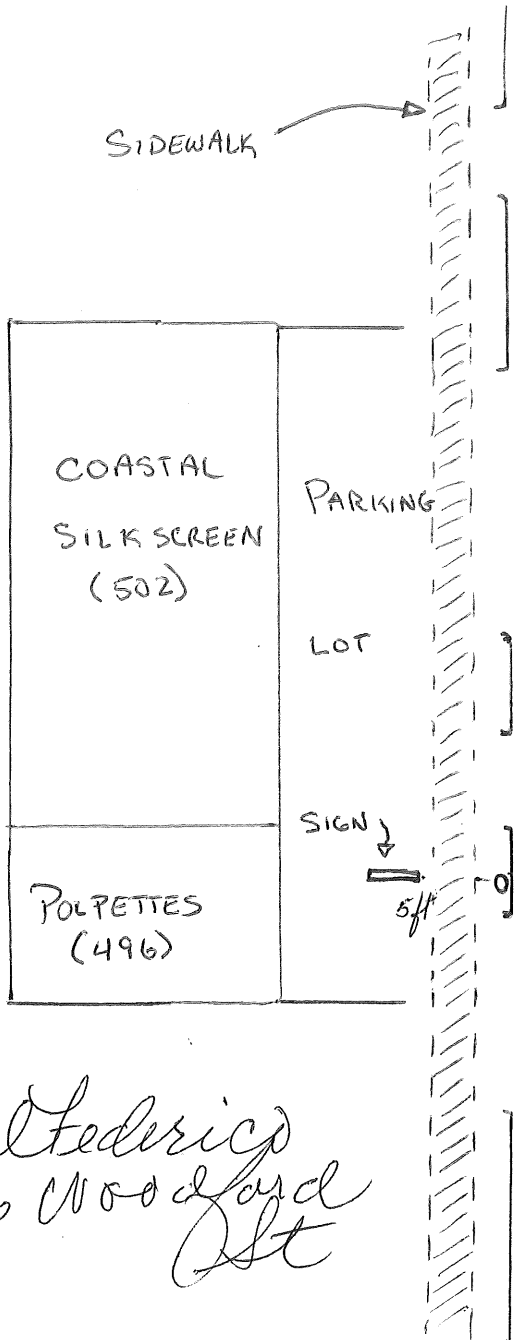
COMMENTS for two moths 8/14/91 to 10/14/91 temporary sign as per plan

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.

Paul Federico 496 Woodford St 761 6622
SIGNATURE OF APPLICANT ADDRESS PHONE NO.

Paul Federico 761-6622
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.



WOODFORD ST

Paul Federico
496 Woodford St