

**CERTIFICATE OF APPROVAL
FOR INTERNAL PLUMBING**

TOWN/CITY CODE: **05170** LPI NUMBER: **00123** DATE PERMIT ISSUED: **18 23 82** THE TOWN/CITY OF: Portland No **63558 IC**

Installer's Name: **CAWDETT** F. I. M. I. **CJ** Installer Code: **2**

Owner: Alvin L. Dickman

Address: 15 N. Irving Street Subdivision: St. James

(Location where plumbing was done and inspected)

- Certificate of App. Number
1. Owner
 2. Licensed Master Plumber
 3. Licensed Oil Burnerman
 4. Employee of Public Utility
 5. Manufactured Housing Dealer
 6. Manufactured Housing Mechanic
 7. Limited License

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING RULES.

Alvin L. Dickman has furnished this
Alvin L. Dickman

OWNER'S COPY
*It there was no leak
 so I checked of as he is a plumber that can be held to do it right.*

Signature of LPI: _____
 Date Inspected: **SEP 28 1982**
 ORIGINAL - To be sent to: Department of Human Services
 Division of Health Engineering



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

STATE OF MAINE
01612

Portland, Maine, September 21, 1955

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 17 Whitney Ave. Use of Building Dwelling No. Stories 1 1/2 New Building Existing "
Name and address of owner of appliance F. J. Kilmartin, 17 Whitney Ave.
Installer's name and address Peterson Oil Co., 377 Cumberland Ave. Telephone 3-7209

General Description of Work

To install ~~steam boiler~~ oil burning equipment in connection with existing steam heat

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same flue
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner William-Oil-O-Matic Labeled by underwriters' laboratories? yes
Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner cement Size of vent pipe 1 1/4"
Location of oil storage basement Number and capacity of tanks 1-275
Low water shut off yes Make Watts No. 89A
Will all tanks be more than five feet from any flame? yes How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners none

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:
O.K. 9/21/55 - ajs

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Peterson Oil Co.,

Signature of Installer By: [Signature]

INSPECTION COPY

C17-254-1M-M.R.R.E

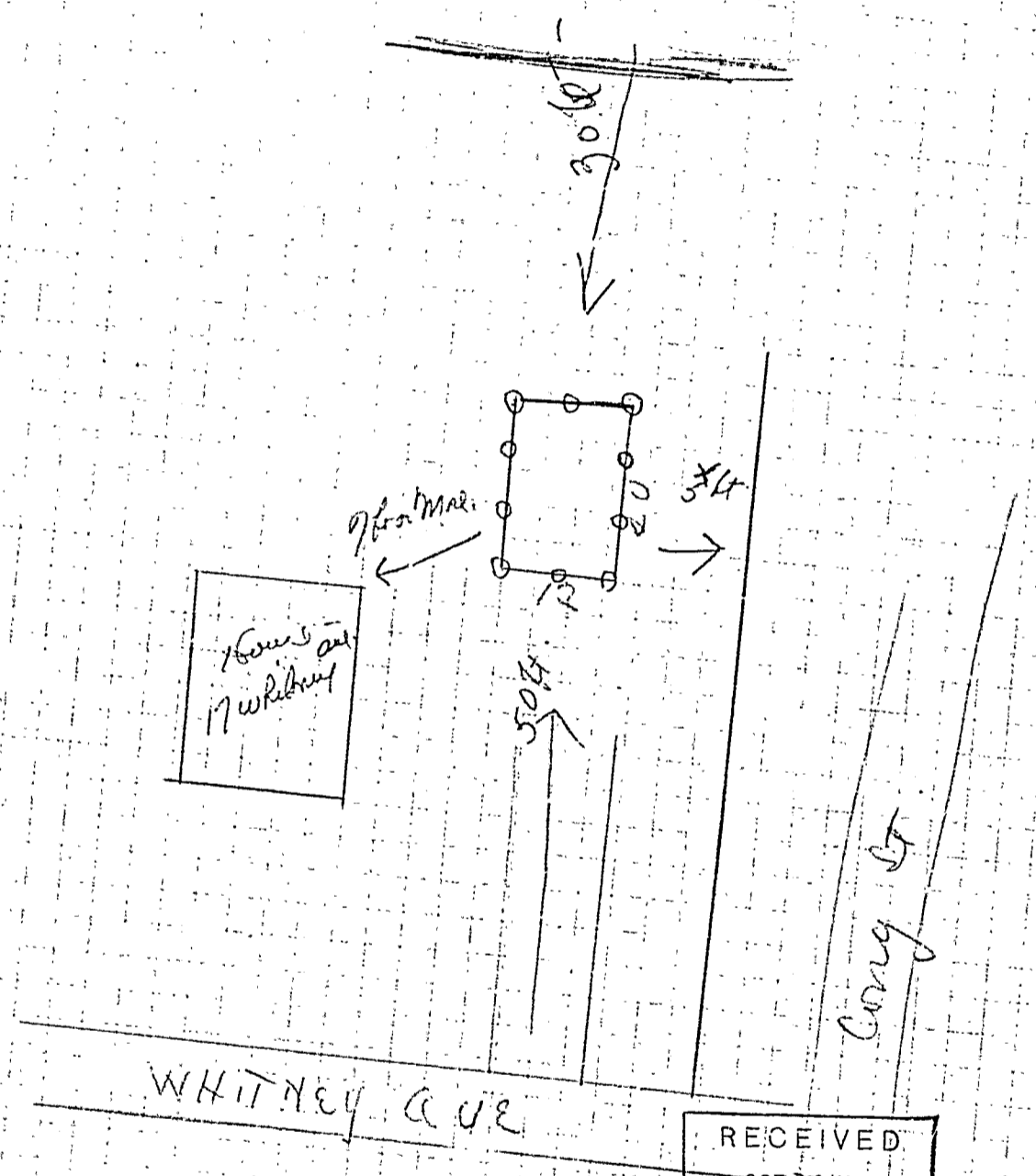
Handwritten initials

STATEMENT ACCOMPANYING APPLICATION FOR BUILDING PERMIT

for Garage Date October 20, 1948
at 17 Whitney Avenue

1. In whose name is the title of the property now recorded? P. J. Kilmartin
2. Are the boundaries of the property in the vicinity of the proposed work shown clearly on the ground, and how? _____
3. Is the outline of the proposed work now staked out upon the ground? yes
If not, will you notify the Inspection Office when the work is staked out and before any of the work is commenced? _____
4. What is to be maximum projection or overhang of eave or drip? 8"
5. Do you assume full responsibility for the correctness of the location plan or statement of location filed with this application, and does it show the complete outline of the proposed work on the ground, including bay windows, porches and other projections? yes
6. Do you assume full responsibility for the correctness of all statements in the application concerning the sizes, design and use of the proposed building? yes
7. Do you understand that in case changes are proposed in the location of the work or in any of the details specified in the application that a revised plan and application must be submitted to this office before the changes are made? yes

P. J. Kilmartin



RECEIVED
 OCT 20 1943
 DEPT. OF BLD'G. INSP.
 CITY OF SEATTLE

Permit No 48/1951
1. Location 17 Whitney Ave
Owner P. J. Kilmarin
Date of permit 10/22/48
Notif. closing-in
Inspn. closing-in
Final Notif.
Final Inspn. 1/19/49
Cert. of Occupancy issued none

NOTES

~~10/21/48 - initial
C.R. for SIS
1/19/49 - work done
E.S.S.~~



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date Oct. 17, 19 84
 Receipt and Permit number 06006

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 15 Whitney Avenue
 OWNER'S NAME: Ronald Malone ADDRESS: 147 Clinton St.

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	
FIXTURES: (number of)					
	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead <input checked="" type="checkbox"/> _____	Underground _____	Temporary _____	TOTAL amperes <u>100</u>	<u>3.00</u>
METERS: (number of)	<u>2</u>				<u>1.00</u>
MOTORS: (number of)					
	Fractional _____				
	1 HP or over _____				
RESIDENTIAL HEATING:					
	Oil or Gas (number of units) _____				
	Electric (number of rooms) _____				
COMMERCIAL OR INDUSTRIAL HEATING:					
	Oil or Gas (by a main boiler) _____				
	Oil or Gas (by separate units) _____				
	Electric Under 20 kws _____	Over 20 kws _____			
APPLIANCES: (number of)					
	Ranges _____	Water Heaters _____			
	Cook Tops _____	Disposals _____			
	Wall Ovens _____	Dishwashers _____			
	Dryers _____	Compactors _____			
	Fans _____	Others (denote) _____			
	TOTAL _____				
MISCELLANEOUS: (number of)					
	Branch Panels _____				
	Transformers _____				
	Air Conditioners Central Unit _____				
	Separate Units (windows) _____				
	Signs 20 sq. ft. and under _____				
	Over 20 sq. ft. _____				
	Swimming Pools Above Ground _____				
	In Ground _____				
	Fire/Burglar Alarms Residential _____				
	Commercial _____				
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____				
	over 30 amps _____				
	Circus, Fairs, etc. _____				
	Alterations to wires _____				
	Repairs after fire _____				
	Emergency Lights, battery _____				
	Emergency Generators _____				

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 4.00
 min 5.00

INSPECTION: Will be ready on _____, 19 ____; or Will Call XX
 CONTRACTOR'S NAME: Earl Knowles
 ADDRESS: 12 Weymouth St.
 TEL.: 775-0560
 MASTER LICENSE NO.: 03458
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:
Earl Knowles

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

901886

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$90. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Norman D. Murray Phone # 775-2499
 Address: 16 Whitney Ave; Ptd. ME 04102
 LOCATION OF CONSTRUCTION 16 Whitney Ave.
 Contractor: Gibraltar Pools Sub: _____
 Address: Medford, MA Phone # _____
 Est. Construction Cost: 14,000 Proposed Use: 1-fam wi pool
 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 Construct an above-ground pool

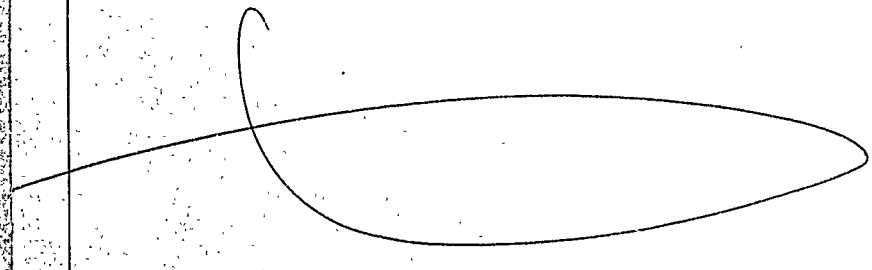
For Official Use Only **PERMIT ISSUED**
 Date 8/30/90 Subdivision Name _____
 Inside Fire Limits _____ Lot SEP 10 1990
 Bldg Code _____ Ownership: _____ Public _____
 Time Limit _____ Estimated Cost: 14,000 **City Of Portland**
 Zoning: N-5 Residence Ok. MST. 7/1/89
 Street Frontage Provided: _____
 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: 12'x24'
 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 _____
 Chimneys:
 Type: _____ Number of Fire Places _____ Signature: _____
 Heating:
 Type of Heat: Gas
 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 Louise E. Chase
 Signature of Applicant Celeste **PERMIT ISSUED** 8-30-90
 Signature of CEO Celeste **WITH LETTER**
 Inspection Dates _____

PLOT PLAN

9/2 - OK



FEES (Breakdown From Front)
Base Fee \$ 90-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

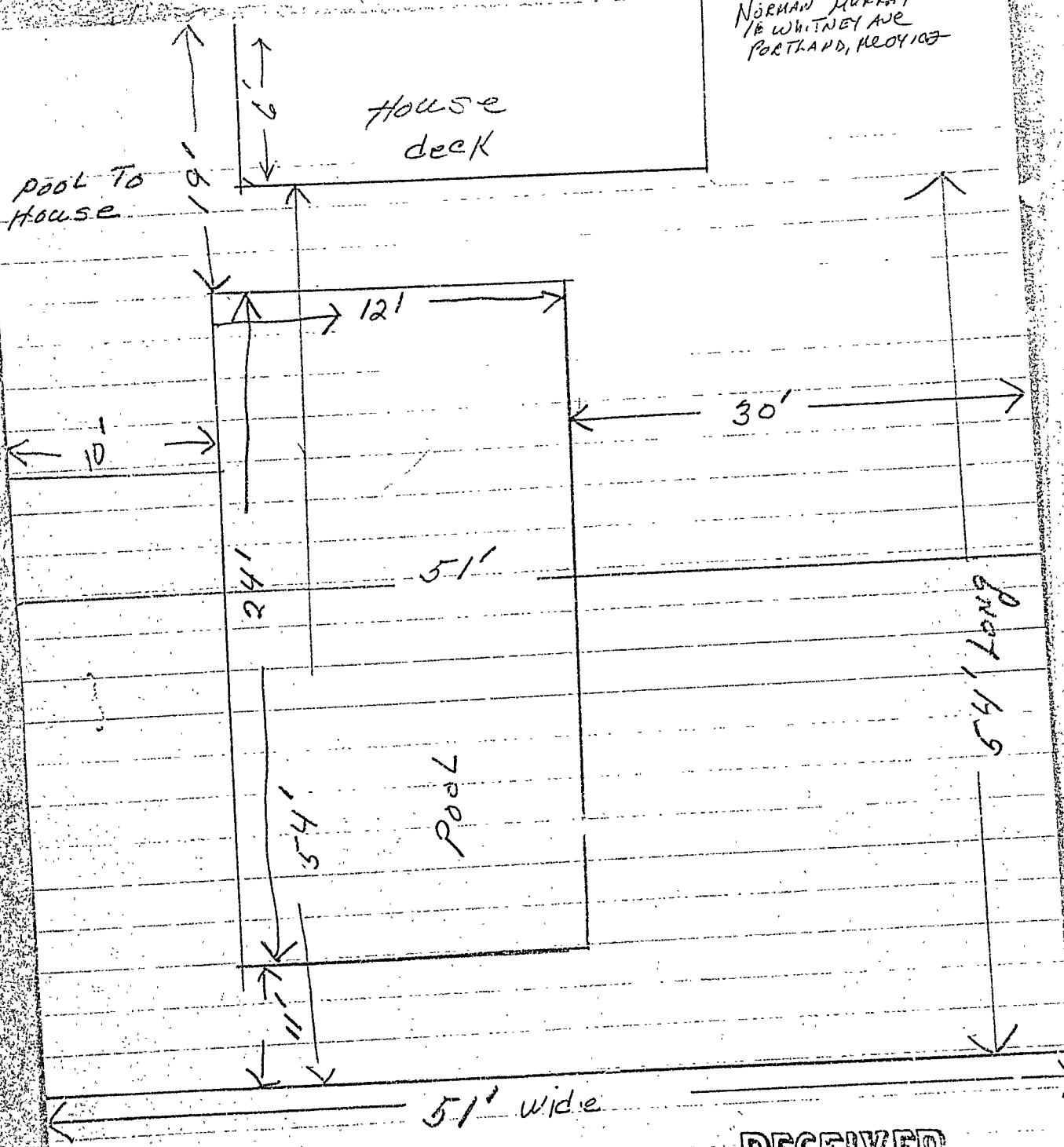
Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant Celeste R Murray

Date 8-30-90

NORMAN MURPHY
18 WHITNEY AVE
PORTLAND, ME 04103



RECEIVED

AUG 3 0 1990

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND



Seller: GIBRALTAR POOLS CORP.
 39 Riverside Avenue
 Medford Square
 Medford, MA 02155
 (617) 391-2424

Date 8-27, 1990

NORMAN D. A. CLESTE L. MURRAY
 Buyer 1's name and phone number

16 WINTHROP AVE.
 Buyer 1's address (include street, town, state and zip code)

PORTLAND ME 04102
 Buyer 2's name and phone number

207-775-2489
 Buyer 2's address (include street, town, state and zip code)

- Gibraltar Pool Inground Pool Kit Above Ground Pool

Swim Area Dimensions 12x24

Model NEW 1990

Outside Dimensions 16x32

Meaning of some words. In this agreement, the words "you" and "your" mean anyone signing this agreement as Buyer. The words "we", "us" and "our" mean Gibraltar Pools Corporation.

Your Pool. You are buying from us the swimming pool described in this agreement and the following accessories: NO OTHER EXTRAS

In this agreement, this swimming pool and these accessories are called "your pool." Seller hereby agrees to sell (subject to credit approval if the Buyer is not paying cash), and Buyer and any Co-Buyer shown above agree to buy, subject to the terms and conditions set forth below and upon the reverse side hereof, the following:

Your Custom Designed Pool includes the features checked below:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> G-90 STEEL BUTTRESSES AND SUPPORTS WITH BAKED ACRYLIC FINISH | <input checked="" type="checkbox"/> SAND FILTRATION SYSTEM: | <input checked="" type="checkbox"/> VACUUM CLEANER |
| <input checked="" type="checkbox"/> INTERLOCKING G-90 STEEL SIDE PANELS | <input checked="" type="checkbox"/> DELUXE HIGH RATE | <input checked="" type="checkbox"/> MAIN BOTTOM DRAIN |
| <input checked="" type="checkbox"/> ALUMINUM FENCE | <input type="checkbox"/> STANDARD | <input checked="" type="checkbox"/> PVC SAFETY COPING |
| <input checked="" type="checkbox"/> IN POOL LADDER: | <input checked="" type="checkbox"/> VIRGIN VINYL PRINTED LINER | <input checked="" type="checkbox"/> PUMP: |
| <input checked="" type="checkbox"/> STAINLESS STEEL | <input checked="" type="checkbox"/> FLUSH IN WALL SKIMMER | <input checked="" type="checkbox"/> DELUXE |
| <input type="checkbox"/> ALUMINUM | <input checked="" type="checkbox"/> TUFDEK | <input checked="" type="checkbox"/> STANDARD |
| | <input checked="" type="checkbox"/> 7" BOTTOM LEVELING CHANNEL | <input checked="" type="checkbox"/> STARTER CHEMICALS |
| | <input checked="" type="checkbox"/> ALUMINUM SAFETY LADDER | <input checked="" type="checkbox"/> TEST KIT |

Your pool includes only those features specifically included by the manufacturer of such pool unless otherwise indicated in writing in this agreement.

ASSEMBLY: Your pool will be assembled by you or us

LOCATION OF YOUR POOL. Your pool will be assembled at Buyer 1's address shown at the beginning of this agreement or, if not at

Summary of payment:

- | | | |
|--|---------------------|--|
| 1. Price of pool | \$ <u>13,995</u> | Other - Description _____ |
| 2. Less trade in (include description) ... | \$ _____ | |
| 3. Net price of pool | \$ _____ | |
| 4. Sales tax | \$ <u>699.75</u> | |
| 5. Total price (3 plus 4) | \$ <u>14,694.75</u> | |
| 6. Initial deposit <input type="checkbox"/> 4,000 <input type="checkbox"/> 2,000 <input type="checkbox"/> other \$ _____ | \$ <u>0</u> | <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Master Charge <input type="checkbox"/> Am. Express |
| 7. Total Balance due (5 less 6) | \$ _____ | |
| 8. Amount due on or before delivery | \$ _____ | |
| 9. Amount due on completion | \$ _____ | |
| 10. Amount to be financed, (7 less 8 and 9) | \$ <u>14,694.75</u> | <small>If a dollar amount is inserted, see separate Retail Installment Contract.</small> |

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

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 _____

Interior Walls:

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

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

2 MRS. LOWE

- Roof Sheathing Type _____ Size _____
- Roof Covering Type _____

Heating:

Type _____ Number of Fire Places _____

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 _____

Swimming Pools:

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

Permit Received By Louisa J. Chase

Signature of Applicant _____

Signature of CEO _____

Inspection Dates _____

PERMIT ISSUED
WITH LETTER

50-90

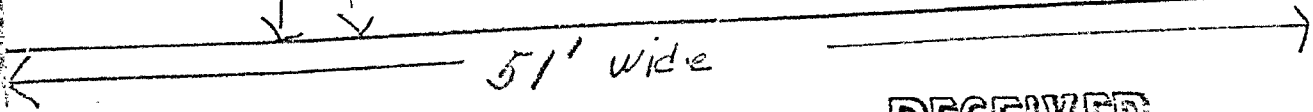
© Copyright GPCOG 1988

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

/ /
/ /
/ /
/ /

COMMENTS

Signature of Applicant Robert R Murray Date 8-30-90



RECEIVED

AUG 30 1990

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND

134

INERTLESS STEEL
 ALUMINUM

BOTTOM LEVELING CHANNEL
 ALUMINUM SAFETY LADDER

STANDARD
 STARTER CHEMICALS
 TEST KIT

Your pool includes only those features specifically included by the manufacturer of such pool unless otherwise indicated in writing in this agreement.

ASSEMBLY: Your pool will be assembled by you us

LOCATION OF YOUR POOL: Your pool will be assembled at Buyer 1's address shown at the beginning of this agreement or, if not at

Summary of payment:

		Other - Description
1. Price of pool	\$ 13,995	
2. Less trade in (include description)	\$	
3. Net price of pool	\$	
4. Sales tax	\$ 699.75	
5. Total price (3 plus 4)	\$ 14,694.75	
6. Initial deposit <input type="checkbox"/> 4,000 <input type="checkbox"/> 2,000 <input type="checkbox"/> other	\$ 0	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Master Charge <input type="checkbox"/> Am. Express
7. Total Balance due (5 less 6)	\$	
8. Amount due on or before delivery	\$	
9. Amount due on completion	\$	
10. Amount to be financed (7 less 8 and 9)	\$ 14,694.75	

If a dollar amount is inserted, see separate Retail Installment Contract.