

- 37-83 SEWALL STREET

3

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

00461

JUN 21 1982

June 21, 1982

ZONING LOCATION PORTLAND, MAINE

CITY of PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Part of B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION Fall Insurance Center - 1600 Congress St. Fire District 774-5197

1. Owner's name and address Telephone

2. Lessee's name and address Telephone

3. Contractor's name and address Telephone

Proposed use of building No. of sheets

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot Appeal Fees \$ 35.00

Estimated contractual cost \$ Base Fee 35.00

FIELD INSPECTOR—Mr. Late Fee 35.00

..... TOTAL \$ 35.00

@ 775-5451

To erect 80' x 110' tent to be used for
~~30 days, starting June 22 to July 22, 1982~~
 Certificate of flameproofing on file with
 fire Dept.

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work?

Is any electrical work involved in this work?

Is connection to be made to public sewer?

If not, what is proposed for sewage?

Has septic tank notice been sent?

Form notice sent?

Height average grade to top of plate

Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing Lumber—Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

MISCELLANEOUS

APPROVALS BY: DATE

BUILDING INSPECTION—PLAN EXAMINER

ZONING:

BUILDING CODE:

Fire Dept.:

Health Dept.:

Others:

Will work require disturbing of any tree on a public street?

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

774-8192

Signature of Applicant Phone #

Type Name of above 1 2 3 4

For Fall Insurance Center

3

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 6-17, 1981
 Receipt and Permit number 267257

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: 37-33 Sewall Street
 OWNER'S NAME: Deliverance Center ADDRESS: 1008 Congress Street

OUTLETS:	Receptacles	Switches	Plugmold	ft. TOTAL	FEES
FIXTURES: (number of)	Incandescent	Flourescent	(not strip)	TOTAL	
	Strip Flourescent	ft.			
SERVICES:	Overhead	Underground	Temporary	x TOTAL amperes	
METERS: (number of)	1				3.00
MOTORS: (number of)	Fractional				.50
	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: 3.50

INSPECTION:
 Will be ready on 6-17, 1981 or Will Call _____
 CONTRACTOR'S NAME: Rev. James Reynolds
 ADDRESS: 1008 Congress Street
 TEL: 774-8192
 MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: Madelyn Southard
 LIMITED LICENSE NO.: _____

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

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: 41 BERNALL ST

PROPERTY OWNERS NAME
CATHOLIC ASSOCIATION

Last: First:

Applicant Name: THE HOLDEN CO

Mailing Address of Owner/Applicant (if Different): 20 CAN 2009

PORTLAND Date Permitted: 9, 30, 88 PERMIT # 3, 188 FEE \$175.19 TOWN COPY FEE

Local Plumbing Inspector Signature: L.P.L. #

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Date: Local Plumbing Inspector Signature: Date Approved: JUN 2 1989

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

PERMIT INFORMATION

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

007-1988

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY: MEDICAL BLDG.

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 03488

Hook-Up & Piping Relocation (Maximum of 1 Hook-Up)	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hosebibb / Silcock	2	Bathtub (and Shower)
	25	Floor Drain	13	Shower (Separate)
OR	2	Urinal	28	Sink
	5	Drinking Fountain	22	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.	2	Indirect Waste	22	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	5	Laundry Tub
		Other: _____	2	Water Heater
Number of Hook-Ups & Relocations				
\$ Hook-Up & Relocation Fee	36	Fixtures (Subtotal) Column 2	93	Fixtures (Subtotal) Column 1
			36	Fixtures (Subtotal) Column 2
			129	Total Fixtures
			\$159.	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$159.	Permit Fee
				Total Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <i>63 Small</i>		Owner:	Phone:	Permit No: 950088
Owner Address:	Lease/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED JAN 19 1995 CITY OF PORTLAND
Contractor Name:	Address:	Phone:		
Past Use:	Proposed Use:	COST OF WORK: \$	PERMIT FEE: \$	Zoning Approval: <input type="checkbox"/> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description:		Signature:	Signature:	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:
Permit Taken By:	Date Applied For:			

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

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 his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all 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: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *1/17/95*

CEO DISTRICT *[Signature]*

COMMENTS

Done w/out insp.

	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____