Permit # ____ City of Portland BUILDING PERMIT APPLICATION Fee ____ Zone ____ Map # ____ Lot# Please fill out any part which applies to job. Proper plans must accompany form. DEDMIT ICCLIED TERIVITI IDDUE Owner: Shaw's Westgate Phone # 774-7661 For Official Use Only
Date _____ Address: 1372 Congress St Westgate Shopping Ctr. OCT 1 3 1992 LOCATION OF CONSTRUCTION 1372 Congress St Inside Fire Limits Lot Contractor: NESA Sub.:

50 Warren Ave Ptld, 04103 Phone # 878-8844 Bldg Code____ Time Limit_____ Ownership: Estimated Cost_____ Est. Construction Cost: Proposed Use: Grocerty Store w/temp s Zoning: Street Frontage Provided: ______ Back _____ Side____ Side_____ Past Use: Grocery Store # of Existing Res. Units_____ # of New Res. Units_____ Review Required: Zoning Board Approval: Yes____ No___ Date:____ Building Dimensions L_____W____ Total Sq. Ft.____ Planning Board Approval: Yes____No____ Date:____ # Stories: ______ # Bedrooms _____ Lot Size: ____ Conditional Use: Variance Site Plan Subdivision Shoreland Zoning Yes____ No____ Floodplain Yes____ No___ Is Proposed Use: Seasonal Condominium Conversion Special Exception Explain Conversion Temporary sign (1 Month Only) Other (Explain) WALALA HISTORIC PRESERVATION Ceiling: 1. Ceiling Joists Size: Foundation: ____Not in District nor Landmark 2. Ceiling Strapping Size _____ Spacing _____ Does not require review. 1. Type of Soil: 2. Set Backs - Front Rear Side(s) 3. Type Ceilings: 4. Insulation Type Size Requires Review. 3. Footings Size: 5. Ceiling Height: 4. Foundation Size: 5. Other Roof: Floor: 1. Sills Size: ______ Sills must be anchored. 2. Girder Size:

3. Lally Column Spacing: Size: 2. Girder Size: Chimneys: Type: Number of Fire Places Signature: 4. Joists Size:

Spacing 16" O.C.

5. Bridging Type:

Size:

6. Floor Sheathing Type:

Size: Heating: Type of Heat: Electrical: Service Entrance Size: Smoke Detector Required Yes No____ 7. Other Material: Plumbing: 1. Approval of soil test if required Yes______No____ **Exterior Walls:** 2. No. of Tubs or Showers 1. Studding Size Spacing 3. No. of Flushes 2. No. windows 3. No. Doors 4. No. of Lavatories 4. Header Sizes ______ Span(s) _____ 5. Bracing: Yes _____ No. ___ 5. No. of Other Fixtures Swimming Pools: 1. Type:

2. Pool Size:

x Square Footage 6. Corner Posts Size 7. Insulation Type Size 8. Sheathing Type Size 9. Siding Type _____ Weather Exposure ____ Permit Received By Mary Gresik 111 10. Masonry Materials 11. Metal Materials Signature of Applicant Interior Walls: 1. Studding Size Spacing Span(s) Tim Olmstead CEO's District 3. Wall Covering Type _____ 4. Fire Wall if required_____ 5. Other Materials

White - Tax Assessor

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

PLOT PLAN			
Base Fee \$ Subdivision Fee \$ Site Plan Review Fee \$ Other Fees \$ (Explain)	One Word own From Front)	Insp Type	Date
easonable hour to enforce the provisions of		vork is authorized by the owner of re licable laws of this jurisdiction. In a	ddition if a normit for work described in this
SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	ADDRESS		PHONE NO.

Conplose

OSquis 101 from Roadway

OSquidoesit block veins from exits

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