

924061

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany forms.

Owner: Lil Firehouse ChildCare phone # 772-1736

Address: 19 Capisic St- Pld, ME 04102

LOCATION OF CONSTRUCTION 19 Capisic St.

Contractor: _____ Sub: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: 1-fam w daycare

_____ 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: Searchal Condominium Conversion

Explicit Conversion Change of Use - from 1-fam to 1-fam w daycare

(6 CHN)

Foundation:

- 1. Type of Soil: _____
- 2. Set Backs - Front _____ Rear _____ Side(s) _____
- 3. Footings Size: _____
- 4. Foundation Size: _____
- 5. Other: _____

Floors:

- 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 Materials: _____

Exterior Walls:

- 1. Siding Size _____ Spacing _____
- 2. No. windows _____
- 3. No. Doors _____
- 4. Header Size _____ (Specify)
- 5. Beading: 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. Siding Size _____ Spacing _____
- 2. Header Size _____ (Specify)
- 3. Wall Covering Type _____
- 4. Fire Wall if required _____
- 5. Other Materials _____

White - Tax Assessor

For Official Use Only

Date 8/24/92 Subdivision _____
 Inside Fire Limits _____ Name _____
 City Code _____ Lot 27
 Flame Limits _____ Ownership _____ Public _____
 Estimated Cost _____ Private _____

Zoning:

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ 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: WASH - 8-27-92

HISTORIC PRESERVATION

Ceiling:

- 1. Ceiling Joists Size: _____
- 2. Ceiling Strapping Size _____ Spacing _____ North District per 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: _____

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 Toilets 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 Luise E. Chase

Signature of Applicant Charlotte Winslow Date 8/24/92

CEO's District Charlotte Winslow

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO 14 MacCarroll