

918141

194-C-022

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: Dr's Office
 _____ Past Use: Real Estate Office
 # 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 Change of Use from Real Estate Office to Dr's Office

For Official Use Only

Date _____ Subdivision: _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot OCT 15 1991
 Time Limit _____ Ownership: _____ Public _____ Private _____
 Estimated Cost _____

PERMIT ISSUED
CITY OF PORTLAND

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 _____ (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 _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
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 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 Kary Gresik

Signature of Applicant Arthur Smith Date Oct 15, 1991

CEO's District 4

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

[Handwritten signature]

PLOT PLAN



Done w/out Insp.

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

COMMENTS

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.

Arthur Smith
SIGNATURE OF APPLICANT

1385 Congress St.
ADDRESS

883-3731
PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.