

913098 913098

197-B-015

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 # 7

Address: _____

LOCATION OF CONSTRUCTION

Contractor: _____ Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: _____

Past Use: _____

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 _____

For Official Use Only

| | |
|--------------------------|---------------------------|
| Date _____ | Subdivision: _____ |
| Inside Fire Limits _____ | Name: <u>OCT - 1 1991</u> |
| Bldg Code _____ | Lot: _____ |
| Time Limit _____ | Ownership: <u>Public</u> |
| Estimated Cost _____ | <u>Private</u> |

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 _____ 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 _____ Denied.

Chimneys:

Type: _____ Number of Fire Places _____ Date: _____ Signature: _____

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 _____

Signature of Applicant _____ Date 9-26

CEO's District _____

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

PERMIT ISSUED

OCT - 1 1991

CITY OF ATLANTA

HISTORIC PRESERVATION

PLOT PLAN



Done w/out Insp.

FEES (Breakdown From Front)

Base Fee \$ 45-

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

| Type | Inspection Record | Date |
|-------|-------------------|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

COMMENTS *10/1 N/S/4*

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.

Paul Galibute

795-8685

SIGNATURE OF APPLICANT

ADDRESS

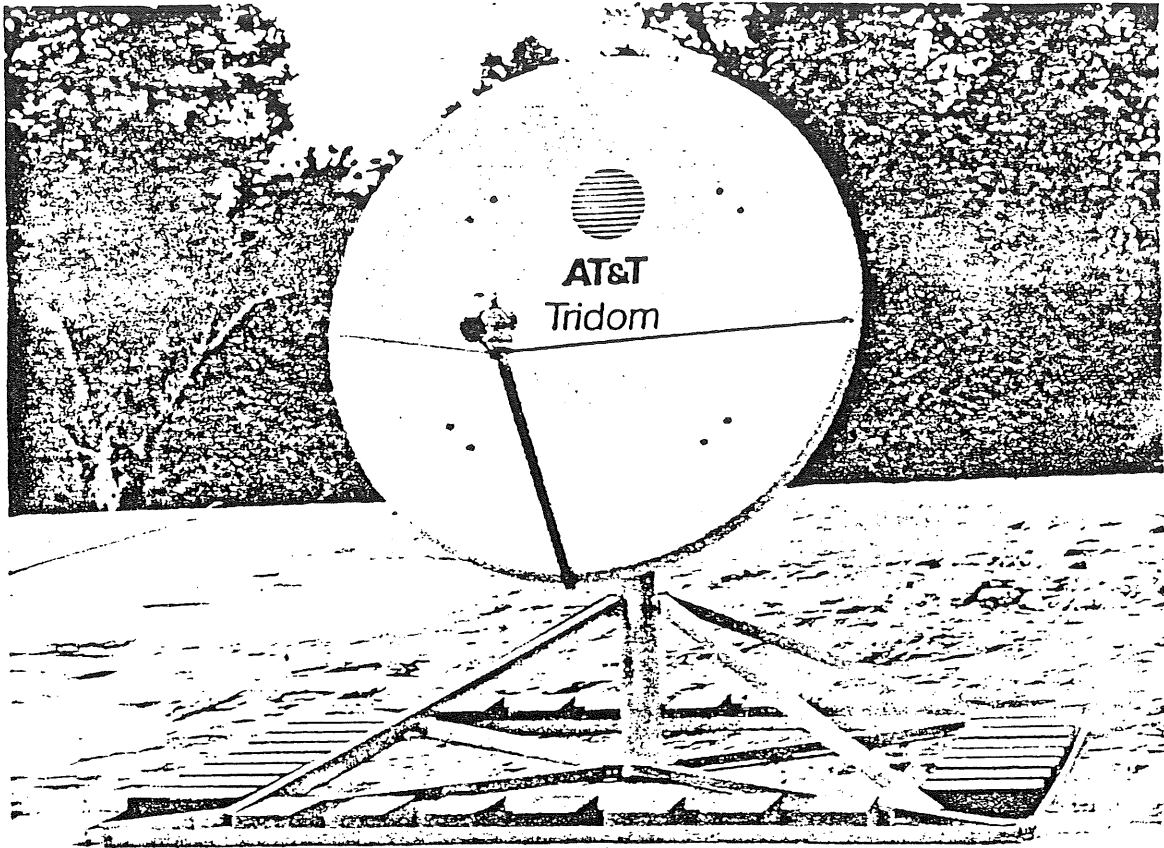
PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

W ESTGATE

PRODELIN 1.8m NON-PENETRATING ROOF MOUNT



FEATURES:

- ADAPTABLE, CAN BE USED FOR APPROXIMATELY 95% OF ALL 1.8m NON-PENETRATING ROOF MOUNT APPLICATIONS
- FEW PARTS AND FASTENERS MAKE ASSEMBLY QUICK AND EASY
- ALL STRUCTURAL STEEL COMPONENTS
- HARDWARE IS HOT-DIPPED GALVANIZED TO PROVIDE CORROSION PROTECTION
- DATA VSAT OPERATIONAL AT 50 mph WINDSPEED
- CONCRETE BLOCK BALLAST
- ROOF PADS PROTECT ROOF SURFACE
- 10 ft x 10 ft BASE AREA REDUCES STATIC ROOF LOAD TO LESS THAN 20 psf FOR MOST APPLICATIONS
- APPLICABILITY CAN BE INCREASED IF ROOF CAN SUPPORT MORE THAN 20 psf STATIC ROOF LOAD



AT&T Tridom

RECEIVED

SEP 26 1991

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

TECHNICAL SPECIFICATIONS

| | |
|------------------------------|---------------------|
| SURVIVAL WINDSPEED | 125 mph |
| MOUNT WEIGHT | 251 lb |
| ANTENNA ASSEMBLY WEIGHT | 185 lb |
| BALLAST WEIGHT | 1564 lb |
| TOTAL WEIGHT | 2000 lb |
| BASE TRIBUTARY AREA | 100 ft ² |
| STATIC ROOF PRESSURE | 20 psf |
| MAST SIZE | 5-1/2" O.D. |
| COEFFICIENT OF FRICTION | 0.64 |
| FACTOR OF SAFETY OVERTURNING | 1.7 |

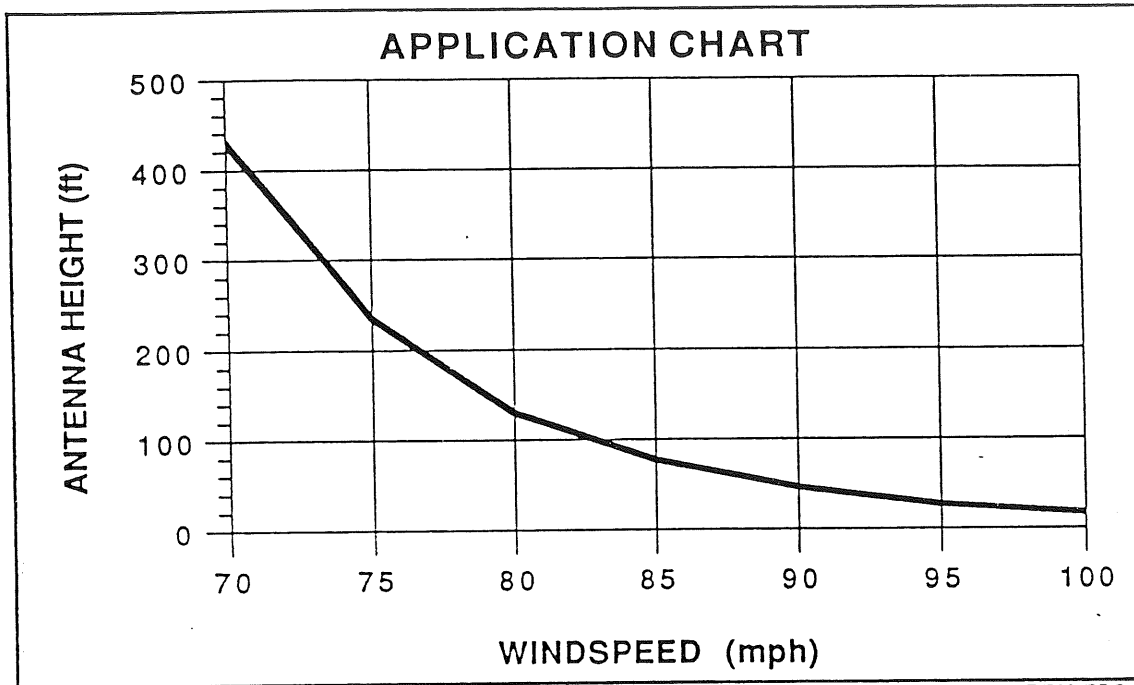
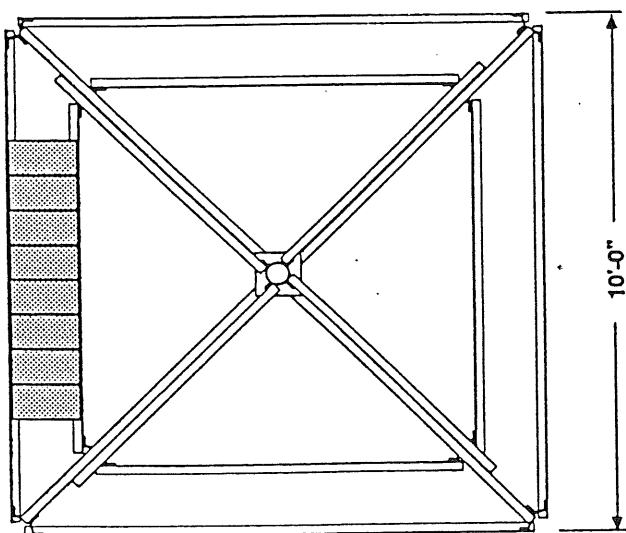
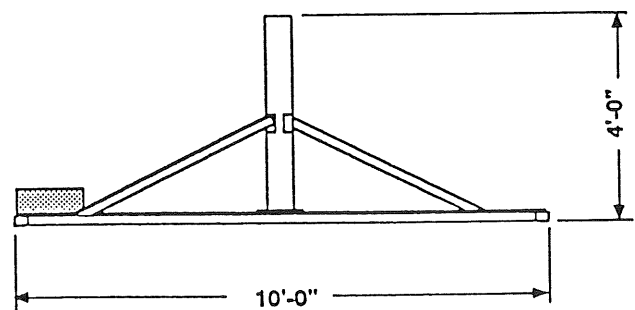


CHART BASED ON ANSI A58.1 - 1982, EXPOSURE C



PLAN VIEW



SIDE VIEW



EXCEPTION PRICE AND SITE SURVEY SUMMARY

CUSTOMER
Fleet /Norstar Services
TRIDOM SITE NUMBER
FNS469
CUSTOMER SITE CODE
NONE

SITE SURVEY SUMMARY

SITE ADDRESS

Fleet/Norstar Services
1390 Congress Street
Portland ME 04102
Carol Roderick 207/772-8361

Norstar

SHIPPING ADDRESS

AT&T Network Systems
45 Forest Ave
Portland ME 04101
Bob Louis 207-879-5030

6-11-91 - Paul please attach proposal for roof repairs - requesting second option - Revisit of branch will be necessary (permits)

MAJOR SITE EQUIPMENT ITEMS:

SYSTEM DESCRIPTION: 1.8m W/NP MOUNT
MOUNT DESCRIPTION: PRODELIN NON PEN
CABLE LENGTH: 120 FT VIDEO ACCESS ADAPTER: 1 MSO: 0 BIC: 0
POWER SUPPLY: 0 LINE AMPLIFIER: 0 CSO: 0 MIC: 0

OPTION RECOMMENDED: 1

EXCEPTION PRICE

| DESCRIPTION | UNIT PRICE | QUAN | LINE PRICE |
|---------------------------------------|------------|------|------------|
| HANDLING(OR STORAGE) CHARGE/PER MONTH | 46.00 | 1 | 46.00 |
| LOCAL DELIVERY/EACH | 252.00 | 1 | 252.00 |
| VIDEO ACCESS ADAPTER INSTALLATION | 26.00 | 1 | 26.00 |
| VIDEO ACCESS ADAPTER | 100.00 | 1 | 100.00 |

\$3,000
found 9m location
have to be re-mounted
Roof

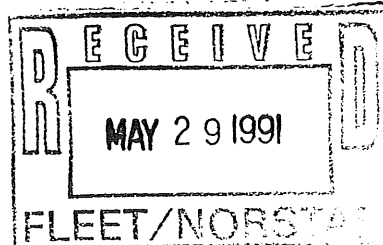
TOTAL ESTIMATED EXCEPTION PRICE: \$424.00

SURVEY COMMENTS: RECOMMEND INSTALLING 1.8m NON PENETRATING ROOF MOUNT PER OPTION 1.

ATM addition

APPROVED BY: *John Davis*

DATE: *5/24/91*





SITE SURVEY FORM

WORK ORDER #: TR1540 NE
 SITE CODE: FNS 469
 ANTENNA SIZE: 1.8
 PRIMARY SATELLITE: BCA K2
 AZIMUTH: 212.30 ELEV.: 38.53
 SECONDARY SATELLITE: _____
 AZIMUTH: _____ ELEV.: _____
 FIELD REP.: _____
 TELEPHONE: _____
 COMPANY: _____

REVISION 11-29-90

840 FRANKLIN COURT
 MARIETTA, GA. 30067
 TELEPHONE: 404-426-4261 FAX: 404-590-9402

SECTION 1:

| CUSTOMER INFORMATION: | | LANDLORD INFORMATION: | |
|-----------------------|------------------------------------------------------|-----------------------|-------|
| Customer: | <u>Fleet/NORSTAR</u> | Company: | _____ |
| Address: | <u>1390 Congress ST.</u> <u>Portland Me 04102</u> | Address: | _____ |
| Contact: | <u>Carol Roderick</u> | Contact: | _____ |
| Telephone: | <u>207-772-8361</u> | Telephone: | _____ |

SECTION 2: CUSTOMER OPTIONS

MSO ^{DAB} CSO _____ BIC _____ MIC _____ VIDEO ACT. DE-ICING _____ OTHER _____
 COMMENTS: _____

SECTION 3: BUILDING/SITE INFORMATION

BUILDING TYPE: RESIDENTIAL _____ COMMERCIAL
 BUILDING HEIGHT: STORIES 1 FEET 20
 ROOF COMPOSITION: BUILT-UP _____ MEMBRANE _____ METAL _____ CONCRETE SLAB _____ OTHER _____
 COMMENTS: _____

ROOF SLOPE (Rise to Run-max. ratio is 1:20 rise to run for non-penetrating mount): _____

EXTERNAL WALL COMPOSITION: GLASS BRICK _____ METAL _____ WOOD _____ OTHER
 COMMENTS: Precast Concrete

REVISION 11-29-90

SECTION 4: SHIPPING INFORMATION

EQUIPMENT TO BE SHIPPED TO THE INSTALLER CUSTOMER (CIRCLE ONE) AT THE FOLLOWING ADDRESS:

COMPANY NAME ATT Network Syst
ADDRESS 45 Forest AVE.
CITY, STATE, ZIP Portland Me 04101
CONTACT Bob Louis
TELEPHONE 207 879 5030

IS LOADING DOCK AVAILABLE? YES NO
IS STORAGE SPACE AVAILABLE? YES NO

SECTION 5: GENERAL COMMENTS

CUSTOMER/LANDLORD COMMENTS: None

Roof in need of repair - may need 2nd option
Ground mount subject to landlord approval. P.S.
6-4-91 - Have not been able to reach Lh. to date -
he wants to make the final decision
landlord is not issuing permits to Fleet Bank.
Don to follow-up. dntb.

INSTALLER COMMENTS: None
Need approval for roof repairs - need to be
written up.

SECTION 6: MOUNT OPTIONS

EXPLAIN WHY PARTICULAR MOUNT CATEGORIES WERE NOT USED AS INSTALLATION OPTIONS:

NON-PENETRATING ROOF MOUNT- Best for this location.

WALL/POLE MOUNT- N/A

GROUND MOUNT- N/A

SECTION 7: ACKNOWLEDGEMENTS

THE INSTALLATION TECHNICIAN HAS EXPLAINED THE MOUNTING OPTIONS AVAILABLE FOR THIS FACILITY. I AGREE WITH THE METHODOLOGY OF THESE OPTIONS AS THEY HAVE BEEN EXPLAINED, AND SHOULD THE INSTALLATION BE APPROVED, WOULD LIKE THE SYSTEM TO BE INSTALLED AS DESCRIBED.

| | SIGNATURE | DATE | TELEPHONE # |
|-------------|---------------------|---------------|---------------------|
| BRANCH MGR. | <u>Armen Nelson</u> | <u>5-7-91</u> | <u>207-795-8202</u> |
| BLDG. MGR. | <u>Paul Scobate</u> | <u>6/3/91</u> | <u>795-8685</u> |
| INST. TECH. | <u>A. M. Mott</u> | <u>5-7-91</u> | <u>207 879 5030</u> |

SECTION 8: INDOOR EQUIPMENT

LOCATION OF IDU (Describe in detail): The IDU will be
placed under counter by Teller Area

LOCATION OF SPLICE BOX (Describe in detail): SAME AREA AS IDU.

IS VENTILATION FOR THE IDU ACCEPTABLE: YES NO IF NO, WHAT CAN BE DONE TO OBTAIN ACCEPTABLE VENTILATION? _____

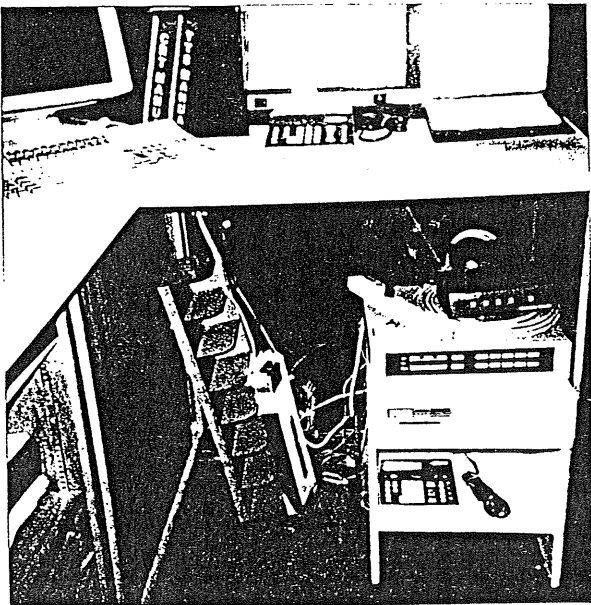
IS SHELF REQUIRED? YES NO IF YES, EXPLAIN: _____

IS AC POWER AVAILABLE? YES NO IF NO, EXPLAIN: will be supplied by
F.N.S.

PHOTO OF INDOOR EQUIPMENT LOCATION:

COMMENTS The Cable will
be run across the
carpet in an enclosure.

NO!



by F.N.S.

SECTION 9: ANTENNA MOUNTING INFO.

OPTION # 1

TYPE OF MOUNT: PART # 10-0060-01 DESCRIPTION ~~10-0060-01~~ NVTRSET 1/8/07

BALLAST (if applicable-refer to charts) ~~10000~~ lbs. 1256

MOUNTING STRUCTURE (Describe): NPRM Prodcin

WIND EXPOSURE CATEGORY: EXPOSURE "B" _____ EXPOSURE "C" _____

COMMENTS _____

ACCESSIBILITY TO BOTH SIDES OF MOUNTING STRUCTURE (Describe): By ladder

STRUCTURAL ANALYSIS REQUIRED: YES NO EXPLAIN Roof has many water bubbles in it. The roof also bounces a lot

TYPE OF ACCESS TO ANTENNA LOCATION (Describe): By ladder

METHOD OF TRANSPORTING REFLECTOR TO INSTALL LOCATION (Describe): Contractor.

UTILITIES MARKERS REQUIRED (Describe if applicable): No

ANTENNA VISIBILITY BY PUBLIC (Describe): This building is sitting on the edge of shopping center parking lot.

ACTIVE DE-ICING, IF APPLICABLE (1.8m requires 120VAC-20AMP circuit, 2.4m requires 120VAC-30AMP circuit. Describe method of installing the required circuit at the antenna.): No

SECTION 9-A: ANTENNA GROUNDING

OPTION # _____

(refer to AT&T-Tridom grounding policy for requirements.)

WHAT TYPE OF GROUNDING ELECTRODE SYSTEM IS TO BE USED?

- BUILDING STEEL
- UNDERGROUND PIPE SYSTEM
- GROUND ROD
- OTHER (explain)

COMMENTS: None

SIZE, TYPE AND LENGTH OF GROUNDING CONDUCTOR TO BE USED TO CONNECT THE GROUND HARNESS TO THE GROUNDING ELECTRODE SYSTEM.

- SIZE 6 gauge LENGTH 20 feet
- SOLID STRANDED

HOW IS THE GROUNDING CONDUCTOR TO BE BONDED TO THE GROUNDING ELECTRODE SYSTEM.

- EXOTHERMICALLY WELDED
- CLAMPED
- BOLTED
- OTHER (explain)

COMMENTS: None

IS THERE AN EXISTING LIGHTNING PROTECTION SYSTEM WITHIN 6 FEET OF THE PROPOSED ANTENNA LOCATION? YES NO

IF YES, THEN THE ANTENNA BASE SHOULD ALSO BE BONDED TO THE LIGHTNING PROTECTION SYSTEM.

COMMENTS: None

SECTION 10: CABLE RUN: OPTION # 1

TOTAL LENGTH OF CABLE: 110 ~~100~~ FT

CABLE POINT OF ENTRY (P.O.E.) EXISTING NEED TO CONSTRUCT TYPE _____

COMMENTS: SAME Hole THAT A/C IS GOING THRU.

IS CONDUIT REQUIRED? YES NO IF YES, FOOTAGE _____ FT TYPE _____

COMMENTS: _____

IS TRENCHING REQUIRED? YES NO IF YES, FOOTAGE _____ FT

COMMENTS: _____

PENETRATIONS REQUIRED (Excluding P.O.E.): WALL (qty.) _____ FLOOR (qty.) _____ OTHER (qty.) _____

COMMENTS: _____

CABLE PATH (Describe in detail): The Cable will run Along NPRM

To POE by A.C. unit. ~~Then Run to a~~
~~suspended ceiling and to window in Teller M.A.~~
~~Down the wall behind counter and across the~~
~~floor to counter were ID'd and set.~~ Across Room
To end of Teller line Down the wall and Back
Thru Teller Counter, There is a Race way in counter.

LINE AMPLIFIER(S): QUANTITY REQUIRED NO DISTANCE FROM ODU #1 _____ FT #2 _____ FT

COMMENTS (Describe locations): NONE

EXTERNAL POWER SUPPLY: YES NO DISTANCE FROM ANTENNA _____ FT

IS AC AVAILABLE? YES NO

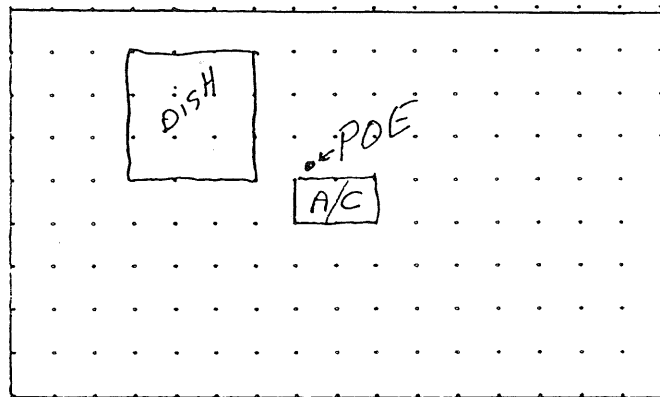
COMMENTS (Describe location and AC availability): NONE

SECTION 11: DRAWINGS ANTENNA LOCATION

OPTION # 1

ANTENNA LOCATION: (Include antenna location(s), cable run, surrounding structures, measurements, line-of-sight, magnetic north, etc. If more than one option, please note option #.)

South

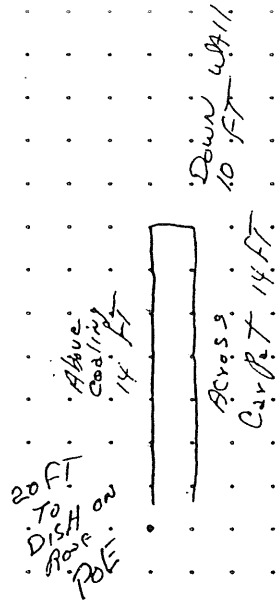


SECTION 11: DRAWINGS (CONT.)

CABLE RUN

OPTION # 1

CABLE RUN: (Show cable run from ODU to IDU noting Point-of-Entry, measurements, locations of line amps and ext. pwr. supply. Identify all options with the option number.)



SECTION 11: DRAWINGS (CONT.) INDOOR EQUIPMENT OPTION # 1

INDOOR EQUIPMENT: (Show room layout noting location of IDU, Splice Box, distances and other equipment in the room, etc.)

