

923700

Permit # \_\_\_\_\_ City of \_\_\_\_\_ BUILDING PERMIT APPLICATION Fee \_\_\_\_\_ Zone \_\_\_\_\_ Map # 197-13-019 Lot# \_\_\_\_\_

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

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: 1400 Congr. St. \_\_\_\_\_

LOCATION OF CONSTRUCTION 1400 Congr. St. \_\_\_\_\_

Contractor: S.S.I. Satellite Sub: \_\_\_\_\_

Address: 0 Brigham St. Marlborough, MA 01752 Phone # 508-485-9169

Est. Construction Cost: 1,200.00 Proposed Use: Drug Store w/Satellite

Past Use: Drug Store

# 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 Erect Satellite dish to Drug Store

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 \_\_\_\_\_

White - Tax Assessor

**For Official Use Only**

Date \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name: MAY 27 1992  
 Bldg Code \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Ownership: Public  
 Estimated Cost \_\_\_\_\_ Private

Zoning:

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ 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) \_\_\_\_\_

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.

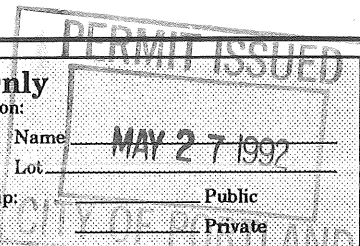
Permit Received By Mary Gracie

Signature of Applicant Paul Sweeney Date May 19, 1992

CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO



HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires Review.

Approved.

Approved with Conditions.

Denied.

Handwritten notes and signatures at the bottom right.

**PLOT PLAN**



**FEES (Breakdown From Front)**

Base Fee \$ \_\_\_\_\_  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

**Inspection Record**

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

**COMMENTS**

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**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 Sweeney*  
 SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.



FORCES AND MOMENTS ACTING THROUGH ELEVATION AXIS

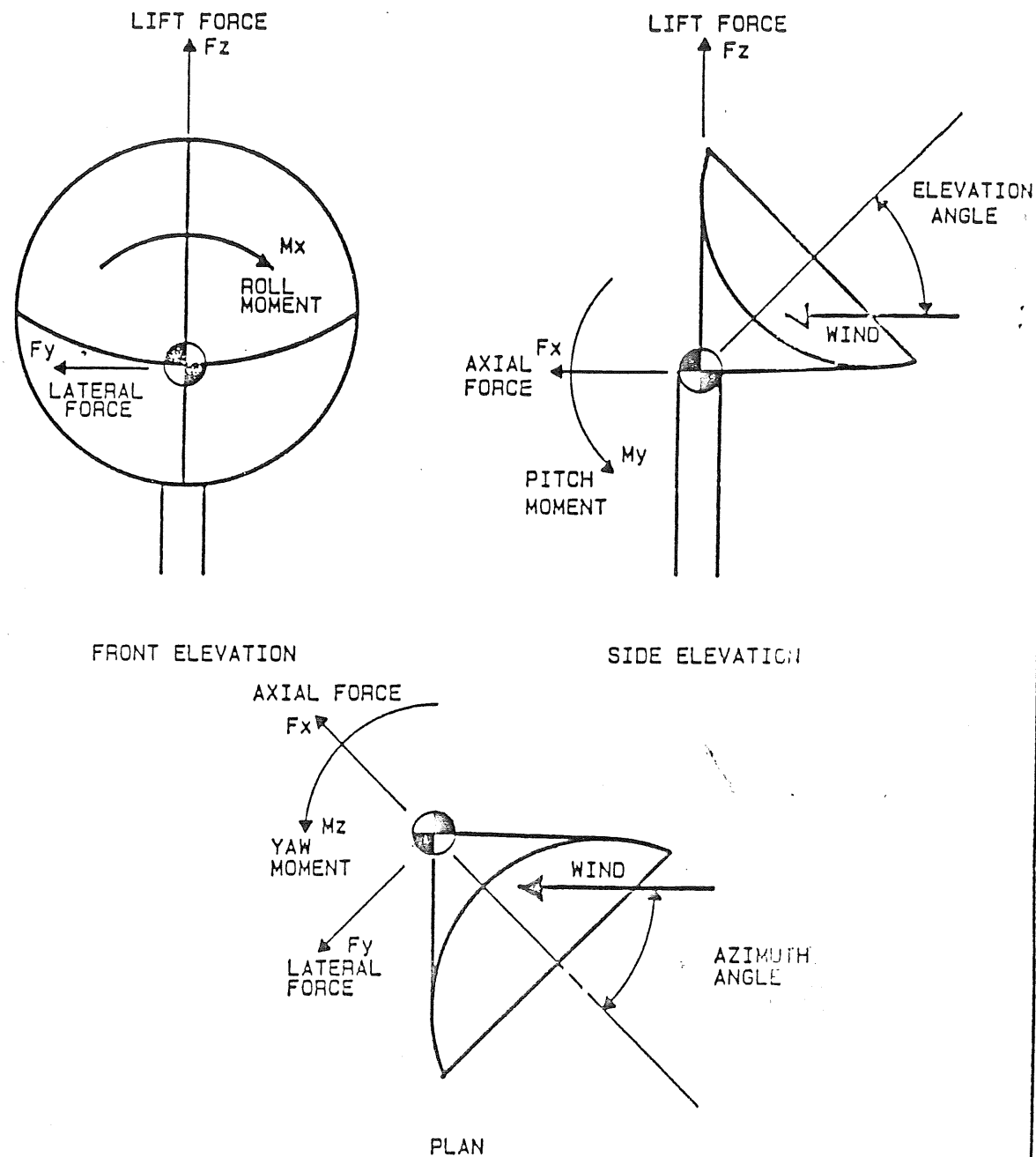
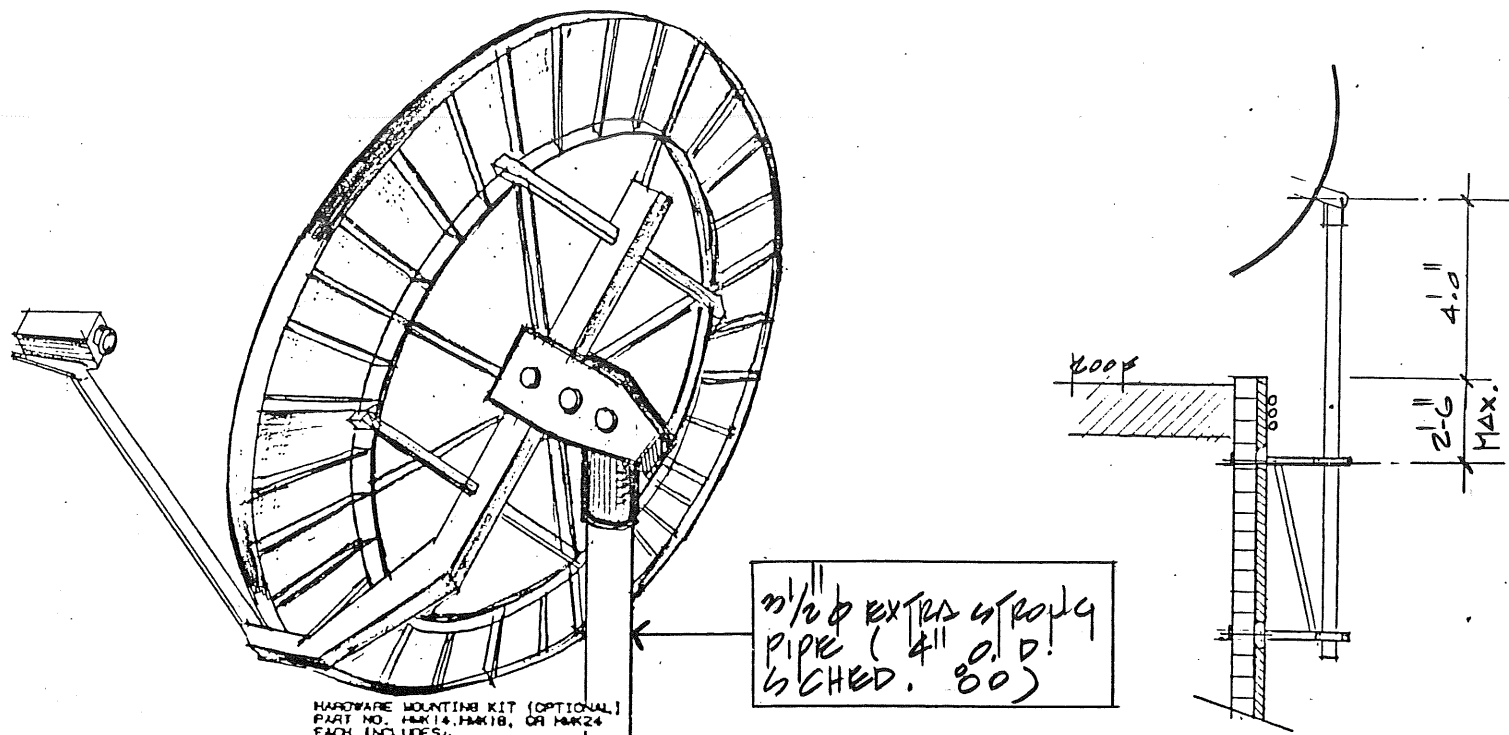


FIGURE 2.0-3 POSITIVE SIGN CONVENTIONS for WIND LOAD DATA

TABLE 2.2-1 PES Maximum Survival Design Wind Loading Data at Elevation Axis

ANTENNA SYSTEM SIZE	WIND VELOCITY MPH	FORCES (lbs.)			MOMENTS (ft-lbs)		
		Fx AXIAL	Fy LATERAL	Fz LIFT	Mx ROLL	My PITCH	Mz YAW
1.2M	70	248	33	223	100	115	115
	85	367	49	329	149	170	170
	100	508	68	455	184	236	235
	125	793	107	711	322	368	369
1.8M	70	575	77	515	304	551	371
	85	848	114	760	448	812	547
	100	1173	158	1052	701	1124	758
	125	1834	247	1644	1096	1757	1184
2.44M	70	995	134	892	765	1341	836
	85	1468	197	1316	1128	1978	1232
	100	2032	273	1822	1562	2738	1706
	125	3175	428	2847	2441	4280	2668

MANUFACTURER'S DATA - FOR REFERENCE ONLY



3/4" O.D. EXTRA STRENGTH PIPE (4" O.D. SCHED. 80)

HARDWARE MOUNTING KIT (OPTIONAL)  
PART NO. HMK14, HMK18, OR HMK24  
EACH INCLUDES:  
16 THREADED RODS  
16 FLAT WASHERS  
16 HEX NUTS  
1 3/4" TUBE OF SILICONE SEALANT

1/2" X 1-1/2" BOLT - PART NO. 2100188  
1/2" HEX NUT - PART NO. 230013  
1/2" PAL NUT - PART NO. 230011  
1/2" WASHER - PART NO. 2300350  
TYPICAL 7 PLACES

INSIDE SUPPORT ANGLE (OPTIONAL)  
PART NO. FY77  
2 PCS.

DIAGONAL SUPPORT ANGLE  
PART NO. KY1220  
2 PCS.

PIPE MOUNTING ANGLE  
PART NO. FY78  
2 PCS.

DIAGONAL BRACE ANGLE  
PART NO. FY79  
1 PC.

1/2" X 8" BOLT - PART NO. 2102138  
1/2" HEX NUT - PART NO. 230013  
1/2" PAL NUT - PART NO. 230011  
TYPICAL 4 PLACES

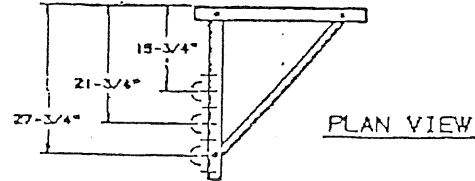
POLE NOT INCLUDED  
-ORDER SEPARATE-

MOUNTING ANGLE  
PART NO. FY77  
2 PCS.

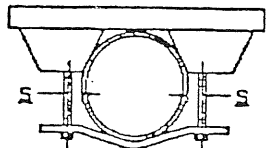
WEDGE  
PART NO. FY37  
4 PCS.

SADDLE CLAMP  
PART NO. FY15  
2 PCS.  
FITS 2-7/8" TO 5" O.D. POLES

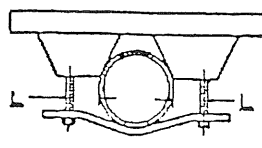
SECTION A



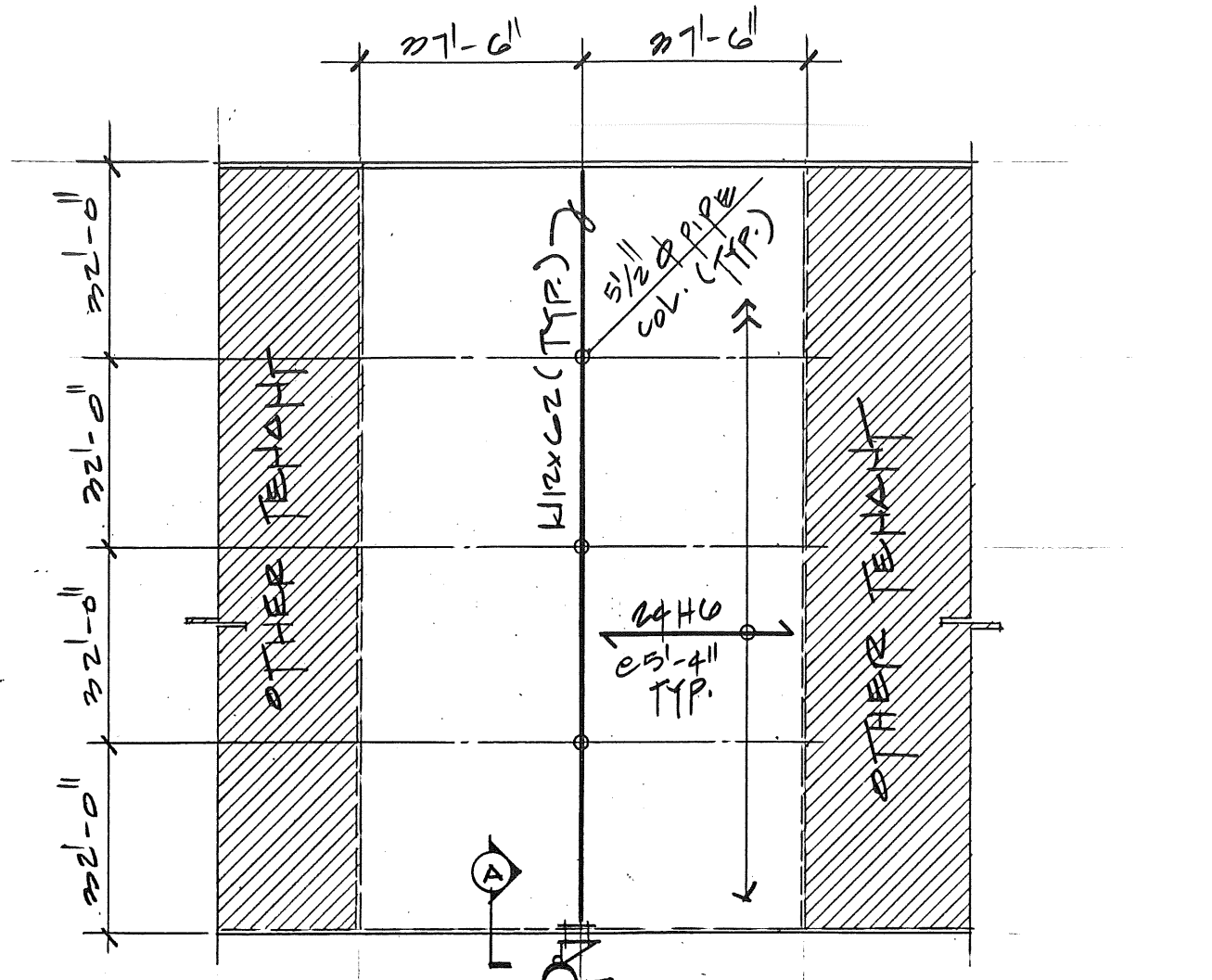
PLAN VIEW



FOR 4-1/2" AND 5" O.D. POLES,  
USE THE SHORT SIDE OF THE WEDGE  
AGAINST THE POLE.



FOR 2-7/8", 3-1/2", AND 4" O.D.  
POLES, USE LONG SIDE OF THE  
WEDGE AGAINST THE POLE.



LOCATION OF ANTENNA

**PLAN**

ALL DIMENSIONS TO BE FIELD  
VERIFIED BY CONTRACTOR

Project: <b>C V S' ANTENNA</b>		Site No. <b>CVS-00804</b>	Date: <b>5-6-92</b>
Address: <b>1400 COLGREN ST. PORTLAND, ME 04102</b>		Revision:	
Antenna: <b>1-8 METERS (6'-0" DISH)</b>	Design: <b>90 MPH EXP C</b>	MAY 7 1992	
Bldg. Code: <b>1990 BOCA</b>	Base Type: <b>HALL MOUTH</b>	Seal:	
<b>RIVA KLEIN &amp; PARTNERS</b> STRUCTURAL ENGINEERS 4914 S.W. 72nd. AVE. MIAMI, FLORIDA 33155 (305) 661-0310			