

March 27, 1987

PERMIT # ..... BUILDING PERMIT APPLICATION **Portland** Previous permit # .....

APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION  
Location/address of construction: Lot 118 Strawberry Estates 121 Nicholas Drive  
Owner or lessee's name: Robert Bazoile  
Address: 14 Falmouth Street Tel: 772-7508

Contractor's name: The Sheridan Corporation Tel: 774-6138  
Address: P.O. Box 689 Westbrook, ME 04092

Subcontractors: \_\_\_\_\_

PERMIT ISSUED  
JUL 29 1987  
City of Portland

III. PROPOSED USE: \_\_\_\_\_  
IV. PAST USE: \_\_\_\_\_  
V. OWNER/HP: \_\_\_\_\_  
VI. DESCRIPTION OF WORK: \_\_\_\_\_

Construction of a 8,000 sq. ft. single story metal building.  
Also job sign permit

VII. BUILDING DIMENSIONS: length 100 width 80 square footage 8,000 height 14' stories 1

VIII. EXISTING CONDITIONS  
X. RESIDENTIAL SUBDIVISION  
NEW DWELLING UNITS: \_\_\_\_\_  
EXISTING DWELLING UNITS: \_\_\_\_\_

XIII. ZONING: \_\_\_\_\_  
DISTRICT: \_\_\_\_\_  
STREET FRONTAGE: \_\_\_\_\_  
SETBACKS: front \_\_\_\_\_ back \_\_\_\_\_ side \_\_\_\_\_  
ZONING BOARD APPROVAL: no  yes  (date) \_\_\_\_\_  
PLANNING BOARD APPROVAL: no  yes  (date) \_\_\_\_\_

XV. CONDITIONAL USE: variance \_\_\_\_\_ site plan  subdivision \_\_\_\_\_  
special exception \_\_\_\_\_ other \_\_\_\_\_ (explain) \_\_\_\_\_  
share and floccipia mgmt \_\_\_\_\_

XVI. SIGNATURE OF FIELD INSPECTOR (CEO): \_\_\_\_\_ DATE: \_\_\_\_\_

XVII. FEES:  
base fee .....  
subdivision fee .....  
site plan review fee 350.00  
other fees .....  
late fee .....  
TOTAL .....

1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	9. CHIMNEY <input type="checkbox"/> flues <input type="checkbox"/> material	*fireplaces
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	9. FRAMING: floor joists	size max. on centers
3. HEAT type _____ fuel _____	ceiling joists	rafters
4. FOUNDATION type _____ thickness _____ footing _____	slabs	wall studs
5. ROOF type _____ covering _____ pitch _____	10. IF 1-story building w/ masonry walls: wall thickness _____ height _____	11. BEDROOM WINDOWS height _____ width _____ egress window? <input type="checkbox"/> yes <input type="checkbox"/> no
6. PLUMBING <input type="checkbox"/> tubs <input type="checkbox"/> showers <input type="checkbox"/> lavatories <input type="checkbox"/> laundry tubs <input type="checkbox"/> flushes <input type="checkbox"/> other	SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	
7. ELECTRICAL service entrance size _____ smoke detectors _____	NUMBER OF OFF-STREET PARKING SPACES: enclosed _____ outdoors _____	

PLOT PLAN/DETAILS OF WORK ON REVERSE  
White - Municipal Office  
Green - Applicant  
Yellow - CEO  
Pink - Tax Assessor  
Gold - GPCOG

B. M.P. Carver