

923345

278-A-C-002

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # _____ Lot# _____

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

Owner: CASA Phone # 883-6333

Address: 143 Gorham Rd; Scarborough, ME 04074

LOCATION OF CONSTRUCTION 9 Birchwood Dr

Contractor: _____ Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: handicapped family unit

Past Use: 1-family

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 1-family dwelling to handicapped family unit

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 1/21/92 Subdivision: _____
 Inside Fire Limits _____ Name JAN - 9 1992
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: Public
 Estimated Cost _____ Private

PERMIT ISSUED
CITY OF PORTLAND

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) WDA-1-7-28

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 Louise E Chase

Signature of Applicant Christal A. Gallop Date _____

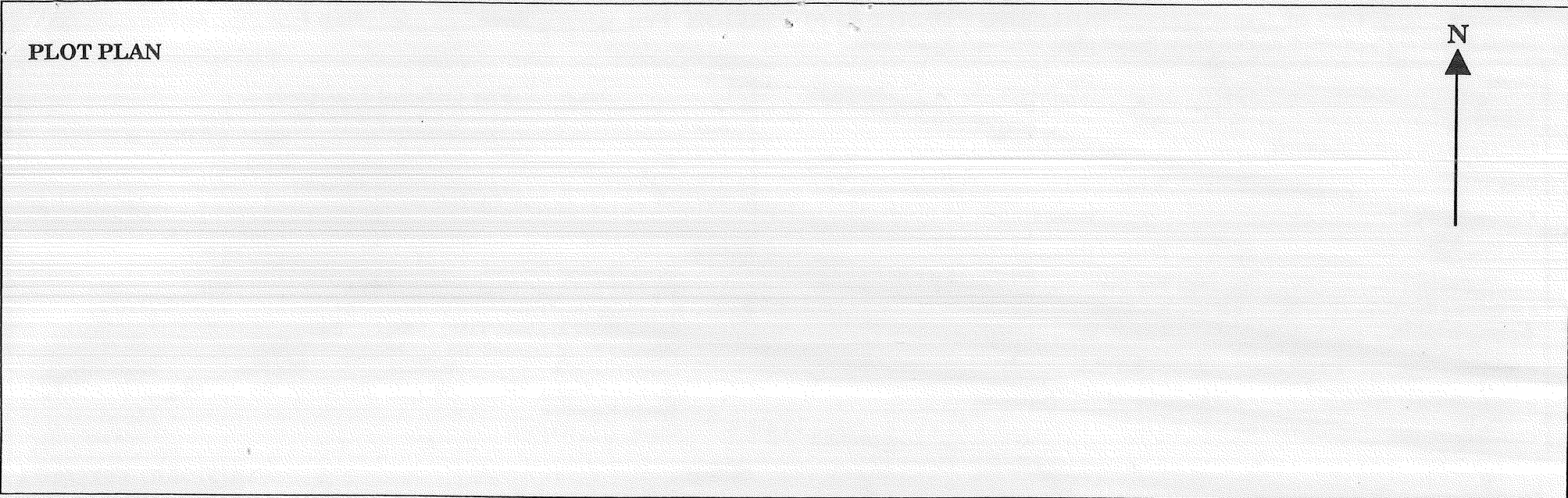
CEO's District Christal A. Gallop

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

Area # 4

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25 _____

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS 12/5/96 Man Called - Work Complete
Set up per plan (Signature)

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.

Christal Gallop 26 North Street 773-4357
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

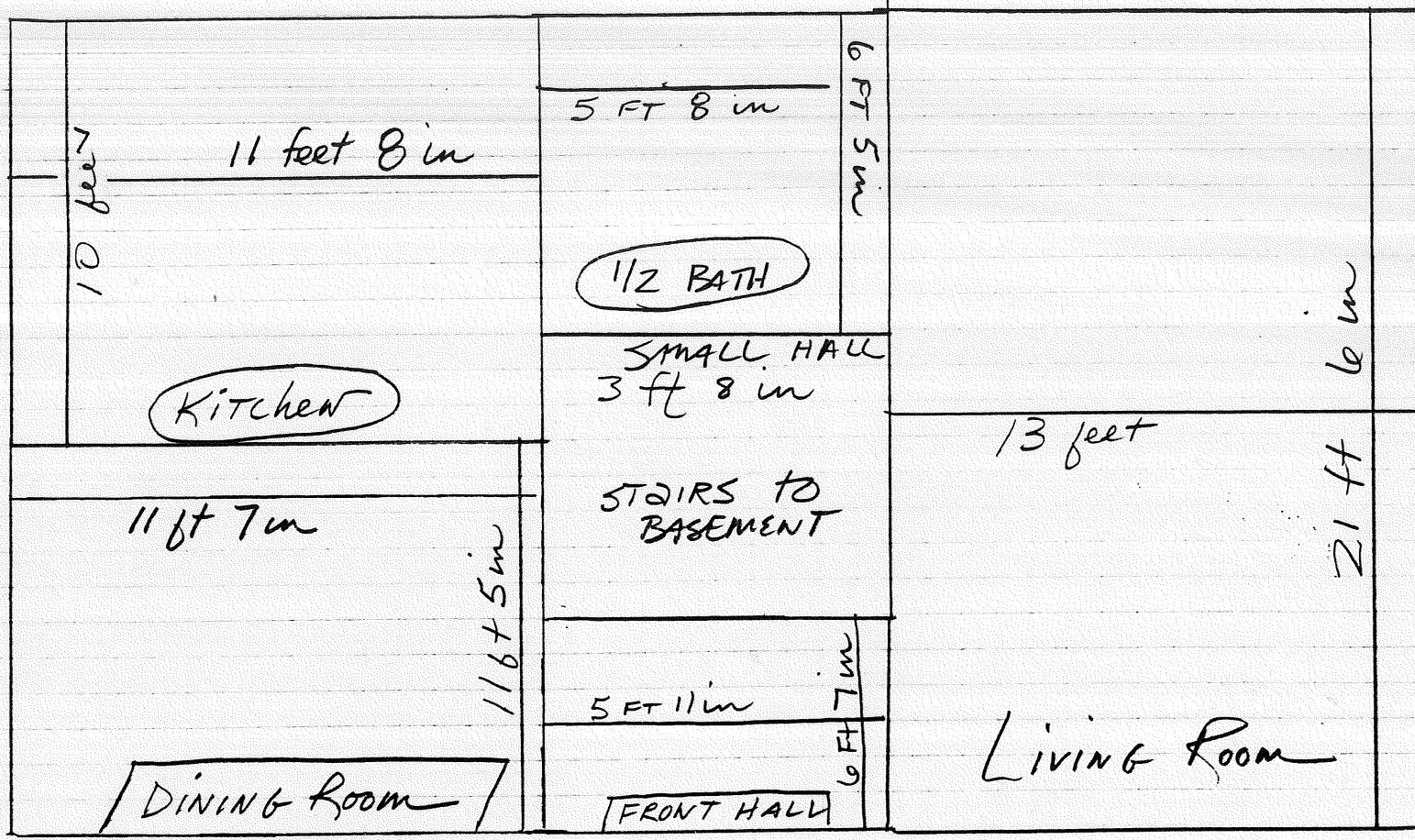
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

RECEIVED

JAN - 2 1992

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

REAR - 1st FLOOR



FRONT - 1st FLOOR

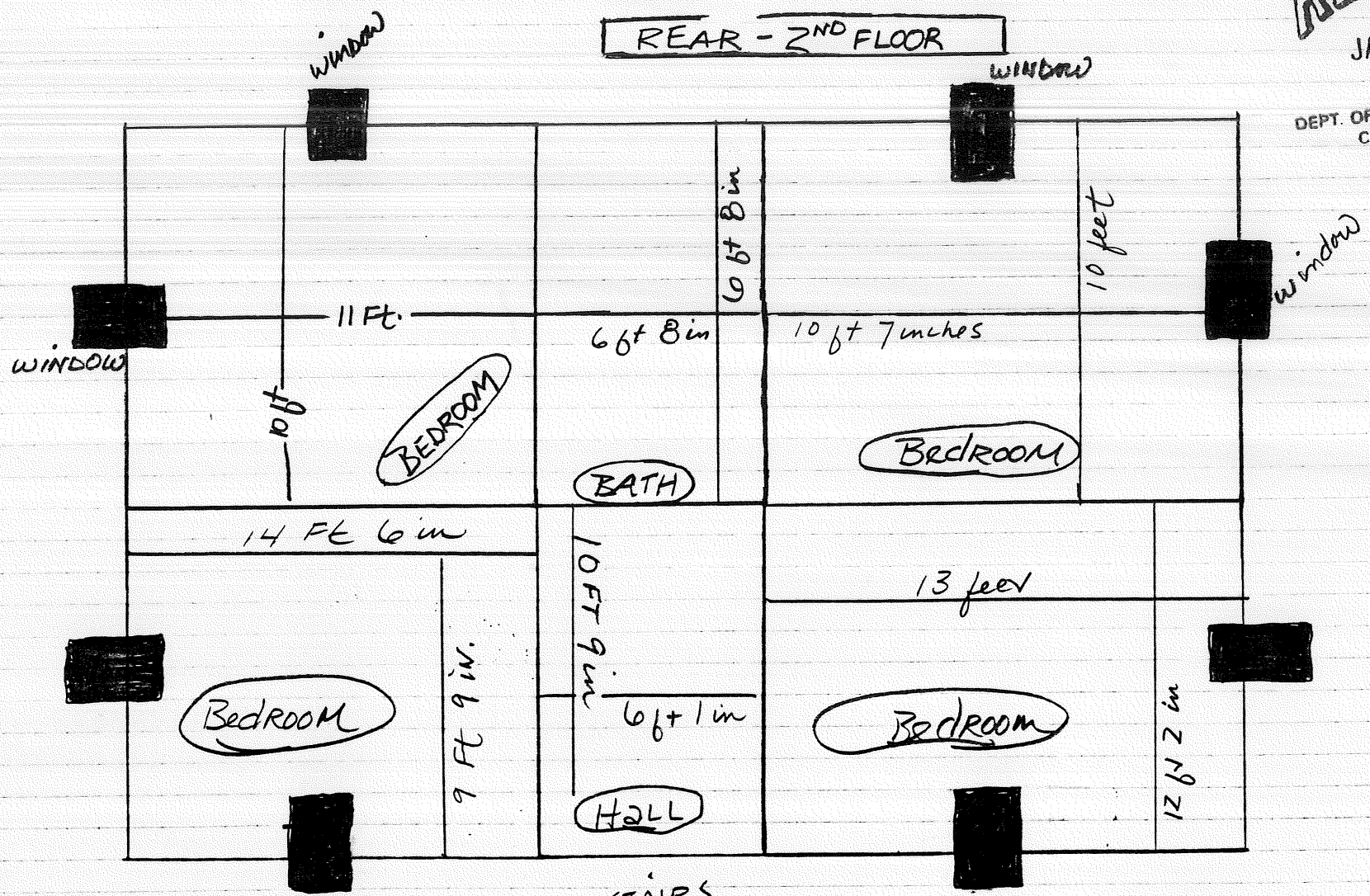
9 CASA BIRCHWOOD

RECEIVED

JAN - 2 1992

DEPT. OF BUILDING INSPECTORS
CITY OF PORTLAND


REAR - 2ND FLOOR



CASA
9 BIRCHWOOD



HOUSE FRONT

 = windows
 all windows
 measure
 4 FT 3 in
 2 ft 3 in