

912999

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: _____

_____ Past Use: _____

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

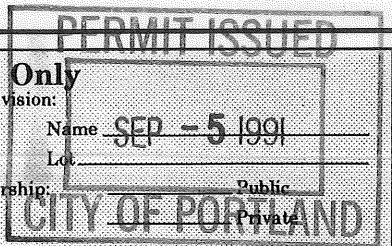
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion _____

Date _____
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost _____

For Official Use Only

Subdivision: _____
Name: SEP - 5 1991
Lot: _____
Ownership: Public
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) _____

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 Louise E. Chase

Signature of Applicant Donna M. Katsiaticas Date 8-22-91

CEO's District 4 Mrs. Carroll

CONTINUED TO REVERSE SIDE

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25-
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

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

COMMENTS

2'x8" headers as Donna 5/sep/91

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.

Donna M. Fitzpatrick
SIGNATURE OF APPLICANT

ADDRESS

874-8480
PHONE NO.

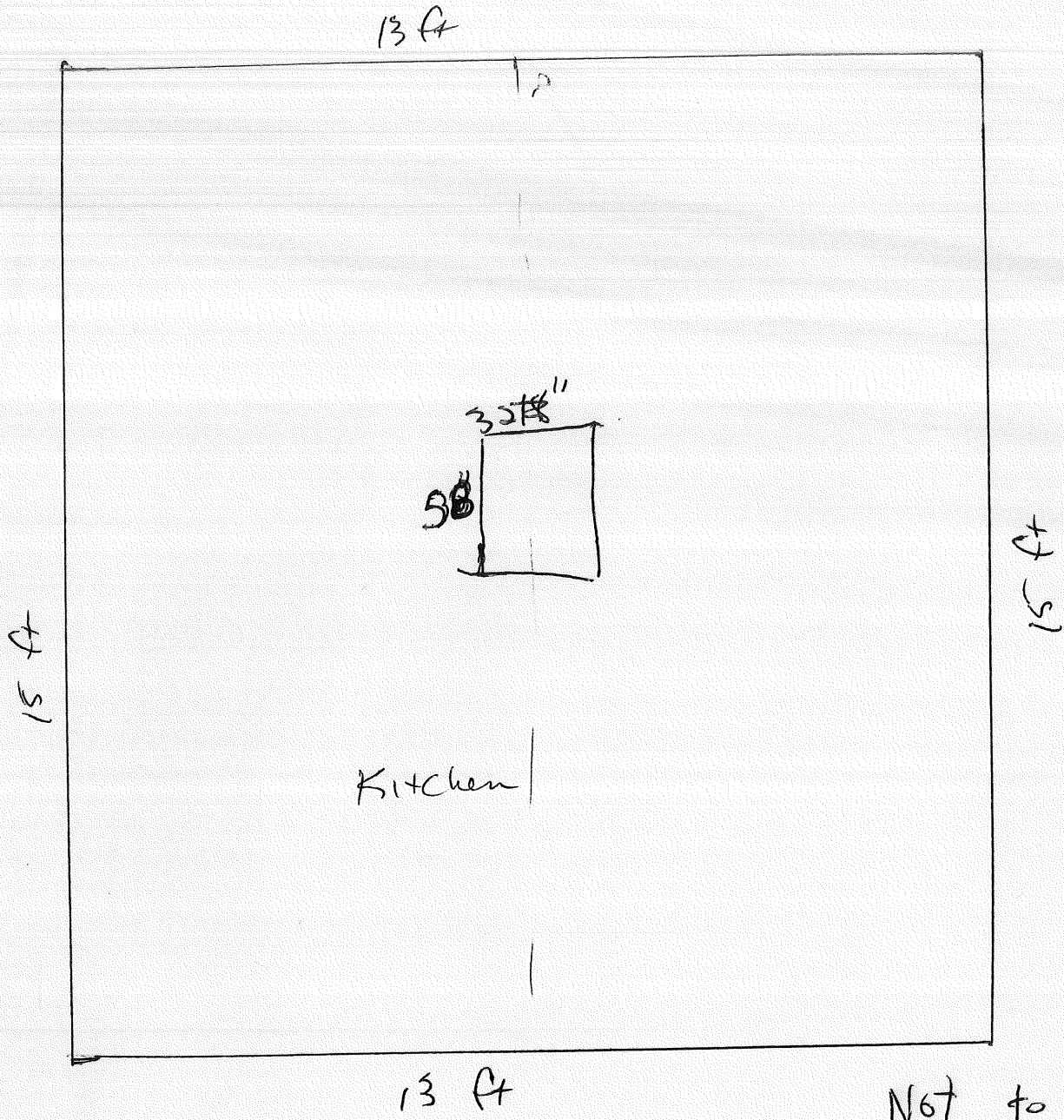
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

RECEIVED

AUG 27 1991

DEPT. OF BUILDING REGULATIONS
CITY OF PORTLAND



Not to Scale

18" x 30" skylight to be installed

Donner Jim Katsialikas
122 Woodfield Rd
Portland ME 04102