

924429

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 100.00 Zone _____ Map # _____ Lot# _____

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

Owner: Sharon & Bruce Nickerson Phone # 797-9930
 Address: 36 W. Commonwealth Dr. Pctd. ME 04103
 LOCATION OF CONSTRUCTION 36 W. Commonwealth Dr
 Contractor: Fapi & Romano Bldg. Inc.
 Address: _____ Phone # 797-3381
 Est. Construction Cost: 16,000.00 Proposed Use: 1-fam w/int rand
 Past Use: 1-fam
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Residential Condominium Conversion
 Explain Conversion: Int Renovations to finish 2nd fl of 1-fam dwelling

298-D-7

Foundations
 1. Type of Soil: _____
 2. Sit Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Floor
 1. Joist Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size _____
 4. Joist Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size _____
 6. Floor Sheathing Type: _____ Size _____
 7. Other Material: _____

Exterior Wall
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Size _____ Spacing _____
 5. Siding: 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 Wall
 1. Studding Size _____ Spacing _____
 2. Header Size _____ Spacing _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

White - Tax Assessor

For Official Use Only
 Date: December 11, 1992
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____
 Name _____
 Lot _____
 Ownership: CITY Public
 Private

PERMIT ISSUED

DEC 15 1992

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: WDA (explain) _____ 12-15-92

Ceiling
 1. Ceiling Joist Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
Roof
 1. Truss or Rafters Size _____ Spacing _____
 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 Toilets or Showers _____
 3. No. of Fixtures _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
Swimming Pools
 1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code _____

HISTORIC PRESERVATION

IS THIS DISTRICT OR LANDMARK?

Does not require review.

Requires Review.

Approved.

Approved with conditions.

PERMIT ISSUED WITH REQUIREMENTS

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Permit Received By Mary Greshk
 Signature of Applicant Rick Romano Date Dec 11, 1992
 CEO's District 7 Rick Romano

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

7 MR. MALISAK