

PERMIT # 001887 CITY OF Portland BUILDING-PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Dr. M. C. Hotham - 797-4148

Address: 117 Auburn St., Portland, ME 04103

LOCATION OF CONSTRUCTION: 117 Auburn Street

CONTRACTOR: Coyne Sign SUBCONTRACTORS: 772-4144

ADDRESS: 92 Industrial Parkway, Saco, ME 04072

Est. Construction Cost: \_\_\_\_\_ Type of Use: Doctors office

Past Use: SRFP & Professional Bldg.

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size \_\_\_\_\_

Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Coc-tenation \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain To remove exist. pole sign & erect new

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE pole sign, 8'x8',

Residential Buildings Only: \_\_\_\_\_ 64 sq. ft.,

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_ as per plan.

**Foundations**

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other: \_\_\_\_\_

**Floors**

1. Sills 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 Walls**

1. Siding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Size \_\_\_\_\_ Spacing \_\_\_\_\_
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. Siding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Size \_\_\_\_\_ Spacing \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

**For Official Use Only**

Date: Feb. 14, 1989 Subdivision: Yes / No \_\_\_\_\_

Inside Fire Limits: \_\_\_\_\_ Name: \_\_\_\_\_

Bldg Code: \_\_\_\_\_ Lot: \_\_\_\_\_

Time Limit: \_\_\_\_\_ Etek: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_ Permit Expiration: \_\_\_\_\_

Value/Structure: \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Fee: 837.50

**Ceilings**

1. Ceiling Joist Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
3. Type Ceiling: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

**Roof**

1. Truss or Rafter Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_
4. Other: \_\_\_\_\_

**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: OFFICE 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.

**Zoning**

District: B-2 Street Frontage Req.: \_\_\_\_\_ Provided \_\_\_\_\_

Required 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: \_\_\_\_\_

Shore and Floodplain Mgmt: \_\_\_\_\_ Special Exception: \_\_\_\_\_

Other: (Explain) \_\_\_\_\_

Date Approved: \_\_\_\_\_

Permit Received By: JAMES M. RINALDI

Signature of Applicant: NOSSY Charan Date: 2-14-89

Signature of CEO: AS Agent For owner Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_

98-11-5

White-Tax Assessor

Yellow-GPCOG

White Tag CEO

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