



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, January 7, 1960

PERMIT ISSUED

JAN 9 1960

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location Lot # 3 Racine Place Use of Building Single Family No. Stories 1 1/2 New Building X Existing " Name and address of owner of appliance Bay State St. Installer's name and address Equity Plumbing and Heating P.O. Box 142 Telephone 799-3953

General Description of Work

To install forced hot water boiler

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Kind of fuel? Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Beckett retention burner Labelled by underwriter laboratories? Yes Will operator be always in attendance? No Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Size of vent pipe tank 1/14 inch Location of oil storage basement Number and capacity of tanks 275 gallon Low water shut off yes Make safe guard No Will all tanks be more than five feet from any flame? Yes How many tanks enclosed? none Total capacity of any existing storage tanks for furnace burners 275 gal

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

No masonry chimney Power venter installed

Amount of fee enclosed? \$35.00

APPROVED:

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

CS 306

Signature of Installer

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

4 MR 200-7

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: lot #3 Rose Place

PROPERTY OWNERS: IAME

Last: Asben First: Gregg

Applicant Name: Equity HG&H INC.

Mailing Address of Owner/Applicant (if different): P.O. Box 247 Cape Cottage Cr. Care Elizabeth Maine 04107

PORTLAND 3729 TOWN COPY

Date Permit Issued: 12/7/89 \$ FEE Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 1123

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature] Signature of Owner/Applicant Date: 12/7/89

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] Local Plumbing Inspector Signature Date: JAN 10 1990 (Check Approved)

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING DEC 15 1989	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>1023091</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebibb / Silcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Ur-nal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			2	Fixtures (Subtotal) Column 2
			8	Total Fixtures
			\$ 24.00	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 24.00	Permit Fee (Total)

TOWN COPY

Permit # 1281 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 Bay State Dev. Phone # _____
 Address 400-1 Totton Rd. Waltham, Mass
 LOCATION OF CONSTRUCTION Lot 3 Racine Ave
 Contractor G E Holden Sub: _____
 Address 749 North St. Pittsury Mass Phone # 508-851-0433
01976
 Est. Construction Cost: 40,000. Proposed Use: Single Family
 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 Construct New

For Official Use **PERMIT ISSUED**

Date Oct 20, 1989 Subdivision Name _____
 Inside Fire Limits _____ Name NOV 7 1989
 Bidg Code _____ Ownership: _____ Public _____
 Time Limit _____
 Estimated Cost 40,000. **City Of Portland**

Zoning: 220.00 minor-minor 50.00
 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 _____ Sit. Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other _____ (Explain) _____

Foundations:
 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 _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 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 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 Deborah Goode

Signature of Applicant [Signature] Date 10/20

Signature of CEO [Signature] Date _____

Inspection Dates [Signature]



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION Lot #3, Racine Avenue

Issued to Bay State Development

Date of Issue 6/8/93

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 89/2816, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire:

Single Family

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

William M. Seary
(Date) 6/8 Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies legal use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE
Department of Building Inspection

10/20/89

Certificate of Occupancy

Issued to Bay State Development

LOCATION Lot 3 Racine Avenue

Date of Issue 4 January 1990

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 89/2816, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

ENTIRE

SINGLE FAMILY

Limiting Conditions:

ALL EXTERIOR SITE WORK TO BE COMPLETED BY MAY 15, 1990.

This certificate supersedes
certificate issued

Approved:

4/1/90 [Signature]
(Date) Inspector

[Signature]
Inspector of Buildings

Notice: This work identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or trustee for one dollar.

Permit # 02811 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: Ray State Dev. Phone # _____
 Address: 400-1 Totton Rd. Waltham, Mass
 LOCATION OF CONSTRUCTION: Lot 3 Racine Ave
 Contractor: G E Holden Sub: _____
 Address: 749 North St. Pittsury Mass Phone # 508-851-0433
 Est. Construction Cost: 40,000. Proposed Use: Single 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: Construct New

For Official Use Only

Date: Oct 20, 1989 Subdivision Name: _____
 Inside Fire Limits _____ Lot _____
 Bldg Code: _____ Ownership: _____ Public _____
 Time Limit: NOV 7 1989 Private _____
 Estimated Cost: 40,000

Zoning: CR200R Fee: 53.00
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ 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): OK W/ A - 11-3-89

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 _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 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 Tubs or Showers _____
 3. No. of Fixtures _____
 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: Deborah Goode
 Signature of Applicant: [Signature] Date: 10/20
 Signature of CEO: _____ Date: _____
 Inspection Dates: _____

PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ _____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	____/____/____
Site Plan Review Fee \$ _____	_____	_____	____/____/____
Other Fees \$ _____ (Explain) _____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	____/____/____

COMMENTS 11-8-87 *Pl. lines & foundation checked.*
 12-8-87 *Examiner is all complete. OK to issue on 1-3-90 OK for City*
 6-9-90 *Check work & finished for City*

Signature of Applicant _____ Date _____

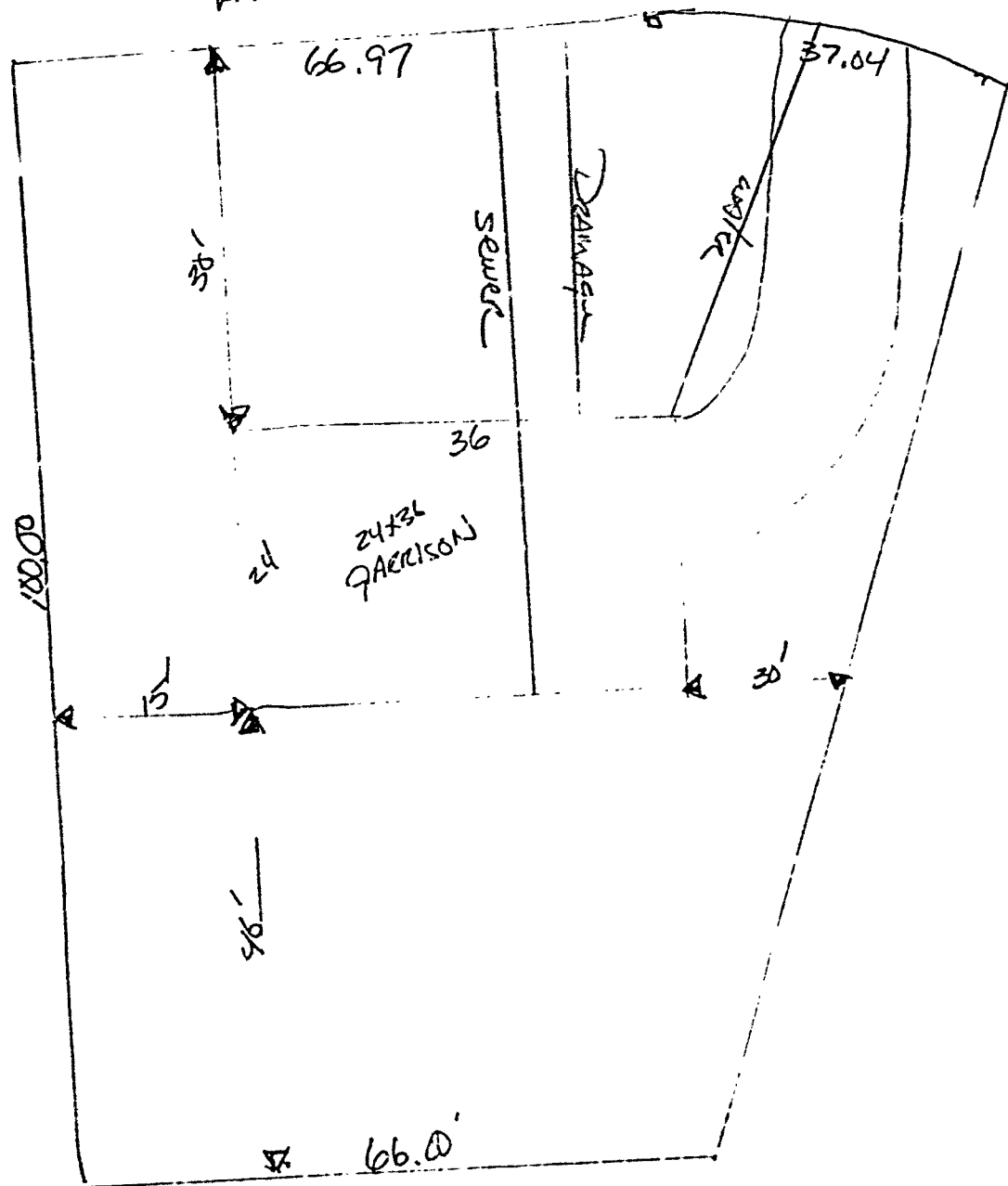
lot #3

RECEIVED

OCT 23 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF BIRMINGHAM

RACINE AVE



Applicant: Bay State Development
Address: Lot 3 Racine Ave.
Assessors No.: 399-C-42
Date: Nov. 3 1967

CHECK LIST AGAINST ZONING ORDINANCE

Date -
Zone Location - R-3
Interior or corner lot - Interior
Use - Single Family
Sewage Disposal - City
Rear Yards - 46' 25' required
Side Yards - 15' and 30' 14' required
Front Yards - 30' 25' required
Projections - Yes 1' either front or back
Height - 2 story Harrison
Lot Area - 8499 #
Building Area - 24' x 36' = 864 #
Area per Family - 6500 #
Width of Lot - 88'
Lot Frontage - 114'
Off-street Parking - O.K.
Loading Bays - NA

Site Plan -
Shoreland Zoning -
Flood Plains -



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

November 7, 1989

G.E. Holden
749 North Street
Pittsbury, Mass. 01976

Re: Lt 3 Racine Avenue, Portland, Maine

Dear Sir:

Your application to construct a single family dwelling has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy will be issued until all requirements of this letter are met.

Site Plan Review Requirements

Public Works - No certificate of occupancy will be issued prior to completion of required subdivision and site requirements. Developers shall maintain plow and provide rubbish collection until street is accepted. S. Harris


Inspections Services - Approved - W. Giroux

Building Code Requirements

Please read and implement items 1,2,6,7 and 9 of the attached Building Permit Report.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: P. Niehoff, Public Works
S. Harris, Public Works

BUILDING PERMIT REPORT

ADDRESS: Lot #3 Racine Ave. DATE: 3/16/89

REASON FOR PERMIT: To Construct A Single Family Dwelling

BUILDING OWNER: Bay State Development

CONTRACTOR: C.E. Holden

PERMIT APPLICANT: 11

APPROVED: *1 *2 *6 *7 *9 DEKED:

CONDITION OF APPROVAL OR DENIAL:

- *1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- *2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one (1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two (2) residential sprinkler heads supplied from the domestic water.
- *6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- *7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1017.5.4).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the activation of one alarm will actuate all the alarms in the individual unit.


8.) Private garages located beneath roofs in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

*9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el
11/16/88

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form**

Applicant G E Holden Date Oct 20, 1989
 Mailing Address 749 North St. Pittsury Mass 01976 Address of Proposed Site Lot 3 Racine Ave
Single family Site Identifier(s) from Assessors Maps 399-C-42
 Proposed Use of Site 364 Zoning of Proposed Site R-3
 Acreage of Site / Ground Floor Coverage 7,500 / 326 sq ft Proposed Number of Floors 1 1/2
 Board of Appeals Action Required: () Yes () No Total Floor Area 1,500 sq ft
 Planning Board Action Required: () Yes () No 1723

Other Comments: _____
 Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW
(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
 - Requires Board of Appeals Action
 - Requires Planning Board/City Council Action

Explanation _____

Use complies with Zoning Ordinance — Staff Review Below

Zoning SPACE & BULK, as applicable	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS		
																				COMPLIES

REASONS: OK WED 11-3-89

SIGNATURE OF REVIEWING STAFF/DATE
 BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant G E Holden Date Oct 20, 1989
749 North St. Pittsburry Mass 01976
 Mailing Address Lot 3 Racine Ave
Single family Address of Proposed Site
 Proposed Use of Site 864 Site Identifier(s) from Assessors Maps 377-C-42
1,500 / 278 sq ft Acreage of Site / Ground Floor Coverage R-2 Zoning of Proposed Site
 Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 1 1/2
 Board of Appeals Action Required: () Yes () No Total Floor Area 1,500 sq ft
 Planning Board Action Required: () Yes () No 1723
 Other Comments: _____
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED															REASONS SPECIFIED BELOW	

REASONS: No certificate of occupancy will be issued prior to completion of required subdivision and site requirements. Developer shall maintain, plow and provide rubbish collection until street is accepted.
 (Attach Separate Sheet if Necessary)

Stylin K. Harris 10/24/89
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

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: Bay State Dev Phone # _____
 Address: 400-1 Totton Rd. Waltham, Mass
 LOCATION OF CONSTRUCTION Lot 16 Racine Ave
 Contractor: G E Holden Sub: 3
 Address: 749 North St. Pittsury Mass Phone # 508-851-0433
 Est. Construction Cost: 40,000 Proposed Use: Single family
 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 Construct New

For Official Use Only
 Date: Oct 20, 1989 Subdivision: _____ Name: _____
 Inside Fire Limits: _____ Lot: _____
 Bldg Code: _____ Ownership: _____ Public _____ Private _____
 Time Limit: _____
 Estimated Cost: 40,000
 Zoning: 220.00 Minor-minor 50.00
 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 (Explain) _____

Foundation:
 1. Type of Soil: Gravelly clay
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: 2'
 4. Foundation Size: _____
 5. Other: 2500 lbs concrete

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: Triple 2X20
 3. Lally Column Spacing: 8' oc 3 round Size: _____ Spacing 16" O.C.
 4. Joists Size: 2X8 or greater Size: _____
 5. Bridging Type: 1X3 Size: _____
 6. Floor Sheathing Type: 3/4 EG Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size: 2X6 Spacing 16" oc
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes: 2X8 Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size: triple
 7. Insulation Type: fiberglass Size _____
 8. Sheathing Type: 1/2" Size XX
 9. Siding Type: cedar Weather Exposure: _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size: 2X4 Spacing 16" oc
 2. Header Sizes: _____ Span(s) _____
 3. Wall Covering Type: 5/8 sheetrock fire wall dble 5/8 sheetrock
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: 2x8
 2. Ceiling Strapping Size: 1x3 Spacing 16" oc
 3. Type Ceilings: gypsum Size _____
 4. Insulation Type: _____
 5. Ceiling Height: 7'6" min

Roof:
 1. Truss or Rafter Size: 2x8 or larger Span _____
 2. Sheathing Type: 1/2 plywood Size _____
 3. Roof Covering Type: class c asphalt shingles

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: gas forced hot water

Electrical:
 Service Entrance Size: 100 amp 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: _____ Square Footage _____
 2. Pool Size: _____ x _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By: Deborah Goode
 Signature of Applicant: [Signature] Date: 10/20/89
 Signature of CEO: _____ Date: _____

Inspection Dates: _____
 White Tax Assesor Yellow-GPCOG White Tag -CEO © Copyright GPCOG 1988

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form**

Applicant G E Holden Date Oct 27, 1989
749 North St. Pittsburry Mass 01976
 Address of Proposed Site Lot 3 Racine Ave
 Mailing Address Single family Site Identifier(s) from Assessors Maps 379-C-42
 Proposed Use of Site 864 Zoning of Proposed Site R-3
7,500 / 228 sq ft Ground Floor Coverage
 Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 1 1/2
 Board of Appeals Action Required: () Yes () No Total Floor Area 1,500 sq ft
 Planning Board Action Required: () Yes () No 1728
 Other Comments: _____
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																REASONS SPECIFIED BELOW
DISAPPROVED																

REASONS: No certificate of occupancy will be issued prior to completion of required subdivision and site requirements. Developer shall maintain, plow and provide rubbish collection until street is accepted.
 (Attach Separate Sheet if Necessary)

Steph K. Harris 10/24/89
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 5 December, 1989
 Receipt and Permit number 00955

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Lot 3 Racine Avenue
 OWNER'S NAME: Greg Holden ADDRESS: Pacine Avenue

	FEES
OUTLETS:	
Receptacles <u>20</u> Switches <u>16</u> Plugmold _____ ft. TOTAL <u>36</u>	5.00
FIXTURES: (number of)	
Incandescent <u>10</u> Fluorescent _____ (not strip) TOTAL <u>10</u>	3.00
Strip Fluorescent <u>4</u> ft.	12.00 3.00
SERVICES:	
Overhead _____ Underground <u>100</u> Temporary _____ TOTAL amperes <u>100</u> ..	3.00
METERS: (number of) <u>1</u>50
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ <u>1</u> Water Heaters _____	
Cook Tops _____ Disposals _____ <u>1</u>	
Wall Ovens _____ Dishwashers _____ <u>1</u>	
Dryers _____ <u>1</u> Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>4</u>	6.00
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE: <u>29.50</u> <u>30.50</u> <i>bm</i>	

INSPECTION:
 Will be ready on 12/6/89, 1989; or Will Call _____
CONTRACTOR'S NAME: Pleasant Hill Electric
ADDRESS: 129 Walnut Street South Portland
TEL: 883-5554
MASTER LICENSE NO.: 03779 **SIGNATURE OF CONTRACTOR:**
LIMITED LICENSE NO.: _____ *Craig Libby*

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, January 8, 1990

PERMIT ISSUED

JAN 9 1990

City of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location Lot # 3 Racine Place Use of Building Single Family No. Stories 1 1/2 New Building X Existing
Name and address of owner of appliance Bay State Mgt.
Installer's name and address Equity Plumbing and Heating P.O. Box 242 Telephone 799-3063

General Description of Work

799-4335

To install forced hot water boiler

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same flue
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Beckett flame retention burner Labeled by underwriters' laboratories? YES
Will operator be always in attendance? No Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe tank 1/14 inch
Location of oil storage basement Number and capacity of tanks 275 gallon
Low water shut off yes Make safeguard No
Will all tanks be more than five feet from any flame? yes How many tanks enclosed? none
Total capacity of any existing storage tanks for furnace burners 275 gal

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From side and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

No masonry chimney Power venter installed

Amount of fee enclosed: \$35.00

APPROVED:

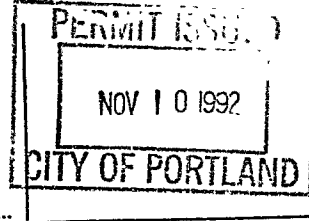
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

CS 300

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

Signature of Installer MA Leary

924317



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 11/9/92

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 25 Racine Ave Use of Building 1-fam No. Stories New Building Existing " Name and address of owner of appliance Bay State Development - Installer's name and address Philip Terison Pl & Htg Svcs. Telephone 829-3955 68 Orchard Rd- Cumberland, ME 04021

General Description of Work

To install forced hot water gas boiler

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? No If so, how protected? Kind of fuel? GAS Minimum distance to burnable material, from top of appliance or casing top of furnace 3 ft From top of smoke pipe 2 ft From front of appliance 2 ft From sides or back of appliance 1 ft Size of chimney flue 5 inches Other connections to same flue - yes If gas fired, how vented? power venter Rated maximum demand per hour 110,000 btu's Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? YES

IF OIL BURNER

Name and type of burner Inspected by underwriters' laboratories? Will operator be always in attendance? Does oil supply inlet from top or bottom of tank? Type of floor beneath burner Size of tank Location of oil storage Number and capacity of tanks Low water shut off Make No. Will all tanks be more than five feet from any flame? How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Philip Terison - master plumber license: 08042

cost/work: \$3800

Amount of fee enclosed? \$40

APPROVED:

[Signature]

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

CS 300

Signature of Installer

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

[Signature] MR. MACISAAC