

923871

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$62.50 Zone _____ Map # _____

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

Owner: Casco Bay Garage Assoc Phone # _____
 Address: P O Box 7825; Ptld, ME 04112
 LOCATION OF CONSTRUCTION 54 Commercial St.
 Contractor: Rockwell Burr Sub: 761-3939
 Address: 184 Read St- Ptld, ME Phone # 04103
 Est. Construction Cost: _____ Proposed Use: garage w sign
 Past Use: garage
 # 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 erect sign - appx 15'x2.5'

For Official Use Only

Date 6/29/92
 Inside Fire Limits _____
 Bid Code _____
 Time Limit _____
 Estimated Cost _____

Subdivision _____
 Name _____
 Lot _____
 Ownership _____
 Public _____
 Private _____

Zoning: D-2
 Streets 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: WOA - P 7-7-92

PERMIT ISSUED
 JUL 7 1992
 CITY OF PORTLAND

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floors:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joist Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studling Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Size _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studling Size _____ Spacing _____
- Header Size _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

Ceiling:

- Ceiling Joist Size: _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceiling: _____ Size _____ Requires Review _____
- Insulation Type: _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size: _____ Span _____ Action: _____
- Sheathing Type: _____ Size _____
- Roof Covering Type: _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing:

- Approval of soil test if required: Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Fixtures _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Short
 Signature of Applicant Craig Currier Date 6/29/92
 CEO's District _____

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

MA. Leary

White - Tax Assessor