

**PLUMBING APPLICATION**

Town of Portland  
 Street: 49-57 Morning St  
 Subdivision Lot #: 49-57 MORNING ST  
 Applicant Name: BUENS, Robert  
 Mailing Address of Owner/Applicant: 49 MORNING ST PORTLAND

Department of Human Services  
 Division of Health Engineering  
 (503) 269-3826

PORTLAND  
 PERMIT # 1763  
 TOWN COPY  
 L.P.I. # 138

**Owner/Applicant Statement**  
 I certify that the information provided is correct to the best of my knowledge and understanding and any falsification is reason for the local Plumbing Inspector to deny a permit.

Signature of Owner/Applicant: [Signature] Date: 7/18/86

**Caution: Inspection Required**  
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: [Signature] Date Approved: JUL 18 1986

**PERMIT INFORMATION**

This Application is for:

- NEW PLUMBING
- RELOCATING PLUMBING

Date: JUL 12 1986

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY: Condo

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 1758

Number	Hook-Ups And Piping Relocation	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.	1 Bath tub (a.u. Shower)
	HOOK-UP: to an existing subsurface wastewater disposal system.	11 Shower (Separate)
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	6 Sink
	Hook-Ups (Subtotal)	Water Basin
e.6	Hook-Up Fee	14 Water Closet (Toilet)
		Filter, etc.
		Clothes Washer
		Dish Washer
		Garbage Disposal
		Laundry Tub
		Water Heater
		Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2
		Total Fixtures
		\$32.
		\$6.
		\$38.

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Pay  
 THE 21<sup>st</sup> DAY OF 1986

TOWN COPY

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER SIX MONTHS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED

01 26 1965

Portland, Maine, 0 1133

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

CITY of PORTLAND

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 47-51 Morning Use of Building 8 APT, No. Stories 4 New Building Existing
Name and address of owner of appliance Morning St. Realty
Installer's name and address Paul Cullen Telephone 892-2341

General Description of Work

To install 187 wall hung gas heaters

IF HEATER, OR POWER BOILER

Location of appliance wall Any burnable material in floor surface or beneath? yes
If so, how protected? as per MA 4.549 Kind of fuel? gas
Minimum distance to burnable material, from top of appliance or casing top of furnace 310"
From top of smoke pipe direct vent From front of appliance 2+ From sides or back of appliance 1+
Size of chimney flue Other connections to same flue
If gas fired, how vented? direct to outside Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? direct

IF OIL BURNER

Name and type of burner gas potter tan Labelled by underwriters' laboratories? yes
Will operator be always in attendance? gas Does oil supply line feed from top or bottom of tank? gas
Type of floor beneath burner Size of vent pipe
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 Distance to non-bustible material from top of appliance?
From front of appliance From sides and back From top of smoke pipe
of chimney 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

Gas Company will be doing final hookup

Amount of fee enclosed?

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?

Signature of Installer

Paul Cullen

CS 300

INSPECTION COPY

NOTES

10-24-83  
10/25/83

Not installed  
still working on wiring

Permit No. 1133  
Location 48-51 Morningside  
Owner Morningside 57 REALTY  
Date of permit 10-23-83  
Approved

Two large empty rectangular sections with horizontal lines, separated by a vertical line. The right section is crossed out with a large 'X'.

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

1063

SEP 19 1965

ZONING LOCATION

PORTLAND, MAINE Sept. 13, 1965

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

- LOCATION ... 49-51 Morning St. Fire District #1, #2
1. Owner's name and address ... Robert Burns, DBA Morning St Realty Telephone 774-8300
2. Lessee's name and address ... Assoc. - same Telephone 774-8300
3. Contractor's name and address ... Owner Telephone

Proposed use of building dwelling No. of sheets
Lar: use same No. families 8
Material No. stories Flat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 5,000

FIELD INSPECTOR-Mr. Appeal Fees \$
@ 775-5451 Base Fee 45.00
Late Fee
TOTAL \$

To remove 30 wooden doors and replacing with 1-hour fire-rated doors, 2x 3' header

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

- Is any plumbing involved in this work? no
Is any electrical work involved in this work? no
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories soil or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16' O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
num space: 1st floor 2nd 3rd roof
If on masonry building with masonry walls, thickness of walls? height?

IF A GARAGE

- No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: BUILDING INSPECTION-PLAN EXAMINER DATE

MISCELLANEOUS Will work require disturbing of any tree on a public street?

ZONING: BUILDING CODE: Fire Dept.: Health Dept.: Others:

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

Signature of Applicant Robert Burns for Morning Street Realty Other and Address Phone # same 20 30 40

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

MA 11/19/65

NOTES

10/21/85 checked

3 apts 1, 2, 3 left  
fire doors have been  
installed, under

invitation also for condo  
conversion. Apts  
are vacant (1, 2, 3 left)

1063  
~~1063~~  
RS

11

Per. No. ~~1063~~  
Location 49-51 Manning St  
Owner Barn's  
Date of permit 9/19/85

Approved

Dwelling

Garage

Alteration



# CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

September 23, 1986

Mr. Robert Burns  
49-51 Morning St.  
Portland, Maine

Dear Sir:

Your application to change the use from 8 apartments to 8 condominium dwelling unit was reviewed and a permit is hereby issued subject to the following requirements.

1. All electrical, plumbing and housing code requirements must be met.
2. A certificate of occupancy must be granted to each unit so this office can maintain a record of use.
3. A set of floor plans must be submitted to this office.

If you have questions on these requirements please feel free to this office.

Sincerely,

Samuel Hoffdes

Chief of Inspection Services

/jaw

Applicant: *Robert Burns*  
Address: *49-51 Morning St.*  
Assessor's No.:

Date: *Sept 23, 1986*

CHECK LIST AGAINST ZONING ORDINANCE

- Date -
- Zone location - *R-6*
- Interior or corner lot -
- Use -
- Sewage Disposal -
- Rear Yards -
- Side Yards -
- Front Yards -
- Projections -
- Height -
- Lot Area - *5,725 4/3*
- Building Area -
- Area per Family -
- Width of Lot -
- Lot Frontage -
- Off-street Parking -
- Loading Bays -
  
- Site Plan -
- Shoreland Zoning -
- Flood Plains -

*Change of Use  
July 18, 1983  
1952-8 units*



# APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP .....

B.O.C.A. TYPE OF CONSTRUCTION .....

ZONING LOCATION .....

PORTLAND, MAINE

JUL 16

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE  
The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION: 51 PLUMMER ST. Fire District #1 □ #2  
1. Owner's name and address: H. B. S. Telephone: \_\_\_\_\_  
2. Lessee's name and address: D. R. V. S. Telephone: \_\_\_\_\_  
3. Contractor's name and address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Proposed use of building: SUITE No. of sheets: \_\_\_\_\_  
Last use: S. M. I. P. No. families: \_\_\_\_\_  
Material: \_\_\_\_\_ Heat: \_\_\_\_\_ Style of roof: \_\_\_\_\_ No. families: \_\_\_\_\_  
Other buildings on same lot: \_\_\_\_\_ Roofing: \_\_\_\_\_  
Estimated contractual cost \$: \_\_\_\_\_

FIELD INSPECTOR - Mr. \_\_\_\_\_ Appeal Fees \$ \_\_\_\_\_  
@ 775-5451 Base Fee \_\_\_\_\_  
Late Fee \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

change of use, 1952 SUITE  
L. S. P.

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanical.

### DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?  
Is connection to be made to public sewer? If not, what is proposed for sewage?  
Has septic tank notice been sent? Form notice sent?  
Height average grade to top of plate. Height average grade to highest point of roof.  
Size, front depth. No. stories. Solid or filled land? earth or rock?  
Material of foundation. Thickness top. Bottom. collar.  
Kind of roof. Rise per foot. Roof covering. Kind of heat. fuel.  
No. of chimneys. Material of chimneys. of lining. Corner posts. Sills.  
Framing lumber - Kind. Dressed or full size? Size. Max. on centers.  
Size Girders. Columns under girders. Size. Max. on centers.  
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.  
Joists or rafters: 1st floor, 2nd, 3rd, roof.  
On centers: 1st floor, 2nd, 3rd, roof.  
Maximum span: 1st floor, 2nd, 3rd, roof.  
If one-story building with masonry walls, thickness of walls? height?

### IF A GARAGE

No. cars now accommodated on same lot. To be accommodated. Number commercial cars to be accommodated.  
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_ MISCELLANEOUS  
BUILDING INSPECTION - PLAN EXAMINER Will work require disturbing of any tree on a public street?  
ZONING



APPLICATION FOR PERMIT

DEPT. OF CONSTRUCTION  
ZONING LOCATION

1. Owner's name and address  
2. Lessee's name and address  
3. Contractor's name and address  
4. Architect

Proposed use of building  
Material  
No. stories  
Heat  
Roofing

Estimated contractual cost \$  
FIELD INSPECTOR  
GENERAL DESCRIPTION

Stamp of Special Conditions  
REPAIRING BACK PORCHES

PERMITS TO BE ISSUED TO  
DETAILS OF NEW WORK

IF A GARAGE  
MISCELLANEOUS

APPROVALS BY: DATE

APPLICATION FOR PERMIT

PERMIT ISSUED

R.O.C.A. USE GROUP

01295

SEP 26 1986

R.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION A-6 PORTLAND, MAINE Sept. 23, 1986

To the CHIEF OF BUILDING & INSPECTION SERVICES PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland R.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications if any submitted herewith and the following specifications:

LOCATION 49-51 Morning St. - 04101 Fire District #1  #2

1. Owner's name and address Robert Burns - same Telephone: H. 773-2249

2. Lessee's name and address Telephone

3. Contractor's name and address Telephone

Proposed use of building 8 condominiums No. of sheets

Last use 8 apts No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractor's cost \$ Appeal Fees \$

FIELD INSPECTOR Mr. @ 775-5431 Base Fee 200.00

Late Fee

TOTAL \$

change of use from 8 apts to 8 condominium units, work done on separate permit applied for in 1985 & 1986. 25.00 per units

Stamp of Special Conditions

PERMIT ISSUED WITH LETTER

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?

Is connection to be made to public sewer? If not, what provided for sewage?

Has septic tank notice been sent? Form notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Side, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness top bottom cellar

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of masonry Kind of heat fuel

Framing lumber—Kind Dress or full size Corner posts Sills

Size Girder Columns under eaves Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet

Joists and rafters: 1st floor 2nd 3rd roof

On gables: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

If one-story building with masonry walls, thickness of wall height?

IS A GARAGE

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars or, usually stored in the proposed building?

APPROVALS BY: DATE

MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER All work request dist. of any tree on a public street?

ZONING: O.K. M.A. Sept. 23, 1986

BUILDING CODE: Will there be in charge of above work a person competent

Fire Dept. to see that the State and City requirements pertaining thereto

Health Dept. are observed?

Others

Signature of applicant Robert Burns Phone # same

Type Name of above Robert Burns 12 20 30 40

Other

and Address

PERMIT ISSUED WITH LETTER

APPLICANT'S COPY

OFFICE FILE COPY

MA. 11/17/86

NOTES

Sub. Cert. of Occ.  
for 2nd floor  
cont.

Fire hose installed  
Smoke det. is  
installed.

Permit No. 86/1295  
 Location 1951  
 Owner Edward [unclear]  
 Date of permit 9-23-46  
 Approved 9-26-46  
 Dweller's Charge [unclear]  
 Charge [unclear]  
 Alteration

Two large rectangular areas with horizontal lines, likely for notes or drawings. The right-hand area is crossed out with a large diagonal line.

Burt

11/7

last week's permit

for 31 Mellan St.

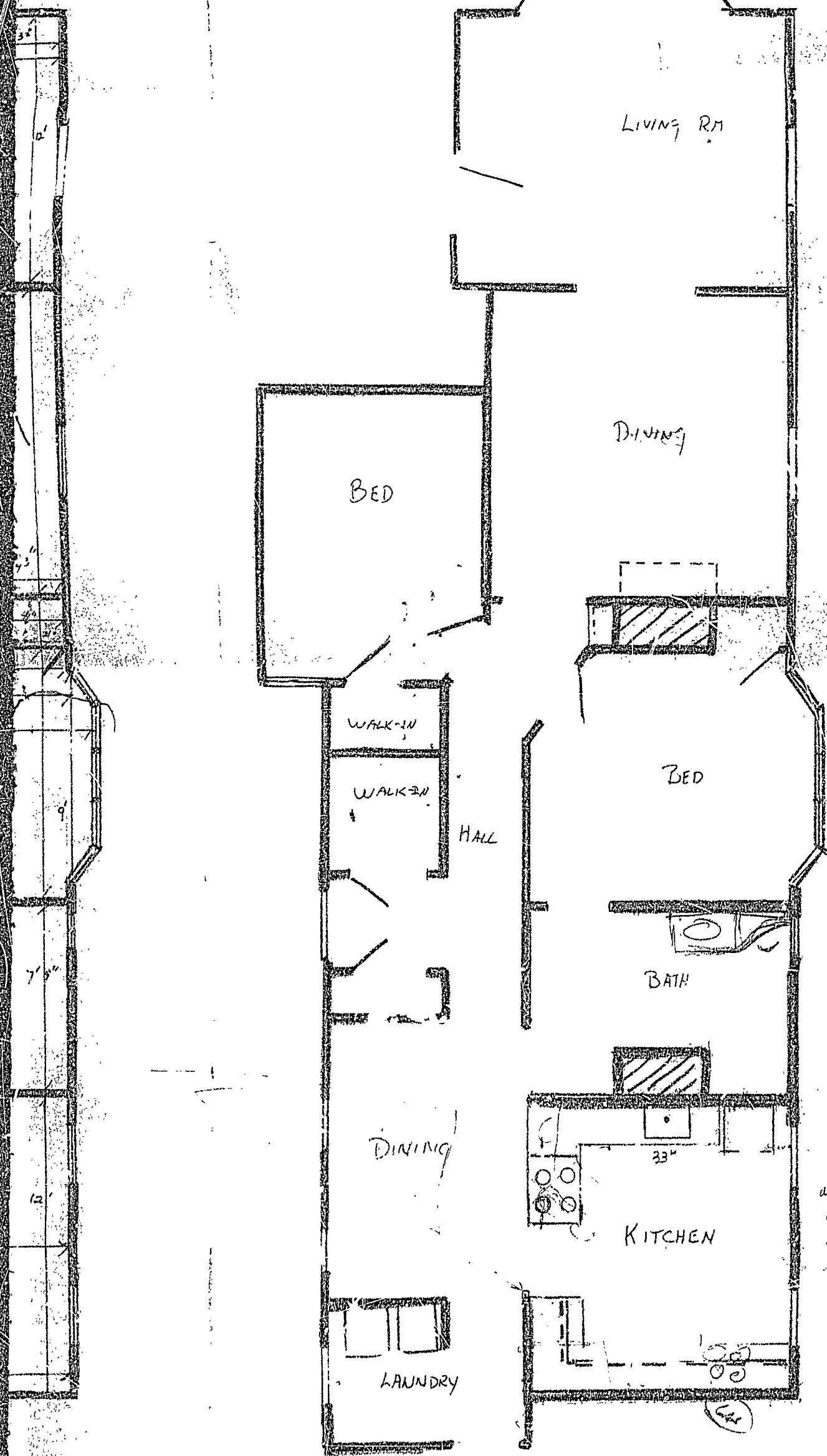
was supposed to

be 51 Morning St.

Please give to Meekand.

Cal

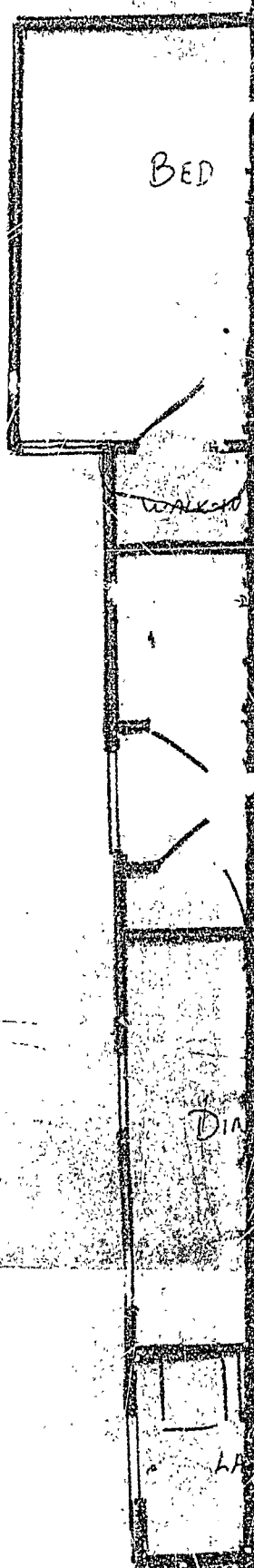
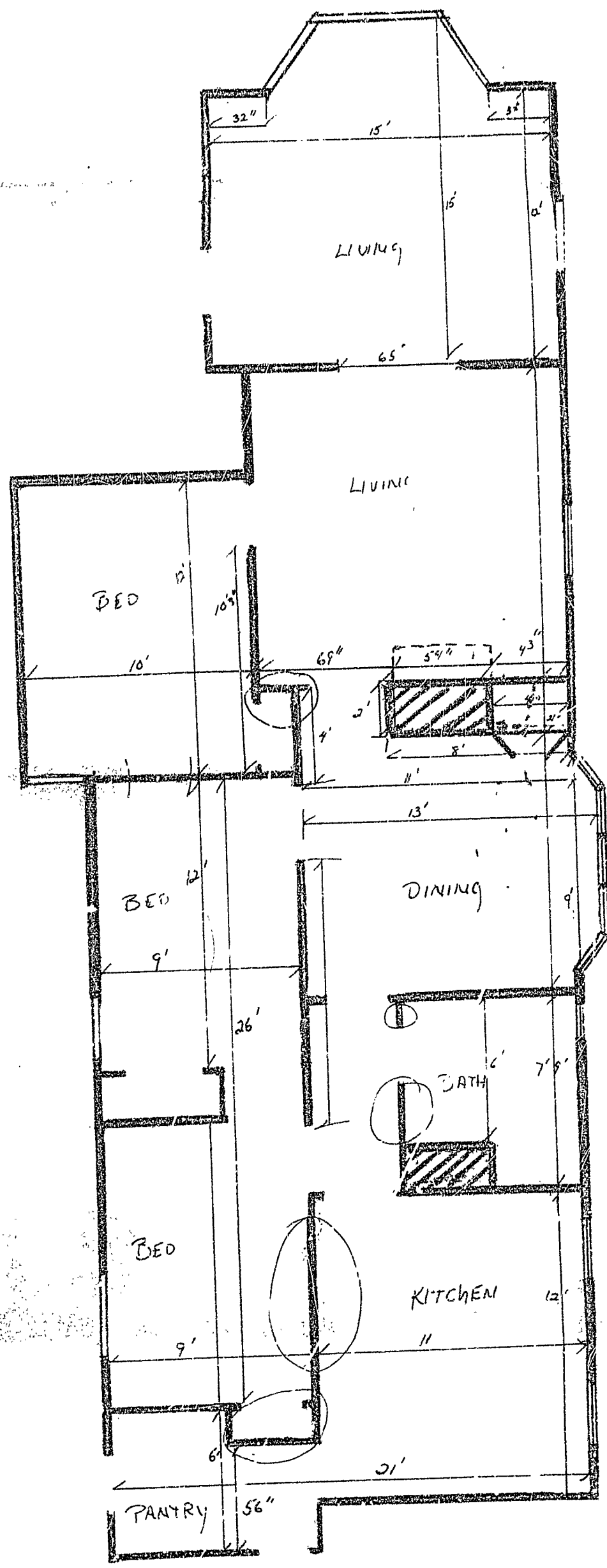
	UNITS	ZONE	UNITS
A1	23,400	4,960	0000
A2			0000
A1	5,200	780	0000
A2			0000
A1	5,200	440	0000
A2			0000
A1	32,250	3,220	0000
A2			0000
A1	12,372	2,210	0000
A2			0000
A1	18,183		0000
A2			0000



WHITE / NAT. OAK  
 OAK #1 HANDS  
 ANONY ANONY

24" SW  
 30" RINK  
 33" W/W

ALTERATIONS & RENOVATIONS



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

001118

OCT 3 1985

ZONING LOCATION

PORTLAND, MAINE Oct. 2, 1985

City of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

- LOCATION ... 51 Mellett St., Unit # 2 ... Fire District #1 [ ], #2 [ ]
1. Owner's name and address Edward Millett - 142 Pine St. Port ... Telephone 772-5678.
2. Lessee's name and address ... Telephone ...
3. Contractor's name and address Mark Pesce - 309 Spring St. Port ... Telephone 772-5607

Proposed use of building ... condominium ... No. of sheets ...
Last use ... No. families ... 1 ...
Material ... No. stories ... Heat ... Style of roof ... Roofing ...
Other buildings on same lot ...
Estimated contractual cost \$ 1,000.00 ... Appeal Fees \$ ...
Base Fee ... 25.00 ...
Late Fee ...
TOTAL \$ ...

FIELD INSPECTOR—Mr. @ 775-5451

To make interior renovations to existing condominium as per plans. 1 sheet of plans. no structural changes

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... NO ... Is any electrical work involved in this work? ... NO ...
Is connection to be made to public sewer? ... If not, what is proposed for sewer? ...
Has septic tank notice been sent? ... Form notice sent? ...
Height average grade to top of plate ... Height average grade to highest point of roof ...
Size, front ... depth ... No. stories ... solid or filled land? ... earth or rock? ...
Material of foundation ... thickness, top ... bottom ... cellar ...
Kind of roof ... Rise per foot ... Roof covering ...
No. of chimneys ... Material of chimneys ... of lining ... Kind of heat ... fuel ...
Framing lumber—Kind ... Dressed or full size? ... Corner posts ... Sills ...
Size Girder ... Columns under girders ... Size ... Max. on centers ...
Studs (outside walls and carrying partitions) 2x4 16" O. C. Bridging in every floor and flat roof span over 8 feet.
and rafters: 1st floor ... 2nd ... 3rd ... roof ...
Columns: 1st floor ... 2nd ... 3rd ... roof ...
Maximum span: 1st floor ... 2nd ... 3rd ... roof ...
If one story building with masonry walls, thickness of walls? ... height?

IF A GARAGE

No. cars now accommodated on same lot ... to be accommodated ... number commercial cars to be accommodated ...
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION—PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

MISCELLANEOUS

Will work require disturbing of any tree on a public street?
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant ... Mark Pesce ... Phone # ... same ...
Type Name of above ... Mark Pesce for ... 1 [ ] 2 [ ] 3 [ ] 4 [ ]
Edward Millett Other ...
and Address ...

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

[6] MR. MacIsaac



NOTES

10/21/85 Checked  
header in kitchen  
& interior framing  
for door way. *MD*

Permit No. 85/1128  
Location 51 Mill St  
Owner Edward Miller  
Date of permit 10-3-85  
Approved  
Dwelling  
Garage  
Alteration *to* *Bedroom*

18

Large blank lined area for notes, crossed out with a large diagonal line.



FILL IN AND SIGN WITH INK

PERMIT ISSUED

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 0 1134 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 55 MORNING ST Use of Building 7 APTS No. Stories 4 New Building Existing
Name and address of owner of appliance Morning Street Realty
Installer's name and address Paul Collier Telephone 892-2341

PERMIT ISSUED

General Description of Work

To install [9] WALL hung gas heaters

IF HEATER, OR POWER BOILER

CITY of PORTLAND

Location of appliance WALL Any burnable material in floor surface or beneath? YES
If so, how protected? AS per man. suggested Kind of fuel? GAS
Minimum distance to burnable material, from top of appliance or casing top of furnace 3-0"
From top of smoke pipe direct vent front of appliance 2' From sides or back of appliance 1'
Size of chimney flue Other connections to same flue
If gas fired, how vented? direct to outside Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? direct

IF OIL BURNER

Name and type of burner GAS PORT TON Labeled by underwriters' laboratories? YES
Will operator be always in attendance? GAS Does oil supply line feed from top or bottom of tank? GAS
Type of floor beneath burner Size of vent pipe
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

GAS COMPANY WILL BE DOING FINAL WORK

Amount of fee enclosed?

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?

Signature of Installer

[Handwritten Signature]

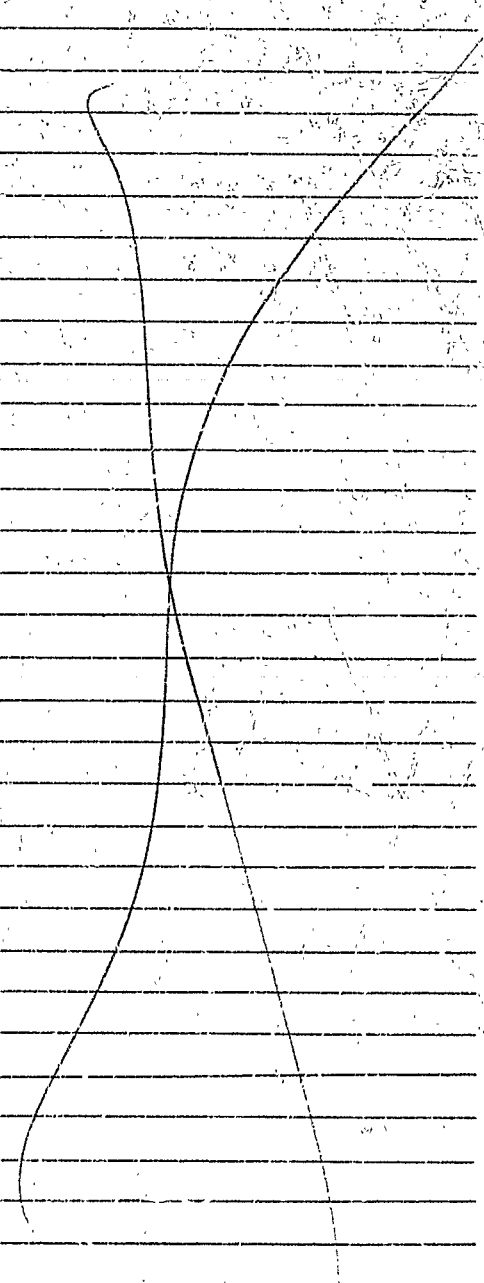
INSPECTION COPY

[Handwritten Mark]

NOTES

10/24/83 WAF talked with plumber  
 10/25/83 Boilers have been  
 mounted & piping  
 is on the progress.  
 2 boilers heating the first  
 floor apt have been  
 purged & under pressure  
 but the gas hasn't been  
 put on yet. WAF

Permit No. 1134  
 Location 55 Max Ridg St  
 Owner Morning St Realty  
 Date of permit 10-25-83  
 Approved



900736

Permit # 900736 City of Portland BUILDING PERMIT APPLICATION Fee \$85. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Brian Shea Phone # 617-698-0980

Address: 12 Columbine Rd; Milton, MA 02186

LOCATION OF CONSTRUCTION 49 Morning St; Unit 8

Contractor: u/k Sub: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: 13,000 Proposed Use: 1-fam condo

Past Use: 1-fam condo

# 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 Repairs after a fire - no plans

**PERMIT ISSUED**

For Official Use Only

Date 7/5/90 Subdivision: \_\_\_\_\_ Name: JUL 6 1990

Inside Fire Limits \_\_\_\_\_ Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_

Time Limit \_\_\_\_\_ Ownership: City of Portland Private \_\_\_\_\_

Estimated Cost: 13,000

Zoning: R-6

Street Frontage Provided: \_\_\_\_\_

Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Review Required: Repair to pre-fire conditions

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Overland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_

Special Exception \_\_\_\_\_

Other (Explain) WDA 7-6-90

**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 \_\_\_\_\_

**Coiling:**

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 Louise E. Chase

Signature of Applicant Brian Shea Date 7/5/90

Signature of CEO Brian Shea Date \_\_\_\_\_

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

White-Tax Assesor Yellow-GPCOG White Tag -CEO 1 MIA MIA FSA C

Permit # 900736 City of Portland BUILDING PERMIT APPLICATION Fee \$85. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Brian Shea Phone # 617-598-0980  
 Address: 12 Columbine Rd; Milton, MA 02186  
 LOCATION OF CONSTRUCTION 49 Morning St; Unit 3  
 Contractor: u/k Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: 13,000 Proposed Use: 1-fam condo  
 Past Use: 1-fam condo  
 # 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 Repairs after a fire - no plans

**For Official Use Only PERMIT ISSUED**

Date 7/5/90 Subdivision \_\_\_\_\_ Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Lot 111-6-1090  
 Bldg Code \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost 13,000 City of Portland

Zoning: R-6  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required: repair to pre-fire conditions  
 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 OK WPA (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 \_\_\_\_\_  
 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: 17 \_\_\_\_\_

**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 Brian Shea Date 7/5/90

Signature of CEO Brian Shea Date \_\_\_\_\_

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

09/2/97 White-Tax Assessor Yellow-GPCOG White Tag -CEO [Signature] Copyright GPCOG 1988

PLOT PLAN

FEES (Breakdown From Front)  
Base Fee \$ 85-  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Inspection Record	
Type	Date
<del>FIRST</del> FINAL	8/1/90
_____	_____
_____	_____
_____	_____

COMMENTS OK 8-1-90

Signature of Applicant Brian Shea

Date 7/5/90



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date May 1 19 86  
 Receipt and Permit number D 25738

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: 49-51 Morning St. - units 5,6,8,4

OWNER'S NAME: Robert Burns ADDRESS: lives there

	FEES
<b>OUTLETS:</b>	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u> .....	<u>3.00</u>
<b>FIXTURES: (number of)</b>	
Incandescent <u>36</u> Fluorescent _____ (not strip) TOTAL <u>36</u> .....	<u>5.60</u>
Strip Fluorescent _____ ft. ....	
<b>SERVICES:</b>	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
<b>METERS: (number of)</b> .....	
<b>MOTORS: (number of)</b>	
Fractional .....	
1-HP or over .....	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) .....	
Electric (number of rooms) .....	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) .....	
Oil or Gas (by separate units) .....	
Electric Under 20 kws _____ Over 20 kws .....	
<b>APPLIANCES: (number of)</b>	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Com.actors _____	
Fans _____ Others (denote) _____	
<b>TOTAL</b> .....	
<b>MISCELLANEOUS: (number of)</b>	
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 Vol: (such as welders) 30 amps and under _____	
over 30 amps .....	
Circus, Fairs, etc. ....	
Alterations to wires .....	
Repairs after fire .....	
Emergency Lights, battery .....	
Emergency Generators .....	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT .....	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: <u>8.60</u>

**INSPECTION:**

Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Youngs, Electric

ADDRESS: Riverside Drive

TEL.: 737-0593

MASTER LICENSE NO.: on file SIGNATURE OF CONTRACTOR: \_\_\_\_\_

LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY — WHITE

**ELECTRICAL INSTALLATIONS -**

Permit Number 25738

Location 4451 Moorway ST

Owner Robert Patis

Date of Permit 5/1/54

Final Inspection \_\_\_\_\_

By Inspector \_\_\_\_\_

Permit Application Register Page No. \_\_\_\_\_

INSPECTION Service \_\_\_\_\_ by \_\_\_\_\_

Service called in \_\_\_\_\_

Closing-in \_\_\_\_\_ by \_\_\_\_\_

PROGRESS INSPECTIONS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE:	REMARKS:

*[Handwritten signature]*





CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

June 20, 1989

55 Morning Street Condominium Association  
55 Morning Street  
Portland, ME 04101

Re: 55 Morning Street

Dear Sir:

We recently received a complaint and an inspection was made by Code Enforcement Officer Burton MacIsaac of the property owned by you at 55 Morning Street, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

1. Cracked, broken mortar on back steps. 6-108

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before July 20, 1989.

Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely yours,  
Joseph E. Gray, Jr., Director of  
Planning & Urban Development

Burton MacIsaac

Burton MacIsaac, CEO (1)

jmr

By P. Samuel Hartsus  
P. Samuel Hartsus  
Chief of Inspection Services

913168

Permit # 913168 City of Portland BUILDING PERMIT APPLICATION Fee 120.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Lisa Cole Phone # 774-1486 (w)  
 Address: 55 Morning Street Unit #1  
 LOCATION OF CONSTRUCTION 55 Morning St.  
 Contractor: Coastal Restoration Ser.  
 Address: P.O. Bob 9715, Pld. 04104 Phone # 799-9777  
 Est. Construction Cost: 20,000. Proposed Use: condo  
 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 interior renovations after fire/no structural

**PERMIT ISSUED**

**For Official Use Only**

Date: 10/18/91 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Name: OCT 18 1991  
 Bldg Code: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Estimated Cost: 20,000. CITY OF PORTLAND

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 (Explain) WOP 10-18-91

**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 FFP 2x4 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 GH

**Heating:**  
 Type of Heat: \_\_\_\_\_

**Electrical:**  
 Service Entrance Size: 100 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 D. Marquis  
 Signature of Applicant [Signature] Date 10/17/91  
 CEO's District [Signature]

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO MR. Leary

White - Tax Assessor

**PLOT PLAN**



**FEES (Breakdown From Front)**

Base Fee \$ \_\_\_\_\_  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

**Type**

**Inspection Record**

**Date**

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

**COMMENTS** 11-25-91 *Shd be all completed*

**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.

*[Signature]*  
SIGNATURE OF APPLICANT

P.O. Box 9715  
ADDRESS

799-9777  
PHONE NO.

SAME  
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

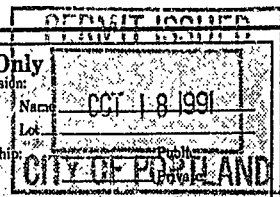
913169

Permit # 913169 City of Portland BUILDING PERMIT APPLICATION Fee 50.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: John Leacson Phone # 799-9777  
 Address: 55 Morning St. Unit #2  
 LOCATION OF CONSTRUCTION 55 Morning St.  
 Contractor Coastal Restoration Sers. Sub: \_\_\_\_\_  
 Address: P.O. Box 9715, Ptd. Me. Phone # 799-9777  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: Condo's  
 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 interior renovations after fire/no structural

**For Official Use Only**  
 Date 10/18/91 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Name: CCT 18 1991  
 Bldg Code: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Estimated Cost: 6,000.



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: WPA - 10-18-91

**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 CCC-PAC 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: 6

**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. Flushes \_\_\_\_\_  
 4. No. of La. \_\_\_\_\_  
 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 D. Marquis

Signature of Applicant John J. Leacson Date 10/17/91  
 CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO MA. Leacson

White - Tax Assessor

**PLOT PLAN**



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

**COMMENTS** *11-25-91 Job is all completed*

**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.

*[Signature]* \_\_\_\_\_ P.O. Box 9715 \_\_\_\_\_ 799-9777  
SIGNATURE OF APPLICANT ADDRESS PHONE NO.

*SAME* \_\_\_\_\_ PHONE NO.  
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 9/7/90, 19  
 Receipt and Permit number 015766

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: 49 Morning St; Unit #8 (condo)  
 OWNER'S NAME: Brain Shey ADDRESS: same

OUTLETS: Receptacles x Switches x & smoke detectors repl. ft. TOTAL 1-30 ..... 3.00

FIXTURES: (number of)  
 Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_  
 Strip Fluorescent \_\_\_\_\_ ft. ....

SERVICES: Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes \_\_\_\_\_

METERS: (number of) \_\_\_\_\_  
 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 kw. \_\_\_\_\_ Over 20 kws \_\_\_\_\_

APPLIANCES: (number of)  
 Ranges \_\_\_\_\_ Water Heaters \_\_\_\_\_  
 Cook Tops \_\_\_\_\_ Disposals \_\_\_\_\_  
 Wall Ovens \_\_\_\_\_ Dishwashers \_\_\_\_\_  
 Dryers \_\_\_\_\_ Compactors \_\_\_\_\_  
 Fans \_\_\_\_\_ Others (denote) \_\_\_\_\_  
 TOTAL \_\_\_\_\_

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 \_\_\_\_\_

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....  
 INSTALLATION FEE DUE: \_\_\_\_\_  
 TOTAL AMOUNT DUE: 5.00

minimum fee

**INSPECTION:**

Will be ready on \_\_\_\_\_, 19\_\_; or Will Call x

CONTRACTOR'S NAME: Dube Electric

ADDRESS: 38 Atlantic Ave.; 00B

TEL.: 934-5675

MASTER LICENSE NO.: J. Dube #04981 SIGNATURE OF CONTRACTOR: \_\_\_\_\_

LIMITED LICENSE NO.: \_\_\_\_\_

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





**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 10/22/91, 19\_\_  
 Receipt and Permit number 0181

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: 55 Morning St.  
 OWNER'S NAME: John Isaacson ADDRESS: \_\_\_\_\_

		<b>FEES</b>
<b>OUTLETS:</b>		
Receptacles <u>5</u>	Switches <u>9</u>	Plvgmold _____ ft. TOTAL <u>14</u> ..... <u>2.90</u>
<b>FIXTURES: (number of)</b>		
Incandescent <u>7</u>	Flourescent <u>2</u> (not strip) TOTAL <u>9</u> ..... <u>1.90</u>	
Strip Flourescent _____ ft. ....		
<b>SERVICES:</b>		
Overhead _____	Underground _____	Temporary _____ TOTAL amperes _____
<b>METERS: (number of)</b> _____		
<b>MOTORS: (number of)</b>		
Fractional _____		
1 HP or over _____		
<b>RESIDENTIAL HEATING:</b>		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws _____	Over 20 kws _____	
<b>APPLIANCES: (number of)</b>		
Ranges _____	Water Heaters <u>2</u>	
Cook Tops _____	Disposals _____	
Wall Ovens _____	Dishwashers <u>1</u>	
Dryers _____	Compactors _____	
Fans _____	Others (denote) _____	
TOTAL <u>3</u> .....		<u>5.00</u>
<b>MISCELLANEOUS: (number of)</b>		
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 _____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... 15.00

TOTAL AMOUNT DUE:

minimum fee

**INSPECTION:**

Will be ready on \_\_\_\_\_, 19\_\_; or Will Call X

CONTRACTOR'S NAME: Black Elect  
 ADDRESS: 255 Allen Ave- Ptld

TEL.: 797-0892  
 MASTER LICENSE NO.: Tom Black 710181 SIGNATURE OF CONTRACTOR: Tom Black  
 LIMITED LICENSE NO.: \_\_\_\_\_

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





# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
120-39-3826

**PROPERTY ADDRESS**  
Town Or Plantation: Portland  
Street: 55 MORNING ST.  
Subdivision Lot #:

**PROPERTY OWNERS NAME**  
Last: MOORE First: Chris  
Applicant Name: IVATE PARKS D-H  
Mailing Address of Owner/Applicant (if Different): RF 121, Box 567  
60 PIA Hill Rd. Portland

PORTLAND PERMIT # 2,879 TOWN COPY  
 Date Issued: 10/5/10 \$ 10.00 FEE  Double Fee Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. #

**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 of Owner/Applicant: [Signature] Date: 10/5/10

**Caution: Inspection Required**  
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.  
 Local Plumbing Inspector Signature: [Signature] Date Approved: 5/9/10

**PERMIT INFORMATION**

This Application is for:  
 1.  NEW PLUMBING  
 2.  RELOCATED PLUMBING

Type Of Structure To Be Served:  
 1.  SINGLE FAMILY DWELLING  
 2.  MODULAR OR MOBILE HOME  
 3.  MULTIPLE FAMILY DWELLING  
 4.  OTHER - SPECIFY:

Plumbing To Be Installed By:  
 1.  MASTER PLUMBER  
 2.  OIL BURNERMAN  
 3.  MFG'D. HOUSING DEALER/MFCHANIC  
 4.  PUBLIC UTILITY EMPLOYEE  
 5.  PROPERTY OWNER  
 LICENSE # 12345

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

980632

Permit # 980632 City of Portland BUILDING PERMIT APPLICATION Fee \$50 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Martha McCluskey Phone # 879-0298  
Address: 55 Morning St- Ptld, ME 04101  
LOCATION OF CONSTRUCTION 55 Morning St.  
Contractor: Sentry Protective Systems Sub: 797-7799  
Address: 536 Riverside St- Ptld Phone # ME 04103

Est. Construction Cost: 5800 Proposed Use: multi/resdnt w f/aim sy  
Past Use: M/rsd

# 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 install fire alarm system - whole bldg

or Official Use Only  
Date 7/23/93  
Subdivision: \_\_\_\_\_  
Name: ME 2-7-1992  
Lot: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Estimated Cost: 5800  
CITY OF PORTLAND

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) WDA 7-26-93

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 \_\_\_\_\_ Spaa \_\_\_\_\_  
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 Louise E. Chase

Signature of Applicant John Date \_\_\_\_\_

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

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

White-Tax Assessor Yellow-GPCOG White Tag - CEO 11 Copyright GPCOG 1988

PERMIT ISSUED WITH REQUIREMENTS

PLOT PLAN

N  
▲

FEES (Breakdown From Front)

Base Fee \$ \_\_\_\_\_  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

*Alarm system has been installed*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

BUILDING PERMIT REPORT

Date: 7/26/93  
Address: 55 Manning St.  
Reason for Permit Install Fire Alarm  
\_\_\_\_\_  
\_\_\_\_\_  
Building Owner: Martha McCloskey  
Contractor: Wentz Protective Systems  
Permit Applicant: Teddy Wilson  
Approved:  Denied:

Conditions of Approval or Denial:

1. All required Fire Alarm systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
2. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
3. ~~Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.~~
4. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is (5") five feet above finished floor.
5. ~~All Master Box locations are required to have a locked box (knobbox)~~
6. A fire alarm acceptance report shall be submitted to the Portland Fire Department



Protective Systems  
"THE ALARM COMPANY"

TO: Whom It May Concern  
FROM: Richard Brobst, Jr.  
DATE: July 22, 1993

I authorize Sentry Protective Systems to use my Master Electrician's License # MS60016579 for any fire/burglar alarm permits.

Sincerely,

Richard Brobst, Jr.  
General Manager

EXP 10-31-94

(207) 797-7799  
1-800-445-4505  
(Central Station)  
Fax (207) 797-8089  
536 Riverside St.  
Portland, ME 04103



**COMMERCIAL SALE AGREEMENT**

AGREEMENT made this 21 day of June 1993, between Security Systems, Inc. d/b/a SENTRY PROTECTIVE SYSTEMS (hereinafter referred to as "SENTRY") and 55 Morning St. Condominium Assoc. (hereinafter referred to as "BUYER").

Billing Address: 50 Martha McCluskey #21 Tel: 879-0298  
 Installation Address: 55 Morning Street, Portland, Maine 04101 Tel: \_\_\_\_\_

SENTRY hereby agrees to furnish the materials and labor necessary for the completion of the system described in the SCOPE OF EQUIPMENT below at the aforementioned Installation Address.

**SCOPE OF EQUIPMENT**

- 1 - Silent Knight 5207 Fire Alarm Control Panel
- 2 - 12V 7AMP/HR Batteries
- 6 - BG10 Pull Stations
- 9 - ES425FST Self-contained Smoke Detectors
- 10 - BK2400TH Smoke Detectors
- 5 - Gentex SHG24H ADA Horn/Strobes
- 4 - Emergency Lights with 2 Heads
- 1 - Emergency Light with 4 Heads

The sale price of the system shall be \$5800.00 plus tax in the amount of \$ incl. with \$2000.00 payable upon the execution of this contract and the remaining balance of \$ 1800.00 due upon the completion of the installation of the system, and \$1000.00 upon 30 days and \$1000.00 upon 60 days. Notwithstanding anything contained herein to the contrary, title to the system shall remain in SENTRY until SENTRY has received in good funds, the total sale price listed above.

ATTENTION IS DIRECTED TO THE WARRANTY, LIMITATION OF LIABILITY AND OTHER CONDITIONS ON THE REVERSE SIDE HEREOF.

Security Systems, Inc. d/b/a  
 SENTRY PROTECTIVE SYSTEMS  
 by:

Richard Brobst, Jr., GM

Sales Representative

Richard W. Brobst Jr. GM  
 Authorized Signature Title

BUYER:  
Martha McCluskey 6/21/93  
 Signature Date  
55 Morning St. Condominium Assoc.  
 Print Title

"IT'S THE SERVICE AFTER THE SALE THAT COUNTS"

# Barent

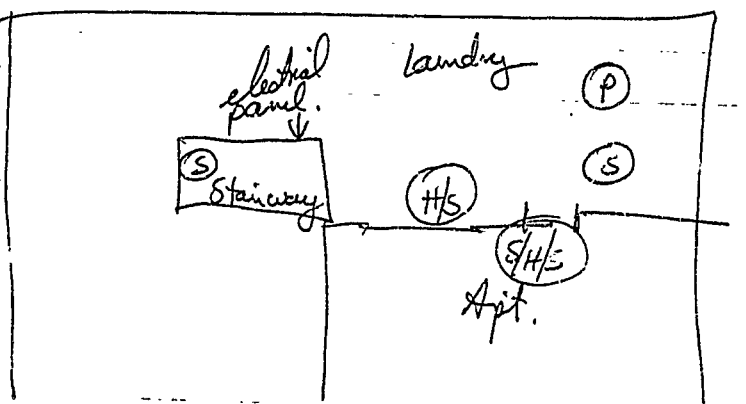
(H/S) horn strobe

(S/H/S) smoke horn/strobe

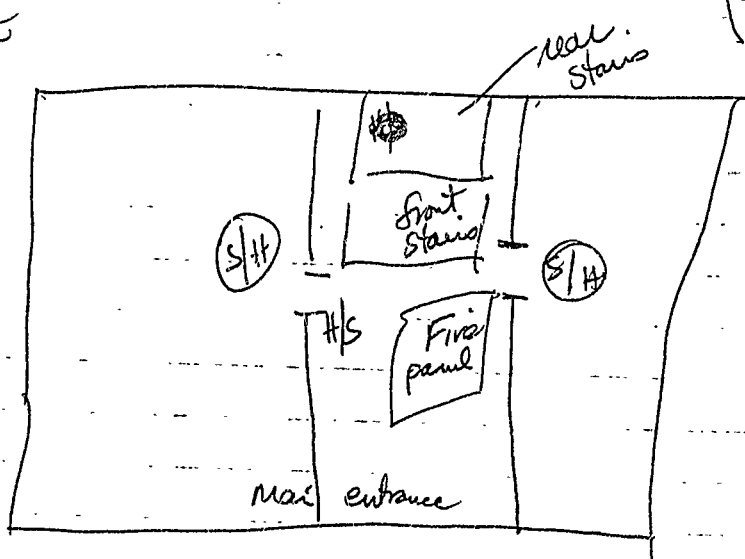
(S) = 2400 T/H

(S/H) = smoke w horn 6240 P

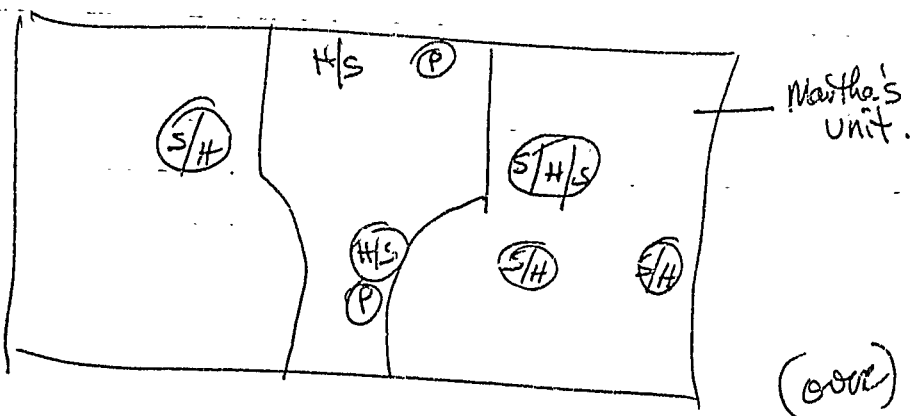
(P) = pull station



1st floor



2nd floor



(over)



3<sup>rd</sup> 4<sup>th</sup>

	Staus.	
(S/H)		(S/H)
	H/S	

## EQUIPMENT LIST

2 batteries

1- S207 at main entrance

9- Gentex 6240P

1- each unit hallway for a total of 7  
except Martha's unit #21  
Apt in basement

2- each bedroom of Martha's unit #21

2- Gentex 624PS

1- Martha's hallway

1- Apt entry

6- pull stations

1- front door

1- each emergency exit <sup>and/or</sup> each floor

1- basement emerg' exit.

5- Gentex S#G24H

1- each main stairway

1- basement

10- BK 2400 TH

1- each stairway on each floor

1- basement stairs

1- cover near basement exit

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 49-51 Morning ST		Owner: 49-51 Morning St Condo Assoc.		Phone:		Permit No: <b>940886</b>	
Owner Address: SAA		Leasee/Buyer's Name:		Phone:		Business Name: Mary Gresik	
Contractor Name: Sentry Protective Systems of ME		Address: 536 Riverside St Ptd, ME 04103		Phone: 797-7		Permit Issued: AUG 23 1994	
Past Use: Condo Units		Proposed Use: Same w/fire alarm sys.		COST OF WORK: \$ 2,198.00		PERMIT FEE: \$ 35.00	
Proposed Project Description: Install Fire Alarm System		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: Signature: <i>Huffman</i>		Zone: CBL: 003-B-004	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		Zoning Approval: <i>WASH</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Welland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

**PERMIT ISSUED WITH REQUIREMENTS**  
 PERMIT ISSUED  
 WITH REQUIREMENTS  
 AUG 23 1994

**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 his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

*Michael Sturgis*  
 SIGNATURE OF APPLICANT: Michael Sturgis ADDRESS: \_\_\_\_\_ DATE: 18 Aug '94 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Action:  
 Approved  
 Approved with Conditions  
 Denied  
 Date: 8/17/94  
*[Signature]*  
 CEO DISTRICT 1  
*MA, Leahy*

**PERMIT** **102495** **TOWN OF** **Portsmouth** **BUILDING PERMIT**

Please fill out any part which applies to this permit in the appropriate form.  
 Permit to (see table) **177-9731** **177-9731**  
 Owner **Joseph V. Buckley**  
 Address **1/3 Joseph Halla, 222 Somerset St., Portland, 04101**  
 LOCATION OF CONSTRUCTION **Self** **SUBCONTRACTORS**

ADDRESS \_\_\_\_\_  
 Construction Cost **15,000** Type of Use **3 APARTMENTS**  
 No. of Units **3** **apartments**  
 Building Dimensions L. \_\_\_\_\_ W. \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Is Proposed Use **Seasonal** **Condominium** **Apartment**  
 Conversion Explain **changing and creating conditions**

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE **changing 1 use of windows (2)**  
 Residential Buildings Only: \_\_\_\_\_  
 Non-Residential Buildings: \_\_\_\_\_  
 New Dwelling Units \_\_\_\_\_

Foundation  
 1. Type of Soil: \_\_\_\_\_  
 2. No. Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footing Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other: \_\_\_\_\_

Floors  
 1. Sill Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Joist 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. Studing Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. doors \_\_\_\_\_  
 4. Header Size \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_ Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

Interior Walls  
 1. Studing Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

Use \_\_\_\_\_  
 Building \_\_\_\_\_  
 Type \_\_\_\_\_  
 Estimated \_\_\_\_\_  
 Value \_\_\_\_\_  
 Fee \_\_\_\_\_

Ceiling  
 1. Ceiling Joists Size \_\_\_\_\_  
 2. Ceiling Sheathing Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceiling \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height \_\_\_\_\_

Roof  
 1. Truss or Rafters Size \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

Chimneys  
 Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating  
 Type of Heat \_\_\_\_\_

Electrical  
 Service Entrance Size \_\_\_\_\_ Breaks \_\_\_\_\_

Plumbing  
 1. Approval of **fit test if required** **OK**  
 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 \_\_\_\_\_  
 3. Must conform to National Electrical Code \_\_\_\_\_

Zoning  
 Zoning **D-1a**  
 Required Setback: Front \_\_\_\_\_ Back \_\_\_\_\_

Review Required?  
 Zoning Board Approval \_\_\_\_\_ No \_\_\_\_\_  
 Planning Board Approval \_\_\_\_\_ No \_\_\_\_\_  
 Conditional Use \_\_\_\_\_  
 Signs and Pictorial Mount \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved **1/10/72**

Permit Received By **Latind**

**PERMIT ISSUED WITH RESERVE**  
 Signature \_\_\_\_\_  
 Inspector Date \_\_\_\_\_

White-Tax Assessor Yellow-GPCOC White-Tax-COA

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 49-51 Morning St		Owner: 49-51 Morning St Condo Assoc.		Phone:	Permit No: <b>940886</b>
Owner Address: SAA		Leasee/Buyer's Name:		Phone:	Business Name: Mary Graik
Contractor Name: Sentry Protective Systems of ME		Address: 536 Riverside St Pld, ME 04103		Phone: 797-7799	Permit Issued: <b>PERMIT ISSUED</b> AUG 23 1994
Past Use: Condo Units		Proposed Use: Same Fire alarm sys		COST OF WORK: \$ 2,198.00	PERMIT FEE: \$ 35.00
Proposed Project Description: Install Fire Alarm System		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: Signature: Date:

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

Zone: CBU-003-2-004

Zoning Approval:  Approved

Special Zone or Reviews:

- Shoreland
- Wetland
- Flood Zone
- Subdivision
- Site Plan major  minor  mm

Zoning Appeal

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

Historic Preservation

- Not in District or Landmark
- Does Not Require Review
- Requires Review

Action:

- Approved
- Approved with Conditions
- Denied

**PERMIT ISSUED WITH REQUIREMENTS**

**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 his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: Nichell Sturgis ADDRESS: \_\_\_\_\_ DATE: 18 Aug '94 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

Date: 8/19/94  
D. Hamilton

CEO DISTRICT 1

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

BUILDING PERMIT REPORT

Date: 23-Aug-94

Address: 49-51 Morning ST.

Reason for Permit To Install Fire ALARM System

Building Owner: 49-51 Morning ST. Condo ASSOC.

Contractor: Sentry Protective Systems of MG.

Permit Applicant: " " " " "

Approved: \*2 \*6

Conditions of Approval or ~~Detail~~:

1. All required Fire Alarm systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
- \* 2. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
3. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.
4. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is (5') five feet above finished floor.
5. All Master Box locations are required to have a locked box (knoxbox)
- \* 6. A fire alarm acceptance report shall be submitted to the Portland Fire Department

C.C. L.T. McDougal

\$2198.40

SENTRY PROTECTIVE SYSTEMS  
536 Riverside Street  
PORTLAND, MAINE 04103  
(207) 797-7799

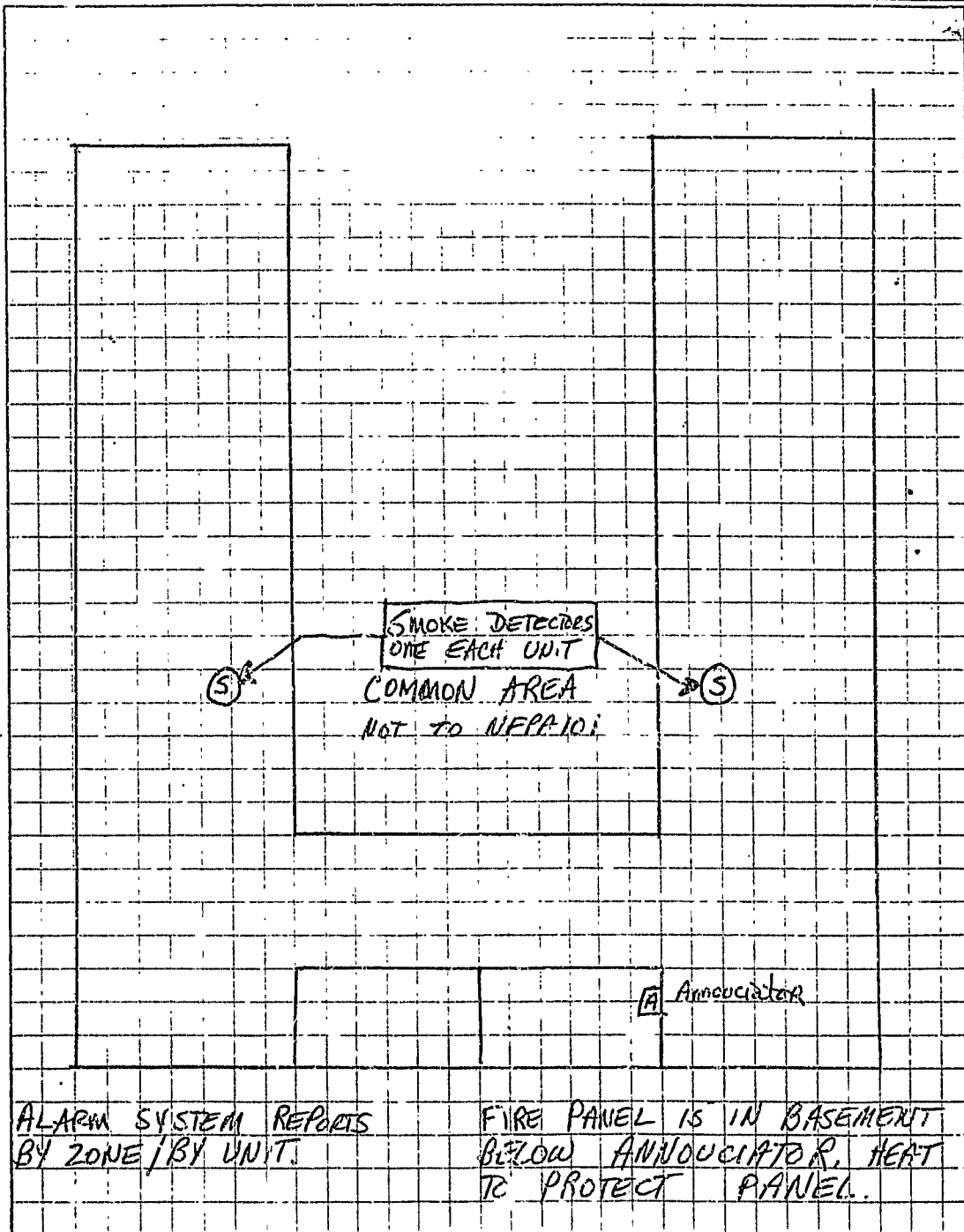


JOB 49-51 Morning Street  
SHEET NO. Portland, Me OF

CALCULATED BY \_\_\_\_\_ DATE \_\_\_\_\_

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

SCALE \_\_\_\_\_





**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 1<sup>st</sup> August 1994, 19  
 Receipt and Permit number 16579

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: 49-51 Morning St  
 OWNER'S NAME: Morning St Condo Assoc. ADDRESS: \_\_\_\_\_

FEES

OUTLETS:

Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL \_\_\_\_\_

FIXTURES: (number of)

Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_

Strip Fluorescent \_\_\_\_\_ ft. \_\_\_\_\_

SERVICES:

Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes \_\_\_\_\_

METERS: (number of) \_\_\_\_\_

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 \_\_\_\_\_ Water Heaters \_\_\_\_\_

Cook Tops \_\_\_\_\_ Disposals \_\_\_\_\_

Wall Ovens \_\_\_\_\_ Dishwashers \_\_\_\_\_

Dryers \_\_\_\_\_ Compactors \_\_\_\_\_

Fans \_\_\_\_\_ Others (denote) \_\_\_\_\_

TOTAL \_\_\_\_\_

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 XX \_\_\_\_\_ 5.00

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: 15.00

INSPECTION:

Will be ready on \_\_\_\_\_, 19\_\_; or WI. Call \_\_\_\_\_

CONTRACTOR'S NAME: Sentry Protective Systems

ADDRESS: 536 Riverside St

TEL.: 797-7799

MASTER LICENSE NO.: 16579 SIGNATURE OF CONTRACTOR: \_\_\_\_\_

LIMITED LICENSE NO.: \_\_\_\_\_

Michele Sturgis  
 Michele Sturgis for Richard Brobst, Jr.

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN



