

1927

_____ City of Portland BUILDING PERMIT APPLICATION Fee \$75.00 Zone _____ Map # _____ Lot# _____

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

Applicant: Carl Condon Phone # _____
 Address: RFD #1 Box 4288 Freerport, Maine 04632
 Type of Construction: REPAIR/ALTERATION
 For: H.R. Ives Sub: _____
 Location: P.O. BOX 3035 Port 04101 Phone # 797-7534
 Construction Cost: 11,000 Proposed Use: SF
 Existing Res. Units: _____ # of New Res. Units: _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 Rooms: _____ # Bedrooms: _____ Lot Size: _____
 Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 In Conversion: To replace foundation wall as per plan

PERMIT ISSUED
 For Official Use Only
 Date: Sept. 18 1990 Subdivision: _____
 Name: SEP 24 1990
 Ins de Fire Limits: _____ Lot: _____
 Bldg Code: _____ Ownership: City of Portland
 Time Limit: _____
 Estimated Cost: 11,000

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 (Explain): OK WDA 9-24-90

HISTORIC PRESERVATION

Foundation:
 1. Type of Soil: _____ Rear _____ Side(s) _____
 2. Set Backs - Front _____ Rear _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____ Spacing 16" O.C.
 4. Joists Size: _____ Size: _____
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Ceiling:
 1. Ceiling Joists Size: _____ Not in District nor Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____ Size _____ Requires Review.
 4. Insulation Type _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved.
 2. Sheathing Type _____ Size _____ Approved with conditions.
 3. Roof Covering Type _____
 4. Chimneys: _____ Number of Fire Places _____
 Type: _____
 Signature: [Signature]

Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required not required No _____
 2. N. 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.

Interior 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 _____
 Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Weath. Covering Type _____
 4. Fire R. R. required _____
 5. Other Materials _____

Permit Received By: Latini
 Signature of Applicant: Richard P. Miller Date: 9/18/90
 Signature of CEO: _____ Date: _____
 Inspection Dates: _____

White - Tax Assessor Yellow - GPCOG White Tag - CEO

0001 .81 .1992

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PLOT PLAN

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FEES (Break down From Front)
Base Fee \$ 75.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
AST		9 / 28 / 90
S.W.		10 / 12 / 90
Final		10 / 25 / 90
		1 / 1
		1 / 1

COMMENTS submitted plan

Constructed OK 10-25-90

Signature of Applicant [Signature]

Date Sept 18, 1990

901127

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$75.00 Zone _____ Map # _____ Lot# _____

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

Owner: Carl Condon Phone # _____
 Address: RED #4 Box 4288 - Freeport, Maine 04032
 LOCATION OF CONSTRUCTION: 40 Congress Rear
 Contractor: M.R. Brewer Sub: _____
 Address: P.O. Box 3035 Port 04101 Phone # 797-7534
 Est. Construction Cost: 11,000 Proposed Use: SF.
 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: To replace foundation w/ 11 as per plan

For Official Use Only PERMIT ISSUED
 Date: Sept. 18 1990 Subdivision: _____
 Inside Fire Limits: _____ Name: SEP 24 1990
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Ownership: Public
 Estimated Cost: 11,000 **City Of Portland**

Zoning: R-6 Residence
 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): on 11/17/90 9-24-90 HISTORIC PRESERVATION

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

Floor:
 1. Joist Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. 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 Size: _____ 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: _____ Hot in District or Landmark _____
 2. Ceiling Strapping: Size _____ Spacing _____ Does not require strapping _____
 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 _____
 Approved with conditions _____
 Date: 9/24/90

Chimneys:
 Type: _____ Number of Fire Places _____
 Signature: [Signature]

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: [Signature]

Signature of Applicant: Richard J. Miller Date: 9/18/90

Signature of CEO: _____ Date: _____

Inspection Dates: _____