

912553

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$60. Zone _____ Map # _____ Lot # _____

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

Owner: B. H. Milliken, Inc. Phone # 879-1877 call for
 Address: 200 Anderson St; Ptda, ME 04101 PK pickup
 LOCATION OF CONSTRUCTION 203 Anderson St.
 Contractor: OWNER Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: 8,000 Proposed Use: office space
 Past Use: showroom/office space
 # 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- first floor

PERMIT ISSUED
MAY - 6 1991
CITY OF PORTLAND

For Official Use Only
 Date: 4/23/91 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: _____
 Time Limit: _____
 Estimated Cost: 8,000 Owner: _____

Zoning: I-2
 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 W/A 505-2-91

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

- Ceiling Joists Size: _____ Not in District or Landmark
- Ceiling Strapping Size _____ Spacing _____ Does not require review.
- Type Ceilings: _____
- Insulation Type _____ Size _____ Requires Review.
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____ Action _____ Approved.
- Sheathing Type _____ Size _____ Approved with conditions
- Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____ Date: 4/23/91
 Signature: [Signature]

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 Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

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

Permit Received By Louise E. Chase

Signature [Signature] Date 4/23/91

Signature [Signature] Date 4-30-91

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

[Signature] MA. Addato © Copyright GPCOG 1988