

84
Chestnut st

CITY OF PORTLAND, MAINE
DIVISION OF INSPECTION SERVICES

DEMOLITION CALL LIST

_____ he. eby requests permission to open
_____ beginning on the following date _____
for the following work as described: _____

UTILITY APPROVAL

CITY OF PORTLAND

CENTRAL MAINE POWER CO.
Meter Department
772-7411. ext. 290, 291, 292
Date: 4/13/87

DEPARTMENT OF PARKS/PUBLIC WORKS
Sewer Division
775-5451. ext 463
Date: JACHE 4/13/87

NEW ENGLAND TELEPHONE CO. 4/13/87
Dig Safe Center
1-800-225-4977 87160261
Date: _____

DEPARTMENT OF PARKS/PUBLIC WORKS
Traffic Division
775-5451, ext. 468, 469
Date: 4/13/87

NORTHERN UTILITIES
Distribution Department
797-2062 8080 LIZ
Date: 4/13/87

DEPARTMENT OF PARKS/PUBLIC WORKS
Forestry Division
775-5451, ext. 333, 350, 351
Date: 4/13/87

PORTLAND WATER DISTRICT
John Libby
774-5963. ext. 295
Date: 4/13/87

DEPARTMENT OF PLANNING/URBAN DEVELOPMENT
Inspection Services Division
775-5451, ext. 374 (rodent/vermin/asbestos)
Date: 4/13/87

PUBLIC CABLE CO. (T.V.)
George Grisy 775-3431
775-2381 AMBEN
Date: 4/13/87

FIRE DEPARTMENT CHANDLER
Communications - Sam Allen
775-6361, ext. 321, 322,
Date: 4/13/87

ASBESTOS NOTIFICATION:

United States Environmental Protection Agency
Region I, Air Management Division
Room 231C
J.F.K. Federal Building
Boston, MA 02203

Maine Department of Environmental
Protection
Bureau of Air Quality Control
State House Station, 17
Augusta, ME 04333
Actn: Catherine Clayton-Richardson

I have contacted all of the above utility companies and/or necessary City departments

DATE: 4/13/87

SIGNED: Thomas Sorrento

APPROX. FIDELTY
#-726032

April 13, 1987

PERMIT # BUILDING PERMIT APPLICATION **Portland** Previous permit #
APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
Please insert N/A (not applicable) for any item not pertaining to your request

GENERAL INFORMATION
Location/address of construction 84 Cherrnut St.
Owner or lessee's name Arrow Realty Tel. 772-6032
Address 198 Lancaster St.

Contractor's name Owner Tel. _____
Address _____

Subcontractors _____
IF NEW SUBDIVISION OR EXISTING LOT REFERENCE:
Name _____
Lot _____
Block _____
Ok. by Reg./deed _____
Date recorded _____

III. PROPOSED USE: CODE: _____ If other, explain _____ Seasonal _____ Condominium _____ Apartment _____

IV. PAST USE: 101 - single family dw.

V. OWNERSHIP: _____ PUBLIC (federal/state/local government) _____ PRIVATE (individual/corp/nonprofit)

VI. DESCRIPTION OF WORK
To demolish 1 story single family dwelling, 25 x 35

VII. BUILDING DIMENSIONS length _____ width _____ square footage _____ height _____ #stories _____

VIII. EST. CONSTRUCTION COST: 2,500.00 IX. GR. SQ. FT. OF LAND: _____ BUILDING: _____

X. RESIDENTIAL BUILDINGS ONLY: _____
NEW DWELLING UNITS WITH: _____
EXISTING DWELLING UNITS WITH: _____
XI. RESIDENTIAL UNITS: _____
NEW DWELLING UNITS: _____
EXISTING DWELLING UNITS: _____
NET RESIDENTIAL UNITS: _____

XII. SIGNATURE OF APPLICANT: Harold [Signature] DATE: 4-13-87
DO NOT WRITE BELOW THIS LINE

XIII. ZONING
DISTRICT _____ STREET FRONTAGE _____
SETBACKS: front _____ back _____ side _____ side _____
ZONING BOARD APPROVAL: no yes (date) _____
PLANNING BOARD APPROVAL: no yes (date) _____
XIV. OFFICE USE: _____
TAX MAP: _____
LOT: _____
VALUE/STRUCTURE: _____
PERMIT EXPIRATION: _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) _____ DATE _____

XVII. FEES:
base fee _____
subdivision fee _____
site plan review fee _____
other fees _____
late fee _____
TOTAL 60.00

XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:
Work Completed
[Signature]

1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8. CHIMNEY * flues * fireplaces material	PLOT PLAN/DETAILS OF WORK ON REVERSE White - Municipal Office Yellow - CEO Pink - Tax Assessor Blue - G.P.C.D.
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	9. FRAMING. floor joists	
3. HEAT type _____ fuel _____	size _____ max. on centers _____	
4. FOUNDATION type _____ thickness _____ footing _____	ceiling joists _____	
5. ROOF type _____ pitch _____ covering _____ load _____	rafters _____	
6. PLUMBING * lavs * showers * lavatories * laundry tubs * flushes * other	studs _____	
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	wall studs _____	
7. ELECTRICAL service entrance size _____ * smoke detectors _____	10. If 1-story building w/ masonry walls: wall thickness _____ height _____	
NUMBER OF OFF-STREET PARKING SPACES: enclosed _____ outdoors _____	11. BEDROOM WINDOWS height _____ width _____ sill height _____ egress window? <input type="checkbox"/> yes <input type="checkbox"/> no	