

002128

PERMIT # _____ **CITY OF** Portland **BUILDING PERMIT APPLICATION** **MAP #** _____ **LOT#** _____

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

Owner: Chyatour Street Methodist Church

Address: 17 Chestnut St., Portland

LOCATION OR CONSTRUCTION 17 Chestnut St.

CONTRACTOR: Les Wilson And Sons SUBCONTRACTORS: 354-4883

ADDRESS: PO Box 1028, Westbrook, 04092

Est. Construction Cost: _____ Use: church

Part Use: _____

Building Dimensions L _____ W _____ Ft. # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion Explain if remove and install tank, 2,000 gallons. (fuel) DEB Form attached, plot

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE NOAH plan attached.

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

1. Sill Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally 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. 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 Material _____
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 _____

For Official Use Only

Date May 22, 1989 Subdivision Yes / No _____

Inside Fire Limits _____ Name _____

Bldg Code _____ Loc _____

Time Limit _____ Block _____

Estimated Cost _____ Permit Expiration _____

Value/Structure _____ Ownership _____ Public _____ Private _____

Fee \$10.00 Removal

\$35.00 Installation

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____

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 _____

Swimming Pools:

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

Zoning:

- District B-2 Street Frontage Req: _____ Provided _____
- Required Setbacks: Front _____ Back _____ Side _____

Review Required:

- Zoning Board Approval: Yes _____ No _____ Date: _____
- Planning Board Approval: Yes _____ No _____ Date: _____
- Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
- Shore and Floodplain Mgmt _____ Special Exception _____
- Other (Explain) _____
- Date Approved 5-25-89

Permit Received By Nancy Grobanar

Signature of Applicant [Signature] Date 5/22/89

Signature of CEO [Signature] Date _____

Inspection Dates

White-Tax Assessor _____ Yellow-GPCOG _____ White Tag-NEO _____ © Copyright GPCOG 1987

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ XXXXX
Subdivision Fee \$ _____
Site Plan Revi. + Fee \$ _____
Other Fees \$ 10.00 removal, \$35.00 installation
(Explain) _____
Late Fee \$ _____

| Type | Inspection Record | Date |
|-------|-------------------|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

COMMENTS

June 89 - Tank removed

Signature of Applicant

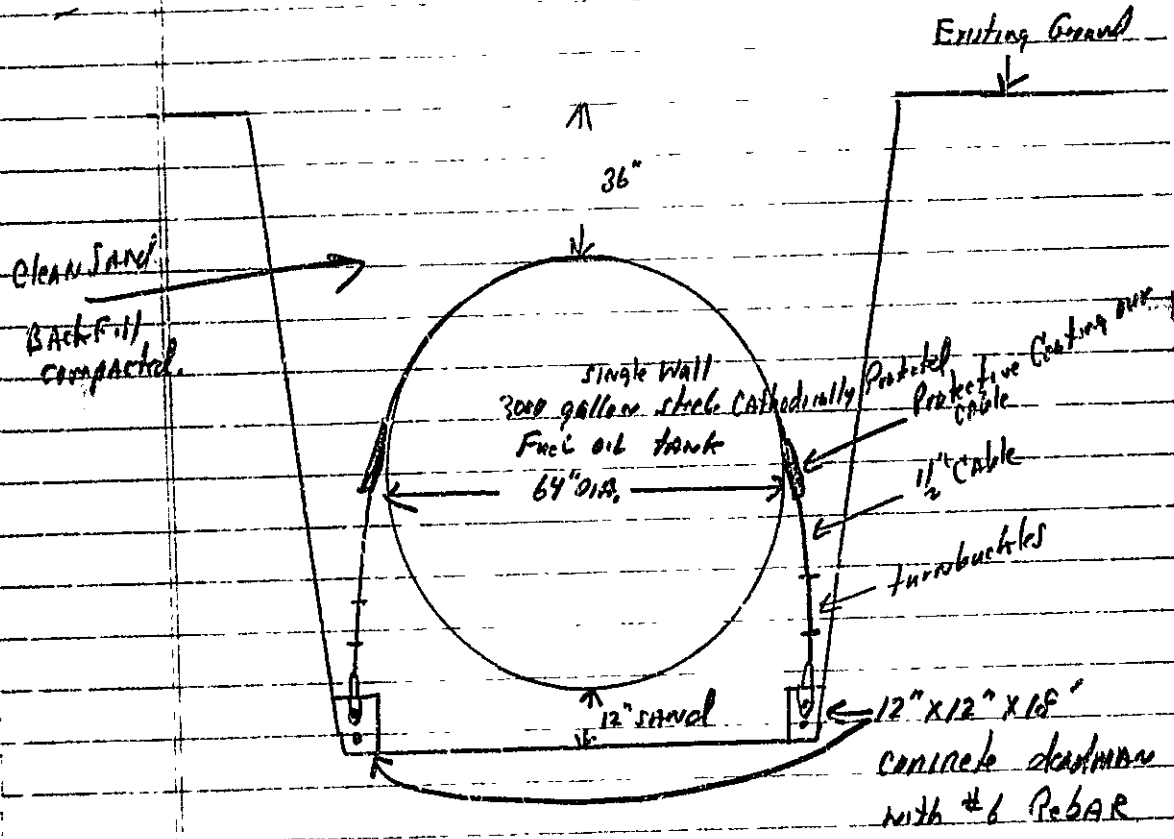
Ronald Miller - Agent for owner

Date

5/22/89

5/19/89

Chestnut Street Methodist Church
17 Chestnut St
Portland, Maine



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MAY 23 1989

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND

17 Chestnut

NOTICE OF UNDERGROUND OIL STORAGE TANK REMOVAL
(File with DEP and local fire department 10 days in advance)

COM

1. REGISTRATION NUMBER:
(Complete only if a registration number has been previously assigned by DEP)
2. FACILITY INFORMATION
 - a. Facility Name: Chestnut Street Methodist Church
 - b. Facility Mailing Address: 17 Chestnut St Portland, ME
 - c. Telephone Number: 1 772.6123
3. TANK OWNER INFORMATION
 - a. Name: Chestnut Street Methodist Church
 - b. Mailing Address: 17 Chestnut St.
 - c. Town/City: Portland State: Me Zip: _____
 - d. Telephone Number: 772.6123
4. CONTRACTOR:
 - a. Name: 1st Building Services
 - b. Telephone Number: 154 4501
5. EXPECTED REMOVAL DATE: 5/31/89
6. TANK INFORMATION:

| Tank No. | Approximate Age (Years) | Tank size (Gallons) | Type Product Most Recently Stored | |
|----------|-------------------------|---------------------|-----------------------------------|-----------------|
| 1 | <u>20</u> | <u>1542 gal</u> | <u>5000</u> | <u>Fuel Oil</u> |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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DEPT OF BUILDING INSPECTION
CITY OF PORTLAND

Notice of Underground Oil Storage Tank Removal
Page -2-

7. DIRECTIONS TO FACILITY (Please be specific): Corner of Cumberland
Ave + Chestnut St Portland, ME

8. SIGNATURE OF FACILITY OWNER OR REPRESENTATIVE:

Ronald Wilson Representative Date: 5/12/89

RETURN COMPLETED FORM TO:

Maine Dept. of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station 17
Augusta, ME 04333
Attn: Tank Removal Notice

GS:b

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DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS**
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

Facility Name Chestnut St. Methodist Ch.
Location (Town/City) Portland, ME
Owner Same as Above

| |
|--|
| REGISTRATION NUMBER |
| <small>(Complete ONLY if Registration Number has been previously assigned)</small> |

4. TANK OWNER
A Name Chestnut St. Methodist Church
B Mail Address 17 Chestnut St
C Town/City Portland D State ME
F Zip Code _____ F Telephone (207) 772-6127

5. TANK OPERATOR
A Name Same as Above
B Mail Address _____
C Street Address _____
D Town/City _____ E State _____
F Zip Code _____ G Telephone (____) _____

6. COMPLETE the next two pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility
7. ENCLOSE a check for the applicable registration fee with this submittal made payable to "Treasurer — State of Maine" and return to the Department of Environmental Protection. Registration fees are applicable ONLY to active, new, or replacement tanks used for the marketing and distribution of oil. Registration fees are due upon registration and annually thereafter, prior to the first day of January. Fees are as follows:
- NA Tanks 3,000 gallons or under in size _____ \$25 per tank
 - NA Tanks over 6,000 gallons in size _____ \$50 per tank

8. MAKE TWO COPIES of this form. SUBMIT the original to the DEPARTMENT OF ENVIRONMENTAL PROTECTION (Bureau of Oil & Hazardous Materials Control, State House Station 17, Augusta, Maine 04333). SEND one copy to the LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN the third copy for your records. For new and replacement tanks, registrations are due at least five (5) business days prior to installation. Registrations for existing tanks are due prior to February 1, 1986.
9. CERTIFY THIS FORM BY SIGNING. By signing this form, the tank registrant certifies that all information is accurate and complete, and that they will comply with all applicable federal, state and local laws and regulations concerning the underground storage of petroleum or other hazardous materials. The owner or operator is required by Maine statute to file an amendment to this registration with the Department of Environmental Protection immediately upon any change in the information on this form.

APR 15 1984 Charles E. Amourant President, Board of Trustees
Date Owner or Authorized Employee Title
(Please PRINT or TYPE) (Please PRINT or TYPE)
Charles E. Amourant
SIGNATURE

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS**

(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 289)

Facility Name: Chesnut St. Methodist Church
Location (Town/City): Portland, ME Owner: same

REGISTRATION
NUMBER

(Complete ONLY if
Registration Number
was Assigned.)

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DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

10. IF NEW OR REPLACEMENT TANKS ARE INCLUDED WITH THIS REGISTRATION, PROVIDE:

A. Name of Installer: Les Wilson & Son
B. Installer ID Number: 200 C. Expected Date of Installation: 5/31/89

11. INDIVIDUAL TANK DATA (Complete one [L] line for each tank at the facility, including tanks planned for installation or replacement).

| Tank Number | B. Tank Type | C. Piping Type | D. Tank Size | E. Form of Additional Protection for New and Replacement Wholesale or Retail Tanks in Seismic Geologic Areas (Tanks and Piping) | | F. Product Stored | | G. Date Installed | H. Status | I. Date removed from active service (if applicable) | J. Amount of Product left in inactive tank (if applicable) |
|-------------|---------------------------------|----------------|-----------------|---|--|--------------------------|--------------------------|-------------------|----------------|---|--|
| | | | | Continuous Electronic Monitoring of Ground Water | Continuous Electronic Monitoring of Vapors | Secondary Containment | Ground Water Sampling | | | | |
| 1 | Steel Cathodically Protected | Copper | 3000 Gallons | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ? | Planned Active | | |
| 2 | Steel Cathodically Protected | Copper | 3000 Gallons | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Planned Active | | |
| | Steel Cathodically Protected | | Gallons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Planned Active | | |
| | Steel Cathodically Protected | | Gallons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Planned Active | | |
| | Steel Cathodically Protected | | Gallons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Planned Active | | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 REGISTRATION FORM FOR UNDERGROUND OIL
 AND HAZARDOUS SUBSTANCES (CHEMICAL)
 STORAGE TANKS
 (Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

STATE USE ONLY
 DATE OF REGISTRATION: / /

1 REGISTRATION NUMBER: _____
 (Complete only if a registration number has been previously assigned)

2. FACILITY INFORMATION
- A. Name Chestnut Street Methodist Church
 - B. Mail Address 17 Chestnut St
 - C. Street Address same
 - D. Town/City Portland MAINE
 - E. Zip Code _____ F. Telephone: (207) 772 6123
 - G. Directions to Site. Corner Cumberland Ave & Chestnut St - Portland
 - H. Is at least one existing or planned tank (including piping and pumps) within 1000 ft. of a public water supply? Yes No
 - I. Is at least one existing or planned tank (including piping and pumps) within 300 ft of a private water supply? Yes No
 - J. (Complete if the answer to (I) above is YES.) Is at least one water supply located within 300 feet of the tank(s) is owned by someone other than the facility owner or operator? Yes No
 - K. Is the facility located on a significant sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes No

(If you wish assistance in answering item (K), please call the Department at (207) 289 2651. Sand and gravel aquifer maps can be reviewed at any of the Department's offices or requested from the Maine Geological Survey, State House Station 22, Augusta, Maine 04333, (207) 289-2801

NOTE: If the answer to item (H), (I) or (K) above is yes, the facility is in a sensitive geological area. A new or replacement tank used for the marketing and distribution of oil in such an area requires secondary containment or ground water monitoring pursuant to 38 M.R.S.A. Section 546(C)

| STATE USE ONLY | | | |
|----------------|------|------------|---------|
| Reviser | Date | Map Number | Comment |
| | | | |

- L. Facility Use (Check One)
- _____ Wholesale Oil Distribution
 - _____ Retail Oil Distribution
 - Church? Oil Storage at Commercial Establishment
 - _____ Oil Storage at Industrial Establishment
 - _____ Oil Storage/Single Residence
 - _____ Oil Storage/Multiple Residence
 - _____ Oil Storage/Farm
 - _____ Oil Storage/Public Facility (State or Local)
 - _____ Oil Storage/Federal Facility
 - _____ Chemical Storage

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DEPT. OF BUILDING INSPECTIONS
 CITY OF PORTLAND

- 3 PERSON TO CONTACT FOR MORE INFORMATION
- A. Name Charles Armentrout
 - B. Mail Address 17 Chestnut St
 - C. Town/City Portland D. State ME
 - E. Zip Code _____ F. Telephone (207) 772 6123

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS**

(Pursuant to 38 M.R.S.A. Section 563, 40 CFH Part 280)

Facility Name: Chestnut St Methodist Church

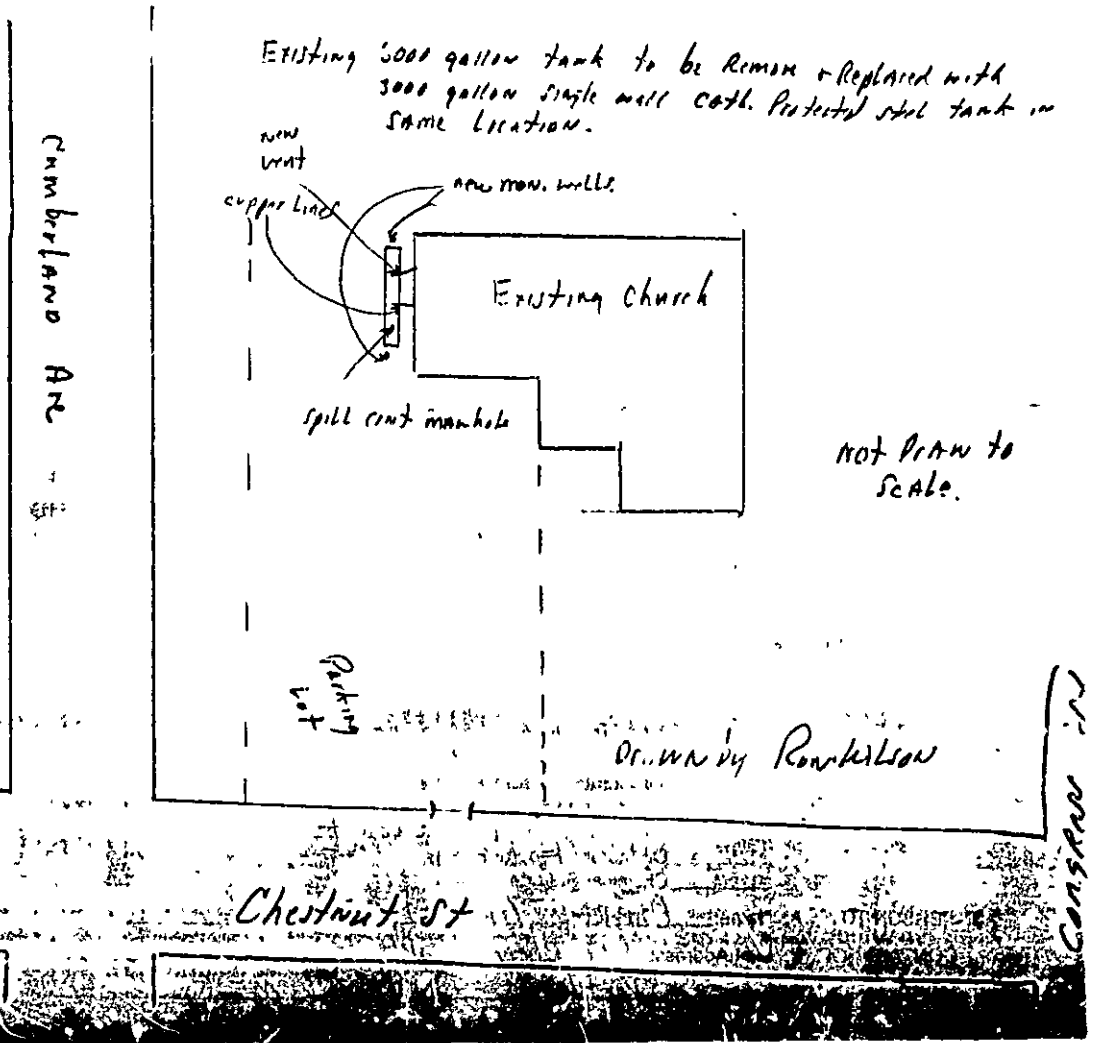
Location (Town/City): Ferthland, ME

Owner: SAME AS ABOVE

REGISTRATION NUMBER

(Complete ONLY if Registration Number has been previously assigned.)

12. If this registration involves replacing tanks or installing tanks, ATTACH a drawing of the facility showing the location of tanks (and piping) to be installed and any existing tanks. USE the space below for a sketch if no drawing already exists. THE FORM OF ADDITIONAL PROTECTION for tanks used for marketing and distribution of oil in sensitive areas should be detailed on the drawing. MONITORING WELL LOCATIONS should be provided for all tanks greater than 1,100 gallons that are used for on-site consumption of oil.



**DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS**

(Pursuant to 29 U.S.C. Section 553, 40 CFR Part 280)

Facility Name: Chesnut St. Methodist Church
Location (Town/City): Portland, ME State: ME

REGISTRATION #
REFUSED

Example ONLY of
Registration Number
was (12345678)

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MAY 27 1989

DEPT. OF ENVIRONMENTAL PROTECTION
1150 S. BROAD ST.
PORTLAND, ME 04102

10. IF NEW OR REPLACEMENT TANKS ARE INCLUDED WITH THIS REGISTRATION, PROVIDE:

A. Name of Installer: Les Wilson & Son
B. Installer ID Number: 200 C. Expected Date of Installation: 5/11/89

11. INDIVIDUAL TANK DATA (Complete one (1) line for each tank at the facility, including tanks planned for installation or replacement).

| Tank Number | B. Tank Type | C. Pump Type | D. Tank Size | E. Form of Address Protection for New and Replacement Tanks in Sensitive Geologic Areas (Tanks and Pumps) | F. Product Stored | G. Date Installed | H. Status | I. Date removed or tank taken out of service (if applicable) | J. Amount of Product left in tank(s) at time of registration |
|-------------|--|--|------------------------|--|--|-------------------|--|--|--|
| | <input type="checkbox"/> Above or Above-ground <input type="checkbox"/> Below <input type="checkbox"/> Partially Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Submerged Tank <input type="checkbox"/> Completely Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <u>3000</u> Gallons | <input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapor <input type="checkbox"/> Secondary Containment <input checked="" type="checkbox"/> Ground Water Sampling | <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Propane Unleaded <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____ | <u>?</u> | <input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out of Service <input type="checkbox"/> Abandoned in place (Mark with tank number) <input checked="" type="checkbox"/> Planned for removal | | <u>0</u> Gallons |
| | <input type="checkbox"/> Above or Above-ground <input type="checkbox"/> Below <input type="checkbox"/> Partially Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Submerged Tank <input type="checkbox"/> Completely Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <u>3000</u> Gallons | <input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapor <input type="checkbox"/> Secondary Containment <input checked="" type="checkbox"/> Ground Water Sampling | <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Propane Unleaded <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____ | <u>?</u> | <input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out of Service <input type="checkbox"/> Abandoned in place (Mark with tank number) <input type="checkbox"/> Planned for removal | | <u>0</u> Gallons |
| | <input type="checkbox"/> Above or Above-ground <input type="checkbox"/> Below <input type="checkbox"/> Partially Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Submerged Tank <input type="checkbox"/> Completely Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <u>3000</u> Gallons | <input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapor <input type="checkbox"/> Secondary Containment <input checked="" type="checkbox"/> Ground Water Sampling | <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Propane Unleaded <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____ | <u>?</u> | <input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out of Service <input type="checkbox"/> Abandoned in place (Mark with tank number) <input type="checkbox"/> Planned for removal | | <u>0</u> Gallons |
| | <input type="checkbox"/> Above or Above-ground <input type="checkbox"/> Below <input type="checkbox"/> Partially Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Submerged Tank <input type="checkbox"/> Completely Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <u>3000</u> Gallons | <input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapor <input type="checkbox"/> Secondary Containment <input checked="" type="checkbox"/> Ground Water Sampling | <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Propane Unleaded <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____ | <u>?</u> | <input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out of Service <input type="checkbox"/> Abandoned in place (Mark with tank number) <input type="checkbox"/> Planned for removal | | <u>0</u> Gallons |
| | <input type="checkbox"/> Above or Above-ground <input type="checkbox"/> Below <input type="checkbox"/> Partially Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Submerged Tank <input type="checkbox"/> Completely Protected <input type="checkbox"/> None <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) | <u>3000</u> Gallons | <input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapor <input type="checkbox"/> Secondary Containment <input checked="" type="checkbox"/> Ground Water Sampling | <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Propane Unleaded <input type="checkbox"/> Diesel Chemical (Specify) _____ Other (Specify) _____ | <u>?</u> | <input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out of Service <input type="checkbox"/> Abandoned in place (Mark with tank number) <input type="checkbox"/> Planned for removal | | <u>0</u> Gallons |

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS
Town Or Plantation: PORTLAND
Street Subdivision Lot #: 19-2 1/2 Chestnut ST
PROPERTY OWNERS NAME
Last: CHESTNUT UNITED METHODIST CHURCH
First: _____
Applciant Name: DANIEL CHAPMAN
Mailing Address of Owner/Applicant (if different): 14 KENNEDY AVE
CAP. ELIZABETH

PORTLAND 4034 TOWN COPY
10,24,90
\$ 30.00 FEE
Local Plumbing Inspector Signature: [Signature] L.P.I. # 01123

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: 10/23/90

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: Mitchell Date Approved: 4/26/90

PERMIT INFORMATION

| | | |
|---|--|---|
| This Application is for 1 <input type="checkbox"/> NEW PLUMBING 2 <input checked="" type="checkbox"/> <u>REPLACE</u> RELOCATED PLUMBING Date: <u>2 6 1991</u> | Type Of Structure To Be Served: 1 <input type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER - SPECIFY _____ | Plumbing To Be Installed By: 1 <input checked="" type="checkbox"/> MASTER PLUMBER 2 <input type="checkbox"/> OIL BURNERMAN 3 <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5 <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>018621</u> |
|---|--|---|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Column 2 Type of Fixture | Number | 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. OR HOOK-UP, to an existing subsurface wastewater disposal system. | | Hosebibb / Silcock | 02 | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures | | Urinal | 04 | Sink |
| | | Drinking Fountain | | Wash Basin |
| | | Indirect Waste | 02 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | 02 | Clothes Washer |
| Number of Hook-Ups & Relocations | | Grease/Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| Hook-Up & Relocation Fee | | Other _____ | | Water Heater |
| | \$ 0.0 | Fixtures (Subtotal) Column 2 | 1.0 | Fixtures (Subtotal) Column 1 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | 0.0 | Fixtures (Subtotal) Column 2 |
| | | | 1.0 | Total Fixtures |
| | | | \$. | Fixture Fee |
| | | | \$. | Hook-Up & Relocation Fee |
| | | | \$ 30.00 | Permit Fee (Total) |

TOWN COPY

901979

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$30.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Chestnut St. United Meth. Church 772-6123
 Address: 17 Chestnut St. Portland, Maine 04101
 LOCATION OF CONSTRUCTION Chestnut St.
 Contractor _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: Church
 Past Use: fire next door
 # 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 Oct 1 - to Dec 31/90
 Explain Conversion temp. sign 4 X 8 wooden face as per plan

For Official Use Only
 Date Sept. 17, 1990 Subdivision _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership _____
 Estimated Cost _____
PERMIT ISSUED
OCT 9 1990
 City of Portland

Zoning: B-2 Business
 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 with 9-27-90

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: gntwstb
 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 Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 Historic Preservation: Does not require review.

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type: _____
 Action: 00.0E Approved _____
 Approved with Conditions _____
 Denied _____

Chimneys:
 Type: _____ Number of Fire Places _____
 Date: 10/17/90
 Signature: [Signature]

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

Plumbing:
 1. Approval of soil test if required _____
 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: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Latini

Signature of Applicant _____ Date 9/17/90
David Weber

Signature of CEO _____ Date _____

Inspection Dates _____

PLOT PLAN

N



FEES (Breakdown From Front)
Base Fee \$ 30.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Inspection Record

Type

Date

| Type | Date |
|-------|----------------|
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |
| _____ | ____/____/____ |

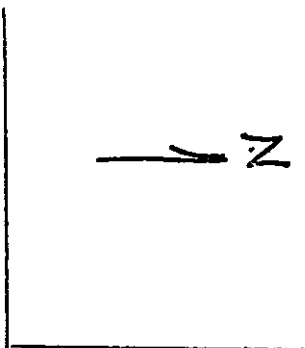
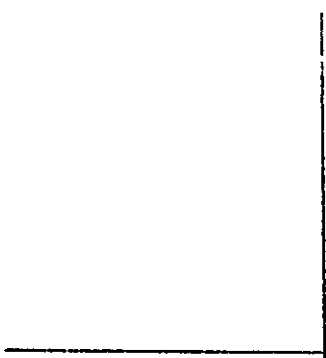
COMMENTS submitted proof of liability plot plan drawing

Expired and coming down soon 1/91 MCM

Signature of Applicant _____

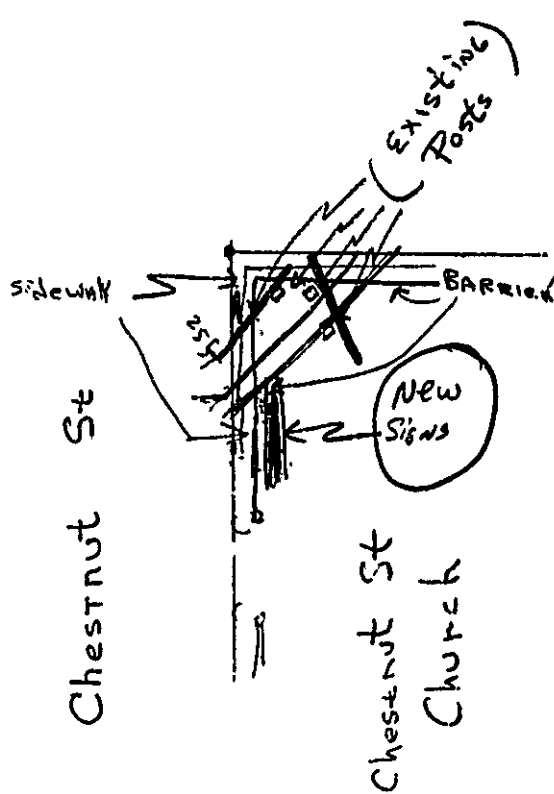
Date Sept. 17, 1990

REQUEST SIGNS FOR 3 MONTHS ONLY



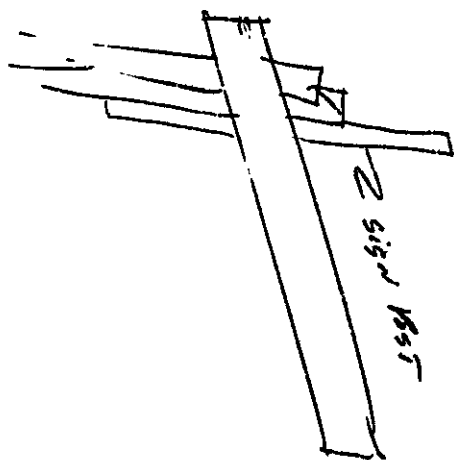
Cumberland

RECEIVED
SEP 18 1990
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



Red lines = location of Previous Signs

1951



EXPANDED PARKING
FOR
CHESTNUT STREET CHURCH
UNITED METHODIST
MONTHLY PARKING
AVAILABLE
Call Church: 772-6123

(2) 4' x 8' 1/2" Plywood

PAINTED WHITE WITH
BLACK & RED LETTERING


HEIGHT of 8 ft from LOT TO
Bottom of Sign.

REQUEST SIGNS FOR 3 MONTHS ONLY

RECEIVED
SEP 18 1990
DEPT OF BUILDINGS AND PL.
CITY OF PORTLAND

SPECIAL MULTI-PERIL POLICY

| | |
|-----------------------|----------------------------|
| COUNTERSIGNATURE DATE | RENEWAL OR REPLACEMENT NO. |
| April 3, 1989 | 67-74-27 |

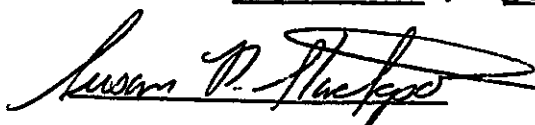
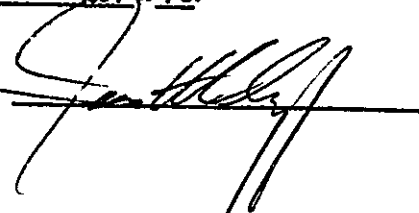
| DECLARATIONS | | POLICY NUMBER SMP 70-03-92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|--------------------|---------|----------|---------------------------|--------------------|---------|----------|---------|---------------|--|--|--|----------|---------|----------|---------|----------|---------|----------|---------|-------------------|-------------|----|--------------|---|---|---|--|----|--|----|--|----------------------------------|----|------------|--|--|--|--|----|--|----|--|-----------------------------|--|----|--|--|--|--|----|--|----|--|----------------------|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--------------------|---|--|----|--|--|--|--|----|--|----|-----------|---------------------------|--|----|--|--|--|--|----|--|----|---------------|-------------------------|--|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--|--|
| In Consideration of the premium insurance is provided the named insured with respect to the designated premises shown in Item 4 below and with respect to those coverages and kinds of property for which a specific limit of liability is shown, subject to all of the terms of this policy including forms and endorsements made a part hereof: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | <p align="center">Named Insured: Chestnut Street Methodist Church ADDRESS: 21 1/2 Chestnut Street (Number & Street, Town, County, State & Zip No.): Portland, ME 04101</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Policy Period: From: April 1, 1989 To: April 1, 1992 REPRESENTATIVE: Agent or Broker: Maine Insurance Agency Office Address: Portland Town and State: ME 04102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  <p>NORTHERN SECURITY INSURANCE COMPANY MONTPELIER, VERMONT ORGANIZED 1904</p> <p style="font-size: small; text-align: right;">RECEIVED SEP 18 1990 DEPT OF BUILDINGS 1043 CITY OF PORTLAND</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | The Named Insured is <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNER-SHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> OTHER Church | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Designated Premises (ENTER "SAME" IF SAME LOCATION AS ITEM 1 ABOVE) Occupancy of Premises 1. 11-21 1/2 Chestnut Street, Portland, ME Institutions 2. 31 Shoffield Street, Portland, ME 3. <input type="checkbox"/> Multiple buildings or premises as designated on Supplemental Declarations attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance is provided with respect to the designated premises and with respect to those coverages and kinds of property for which a specific limit of liability is shown, subject to all terms of this policy including forms and endorsements made a part hereof. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SECTION</th> <th rowspan="2">COVERAGE</th> <th rowspan="2">COINSURANCE TO APPLICABLE</th> <th colspan="8">LIMIT OF LIABILITY</th> </tr> <tr> <th>Loc. No.</th> <th>ESG No.</th> <th>Loc. No.</th> <th>ESG No.</th> <th>Loc. No.</th> <th>ESG No.</th> <th>Loc. No.</th> <th>ESG No.</th> </tr> </thead> <tbody> <tr> <td rowspan="4">PROPERTY COVERAGE</td> <td>Building(s)</td> <td>90</td> <td>\$1,500,000.</td> <td>1</td> <td>2</td> <td>1</td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Personal Property of the Insured</td> <td>90</td> <td>\$ 27,700.</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Personal Property of Others</td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Addl. Cov. (Specify)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> Deductible: \$ See DED. Form 6 each occurrence attached \$ aggregate each occurrence. If no deductible stated above, the deductible shall be \$100 each occurrence, \$1,000 aggregate each occurrence. </td> </tr> <tr> <td rowspan="4">LIABILITY COVERAGE</td> <td>Bodily Injury and Property Damage Combined Single Limit</td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td>aggregate</td> </tr> <tr> <td>Premises Medical Payments</td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td>each accident</td> </tr> <tr> <td>Bodily Injury Liability</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Property Damage Liability</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12" style="text-align: center;"> <input checked="" type="checkbox"/> REFER TO COVERAGE PART </td> </tr> <tr> <td>SECT. III</td> <td colspan="11"> CRIME COVERAGE <input checked="" type="checkbox"/> As stated in the endorsement, made part of this Policy, if indicated by <input checked="" type="checkbox"/>. </td> </tr> </tbody> </table> | | | SECTION | COVERAGE | COINSURANCE TO APPLICABLE | LIMIT OF LIABILITY | | | | | | | | Loc. No. | ESG No. | Loc. No. | ESG No. | Loc. No. | ESG No. | Loc. No. | ESG No. | PROPERTY COVERAGE | Building(s) | 90 | \$1,500,000. | 1 | 2 | 1 | | \$ | | \$ | | Personal Property of the Insured | 90 | \$ 27,700. | | | | | \$ | | \$ | | Personal Property of Others | | \$ | | | | | \$ | | \$ | | Addl. Cov. (Specify) | | | | | | | | | | | Deductible: \$ See DED. Form 6 each occurrence attached \$ aggregate each occurrence. If no deductible stated above, the deductible shall be \$100 each occurrence, \$1,000 aggregate each occurrence. | | | | | | | | | | | | LIABILITY COVERAGE | Bodily Injury and Property Damage Combined Single Limit | | \$ | | | | | \$ | | \$ | aggregate | Premises Medical Payments | | \$ | | | | | \$ | | \$ | each accident | Bodily Injury Liability | | | | | | | | | | | Property Damage Liability | | | | | | | | | | | <input checked="" type="checkbox"/> REFER TO COVERAGE PART | | | | | | | | | | | | SECT. III | CRIME COVERAGE <input checked="" type="checkbox"/> As stated in the endorsement, made part of this Policy, if indicated by <input checked="" type="checkbox"/> . | | | | | | | | | | |
| SECTION | COVERAGE | COINSURANCE TO APPLICABLE | LIMIT OF LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Loc. No. | ESG No. | Loc. No. | ESG No. | Loc. No. | ESG No. | Loc. No. | ESG No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY COVERAGE | Building(s) | 90 | \$1,500,000. | 1 | 2 | 1 | | \$ | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Personal Property of the Insured | 90 | \$ 27,700. | | | | | \$ | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Personal Property of Others | | \$ | | | | | \$ | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Addl. Cov. (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deductible: \$ See DED. Form 6 each occurrence attached \$ aggregate each occurrence. If no deductible stated above, the deductible shall be \$100 each occurrence, \$1,000 aggregate each occurrence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIABILITY COVERAGE | Bodily Injury and Property Damage Combined Single Limit | | \$ | | | | | \$ | | \$ | aggregate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Premises Medical Payments | | \$ | | | | | \$ | | \$ | each accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bodily Injury Liability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Property Damage Liability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> REFER TO COVERAGE PART | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECT. III | CRIME COVERAGE <input checked="" type="checkbox"/> As stated in the endorsement, made part of this Policy, if indicated by <input checked="" type="checkbox"/> . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Forms and Endorsements made part of this policy at time of issue in addition to Special Multi-Peril Policy Conditions and Definitions Form MP0090 (Ed. 7-77) (Insert Nos. and Ed. Dates): MP0127(4-86) IL0913(1-82) IL0247(3-86) a. Section I—Forms and Endorsements Only: MP0102(7-77) MP0010(1-83) MP012(1-83) DED. FORM6(1974) b. Section II—Forms and Endorsements Only: L101(1-73) GL9917(3-81) MP0423(1-83) IL0018(10-84) IL0928(5-86) c. Section III—Forms and Endorsements Only: MP0450(12-77) MP5234(1-83) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Mortgagee: (Name and Address) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | The Total Advance Premium is \$ and is payable \$ 3,527. at inception, and \$ 3,527. at each anniversary. Unless indicated by an X in the box below as "NOT APPLICABLE", the premium for installments subsequent to the initial installment shall be subject to adjustment on the basis of the rates in effect at each anniversary date. <input checked="" type="checkbox"/> NOT APPLICABLE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 29 Chestnut Street

IN PORTLAND, MAINE James F. Keeley, Jr being the owner of the premises
at 29 Chestnut Street in Portland, Maine hereby gives consent to the
erection of a certain sign owned by Chestnut St. United Meth. Society over the
public sidewalk or on the building from said premises as described in
application to the Division of Inspection Services of Portland, Maine for a
permit to cover erection of said sign:

And in consideration of the issuance of said permit James F. Keeley, Jr.,
owner of said premises, in event said sign shall cease to serve the purpose
for which it was erected or shall become dangerous and in event the owner of
said sign shall fail to remove said sign or make it permanently safe in case
the sign still serves the purpose for which it was erected, hereby agrees
for himself or itself, for his heirs, its successors, and his or its
assigns, to completely remove said sign within ten days of notice from said
Inspector of Buildings that said sign is in such condition and of order from
him to remove it.

In Witness whereof, the owner of said premises has signed this consent and
agreement this 24th day of September 1990

OS/AS/88

KEELEY CONSTRUCTION CO., INC.
 P.O. Box 1074
 Portland, ME 04104
 (207) 773-8499
 FAX (207) 773-6619

LETTER OF TRANSMITTAL

TO

Chestnut St. United Meth. Society
 19 Chestnut Street
 Portland, ME 04101

| | | |
|-----------------------------|---------|---------|
| DATE | 9/24/90 | JOB NO. |
| ATTENTION | | |
| RE | | |
| Parking Lot-Chestnut Street | | |
| | | |
| | | |
| | | |

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

| COPIES | DATE | NO. | DESCRIPTION |
|--------|---------|-----|-------------------------------|
| 1 | 9/24/90 | | Written consent-proposed sign |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____ SIGN'D: Susan D. Stackpole

SIGN'D:

930780

J. Stockton 767-5909

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$195.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Chestnut St. United Meth. Church Phone # 772-6123
Address: 17 Chestnut St. Portland 04101
LOCATION OF CONSTRUCTION 17 Chestnut St.
Contractor: _____ Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: 35,000 Proposed Use: Church
Past Use: Church
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 elevator installation-adding hand. accessible

PERMIT ISSUED
For Official Use Only
Date 8/19/93 Subdivision: _____
Inside Fire Limits _____
Blgd Code _____ Ownership: _____ Public
Time Limit _____
Estimated Cost _____
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: (Basin) WDA-7-23-93

27-C-013
011
Foundation: 2 sets bathroom as per plans

- 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 _____

PERMIT ISSUED WITH LETTER

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

- Roof:
- 1. Truss or Rafter Size _____ Spacing _____ Approved
 - 2. Sheathing Type _____ Size _____ Approved with condition
 - 3. Roof Covering Type _____

Chimneys: Type _____ Number of Fire Places _____ Date: 8/19/93
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 Latini
Signature of Applicant Juanita Stockton Date 8/19/93
Signature of CEO _____ Date _____
Inspection Dates _____

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION
 ZONING LOCATION PORTLAND, MAINE August 8, 1984

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 17 Chestnut Street Fire District #1 , #2
 1. Owner's name and address Chestnut Street United Methodist Church Telephone
 2. Lessee's name and address So. ME. Pastoral Counseling Center same Telephone
 3. Contractor's name and address Stevens Const. Inc., Thompson's Pt. Telephone 773-2133
 Proposed use of building No. of sheets
 Last use No. families
 Material No stories Heat Style of roof Roofing
 Other buildings on same lot
 Estimated contract cost \$ 1,200
 FIELD INSPECTOR -Mr. @ 775-5451
 Appeal Fees \$
 Base Fee
 Late Fee
 TOTAL \$ 20.00

interior renovations to existing structure
 erecting two partitions as shown on plan attached
 send to #3

Stamp of Special Condition:

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 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 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
 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?

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?

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

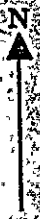
Signature of Applicant Russell F. Stevens Phone #
 Type Name of above Russell F. Stevens 1 2 3 4
 Other
 and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 195.00 _____

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

| Inspection Record | | Date |
|-------------------|--|--------------|
| Type | | |
| Final Inspection | | 12 / 16 / 93 |
| | | |
| | | |
| | | |
| | | |

COMMENTS 2 sets of plans submitted 25/00/93 work NOT started

Final inspection done w/out prior inspections.
 Bathrooms not installed per plan. They are not going to
 add the bathrooms.

Signature of Applicant _____ Date _____

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

August 24, 1993

Chestnut Street United Methodist Church
17 Chestnut St.
Portland, ME 04101

re: 17 Chestnut St.

Dear Sir or Madam:

Your application to install an elevator and add handicapped-accessible bathroom has been reviewed, and a permit is herewith issued subject to the following requirements:

No Certificate of Occupancy can be issued until all requirements of this letter are met.

Building & Fire Code Requirements

1. An approved fire alarm system shall be provided, as per N.F.P.A. 72 A.
2. A fire alarm acceptance report shall be submitted to the Portland Fire Dept.
3. All exit signs, lights and means of egress lighting shall be done in accordance with Article 8, sections and subsections 823 & 824 of the City's building code (BOCA National Building Code / 1990).

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


S. Samuel Hoffses
Chief of Inspection Services

cc: Lt. G. McDougall, P.F.D.

lec

JUANITA STOCKTON
ARCHITECT

169 Front St.,
So. Portland, ME 04106

TO Portland Landmarks

LETTER OF TRANSMITTAL

| | | | |
|-----------|------------------------|---------|--------|
| DATE | 8/31/93 | ADD NO. | 9302.0 |
| ATTENTION | Gary Hamilton | | |
| RE: | Chestnut Street Church | | |
| | Church Renovation | | |
| | | | |
| | | | |
| | | | |

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings
- Copy of letter
- Prints
- Change order
- Plans
- Samples
- Specifications

| COPIES | DATE | NO. | DESCRIPTION |
|--------|------|-----|--------------|
| 1 | | | Color photos |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested:
- For review and comment
- FOR BIDS: DUE _____ 19____
- Approved as submitted
- Approved as noted
- Returned for corrections:
- Resubmit _____ copies for approval
- Submit _____ copies for distribution
- Return _____ corrected prints:

REMARKS Gary - I filled in the area where the new roof will show from across the street. The new dormer over the stained glass window won't show at all because it's behind a buttress.

COPY TO _____ SIGNED: Juanita Stockton

PRINTED BY INC. 1988 1000 0001

If enclosures are not so noted, kindly notify us at once.

CHESTNUT STREET CHURCH RENOVATION - 1993



Pre-construction facade at alley

Post-construction rendition of facade



**JUANITA STOCKTON
ARCHITECT**

169 Front St.,
So. Portland, ME 04106

LETTER OF TRANSMITTAL

TO Building Inspector
City of Portland

| | | | |
|------------------------|---------|---------|--------|
| DATE | 8/19/93 | JOB NO. | 9302.0 |
| ATTENTION | | | |
| Chestnut Street Church | | | |
| Church Renovation | | | |
| | | | |
| | | | |
| | | | |

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

| COPIES | DATE | NO. | DESCRIPTION |
|--------|---------|-------|----------------------------------|
| 2 | 7/28/93 | A1-74 | Church Renovation Drawing Set |
| 2 | 7/14/93 | | Church Renovation Project Manual |
| | | | Building permit fee |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints:
 For review and comment _____
 FOR BIDS: DUE _____ 19____ PRINTS RETURNED AFTER LOAN: TO US

REMARKS _____

COPY TO _____

SIGNED: Juanita Stockton

**JUANITA STOCKTON
ARCHITECT**

169 Front St.,
So. Portland, ME 04106

LETTER OF TRANSMITTAL

TO Portland Building Inspection
389 Congress St.
Portland, ME 04101

| | | | |
|-----------|------------------------|---------|--------|
| DATE | 8/23/93 | JOB NO. | 9302.0 |
| ATTENTION | Sam Hoffas | | |
| RE: | Chestnut Street Church | | |
| | Church Renovation | | |
| | | | |
| | | | |
| | | | |

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

| COPIES | DATE | NO. | DESCRIPTION |
|--------|--------|------|----------------------------|
| 2 | 7/2/93 | SP-1 | Existing Bldg. - 2nd Floor |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS: DUE _____ 19____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: Juanita Stockton



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 12/16/93
 Receipt and Permit number 3714

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: 17 Chestnut St.
 OWNER'S NAME: Methodist Church ADDRESS: _____

| OUTLETS: | FEEES |
|--|-----------------------|
| Receptacles <u>3</u> Switches <u>3</u> Plugmold _____ ft. TOTAL <u>6</u> | <u>1.20</u> |
| FIXTURES: (number of) | |
| Incandescent _____ Fluorescent <u>3</u> (not strip) TOTAL <u>3</u> | <u>.60</u> |
| Strip Fluorescent _____ ft. | |
| SERVICES: | |
| Overhead <u>XXX</u> Underground _____ Temporary _____ TOTAL amperes <u>XXX</u> | <u>XXX</u> |
| 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 <u>1</u> | <u>4.00</u> |
| 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 <u>1</u> | <u>1.00</u> |
| Emergency Generators _____ | |

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

INSPECTION: Will be ready on now, 1993; or Will Call _____ minimum fee

CONTRACTOR'S NAME: LaPlante Elect
 ADDRESS: 35 Greeley St- So Ptld
 TEL.: 799-3904

MASTER LICENSE NO.: Michael LaPlante SIGNATURE OF CONTRACTOR:
 LIMITED LICENSE NO.: #03714

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

OFFICE OF STATE

317 State Street
State House Station #52
Augusta, ME 04333
(207) 289-FIRE
FAX (207) 289-5163



FIRE MARSHAL

July 28, 1993

Chestnut Street United Methodist Church
17 Chestnut Street
Portland, ME 04101

RE: Church Renovation

Dear Sirs:

After reviewing your plans submitted to this office, I find they are in compliance with the existing requirements of the Life Safety Code and will be considered for approval on submission of complete plans and specifications. **CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.**

If I may be of further assistance to you in this matter, please do not hesitate to contact this office.

Yours for better fire protection,

A handwritten signature in cursive script that reads "Donna L. Emerson".

Donna L. Emerson
Fire Protection Specialist

DLE/agg

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE FIRE MARSHAL
AUGUSTA
CONSTRUCTION PERMIT



Permit No. 6072

PERMISSION IS HEREBY GIVEN TO
CHESTNUT METH.
CHURCH

27-C-11
Location of project:

17 CHESTNUT ST.
PORTLAND

PROJECT TITLE
CHURCH RENOVATION
OCCUPANCY CLASSIFICATION
ASSEMBLY

To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on FEBRUARY 11, 19 94 (DKE)

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

Nothing herein sha'l excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Dated the 12TH day of AUGUST A.D. 19 93

FEE \$ 35.00

James R. Clunne
Commissioner - Public Safety

CITY OF PORTLAND, MAINE
Department of Building Inspection

027-C-011



Certificate of Occupancy

LOCATION 17 Chestnut St.

Issued to Chestnut Street United Methodist Church Date of Issue 12/17/93

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No 93/0780 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

second floor

common area lounge

Limiting Conditions.

This certificate supersedes
certificate issued

Approved:

12-17-93

(Date)

Tommy Morrison
Inspector

Inspector of Buildings

HMS

Notice: This certificate identifies lawful use of building or premise and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

930780

J. Jackson 767-5909

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$195.00 Zone _____ Map # _____ Lot# _____

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

Owner: Chestnut St. United Meth. Church Phone # 772-6123
 Address: 17 Chestnut St. Portland 04101
 LOCATION CONSTRUCTION 17 Chestnut St.
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost 35,000 Proposed Use: Church
 Past Use: Church
 # 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 elevator installation-adding hand. accessible.
2 sets bathroom as per plans

PERMIT ISSUED
 For Official Use Only
 Date 8/19/93 Subdivision: _____
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____
 Owner: _____
CITY OF PORTLAND
 Date: SEP - 1 1993
 Name: _____
 Lot: _____
 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: (Exp/in) 8-23-93

27-C-010
 011
 Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____
 Floors:
 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: _____

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____ **HISTORIC PRESERVATION**
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size: _____
 2. Sheathing Type _____
 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 _____
 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: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

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 _____

PERMIT ISSUED
 WITH LETTER

PERMIT ISSUED
 WITH LETTER

Signature of CEO _____
 Inspection Dates _____