

984558

Permit # 984558 City of Portland BUILDING PERMIT APPLICATION Fee \$65 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: U N U M Phone # \_\_\_\_\_  
Address: 22 1/2 Congress St- Ptd. #E 04102  
LOCATION OF CONSTRUCTION ~~Five-Canal-Plaza~~  
Contractor: Murray Const. Co. Sub. 799-8136  
Address: 1814 1/2 Box 2537- So Ptd. #E 04116  
Est. Construction Cost: 9000 Proposed Use: office bldg w renov  
Past Use: office bldg  
# of Existing Res. Units \_\_\_\_\_ # of New Res Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq Ft \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion: interior renovations - stairwlls  
(handicapped acrs) Ceiling:

For Official Use Only  
Date: 2/5/93  
Inside Fire Limits \_\_\_\_\_  
Bldg Code \_\_\_\_\_  
T- Limit \_\_\_\_\_  
Estimated Cost: 9000  
Subdivision: FEB 10 1993  
Ownership: CITY OF PORTLAND  
Public \_\_\_\_\_ Private \_\_\_\_\_  
Street Frontage Provided: \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_  
Zoning 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): \_\_\_\_\_

32 1 33  
Foundation:  
1. Type of Soil \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
2. Set Backs - Front \_\_\_\_\_  
3. Footings Size \_\_\_\_\_  
4. Foundation Size \_\_\_\_\_  
5. Other \_\_\_\_\_  
Floors:  
1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
2. Girder Size \_\_\_\_\_  
3. Lally Column Spacing \_\_\_\_\_ Size: \_\_\_\_\_ Spacing 16" O.C.  
4. Joists Size \_\_\_\_\_  
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
7. Other Material: \_\_\_\_\_  
Exterior Walls:  
1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. No. windows \_\_\_\_\_  
3. No. Doors \_\_\_\_\_ Span(s) \_\_\_\_\_  
4. Header Sizes \_\_\_\_\_  
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 \_\_\_\_\_

Roof:  
1. Ceiling Joists Size \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type Ceilings \_\_\_\_\_ Size \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_  
5. Ceiling Height \_\_\_\_\_  
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 Flushes \_\_\_\_\_  
4. No. of Lavatories \_\_\_\_\_  
5. No. of Other Fixtures \_\_\_\_\_  
Swimming Pools:  
1. Type: \_\_\_\_\_ Square Feet \_\_\_\_\_  
2. Pool Size: \_\_\_\_\_  
3. Must conform to National Electrical Code and State Law \_\_\_\_\_  
Permit Received by: \_\_\_\_\_ E. Chase  
Signature of Applicant: \_\_\_\_\_ Date: 2/5/93  
CEO's District: \_\_\_\_\_

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO  
[Signature]

White - Tax Assessor

PLOT PLAN

N  
▲

FEES (Breakdown From Front)

Base Fee \$ 65

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

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

COMMENTS

*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 his 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 OF APPLICANT

ADDRESS

799-9136  
PHONE NO.

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

February 9, 1993

Murray Construction Co.  
P.O. Box 2530  
So. Portland, ME 04116

Re. Two Canal Plaza  
UNOM

Dear Sir,

Your application to make interior renovations (stairwells, handicapped accessibility) has been reviewed and a permit is herewith issued subject to the following requirements:

**N.F.P.A. LIFE SAFETY 101**

1. Handrails on stairs shall not be less than 34" or more than 38" above the surface of the tread as per Section 5-2.2.4.5.
2. Open guards shall have intermediate rails or an ornamental pattern such that a sphere 4" in diameter cannot pass through any opening as per Section 5.2.2.4.6.
3. Stairs serving four or more stories shall be provided with 9" sign within the enclosure at each floor landing stating floor number as per Section 5-2.2.6.6.

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

Sincerely,

Samuel Hoffses  
Chief of Inspection Services

cc: LT G. McDougall, Fire Prevention Bureau



# APPLICATION FOR PERMIT

## DEPARTMENT OF BUILDING INSPECTIONS SERVICES

### ELECTRICAL INSTALLATIONS

Date March 6, 1992, 19  
 Receipt and Permit number 3374

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: 2 Canal Plaza 1st Floor  
 OWNER'S NAME: UNUM ADDRESS: Same

	FEES
OUTLETS: Receptacles <u>17</u> Switches <u>3</u> Plugmold _____ ft. TOTAL _____	4.00
FIXTURES: (number of) Incandescent _____ Fluorescent <u>54</u> (not strip) TOTAL _____ Strip Fluorescent _____ ft. ....	10.80
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 _____	4.00
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u> _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 26 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	15.00
Commercial <u>1</u> _____	
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	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: <u>33.80</u>

ii SECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call XX  
 CONTRACTOR'S NAME: E. S. Boulos Co.  
 ADDRESS: 28 Foden Rd So. Fld  
 TEL.: 3374 772-3706  
 MASTER LICENSE NO.: 3374 SIGNATURE OF CONTRACTOR: *[Signature]*  
 LIMITED LICENSE NO.: \_\_\_\_\_

*MS6 000 3374*

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



# APPLICATION FOR SUBMETER



## For Sewer User Charge Adjustments

The undersigned hereby requests permission to install additional water meter(s) in accordance with Section 322.6C of the "Municipal Code of the City of Portland, Maine".

It is understood that all expenses related to the purchase, installation and maintenance of the meter(s) is to be borne by the applicant.

### To be Completed by Applicant

Address where sub-meter is requested TWO CANAL PLAZA

Property owner name VERRILL DANA TRUST, Roger Putnam, TRUSTEE

Tax Map Reference (on Real Estate Tax Bill) 32-1-33

Property owner address TWO CANAL PLAZA, PORTLAND, ME

Person to be contacted to schedule inspections ROBERT T. MORTIMER 774-4000  
(Name and Telephone Number)

Portland Water District Acct. No. (on bill) P-94-P507

Billing Name & Address (on bill) VERRILL DANA ASSOCIATES  
2 CANAL PLAZA, PORTLAND, ME 04112

Location and size existing Portland Water District Service Meter \_\_\_\_\_  
Basement Utility Room TRIDENT 2" style 3

Proposed location and size of sub-meter ROOFTOP PENTHOUSE

Will a remote reading register be utilized?  YES (If yes, state location \_\_\_\_\_)  
 NO

Description of proposed changes in plumbing required for submetering:

INSTALL Meter on a  
by pass on the water  
line feeding the Water Tower

Sketch plan showing proposed changes in plumbing and the location of existing and proposed meters. Show water flow through submeter to non-discharge equipment or location (use additional sheet of paper if necessary)

See Attached

The volume of water to be submetered can be shown not to enter the sewerage system by virtue of its use for:

Operation of A Cooling Water  
Tower used in the Air  
Conditioning System

I certify the above information is true and correct:

Robert T. Mortimer  
Signature

1/23/80  
Date

**INSTRUCTIONS**

- First - The applicant is to complete front of the Tax Map Reference can be found on your Real Estate Tax Bill, directly following owners name and address in the corner of your Property Tax Bill. Billing name and address should be copied from your Water & Sewer Bill as well as the Portland Water District Account Number which is in the lower left corner of the Water and Sewer Bill.
- Second - Mail completed application form to:  
 City of Portland  
 Dept. of Public Works  
 425 City Hall  
 Portland, Maine 04103  
 ATTN: MR. WILLIAM GOODWIN
- Third - The Public Works Department will call the person indicated on front side to schedule pre-installation inspection. During this inspection the Public Works section of this form (bottom) will be completed. Following this inspection Public Works will make copies of the application form. If the application is approved 3 copies will be made and will be mailed to the Portland Water District, one will be forwarded to the City Plumbing Inspector and one will be mailed back to the Applicant. If the application is denied, a copy will be made and mailed to the applicant showing reason for denial.
- Fourth - Upon receipt of a copy of the approved application, the applicant can purchase and install the meter as approved. Following installation the applicant or his plumber call the Chief Plumbing Inspector at 775-6451 Ext. 234 for an inspection of the completed installation. Following inspection by the Chief Plumbing Inspector, the Water District will be requested to install the sub-meter and arrange to have an automatic reading system (if applicable - See General Information) furnished where by the volume shown by the sub-meter will be credited on the Sewer Use Charge of the Bill.

**GENERAL INFORMATION**

Section 222.02 of the Municipal Code of the City of Portland, Maine reads as follows:

**Submetering of Water Volume.** Any person who feels that recorded water records are not a reliable index of his discharge volume may install an additional water meter of a type approved by the Director to measure the volume of water which can be shown not to enter the sewerage system. The person installing such a meter shall immediately notify the Director of such installation and shall be responsible to the Director for recording water readings not less often than every three months. Such person shall be credited with the volume charges for the volume shown by such meter, when the meter shall be accessible for reading by the City or its agents at all reasonable times.

The City and the District have arranged to relieve the customer from the recording responsibility required above if both meters can be read simultaneously by the District meter readers during their regularly scheduled visits to read the pre-existing service meter. This can be accomplished by locating the sub-meter directly adjacent to the pre-existing service meter or by coupling the sub-meter located elsewhere with a remote reading register located so both readings can be made at the same time.

Approved meters are: Neptune and Rockett meters, conforming to the following specifications:

1. shall meet or exceed ANSI accuracy test requirements and be accompanied by a certificate of test accuracy.
2. the meters shall have straight readings, cubic foot registers.
3. the meters shall have the meter number stamped into the main case.
4. the meters shall be magnetic drive.
5. shall have either a rotating disc or oscillating piston.
6. shall have a brass case.

Approved meters are available from the Water District, which sells them for the price the District pays them from the manufacturer. If you wish to purchase a sub-meter from the District you must bring your copy of an approved application with you at time of purchase.

**TO BE COMPLETED BY PUBLIC WORKS**

Pre-installation inspection by William B. Goodwin  
 on January - 28, 1980

Automatic reading system requested  YES  NO Cards with City Checking  
 The Existing Back Flow preventer or equal shall be installed is O.K.

Application  Approved  Denied

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY THE PLUMBING INSPECTOR**

An inspection of the completed installation of the submetering system approved on this application was conducted on 3/20/80 by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Portland.

- The submetering system was installed as approved.
- No cross connections were found.

The installation is  approved  dis-approved

**TO BE COMPLETED BY THE WATER DISTRICT**

Date submeter sold 3-4-80  
 Submeter account number P-94-P504  
 Submeter make and number 1"R 24680805  
 Submeter installation readings -0-  
 Submeter account entered into computer \_\_\_\_\_  
 Submeter account entered into meter book 3-4-80  
 Special Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



931050

Permit # 931050 City of Portland BUILDING PERMIT APPLICATION Fee \$45 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Unum Life Ins/America Phone # 770-9402  
 Address: One Thomas Dr - Westbrook, ME 04092

LOCATION OF CONSTRUCTION Two Canal Plaza

Contractor: C P M Constructors, Inc. Phone # 8645-0000

Address: 281 US Rte 1 - South Phone # Freeport, ME  
P.O. BOX B Proposed Use: 04032 office bldg w tank

Est. Construction Cost: \_\_\_\_\_ Past Use: office bldg w tank

# 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 remove u/g tank & INSTALL u/g tank (4000 gal)

Foundation: \_\_\_\_\_ \$10 \_\_\_\_\_ \$35

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: \_\_\_\_\_

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 \_\_\_\_\_

**For Official Use Only**  
 Subdivision: \_\_\_\_\_  
 Date 11/8/93 Name 110V - 01033  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
 Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

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 (Specify) WDA - 11-9-93

Ceiling:  
 1. Ceiling Joist Size: \_\_\_\_\_ Notes District or Landmark \_\_\_\_\_  
 2. Ceiling Strapp 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 \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 Date 11/8/93

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 Louise E. Chase  
 Signature of Applicant [Signature] Date 11-8-93

CEO's District 2

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO [Signature]

PERMIT ISSUED  
 WITH REQUIREMENTS

PERMIT ISSUED  
 WITH REQUIREMENTS

White - Tax Assessor



923423

Permit # 923423 City of Portland BUILDING PERMIT APPLICATION Fee \$320 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: UNUM Phone # XXXX 770-9474 McAllister  
 Address: 2211 Congress St- Ptld, ME  
 LOCATION OF CONSTRUCTION Two Canal Plaza- 1st floor  
 Company: Ledgwood Inc Sub: 767-1866  
 Address: Box 810; Ptld, ME Phone # 04104  
 Est. Construction Cost: \$60,000 Proposed Use: office w renov  
 Past Use: 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

**For Official Use Only PERMIT ISSUED**  
 Date: 2/6/92 Subdivision: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name: \_\_\_\_\_  
 Blg Code: \_\_\_\_\_ Lot: FEB 11 1992  
 Time Limit: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Estimated Cost: 60,000 Private \_\_\_\_\_  
 CITY OF PORTLAND

**Foundations:**  
 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: \_\_\_\_\_

**Exterior Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_  
 4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Post 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: \_\_\_\_\_  
 HISTORIC PRESERVATION  
 Not in District nor Landmark  
 Does not require review  
 Required Review

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 Approved with Conditions

**Chimneys:**  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
 Date: 2/6/92

**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 Juise E. Chase  
 Signature of Applicant [Signature] Date: 2/6/92  
 CEO's District 2 Tom Burdill

White - Tax Assessor

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO [Signature]

934553

Permit # \_\_\_\_\_ City of Portland **BUILDING PERMIT APPLICATION Fee \$65** Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: UNUM Phone # \_\_\_\_\_  
 Address: 2211 Congress St- Ptd, ME 04102  
 LOCATION OF CONSTRUCTION Two Canal Plaza -  
 Contractor: Murray Const. Co Sub: 799-8136  
 Address: 121X04 Box 2530- So Ptd, ME 0411b Phone # \_\_\_\_\_  
 Est. Construction Cos.: 9000 Proposed Use: office bldg w reno Zoning: \_\_\_\_\_  
 Past Use: office bldg  
 # 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 - stairwells

**For Official Use Only**

Date 2/5/93 Subdivision Name FEB 10 1993  
 Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_  
 Plg. Code \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Private \_\_\_\_\_  
 Estimated Cost: 9000

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Cide \_\_\_\_\_

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) \_\_\_\_\_

32 I 33  
 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: \_\_\_\_\_

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 \_\_\_\_\_

(handicapped accs) Ceiling:

**HISTORIC PRESERVATION**

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

Roof:  
 1. Truss or Paiter Size \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 Date: 2-5-93

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
 Signature: PL Meyer

Heating:  
 Type of Heat: \_\_\_\_\_  
 Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required: \_\_\_\_\_ No \_\_\_\_\_

Plumbing:  
 1. Approval of sub test if required \_\_\_\_\_ Yes \_\_\_\_\_  
 2. No. of Toilets or Showers \_\_\_\_\_  
 3. No. of Fixtures \_\_\_\_\_  
 4. No. of Sinks \_\_\_\_\_  
 5. No. of Water Fixtures \_\_\_\_\_

Swimming Pools:  
 Pool Size \_\_\_\_\_ Square Footage \_\_\_\_\_  
 Must conform to National Electrical Code and State Law.

**PERMIT ISSUED WITH LETTERS**

Received By Louise E. Chase  
 Signature of Applicant Dwayne Robinson Date 2/5/93  
 CEO's District 2 Dwayne Robinson

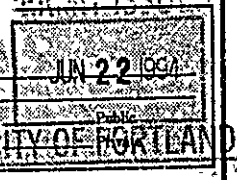
CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO Mr. IRVING

White - Tax Assessor

Permit # **940600** City of Portland BUILDING PERMIT APPLICATION Fee 26.30 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Key Bank Phone # \_\_\_\_\_  
 Address: Canal Plaza Ptd, ME 04101  
 LOCATION OF CONSTRUCTION Canal Plaza  
 Contractor: NeoKraft Sub: \_\_\_\_\_  
 Address: 686 Main St Lewiston, ME 04240 Phone # 782-9654  
 Est. Construction Cost: \_\_\_\_\_ Proposal Use: Office w/signs  
 UL# 214922 Past Use: Office  
 # 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 Erect Illuminated Sign 5.6 sq ft

**For Official Use Only**  
 Date 17 June 1994 Subdivision: \_\_\_\_\_ Name: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 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: WPA 6-20-94



**Foundations:**  
 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. Joist 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 1. required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

White - Tax Assessor

**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 \_\_\_\_\_ Spacing: \_\_\_\_\_  
 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: \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By Mary Gresik  
 Signature of Applicant Paul Lessard Date 17 June 1994  
 CEO's District 2 Paul Lessard

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO Ms Manso

HISTORIC PRESERVATION

OK P.A.D.  
 6/22/94  
 DGA

931050

Permit # 931050 City of Portland BUILDING PERMIT APPLICATION Fee \$45 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Num Life Ins/America Phone # 70-9402  
Address: One Thomas Dr- Westbrook, ME 04092

LOCATION OF CONSTRUCTION Two Canals Plaza  
Contractor: C P M Constructors Sub. # 8645-0000

Address: 281 US Rte 1 - South Phone # \_\_\_\_\_ Freeport, ME  
P O BOX B 04032

Est. Construction Cost: \_\_\_\_\_ Proposed Use: office bldg w garage  
Past Use: office bldg w tank

# 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 remove u/g tank & INSTALL u/g tank (4000 gal)  
\$10 \$35

**For Official Use Only**

Date 11/8/93 Subdivision: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name: NOV 9 1993  
 Bldg Code \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Owner: \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_

CITY OF PORTLAND

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: WPH-11-9-93 (Explain)

**Foundations**

1. Type of Soil: \_\_\_\_\_  
 2. Be. 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: \_\_\_\_\_

**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 Ceiling: \_\_\_\_\_  
 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 Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools:**

1. Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_  
 2. Must conform to National Electrical Code & State Law.

Permit Received By Louise Chase  
 Signature of Applicant Tenn. Rogers Date 11-8-93  
 CEO's District 2

White - Tax Assessor

CONTINUED TO REVERSE SIDE Mr. Hoffses

SEPERATE PERMITS REQUIRED FOR ELECTRICAL & PLUMBING

HISTORIC PRESERVATION

WPH PERMIT

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 45  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

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

COMMENTS 12-13-73 - Tank removed / New tank not installed

New tank installed

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 in 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 OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

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



BUILDING PERMIT REPORT

DATE: 11/2/73

ADDRESS: 2 Canal Plaza

REASON FOR PERMIT: "Underground Tank Removal Installation"

BUILDING OWNER: Union Life

CONTRACTOR: C.P.M. Constructors

PERMIT APPLICATION: Glenn Rogers

APPROVED: ✓ DENIED: \_\_\_\_\_

CONDITION OF APPROVAL OR DENIAL:

1. All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691.
2. No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
3. Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

Maine Departmental or Environmental Protection  
Bureau of Oil & Hazardous Materials Control  
State House Station #17, Augusta, Maine 04333  
Telephone: 207-289-2051  
Attn: Tank Removal Notice

NOTICE OF INTENT  
TO ABANDON (REMOVE) AN  
UNDERGROUND OIL STORAGE FACILITY

Name of Facility Owner: Unum Life Insurance Co. of America  
Mailing Address: 1 Thomas Drive, Westbrook, ME Telephone No: 770-9407  
City: City of Westbrook State: ME Zip Code: 04092  
Contact Person (name, address & telephone no.): Ray Keller, Same as above  
Name of Facility: 2 Canal Plaza Registration No.: 115a  
Facility Location: 2 Canal Plaza, Portland, Maine

1. Identify the tanks at this location which are to be removed:

Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A. 1	22	5,000	#2
B.			
C.			
D.			

2. Directions to Facility (be specific):  
2 Canal Plaza, downtown Portland, Middle Street

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes    No   X   (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: CPM Constructors 865-0600

Certified Tank Installer Certification Number & Name (if applicable):  
\_\_\_\_\_

Professional Firefighter Yes    No    (Affiliation: \_\_\_\_\_)

5. Expected date of removal: November 29, 1993

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: October 27, 1993

Marc Lusignan  
Signature of Tank Owner or Operator

Marc Lusignan, Manager Facility, Eng.  
Printed Name and Title

THIS FORM MUST BE FILED WITH THE BUREAU OF OIL & HAZARDOUS MATERIALS CONTROL PRIOR TO REMOVAL

DEPARTMENT 30 DAYS / ED

Mail original

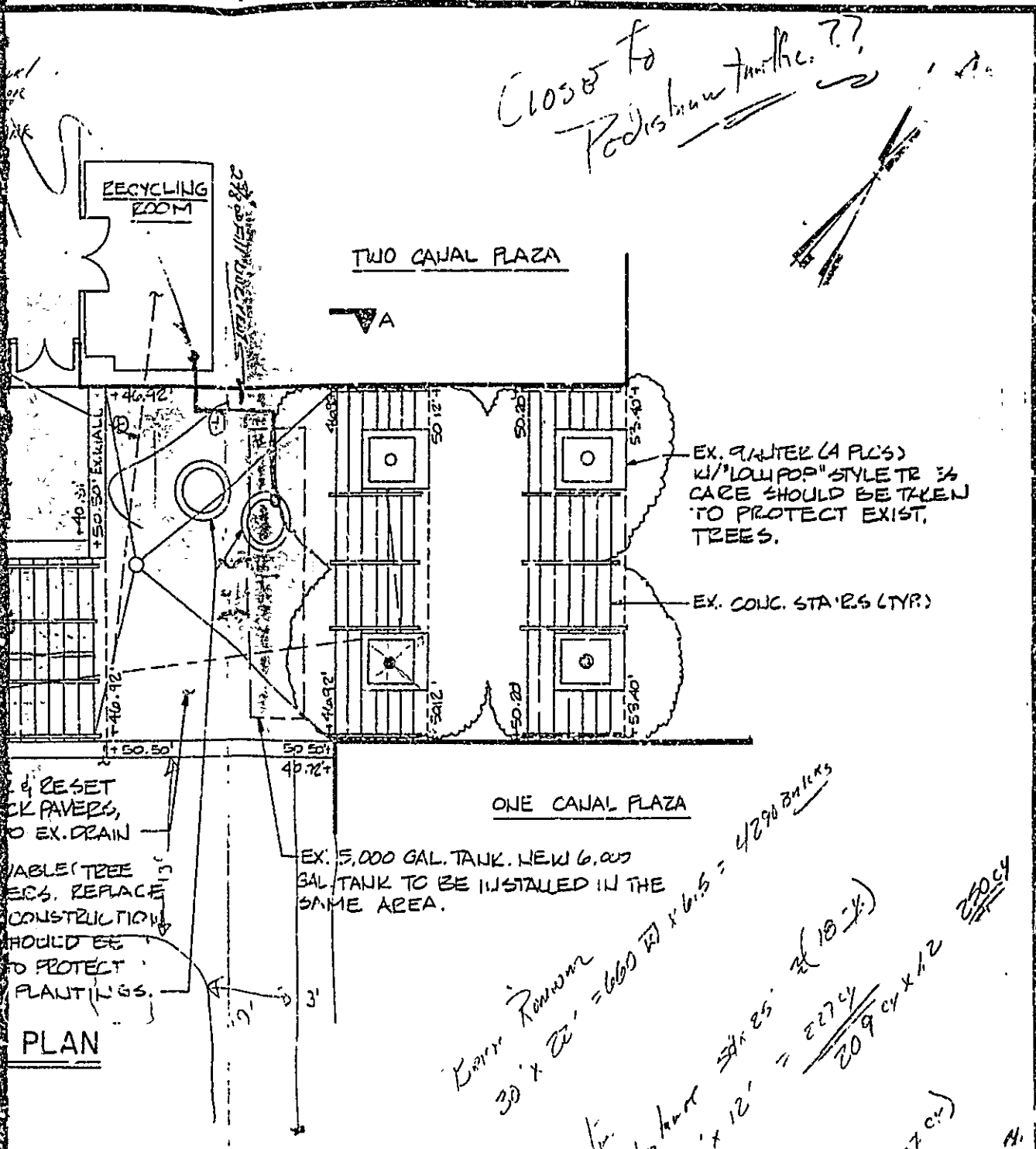
Post-It™ brand fax transmittal memo 7671 \* of page \*

To	Glen Rodgers	From	Ray Keller
Co	CPM	Co	UNUM
Dept.		Phone #	770-9402
Fax #	865 4836	Fax #	770-9735

tain gold copy



Close to Podishan Theater??



EX. PAINTER (4 PLS) W/ "LOW POP" STYLE TR & CARE SHOULD BE TAKEN TO PROTECT EXIST. TREES.

EX. CONC. STAIRS (TYR)

RESET  
PAVERS,  
TO EX. DRAIN  
TABLE (TREE  
ECS. REPLACE  
CONSTRUCTION  
SHOULD BE  
TO PROTECT  
PLANTINGS.

EX. 5,000 GAL. TANK. NEW 6,000 GAL TANK TO BE INSTALLED IN THE SAME AREA.

ONE CANAL PLAZA

Barry Rowman  
 $30' \times 22' = 660 \text{ sq ft} \times 6.5 = 4290 \text{ bricks}$   
 $17' \times 12' = 204 \text{ sq ft} \times 12 = 2448 \text{ bricks}$   
 $204 \text{ sq ft} \times 12 = 2448 \text{ bricks}$   
 $2448 \text{ bricks} \times 1.5 = 3672 \text{ bricks}$   
 $3672 \text{ bricks} \times 1.5 = 5508 \text{ bricks}$

PLAN

4/20/22



# PLUMBING APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND

Street: 2 CANAL PLAZA

Subdivision Lot #: 2

**PROPERTY OWNERS NAME**

Last: UNUM First: \_\_\_\_\_

Applicant Name: THE GIBBERY CO.

Mailing Address of Owner/Applicant (If Different): 226 ANDERSON ST  
PORTLAND, ME. 04101

PORTLAND 4151 TOWN COPY

Date: 3/21/91 Fee: \$161.00 Charge: 0.00

[Signature] L.P.I. # 01124

Local Plumbing Inspector Signature  
Chief Plumbing Inspector

**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.

The Gibbery Co. Inc. (LEO) 3/21/91  
Signature of Owner/Applicant Date

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

M. Mitchell 13/1422/91  
Local Plumbing Inspector Signature Date Approved

**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: OFFICE

**Plumbing To Be Installed by:**

1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER

LICENSE # 00372

Number	Hook-Ups And Piping Relocation	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		Hosebibb / Silcock		Bathtub (and Shower)
		0, 8	Floor Drain	0, 5	Shower (Separate)
			Urinal	0, 2	Sink
	HOOK-UP, to an existing subsurface wastewater disposal system.	0, 5	Drinking Fountain	0, 5	Wash Basin
			Indirect Waste	0, 7	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
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other _____	0, 4	Water Heater
\$	Hook-Up Fee	1, 3	Fixtures (Subtotal) Column 2	2, 3	Fixtures (Subtotal) Column 1
				1, 3	Fixtures (Subtotal) Column 2
				3, 6	Total Fixtures
				\$ 46.	Fixture Fee
				\$ 0.	Hook-Up Fee
				\$ 46.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE







CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION Two Canal Plaza

Date of Issue 6/20/91

Issued to UNUM

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. 01/23,5, 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

Second & third floors

APPROVED OCCUPANCY

office space

Limiting Conditions:

This certificate supersedes  
certificate issued:

Approved:

6/20/91  
(Date)

Inspector

*[Signature]*  
Inspector of Buildings

Notice: This certificate identifies a full use of building or premises, and may be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lease for one dollar.

ATTN: W. Gamaway

FIRE ALARM ACCEPTANCE REPORT

GENERAL

Address: 2 Canal Plaza Portland Me.  
Owner: Union Mutual  
Owners Address: 2211 Congress Street Portland  
Floors Protected: 5

EQUIPMENT INVENTORY

Equipment Brand: Simplex  
Number of Smoke Detectors: 83 Photo Elec: \_\_\_\_\_  
Type of Smoke Detectors; Ionization:  Photo Elec: \_\_\_\_\_  
Number of Rate-of Rise Detectors: 30  
Number of Fixed Temp Heat Detectors: 0  
Number of Manual Pull Stations: 25  
Number of Sounding Devices: 24  
Type of Sounding Devices; Horn  Horn Light:  Bell:  Speaker  Chimes \_\_\_\_\_  
Prerecorded Tape Messages: No

AUXILIARY EQUIPMENT

Number of Master Boxes: 1  
Fan shut-down; Yes:  No: \_\_\_\_\_  
Door holders; Yes:  No: \_\_\_\_\_ Number: \_\_\_\_\_  
Sprinkler Activation; Yes:  No: \_\_\_\_\_  
Fire Fighters Telephone; Yes:  No: \_\_\_\_\_  
Voice Communications; Yes:  No: \_\_\_\_\_  
Remote Annunciators; Yes:  No: \_\_\_\_\_  
Door Lock Control; Yes:  No: \_\_\_\_\_  
Elevator Control; Yes:  No: 71#

WIRING

Does the wiring conform to NFPA 70 (NEC), Article 760? Yes  No \_\_\_\_\_  
Is standby power provided? Yes  No: \_\_\_\_\_  
Battery:  Generator:  Both \_\_\_\_\_  
Have any devices been "T" tapped? Yes \_\_\_\_\_ No  \_\_\_\_\_  
Arc back boxes provided for all devices: Yes  No \_\_\_\_\_

TEST RESULTS

Was a complete test conducted on this system including the activation of all smoke detectors and pull stations? Yes:  No: \_\_\_\_\_  
Is the Alarm Tone of the sounding devices adequate to maintain 15 dba above ambient noise levels? Yes:  No: \_\_\_\_\_  
Is this system in compliance with NFPA 72A standards; Yes:  No: \_\_\_\_\_

Signature of Installing Contractor: Millery Bros. Inc.  
Marshall F. Asher  
Date: 6/17/91

This form must be completed in its entirety and returned to the Fire Prevention Bureau before a Certificate of Occupancy will be issued.

Original Copy to Office of Fire Prevention Duplicate Copy to Applicant

912386

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

Applicant: UBUN Co. Phone # 773-7115  
Address: 2111 Congress St., P.O. Box 15 71122 Apt. 1500  
LOCATION OF CONSTRUCTION: Twa Canal Plaza  
Contractor: DWAEF Sub: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Est. Construction Cost: 900,000 Proposed Use: office space  
Part Use: office space  
# of Existing Res. Units: \_\_\_\_\_ # of New Res. Units: \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
If Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion: interior renovations - 3rd floor

For Official Use Only  
Magill - 2/25/91 Subdivision: PERMIT ISS  
Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Inside Fire Limits: \_\_\_\_\_ Lot: MAR 6 1991  
Bldg Code: \_\_\_\_\_ Ownership: \_\_\_\_\_  
Time Limit: \_\_\_\_\_  
Estimated Cost: 900,000 City of Portland

CONTACT PERSON - Paul Stevens, Architect  
772-1945

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 Columns \_\_\_\_\_ 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. window: \_\_\_\_\_  
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 \_\_\_\_\_

Zoning: B-2  
Set Backs 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 \_\_\_\_\_ Woodplains Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other: (explain) HISTORIC PRESERVATION

Ceiling:  
1. Ceiling Joists Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type of Ceiling \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_

Roof:  
1. Truss or Rafter Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_

Chimneys:  
Type: \_\_\_\_\_ Number of Places: \_\_\_\_\_

Partitions:  
Type of Part: \_\_\_\_\_

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: \_\_\_\_\_ Square Footage \_\_\_\_\_  
3. Must conform to National Electrical Code \_\_\_\_\_ State Law \_\_\_\_\_

Permit Received By Louise E. G...

Signature of Applicant Ann A. Brown

Signature of CEO [Signature]

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

PERMIT ISSUED  
WITH LETTER

White-Tax Assessor

Yellow-GPCOG

White-Tag -GEC

Copyright GPO 1988



PLOT PLAN



FEE'S (Breakdown From Front)

Base Fee \$ 4,000

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

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

COMMENTS 5/2/91 - Demolition nearly complete MCM

5/91 - Work in progress

6/15/91 - Final Inspect - Need to re-inspect 2nd + 3rd

6/20 - Reinspect w/ Garraway Siken says OK. Will issue CO for #273

6/25 CB - Entire Issued MCM

Signature of Applicant Rene S Brown, SMRT

Date 2/25/91

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

March 8, 1991

RE: Two Canal Plaza

Unum Co.  
2711 Congress Street  
Portland, Maine  
Attn: Mr. Jason Magill

Dear Sir:

Your application to make interior renovations 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.

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. Special locking arrangements permitted in Chapt. 27 shall be in accordance with Section 27-2.2.2 and Section 5-2.1.6. of the U.P.A. (01 Life Safety Code.
5. Plaza level tenant space shall be provided with manual fire stations and A/V units as a minimum. It is recommended that additional automatic detection such as rate of rise be installed in this space that may not be governed by owners no smoking policy.
6. All required fire separations shall be maintained.
7. If during the construction part of your proposed project, asbestos is found, proper notification must be made to EPA. Contact this office for address if needed.

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

Sincerely,



S. P. Hoffses  
Chief of Inspection Services

/e/

cc: Lt. Wallace Garroway, Fire Prevention Bureau

389 Congress Street • Portland, Maine 04101 • (207) 874-8764



State of Maine  
 DEPARTMENT OF PUBLIC SAFETY  
 OFFICE OF THE STATE FIRE MARSHAL  
 Augusta

CONSTRUCTION PERMIT

№ 4909

Permission is hereby given to

Project Title

Stevens, Morton, Rose & Thompson

UNUM - 2 Canal Plaza Renovations

39 Forest Avenue

Portland, Maine 04101

- To construct
- To alter
- To change the use of any structure to become a public building

Public buildings include any building or structure constructed, operated or maintained for use by the general public, which shall include, but not limited to, all buildings or portions of buildings used for

- |  |   |
|--|---|
| <input type="checkbox"/> Schoolhouse       | <input type="checkbox"/> Theatre  |
| <input type="checkbox"/> Hospital          | <input type="checkbox"/> Other place of assembly                            |
| <input type="checkbox"/> Convalescent home | <input type="checkbox"/> Mercantile occupancy over 3000 sq. ft.             |
| <input type="checkbox"/> Nursing home      | <input type="checkbox"/> Hotel/Motel of 2 stories or more                   |
| <input type="checkbox"/> Boarding home     | <input checked="" type="checkbox"/> Business occupancy of 2 stories or more |
|  | <input type="checkbox"/> Other (specify) .....                              |

At (give address) Middle Street

In the city (or town) of Portland

According to plans hitherto filed with the Commissioner and now approved.

Such plans bear File No. 4909, and no departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on September 6, 19 91.

This permit is issued under the provisions of Title 25, Chapter 37, Section 2448.

*Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions*

Dated the 7 day of March, A.D. 19 91.

Commissioner

FEE \$55.00

923428

*Right side as you go in*

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

Owner: UNJM Phone # XXX 770-3174 McAllister  
 Address: 2211 Concessms St - P114, 17  
 LOCATION OF CONSTRUCTION Two Cany Plaza - 1st floor  
 Contractor: Woodford Inc Phone # 767-1866  
 Address: Box 3107, Hill, Me Phone # 94104  
 Est. Construction Cost: \$50,000 Proposed Use: office w. 200v  
 Past Use: 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

**For Official Use Only PERMIT ISSUED**  
 Date 2/6/92  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Co. \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost 50,000  
 Subdivision \_\_\_\_\_  
 Name \_\_\_\_\_  
 Lot \_\_\_\_\_  
 Ownership: \_\_\_\_\_  
 Private \_\_\_\_\_  
**CITY OF PORTLAND**  
 Zoning: Street Frontage Provided: \_\_\_\_\_  
 Provided Setback: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board: val: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) 2-7-92

**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: \_\_\_\_\_ Spacing 16" O.C.  
 4. Joists Size: \_\_\_\_\_  
 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 Post 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 \_\_\_\_\_ Spa (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: \_\_\_\_\_ Size \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

**Roof:**  
 1. Truss or Rafters 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. PIASE

Signature of Applicant [Signature]

CEO's District 2

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO [Signature]

White - Tax Assessor

PLOT PLAN



FEEES (Breakdown From Front)

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

Inspection Record

Type	Date
<i>Progress Insp's</i>	<i>4   1   1992</i>
<i>"</i>	<i>3   1   1992</i>
<i>"</i>	<i>9   15   1992</i>

COMMENTS

*9/15/92 Progress - map / completed as per plan*

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 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

ADDRESS

*707-1866*  
 PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.