

PERMIT **0239** BUILDING PERMIT APPLICATION **Portland** February 19, 1987
 APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
 Please Insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION
 Location/address of construction **1 Portland Fish Pier**
 Owner or lessee's name **Vessel Services Inc.** Tel. **772-5218**
 Address **1 Portland Fish Pier**

Contractor's name **Daniel Collomy - General Carpentry** Tel. **W 929-4334**
 Address **P.O. Box 134 RD # 3 Gorham, Me. 04033** **H 929-5652**

Subcontractors _____
PERMIT ISSUED
MAR 20 1987

III. PROPOSED USE: CODE **19324** **RESIDENTIAL PROFESSIONAL** Seasonal Condominium Apartment
IV. PAST USE: _____
V. OWNERSHIP: PUBLIC (federal/state/local government) PRIVATE (individual/corp/nonprofits)

VI. DESCRIPTION OF WORK:
 TO make interior renovations as per plans. 2 sheets of plans.
 send permit to David Leeman

VII. BUILDING DIMENSIONS: length 90 width 60 square footage 4,800 height 12.1 stories

VIII. CONSTRUCTION COST: 194,630 **FT. OF LAND:** _____ **BUILDING:** _____

X. RESIDENTIAL BUILDINGS ONLY:			XII. RESIDENTIAL UNITS:		
BEDROOMS			NEW DWELLINGS		
1 BDRM	2 BDRMS	3 BDRMS	EXISTING DWELLINGS	NEW RESIDENTIAL UNIT	
NEW DWELLING UNITS WITH			EXISTING DWELLINGS		
EXISTING DWELLING UNITS WITH			NEW RESIDENTIAL UNIT		

XI. SIGNATURE OF APPLICANT: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE

XIII. ZONING:
 DISTRICT _____ STREET FRONTAGE _____
 SETBACKS: front _____ back _____ side _____
 ZONING BOARD APPROVAL: no yes (date) _____
 PLANNING BOARD APPROVAL: no yes (date) _____

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

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

XVII. FEES:
 base fee.....
 subdivision fee.....
 site plan review fee.....
 other fees.....
 late fee.....
TOTAL. 50.00

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

1 WATER SUPPLY <input checked="" type="checkbox"/> public <input type="checkbox"/> private	8 CHIMNEY * flues * fireplaces material
2 SEWER <input type="checkbox"/> public <input checked="" type="checkbox"/> private, type	9 FRAMING floor joists
3. HEAT type fuel	size max on centers
4. FOUNDATION type	thickness footing
5. ROOF type covering load	pitch
6. PLUMBING * tubs * showers	ceiling joists
* lavatories * laundry tubs	rafters
* flushes * other	studs
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	wall studs
7. ELECTRICAL service entrance size	10 if 1-story building w/ masonry walls
* smoke detectors	wall thickness height
NUMBER OF OFF-STREET PARKING SPACES	11 BEDROOM WINDOW
enclosed outdoors	height width sill height
	egress window? <input type="checkbox"/> yes <input type="checkbox"/> no

PLOT PLAN/DETAILS OF WORK ON REVERSE
 White - Municipal Office
 Green - Applicant
 Yellow - CEO
 Pink - Tax Assessor
 Gold - P.L.C.U.

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

Town or Plantation: PORTLAND, ME.
 Street: PORTLAND TSH. 9th.
 Subdivision Lot #: ACT 5
 PROPERTY OWNERS NAME: ACT 5
 Last: _____
 Applicant Name: ACT 5
 Mailing Address of Owner/Applicant (if different): WINNING ME 04102

PORTLAND PERMIT # 2.212 TOWN COPY
 Date: 3.19.87
 \$ _____ FEE
 L.P.I. # _____
 Signature: [Signature]

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: 3/18/87

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: _____ Date Approved: MAY 28 1987

PERMIT INFORMATION

This Application is for:
 1. NEW PLUMBING
 2. RELOCATED PLUMBING
 MAR 19 1987

Type Of Structure To Be Served:
 1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELJNG
 4. OTHER - SPECIFY: Free 2...

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 # L 1742

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
1	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)
		1	Floor Drain	2	Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain	1	Wash Basin
			Indirect Waste	4	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
			Exdot		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	11	Fixtures (Subtotal) Column 1
				5	Fixtures (Subtotal) Column 2
				19	Total Fixtures
				\$ 450	
				\$	
				\$	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

B **506** May 12, 1987
BUILDING PERMIT APPLICATION **Portland** (Previous permit # **2074**)
APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
 Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION
 Location/address of construction **Abb 4**
Portland Fish Pier - Commercial St.
 Owner or lessee's name **City of Portland, Maine** Tel. _____
 Address _____
 Contractor's name **Bayley Sign Co.** Tel. **774-2843**
 Address **9 Thomas Drive - West**

Subcontractors: _____
PERMIT ISSUED
MAY 12 1987
City Of Portland

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
 Name _____
 Lot _____
 Block _____
 Block & lot Reg. No. _____
 Date recorded _____

III. PROPOSED USE: _____
IV. PAST USE: _____
V. OWNERSHIP: PUBLIC (Federal/State/Local government) PRIVATE (individual/corporation)

VI. DESCRIPTION OF WORK: **300**
 To erect 2 sets of letters on 2 sides of building, total sq footage 27 sq ft. as per plans. # 2

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

VIII. EST. CONSTRUCTION COST: _____
IX. RESIDENTIAL UNITS:
 RESIDENTIAL BUILDINGS ONLY: 1 BDRMS _____ 2 BDRMS _____ 3 BDRMS _____
 NEW DWELLING UNITS WITH EXISTING DWELLING UNITS WITH:
 NEW DWELLINGS _____ EXISTING DWELLINGS _____
 NET RESIDENTIAL UNITS _____

XIII. ZONING: DISTRICT _____ STREET FRONTAGE _____
 SETBACKS: front _____ back _____ side _____ side _____
 ZONING BOARD APPROVAL: no yes (date) _____
 PLANNING BOARD APPROVAL: no yes (date) _____

XIV. OFFICE USE:
 TAX MAP # _____
 LOT # _____
 VALUE STRUCTURE _____
 PERMIT EXPIRATION DATE _____

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

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

XVII. FEES:
 base fee _____
 subdivision fee _____
 site plan review fee _____
 other fees _____
 late fee _____
 TOTAL **31.40**

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

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

February 19, 1987

PERMIT B ZONING PERMIT APPLICATION Portland
APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
Please insert N/A (not applicable) for any item not pertaining to your request.

I. GENERAL INFORMATION
Location/address of construction 1 Portland Fish Pier Tel. 772-5718
Owner or lessee's name Vassel Services Inc.
Address 1 Portland Fish Pier

Contractor's name Daniel Collopy - General Carpentry Tel. W 929-4334
Address P.O. Box 134 REJ # 3 Gorham, Me. 04038 H 929-5652

Subcontractors: _____

PERMIT ISSUED

MAR 20 1987

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
Name _____
Lot _____
Block _____
Bk & pg Reg. deed _____
Date recorded _____

III. PROPOSED USE: 324 Professional
IV. PAST USE: _____
V. OWNERSHIP: Private
Seasonal Condominium Apartment

VI. DESCRIPTION OF WORK:
TO make interior renovations as per plans. 2 sheets of plans.
Send permit to David Leeman

VII. BUILDING DIMENSIONS: length 30 width 60 square footage 1,800 height 12' *stories 2

VIII. EST. CONSTRUCTION COST: 141,444
IX. RES. SECT. OF LAND: _____ BUILDING: _____
X. RESIDENTIAL BUILDINGS ONLY: 3 BDRM 3 BDRM 3 BDRM
NEW DWELLING UNITS WITH: _____
EXISTING DWELLING UNITS WITH: _____
NEW RESIDENTIAL UNITS: _____
EXISTING DWELLING UNITS: _____
XIII. SIGNATURE OF APPLICANT: _____ DATE: _____

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

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

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

XVII. FEES:
base fee _____
subdivision fee _____
site plan review fee _____
other fees _____
late fee _____
TOTAL 50.00

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

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

PLUMBING APPLICATION

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

Town or Plantation: PORTLAND, ME.
 Street: PORTLAND, ME.
 Subdiviso. Lot #: ABC4
 PROPERTY OWNER NAME: _____
 Applicant Name: _____
 Mailing Address of Owner/Applicant: WINNHAY ME 04062

PORTLAND
 Date Permit Issued: 3/19/87
 PERMIT # 2,212
 TOWN COPY FEE: _____
 L.P.I. # _____

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: 3/18/87

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: [Signature]
 Date Approved: MAY 20 1987

PERMIT INFORMATION

This Application is for:
 1. NEW PLUMBING
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Type Of Structure To Be Served:
 1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER - SPECIFY: FOR PIPING

Plumbing To Be Installed By:
 1. MASTER PLUMBER
 2. OIL BURNER MAN
 3. MFG'D. HOUSING DE
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER

LICENSE # 117202

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 / Sillcock		Bathub (and Shower)
		7	Floor Drain	2	Shower (Separate)
		1	Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	4	Wash Basin
			Indirect Waste	4	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
	Hook-Ups (Subtotal)		Bidet		Laundry Tub
	Hook-Up Fee		Other: _____		Water Heater
			Fixtures (Subtotal) Column 2	11	Fixtures (Subtotal) Column 1
				2	Fixtures (Subtotal) Column 2
				19	Total Fixtures
				\$ 48.	
				\$.	
				\$ 48.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY