

204-206 STATE STREET



Full cut # 920R - Half cut # 9204R - Three cut # 9203R - Fine cut # 9205R



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 6-20, 19 79  
 Receipt and Permit number 723283

(Pl. 6-25-79)

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: 206 State St. (Longfellow Commons)  
 OWNER'S NAME: Weston Assoc. ADDRESS: Boston, Mass.

|  | <b>FEEES</b>                           |               |
|--|--|---------------|
| <b>OUTLETS:</b>  |  |               |
| Receptacles <u>1,000</u> Switches <u>495</u> Plugmold _____ ft. TOTAL <u>1,495</u> ..... |  | <u>148.50</u> |
| <b>FIXTURES: (number of)</b>   |  |               |
| Incandescent <u>260</u> Fluorescent <u>150</u> (not strip) TOTAL .....                   |  | <u>43.00</u>  |
| Strip Fluorescent <u>48</u> ft. ....   |  | <u>3.00</u>   |
| <b>SERVICES:</b>   |  |               |
| Overhead _____ Underground _____ Temporary _____ TOTAL amperes <u>2,000</u> ..           |  | <u>6.00</u>   |
| <b>METERS: (number of)</b> <u>45</u> .....   |  | <u>22.50</u>  |
| <b>MOTORS: (number of)</b>   |  |               |
| Fractional <u>5</u> .....  |  | <u>2.50</u>   |
| 1 HP or over <u>1</u> .....  |  | <u>1.00</u>   |
| <b>RESIDENTIAL HEATING:</b>  |  |               |
| Oil or Gas (number of units) .....   |  |               |
| Electric (number of rooms) .....   |  |               |
| <b>COMMERCIAL OR INDUSTRIAL HEATING:</b>   |  |               |
| Oil or Gas (by a main boiler) .....  |  |               |
| Oil or Gas (by separate units) .....   |  |               |
| Electric Under 20 kws _____ Over 20 kws <u>460</u> .....                                 |  | <u>10.00</u>  |
| <b>APPLIANCES: (number of)</b>   |  |               |
| Ranges <u>44</u> Water Heaters <u>45</u>   |  |               |
| Cook Tops _____ Disposals <u>44</u>  |  |               |
| Wall Ovens _____ Dishwashers _____   |  |               |
| Dryers <u>4</u> Compactors _____   |  |               |
| Fans _____ Others (denote) _____   |  |               |
| TOTAL <u>137</u> .....   |  | <u>205.50</u> |
| <b>MISCELLANEOUS: (number of)</b>  |  |               |
| Branch Panels <u>51</u> .....  |  | <u>51.00</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 <u>1</u> .....  |  | <u>5.00</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 <u>55</u> .....  |  | <u>27.50</u>  |
| Emergency Generators .....   |  |               |
|  | <b>INSTALLATION FEE DUE:</b>           |               |
| FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT .....   | <b>DOUBLE FEE DUE:</b>                 |               |
| FOR REMOVAL OF A "STOP ORDER" (304-13.b) .....   | <b>DOUBLE FEE DUE:</b>                 |               |
|  | <b>TOTAL AMOUNT DUE: <u>525.50</u></b> |               |

**INSPECTION:**

Will be ready on \_\_\_\_\_, 19\_\_; or Will Call x

CONTRACTOR'S NAME: Pine Tree Elec.  
 ADDRESS: 257 Washington St., Auburn, Me. 04210  
 TEL.: 782-5006

MASTER LICENSE NO.: 929 SIGNATURE OF CONTRACTOR:  
 LIMITED LICENSE NO.: \_\_\_\_\_ *Resman P. Bilodeau*

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



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date Feb. 24, 19 77  
 Receipt and Permit number A00040

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 ~~187 Middle St.~~ 206 State St.  
 OWNER'S NAME: Alan Leverson ADDRESS: 187 Middle St.

OUTLETS: (number of) 1-30

|             |                        |             |
|-------------|------------------------|-------------|
| Lights      | _____                  |             |
| Receptacles | _____                  | FEE\$       |
| Switches    | _____                  |             |
| Plugmold    | _____ (number of feet) |             |
| TOTAL       | _____                  | <u>3.00</u> |

FIXTURES: (number of)

|                            |  |             |
|----------------------------|--|-------------|
| Incandescent               | <u>1-10</u>                              |             |
| Fluorescent                | _____ (Do not include strip fluorescent) | <u>3.00</u> |
| TOTAL                      | _____                                    | _____       |
| Strip Fluorescent, in feet | _____                                    | _____       |

SERVICES:

|                          |       |  |
|--------------------------|-------|--|
| Permanent, total amperes | _____ |  |
| Temporary                | _____ |  |

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 (total number of kw)  | _____ |  |

APPLIANCES: (number of)

|            |       |                 |       |
|------------|-------|-----------------|-------|
| Ranges     | _____ | Water Heaters   | _____ |
| Cook Tops  | _____ | Disposals       | _____ |
| Wall Ovens | _____ | Dishwashers     | _____ |
| Dryers     | _____ | Compactors      | _____ |
| Fans       | _____ | Others (denote) | _____ |
| TOTAL      | _____ |                 | _____ |

MISCELLANEOUS: (number of)

|                           |       |  |
|---------------------------|-------|--|
| Branch Panels             | _____ |  |
| Transformers              | _____ |  |
| Air Conditioners          | _____ |  |
| Signs                     | _____ |  |
| Fire/Burglar Alarms       | _____ |  |
| Circuit, Fairs, etc.      | _____ |  |
| Alterations to wires      | _____ |  |
| Repairs after fire        | _____ |  |
| Heavy Duty, 220v outlets  | _____ |  |
| Emergency Lights, battery | _____ |  |
| Emergency Generators      | _____ |  |

|  |                       |
|--|-----------------------|
| INST. ALLATION FEE DUE:                                | _____                 |
| FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT . . . . .   | DOUBLE FEE DUE: _____ |
| FOR REMOVAL OF A "STOP ORDER" (304-16.b) . . . . .     | _____                 |
| FOR PERFORMING WORK WITHOUT A PERMIT (304-9) . . . . . | <u>6.00</u>           |
| TOTAL AMOUNT DUE:                                      | _____                 |

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call X

CONTRACTOR'S NAME: Caron & Waltz  
 ADDRESS: 416 Frbble St.  
 TEL.: 799-2228

MASTER LICENSE NO.: on file SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY

ELECTRICAL INSTALLATIONS —

Permit Number 040

Location 206 State St.

Owner Alan Peterson

Date of Permit 2-24-77

Final Inspection 3-2-77

By Inspector Libby

Permit Application Register Page No 89

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_

Service called in \_\_\_\_\_

Closing-in 3-2-77 by Libby

PROGRESS INSPECTIONS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CODE  
COMPLIANCE  
COMPLETED  
DATE 3-2-77

DATE:

REMARKS:

OK

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER **1078**

Date Issued  
 Portland Plumbing Inspector  
 By ERNOLD R GOODWIN

App. First Insp.  
 Date **3/17/77**  
 By **EVG**

App. Final Insp.  
 Date **APR 5 - 1977**  
 By **ERNOLD R GOODWIN**  
 Type of Bldg.

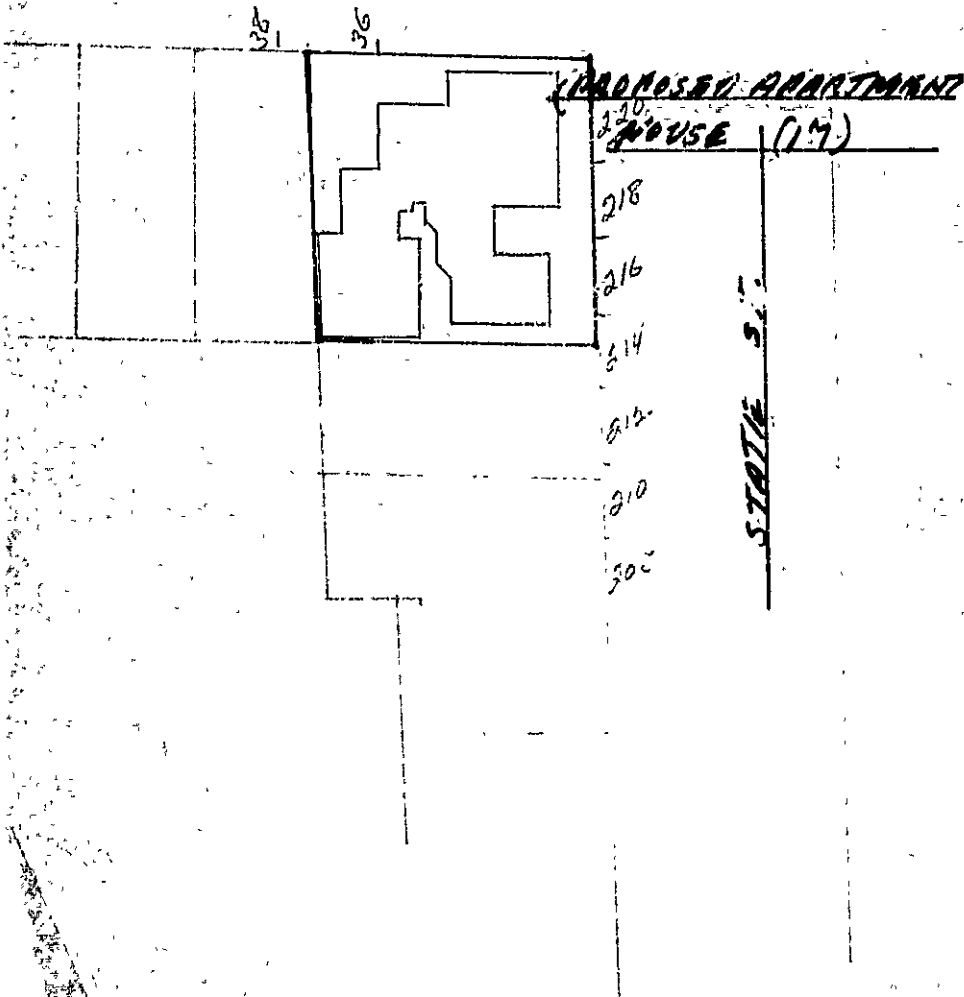
- Commercial  
 Residential  
 Single  
 Multi Family  
 New Construction  
 Remodeling

| Address <b>204 State St.</b>                |      | Date <b>3-10-77</b>    |              |
|---|------|------------------------|--------------|
| Installation For <b>plumbing</b>            |      | NO                     | FEE          |
| Owner of Bldg <b>Alan Lovenson</b>          |      |                        |              |
| Owner's Address <b>120 Baxter Blvd.</b>     |      |                        |              |
| Plumber <b>Anskov Plmbg. &amp; Htg. Co.</b> |      |                        |              |
| Plumber Address <b>1900 Riverside Dr</b>    |      |                        |              |
| NEW   | REPL |                        |              |
|   |      | SINKS                  |              |
|   | 2    | LAVATORIES             |              |
|   | 2    | TOILETS                | 4.00         |
|   |      | BATH TUBS              | 4.00         |
|   | 1    | S SHOWERS              |              |
|   |      | BATHS FLOOR SURFACE    | 2.00         |
|   |      | HOT WATER TANKS        |              |
|   |      | CHEMISTS WATER HEATERS |              |
|   |      | GARBAGE DISPOSALS      |              |
|   |      | SEPTIC TANKS           |              |
|   |      | HOUSE SEWERS           |              |
|   |      | ROOF DRAINERS          |              |
|   |      | AUTOMATIC WASHERS      |              |
|   |      | DISHWASHERS            |              |
|   |      | OTHER                  |              |
|   |      | <b>Basic Fee:</b>      | <b>3.00</b>  |
| <b>TOTAL</b>                                |      |                        | <b>13.00</b> |

Building and Inspection Services Dept.; Plumbing Inspection

214-350 STATE ST      21-41      11/196 PARCEL  
COR. 35-36 DEERING ST.

DEERING ST.



CITY OF PORTLAND, MAINE  
Application for Permit to Install Wires

Permit No. 55938  
Issued 5/14/20  
Portland, Maine May 14, 1920

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out — Minimum Fee \$1.00)

Owner's Name and Address *MASADA TRUST Co. 206 STATE* Tel.

Contractor's Name and Address *ABC Electric Co.* Tel.

Location *206 STATE* Use of Building

Number of Families      Apartments      Stores      Number of Stories

Description of Wiring: New Work      Additions      Alterations

Pipe      Cable      Metal Molding      BX Cable      Plug Molding (No. of feet)

No. Light Outlets      Plugs      Light Circuits      Plug Circuits

FIXTURES: No.      Floor or Strip Lighting (No. feet)

SERVICE: Pipe *3"* Cable      Underground      No. of Wires *3* Size *400 ft*

METERS: Located      Added *1*      Total No. Meters *1*

MOTORS: Number      Phase      H. P.      Amps      Volts      Starter

HEATING UNITS: Domestic (Oil)      No. Motors      Phase      H.P.

   Commercial (Oil)      No. Motors      Phase      H.P.

   Electric Heat (No. of Rooms)

APPLIANCES: No. Ranges *3*      Watts      Brand Feeds (Size and No.)

   Elec. Heaters *1*      Watts

   Miscellaneous      Watts

Transformers      Air Conditioners (No. Units)      Extra Cabinets or Panels

Will commence *May 17* 19 *20* Ready to cover in      19      Signs (No. Units)

Amount of Fee \$ *8.00*      Inspection      19

Signed *[Signature]*

DO NOT WRITE BELOW THIS LINE

| SERVICE   | METER | GROUND |
|-----------|-------|--------|
| VISITS: 1 | 2     | 3      |
| 7         | 8     | 9      |
| REMARKS:  | 10    | 11     |
|           |       | 12     |

INSPECTED BY *[Signature]*  
(OVER)

LOCATION *State ST 206*  
 INSPECTION DATE *5/28/70*  
 WORK COMPLETED *5/28/70*  
 TOTAL NO. INSPECTIONS *1*  
 REMARKS:

**FEEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963**

**WIRING**

|                              |         |
|------------------------------|---------|
| 1 to 30 Outlets              | \$ 2.00 |
| 31 to 60 Outlets             | 3.00    |
| Over 60 Outlets, each Outlet | .05     |

(Each twelve feet or fraction thereof of fluorescent lighting c. any type of plug molding will be classed as one outlet).

**SERVICES**

|              |      |
|--------------|------|
| Single Phase | 2.00 |
| Three Phase  | 4.00 |

**MOTORS**

|                       |      |
|-----------------------|------|
| Not exceeding 50 H.P. | 3.00 |
| Over 50 H.P.          | 4.00 |

**HEATING UNITS**

|                           |      |
|---------------------------|------|
| Domestic (Oil)            | 2.00 |
| Commercial (Oil)          | 4.00 |
| Electric Heat (Each Room) | .75  |

**APPLIANCES**

|  |      |
|--|------|
| Ranges, Cooking Tops, Ovens, Water Heaters, Disposal, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit | 1.50 |
|--|------|

**MISCELLANEOUS**

|                                  |       |
|----------------------------------|-------|
| Temporary Service, Single Phase  | 1.00  |
| Temporary Service, Three Phase   | 2.00  |
| Circuses, Carnivals, Fairs, etc. | 10.00 |
| Meters, relocate                 | 1.00  |





R6 RESIDENCE ZONE

# APPLICATION FOR PERMIT

Class of Building or Type of Structure Second Class  
Portland, Maine, April 14, 1970

**PERMIT ISSUED**

**347**  
APR 14 1970

**CITY of PORTLAND**

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish instali the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 206 State St. Within Fire Limits? \_\_\_\_\_ Dist. No. \_\_\_\_\_  
 Owner's name and address Nasada Trust (Alan J. Levenson) 187 Middle St. Telephone \_\_\_\_\_  
 Lessee's name and address \_\_\_\_\_ Telephone 797-6767  
 Contractor's name and address Charles N Craig, Box 1044 Portland Telephone \_\_\_\_\_  
 Architect \_\_\_\_\_ Specifications \_\_\_\_\_ Plans no No. of sheets \_\_\_\_\_  
 Proposed use of building Lodging House No. families \_\_\_\_\_  
 Last use \_\_\_\_\_ " " \_\_\_\_\_ No. families \_\_\_\_\_  
 Material brick No. stories 3 Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_  
 Other buildings on same lot \_\_\_\_\_ Fee \$ 3.00  
 Estimated cost \$ 200.00

### General Description of New Work

To lower ceilings (suspended) in kitchen and bathroom areas on first floor.  
(heavy duty commercial grid system).

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. **PERMIT TO BE ISSUED TO** contractor

### 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? no  
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

APPROVED:

O.S. E.B.S. 4/14/70

Masada Trust (Alan J. Levenson)  
Charles N Craig

CS 301

INSPECTION COPY

Signature of owner

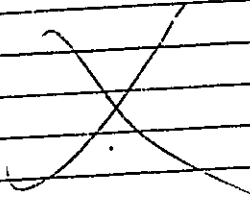
by:

Charles N. Craig

J.M.

NOTES

4-30-70 Kitchen  
going in



Permit No. 701347  
 Location 801 State St  
 Owner Thos. L. Jones (Ally Jones)  
 Date of permit 4/14/70  
 Notif. closing-in \_\_\_\_\_  
 Inspn. closing-in \_\_\_\_\_  
 Final Notif. \_\_\_\_\_  
 Final Inspn. \_\_\_\_\_  
 Cert. of Occupancy issued \_\_\_\_\_  
 Staking Out Notice \_\_\_\_\_  
 Form Check Notice \_\_\_\_\_

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER **1254**

Date Issued **April 7, 1970**  
 Portland Plumbing Inspector  
 By **ERNOLD R GOODWIN**

Address **206-212 State St.**  
 Installation For **multiple**  
 Owner of Bldg **Alan Levenson**  
 Owner's Address **187 Middle St.**  
 Plumber **John Ascher, 501 Summit St.** Date **4-7-70**

App. First Insp.  
 Date **4/21/70**  
 By **WALTER H WALLACE**  
 DEPUTY PLUMBING INSPECTOR

| NW    | REPL | NO | DESCRIPTION            | PRICE |
|-------|------|----|------------------------|-------|
|       | 2    |    | SINKS                  | 4.00  |
|       | 2    |    | LAVATORIES             | 4.00  |
|       | 2    |    | TOILETS                | 11.80 |
|       | 1    |    | BATH TUBS              | 21.60 |
|       | 1    |    | SHOWERS                | 2.00  |
| 1     |      |    | DRAINS FLOOR SURFACE   | .60   |
|       |      |    | HOT WATER TANKS        |       |
|       |      |    | TANKLESS WATER HEATERS |       |
| 1     |      |    | GARBAGE DISPOSALS      | .60   |
|       |      |    | SEPTIC TANKS           |       |
|       |      |    | HOUSE SEWERS           |       |
|       |      |    | ROOF LEADERS           |       |
|       |      |    | AUTOMATIC WASHERS      |       |
|       |      |    | DISHWASHERS            |       |
|       |      |    | OTHER                  |       |
| TOTAL |      |    |                        | 13.60 |

App. Final Insp.  
 Date **5/27/70**  
 By **WALTER H. WALLACE**  
 DEPUTY PLUMBING INSPECTOR

- Type of Bldg.
- Commercial
  - Residential
  - Single
  - Multi Family
  - New Construction
  - Remodeling

Building and Inspection Services Dept., Plumbing Inspection

**CITY OF PORTLAND, MAINE**  
**Application for Permit to Install Wires**

Permit No. *54176*  
 Issued *9/3*  
 , 19

Portland, Maine

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

*(This form must be completely filled out - Minimum Fee, \$1.00)*

Owner's Name and Address *Mercy Hospital* Tel.  
 Contractor's Name and Address *Eastern Bell & Equip Co* Tel. *773-6495*  
 Location *306 State St* Use of Building *Nurses Residence*  
 Number of Families Apartments Stores Number of Stories *3*  
 Description of Wiring: New Work Additions Alterations

Pipe Cable Metal Molding BX Cable Plug Molding (No. of feet)  
 No. Light Outlets Plugs Light Circuits Plug Circuits  
 FIXTURES: No. Light Switches Fluor. or Strip Lighting (No. feet)  
 SERVICE: Pipe Cable Underground No. of Wires Size  
 METERS: Relocated Added Total No Meters  
 MOTORS: Number Phase H. P. Amps Volts Starter  
 HEATING UNITS: Domestic (Oil)  No. Motors Phase H.P.  
 Commercial (Oil)  No. Motors *1* Phase *1* H.P. *1/6*  
 Electric Heat (No. of Rooms)  
 APPLIANCES: No. Ranges Watts Brand Feeds (Size and No.)  
 Elec Heaters Watts  
 Miscellaneous Watts Extra Cabinets or Panels  
 Transformers Air Conditioners (No Units) Signs (No. Units)  
 Will commence *19* Ready to cover in *19* Inspection *19*  
 Amount of Fee \$ *4.00*

Signed *Eastern Bell & Equip Co*  
*B F Fisher*

DO NOT WRITE BELOW THIS LINE

|           |   |       |    |        |    |
|-----------|---|-------|----|--------|----|
| SERVICE   |   | METER |    | GROUND |    |
| VISITS: 1 | 2 | 3     | 4  | 5      | 6  |
| 7         | 8 | 9     | 10 | 11     | 12 |

REMARKS:

INSPECTED BY *F. W. Hubbard*  
 (OVER)

LOCATION *State St 206*  
 INSPECTION DATE *10/24/65*  
 WORK COMPLETED *10/24/65*  
 TOTAL NO INSPECTIONS *1*  
 REMARKS.

**FEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963**

|  |         |
|--|---------|
| <b>WIRING</b>  |         |
| 1 to 30 Outlets  | \$ 2.00 |
| 31 to 60 Outlets   | 3.00    |
| Over 60 Outlets, each Outlet   | .05     |
| (Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet) |         |
| <b>SERVICES</b>  |         |
| Single Phase   | 2.00    |
| Three Phase  | 4.00    |
| <b>MOTORS</b>  |         |
| Not exceeding 50 H.P.  | 3.00    |
|  | 4.00    |



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, Sept. 7, 1965

PERMIT ISSUED

SEP 7 1965

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 206-208 State St. Use of Building Nurses Home No. Stories 3 New Building Existing " Name and address of owner of appliance Mercy Hospital, 144 State St. Installer's name and address Easternoil & Equipment Co, 27 Portland St. Telephone

General Description of Work

To install Oil burning equipment in connection with existing steam heat.(conversion)

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Kind of fuel? Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner U S. Carlin-gunt type Labelled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Size of vent pipe 1 1/4" Location of oil storage basement Number and capacity of tanks 275 gals. Low water shut off yes Make Koh- Miller No. 47-2 Will all tanks be more than five feet from any flame? yes How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., \$1.00 additional for each additional heater, etc., in same building at same time)

APPROVED:

OK 9-3-65

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

Easteroil & Equipment Company

by: Bernard F. Felton

Signature of Installer

CS 300

INSPECTION COPY

Handwritten initials

Permit No. 657/917

Location 206-208 St & R

Owner Mary Kautel

Date of permit 9/7/6

Approved \_\_\_\_\_

NOTES

|    |                          |  |
|----|--------------------------|--|
| 1  | Fill Factor              |  |
| 2  | Veil Pipe                |  |
| 3  | Kind of Foot             |  |
| 4  | Builder Brand & Supports |  |
| 5  | Name & Label             |  |
| 6  | State of Soil            |  |
| 7  | HR                       |  |
| 8  | Rate                     |  |
| 9  | Pipe Size                |  |
| 10 | Valves in Supply Line    |  |
| 11 | Capacity of Tanks        |  |
| 12 | Tank Rigidity & Supports |  |
| 13 | Tank Diameter            |  |
| 14 | Oil                      |  |
| 15 | Insulation on Casing     |  |
| 16 | Low Water                |  |

Large ruled area for notes, with a large 'X' drawn across the left side.

PERMIT # 002428 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: York Cumberland Housing  
 Address: 99 School St. Gorham, Maine 04038  
 LOCATION OF CONSTRUCTION: 206 State St. Apt A 3  
 CONTRACTOR: Bill Baynes (Mail) SUBCONTRACTORS: \_\_\_\_\_  
 ADDRESS: P.O. Box 367 Old Orchard 04064

Est. Construction Cost: \$1,300 Type of Use: Residential Apt.  
 Past Use: Residential Apartment  
 Building Dimensions L      W      Sq. Ft.      # Stories:      Lot Size: \_\_\_\_\_  
 Is Proposed Use:      Seasonal      Condominium      Apartment       
Conversion - Explain To remove closet walls erect 1-3/4 wall

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE ncn bearing  
 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. 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 Typ.: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

Exterior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_  
 4. Header Size: \_\_\_\_\_ 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 Size: \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall If required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

**For Official Use Only**

|                               |   |
|-------------------------------|---|
| Date <u>August 7, 1989</u>    | Subdivision: Yes / No _____                 |
| Inside Fire Limits _____      | Name _____                                  |
| Blgd Code _____               | Lot _____                                   |
| Time Limit _____              | Block _____                                 |
| Estimated Cost <u>\$1,300</u> | Permit Expiration: _____                    |
| Value/Structure _____         | Ownership: _____ Public _____ Private _____ |
| Fee <u>327.00</u>             |   |

Ceilings:  
 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 \_\_\_\_\_ Span AUG 8 1989  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 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 \_\_\_\_\_  
 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.

Zoning:  
 District R-6 Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_  
 Required 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 \_\_\_\_\_  
 Shore and Floodplain Mgmt \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved WD [Signature] 8-7-89

Permit Received By \_\_\_\_\_ Latini \_\_\_\_\_

Signature of Applicant William R. Baynes Date 8/7/89

Signature of CEO (S) MW Date \_\_\_\_\_

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



# PLUMBING APPLICATION

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

**PROPERTY ADDRESS**  
Town Or Plan: 22 STATE STREET  
Street: STATE STREET  
Subdivision Lot #: 173

**PROPERTY OWNERS NAME**  
Last: York-Comertal First: HOSKINS  
Applicant Name: William R Briggs  
Mailing Address of Owner/Applicant (If Different): P.O. Box 367 OLD ORCHARD ZCH. ME

PORTLAND PERMIT # 3,563 TOWN COPY  
Date Permit Issued: 8-7-89 \$ 1 Fee Charged  
Local Plumbing Inspector Signature: Gregory Goodwin L.P.L. # 11213

**Owner/Applicant Statement**  
I hereby 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 carry a Permit.  
Signature of Owner/Applicant: William R Briggs Date: 8-7-89

**Caution: Inspection Required**  
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules

SEP 7 1989  
Date Approved

**PERMIT INFORMATION**

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY \_\_\_\_\_

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 12314

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up   | Column 2<br>Type of Fixture  |  | Column 1<br>Type of Fixture  |                       |
|---|------------------------------|--|------------------------------|-----------------------|
|   | Number                       | Type of Fixture                        | Number                       | Type of Fixture       |
| <p>HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p>HOOK-UP to an existing subsurface wastewater disposal system.</p> |                              | Hosebibb / Silcock                     |                              | Bathtub (and Shower)  |
|   |                              | Floor Drain                            |                              | Shower (Separate)     |
|   |                              | Urinal                                 |                              | Sink                  |
|   |                              | Drinking Fountain                      |                              | Wash Basin            |
|   |                              | Indirect Waste                         |                              | Water Closet (Toilet) |
|   |                              | Water Treatment Softener, Filter, etc. |                              | Clothes Washer        |
|   |                              | Grease/Oil Separator                   |                              | Dish Washer           |
|   |                              | Dental Cuspidor                        |                              | Garbage Disposal      |
|   |                              | Bidet                                  |                              | Laundry Tub           |
|   |                              | Other: _____                           |                              | Water Heater          |
| Number of Hook Ups & Relocations  | Fixtures (Subtotal) Column 2 |  | Fixtures (Subtotal) Column 1 |                       |
|   | 1                            |  | 1                            |                       |
| Hook-Up & Relocation Fee  | Fixtures (Subtotal) Column 2 |  | Fixtures (Subtotal) Column 1 |                       |
|   | 6.                           |  | 1                            |                       |
|   | Hook-Up & Relocation Fee     |  | Hook-Up & Relocation Fee     |                       |
|   | Permit Fee (TCU)             |  | Permit Fee (TCU)             |                       |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PERMIT # 002428

TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: York Cumberland Housing

Address: 50 School St. Gorham, Maine 04038

LOCATION OF CONSTRUCTION: 206 State St. Apt A-3

CONTRACTOR: Bill Bayne (Mail) SUBCONTRACTORS:

ADDRESS: P.O. Box 367 Old Orchard 04064

Est. Construction Cost: \$1,300 Type of Use: Residential Apt

Past Use: Residential Apartment

Building Dimensions L: \_\_\_\_\_ W: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain: remove closet walls - erect 3 3/4 wall

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE non bearing

Residential Building 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. 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 \_\_\_\_\_

5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_ Span(s) \_\_\_\_\_

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
Date August 7, 1989
Subdivision: Yes No
Name
Lot
Block
Permit Expiration:
Ownership: Public Private
Estimated Cost \$1,300
Value/Structure
Fee \$25.00

Colling:
1. Ceiling Joists Size:
2. Ceiling Sheathing Size Spacing
3. Type Ceilings:
4. Insulation Type
5. Ceiling Height:
PERMIT ISSUED

Roof:
1. Truss or Rafter Size
2. Sheathing Type
3. Roof Covering Type
4. Other
City Of Portland
AUG 8 1989

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:
2. Pool Size:
3. Must conform to National Electrical Code and State Law.

Zoning:
District:
Required 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
Other (Explain) Special Exception
Date Approved 8-7-89

Permit Received By Ltini

Signature of Applicant William R Bayne Date 8/7/89

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

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

08118

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO W.D.C. Copyright GPCOG 1987

151 MA. 1117 4

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25.00

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

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

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

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

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

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

COMMENTS to remove closet walls and erect a non bearing wall. as per plan.

*Completed*

Date 8/7/89

Signature of Applicant William R Baynes

NYTAJ07A

# Baynes Construction

CONTRACT BUILDING & REMODELING

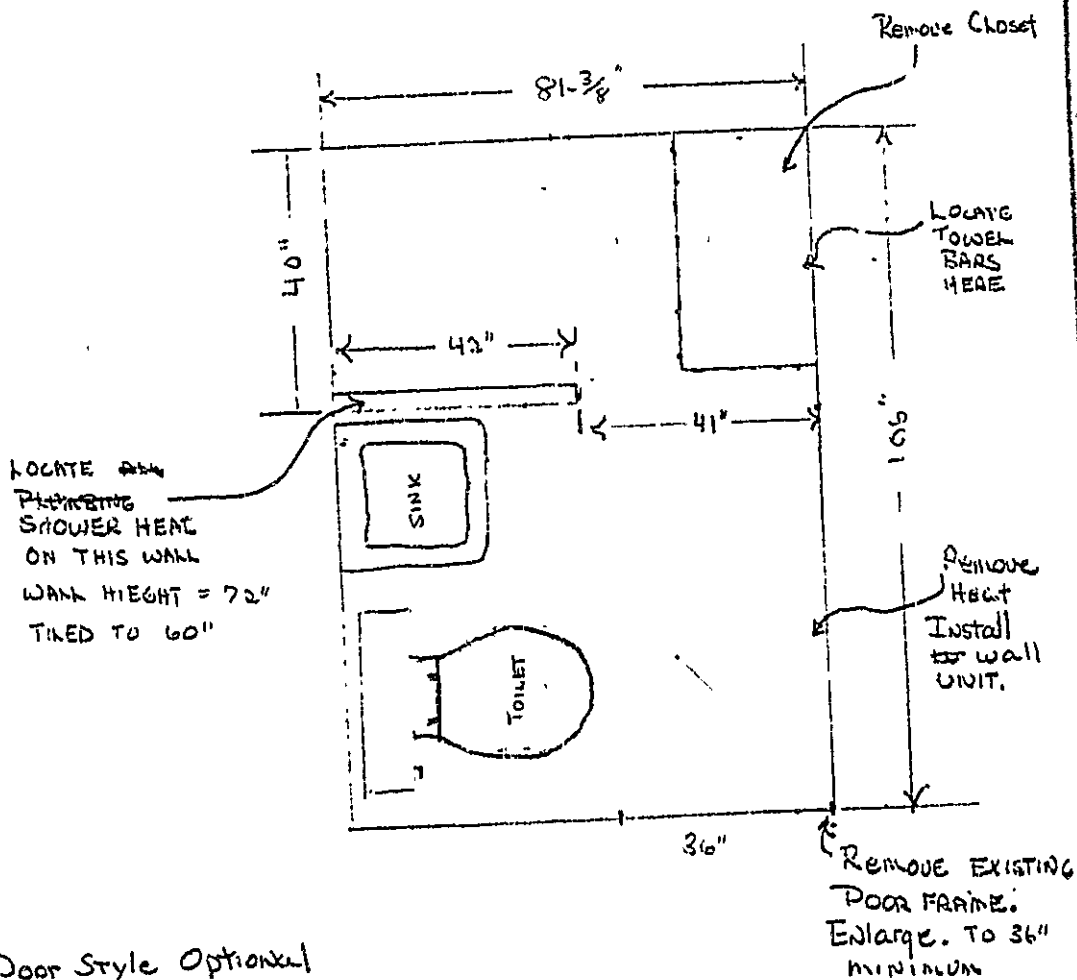
BILL BAYNES  
207-934-5460

P.O. BOX 367  
OLD ORCHARD BEACH, MAINE 04064

CERAMIC USED IN SHOWER AREA

**RECEIVED**  
AUG 07 1988

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND



**Baynes Construction**  
CONTRACT BUILDING & REMODELING

BILL BAYNES  
207-934-5460

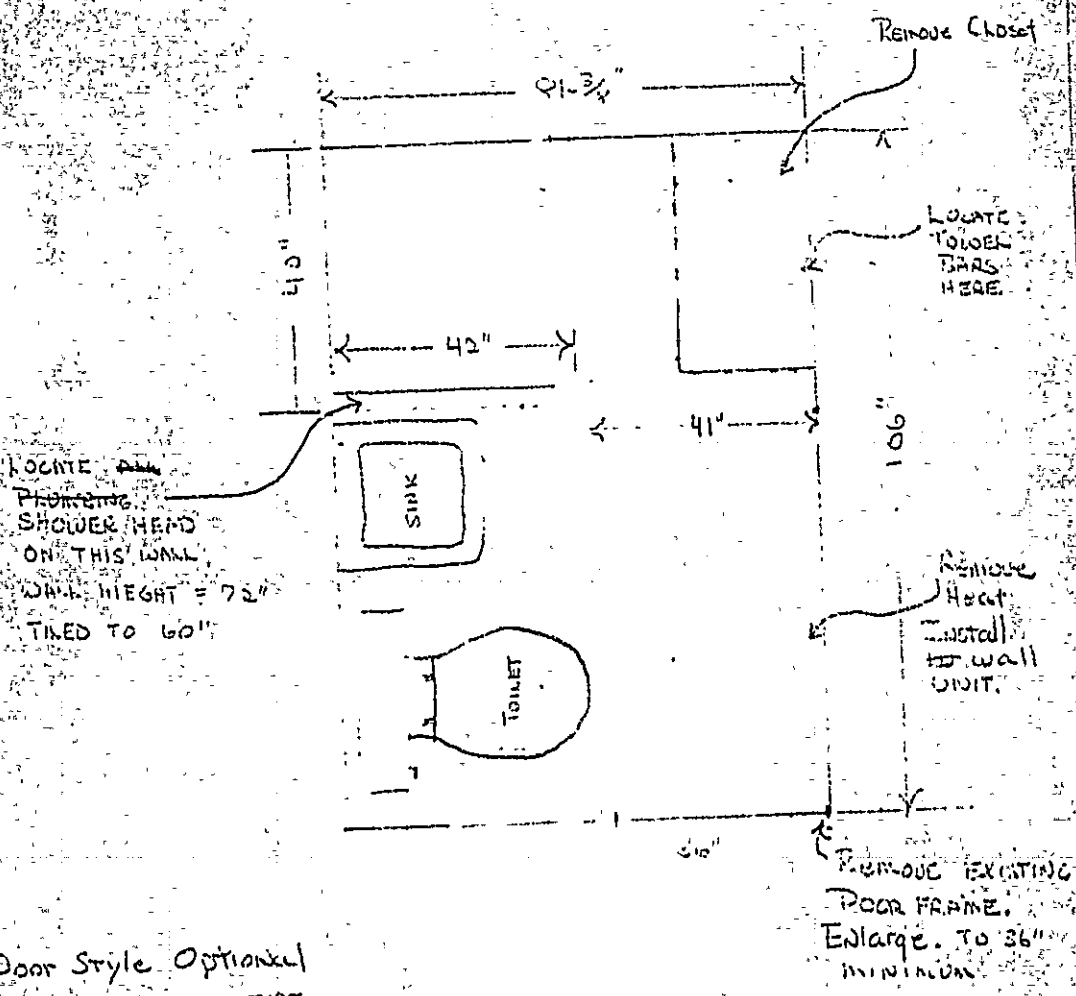
P.O. BOX 367  
OLD ORCHARD BEACH, MAINE 04064

CERAMIC USED IN SHOWER AREA

**RECEIVED**

AUG 07 1989

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND



Door Style Optional  
KNOCKSET - LATCH TYPE

Permit # **913179** City of Portland BUILDING PERMIT APPLICATION Fee \$95. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: York-Cumberland Housing Phone # 839-65176  
 Address: 99 School St; Gorham, ME  
 LOCATION OF CONSTRUCTION 206 State St. (Longfellow Commons)  
 Contractor: Woodward Thompson Inc Sub: 774-9298  
 Address: Box 10359; Ptld, ME 04104 Phone # \_\_\_\_\_  
 Est. Construction Cost: 15,000 Proposed Use: retirement bldg  
 Tom Thompson Past Use: retirement bldg

**For Official Use Only**

Date: 9/25/91 Subdivision: \_\_\_\_\_ Name: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Lot: 10-9-91 Public: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_ Ownership: \_\_\_\_\_ Private: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Estimated Cost: 15,000

# 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: Alterations - doors, roof

Zoning: \_\_\_\_\_  
 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: WDA 10-9-91 (Explain)

**HISTORIC PRESERVATION**

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

**Ceiling:**  
 1. Ceiling Joists Size \_\_\_\_\_ Spacing \_\_\_\_\_ Not in District or Landmark  
 2. Ceiling Strapping Size \_\_\_\_\_ Does not require review.  
 3. Type Ceilings: \_\_\_\_\_ Size  Requires Review.  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

**Floor:** \_\_\_\_\_ Sills must be anchored.  
 1. Sills Size: \_\_\_\_\_  
 2. Girders Size: \_\_\_\_\_ Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Spacing 16" O.C.  
 4. Joists Size: \_\_\_\_\_ Size: \_\_\_\_\_  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action \_\_\_\_\_ Approved.  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approved with Conditions.  
 3. Roof Covering Type \_\_\_\_\_ Date \_\_\_\_\_ Dealed.  
 Chimneys: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Signature \_\_\_\_\_

**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 \_\_\_\_\_ Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

**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 \_\_\_\_\_

**Interior Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

**Swimming Pools:**  
 1. Type: \_\_\_\_\_ Square Footage \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase  
 Signature of Applicant Tom Thompson Date 9-25-91

CEO's District 5 Tom Thompson

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

White - Tax Assessor

WCG FRB  
 5 MA. 1179



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date March 25, 19 92  
 Receipt and Permit number 4234

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: 206 State St. Apt. 1A  
 OWNER'S NAME: York Cumberland Housing ADDRESS: same

| OUTLETS:   | FEES  |
|--|-------|
| Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____            |       |
| <b>FIXTURES:</b> (number of)   |       |
| Incandescent _____ Fluorescent _____ (not strip) TOTAL _____               |       |
| Strip Fluorescent _____ ft. _____  |       |
| <b>SERVICES:</b>   |       |
| Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____       |       |
| <b>METERS:</b> (number of) _____   |       |
| <b>MOTORS:</b> (number of)   |       |
| Fractional _____   |       |
| 1 HP or over _____   |       |
| <b>RESIDENTIAL HEATING:</b>  |       |
| Oil or Gas (number of units) _____   |       |
| Electric (number of rooms) _____   |       |
| <b>COMMERCIAL OR INDUSTRIAL HEATING:</b>                                   |       |
| Oil or Gas (by a main boiler) _____  |       |
| Oil or Gas (by separate units) _____                                       |       |
| Electric Under 20 kws _____ Over 20 kws _____                              |       |
| <b>APPLIANCES:</b> (number of)   |       |
| Ranges _____ Water Heaters _____   |       |
| Cook Tops _____ Disposals _____  |       |
| Wall Ovens _____ Dishwashers _____   |       |
| Dryers _____ Compactors _____  |       |
| Fans _____ Others (denote) _____   |       |
| <b>TOTAL</b> _____   |       |
| <b>MISCELLANEOUS:</b> (number of)  |       |
| Branch Panels _____  |       |
| 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 <u>X</u> _____  | 5.00  |
| Repairs after fire _____   |       |
| Emergency Lights, battery _____  |       |
| Emergency Generators _____   |       |
| INSTALLATION FEE DUE: _____  |       |
| FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: _____     |       |
| FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... TOTAL AMOUNT DUE: MIN _____ | 15.00 |

**INSPECTION:**

Will be ready on 3/26/92 AM, 1992; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Michael Floridino  
 ADDRESS: 35 Lawrence Ave. Portland 04103  
 TEL: 772-3136

MASTER LICENSE NO.: 04234 SIGNATURE OF CONTRACTOR: Michael Floridino  
 LIMITED LICENSE NO.: \_\_\_\_\_

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





913179

Permit # 913179 City of Portland BUILDING PERMIT APPLICATION Fee 595. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Robert and Louise Phone # 839-6517  
 Address: 90 Salmon St. Portland, ME  
 LOCATION OF CONSTRUCTION: 206 State St. (Longfellow Simon)  
 Contractor: Edward Thomson Inc Sub: 774-9298  
 Address: 1557 Locust, Portland, ME 04104 Phone # \_\_\_\_\_  
 Est. Construction Cost: 15,000 Proposed Use: retiree's bldg  
 Past Use: retirement  
 # 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: Alterations - doors, roof

**For Official Use Only**

Date: 9/25/91 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: 15,000

PERMIT ISSUED  
 OCT 29 1991  
 CITY OF PORTLAND

**Foundation**

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

**Floor**

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

**Exterior Walls**

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

**Interior Walls**

- Studding Size 2x4 Spacing \_\_\_\_\_
- Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
- Wall Covering Type \_\_\_\_\_
- Fire Wall if required \_\_\_\_\_
- Other Materials \_\_\_\_\_

Zoning: \_\_\_\_\_  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Eide \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional User: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain): WADA 17-9-91

**HISTORIC PRESERVATION**

**Ceiling**

- Ceiling Joists Size: \_\_\_\_\_
- Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Type Ceilings: \_\_\_\_\_
- Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
- Ceiling Height: \_\_\_\_\_

**Roof**

- Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action: Approved
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
- Roof Covering Type \_\_\_\_\_

**Chimney**

Type: \_\_\_\_\_ Number of Fire Places: \_\_\_\_\_

**Heating**

Type of Heat: \_\_\_\_\_

**Electrical**

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required: Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing**

- Approval of soil test if required: Yes \_\_\_\_\_ No \_\_\_\_\_
- No. of Tubs or Showers \_\_\_\_\_
- No. of Flushes \_\_\_\_\_
- No. of Lavatories \_\_\_\_\_
- No. of Other Fixtures \_\_\_\_\_

**Swimming Pools**

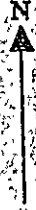
- Type: \_\_\_\_\_
- Pool Size: \_\_\_\_\_ Square Footage: \_\_\_\_\_
- Must conform to National Electrical Code and State Law.

Permit Received By: Louise E. Chase  
 Signature of Applicant: Steve W. Thomson Date: 9-25-91  
 CEO's District: 5

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO  
5 MAR. 1991

White - Tax Assessor

PLOT PLAN



**FEES (Breakdown From Front)**

Base Fee \$ 95--

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

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

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

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

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

| Inspection Record |                     | Date            |
|-------------------|---------------------|-----------------|
| Type              |                     |                 |
| <i>Contractor</i> | <i>contractor</i>   | <i>11-21-91</i> |
| <i>W.P.</i>       | <i>oil mud</i>      | <i>1-1-92</i>   |
| <i>Completion</i> | <i>Completed</i>    | <i>1-1-92</i>   |
| <i>Work</i>       | <i>done outside</i> | <i>1-1-92</i>   |
| <i>Bldg.</i>      | <i>with Manager</i> | <i>1-1-92</i>   |

COMMENTS

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 has 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.

THOMAS W. THOMSEN - WOODWARD THOMSEN CO.  
 SIGNATURE OF APPLICANT ADDRESS

798-9228  
 PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.



City of Portland  
Department of Planning and Urban Development  
Room 211 City Hall, 389 Congress Street  
Portland, Maine 04101 207-874-8300

Form 11

### HISTORIC PRESERVATION CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

granted a Certificate of Appropriateness, with conditions as indicated.  
 denied a Certificate of Appropriateness.

Historic Resource Inventory Number: \_\_\_\_\_ Assessor's Chart/Block/Lot: 47-C-35

Property Address: 206 State Street, Longfellow Commons

Applicant: (name) Tom Thomsen, Woodward Thomsen Co.  
(address) P.O. Box 10359  
Portland, ME 04104

Proposed Work (continue on back if necessary): Alterations to ground floor entries along undulating facade facing State Street and roofing and skylight alterations above same facade, per application and staff report (10-11-91).

Conditions of Approval (continue on back if necessary): None

Reasons for Denial (continue on back if necessary): \_\_\_\_\_

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance. If the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

10/25/91  
Date:

Joseph E. [Signature]  
Director of Planning and Urban Development

.....  
Staff Recommendation:

\_\_\_ Additional Information Requested (date: \_\_\_\_\_ rec'd: \_\_\_\_\_)  
 Approve. \_\_\_ Approve w/ conditions. \_\_\_ Deny. \_\_\_ No Recommendation. Date: \_\_\_\_\_  
Conditions: \_\_\_\_\_

Historic Preservation Committee Recommendation/Decision:

Required:  Yes \_\_\_ No  
 Approve. \_\_\_ Approve w/ conditions. \_\_\_ Deny. Vote: 7-0 (10-17-91)  
Condition: None

Planning Board Decision:

Required: \_\_\_ Yes \_\_\_ No  
\_\_\_ Approve. \_\_\_ Approve w/ conditions. \_\_\_ Deny. Vote: \_\_\_\_\_  
Conditions: \_\_\_\_\_

City Council Decision (Project of Special Merit):

\_\_\_ Approve. \_\_\_ Approve w/ conditions. \_\_\_ Deny. Vote: \_\_\_\_\_  
Conditions:  
\_\_\_ 1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.  
\_\_\_ 2. Developer provide full documentation of the resource, provide suitable monument.  
\_\_\_ 3. Other: \_\_\_\_\_

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

Billing for Legal  
Ads for Agenda's

Project Name: 206 State Street/York Cumberland Housing Corp.

Owner's Name: Tom Thomsen, Woodward Thomsen Co.

Address of Project: Same

Division/Board: Historic Preservation Committee

Property Owner  
Number of ~~NOTICES~~ Notices Mailed Out: 12

% Amount of Legal Ad: \$27.77

.40 X number of notices: 4.80

Total Amount Due: \$32.57

Makes checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389  
Congress Street, Portland, Maine 04101.

Bill to: Tom Thomsen  
Woodward & Thomsen Co.  
P.O. Box 10359  
Portland, ME 04104

mailed: \_\_\_\_\_



City of Portland  
 Department of Planning and Urban Development  
 Room 211 City Hall, 389 Congress Street  
 Portland, Maine 04101 207-874-8300

Form 31-88

**HISTORIC PRESERVATION  
 APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: LONGFELLOW COMMONS, 206 STATE STREET

Applicant: (name) TOM THOMSEN (telephone) 724-9298  
 (company) WOODWARD THOMSEN CO.  
 (address) P.O. BOX 10357  
PORTLAND ME 04104

Property Owner, if different: (name) YORK-JUMBELLAND HOUSING CORP.  
 (address) GEORGE MAUR  
 (telephone) 839-6516

Architect (if any): CRITERIUM - HOBNEY ENGINEERS  
 Contractor or Builder (if any): WOODWARD THOMSEN CO.

Local Designation:  within historic district: (name) \_\_\_\_\_  
 Landmark.  Contributing.  Non-contributing.

National Register Status:  Landmark.  District.  Not Applicable.

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):

ALTERATIONS TO GROUND FLOOR ENTRIES AND IMPROVING  
BE BALCONY AT THIRD FLOOR - SEE PLANS & PHOTOS  
FOR DETAILS.

Work is proposed in conjunction with:  Major site plan application.  Minor site plan application.  
 Building permit application.  None of the above.

Tom W. Thomsen  
 Applicant's Signature \_\_\_\_\_ Owner's Signature (if different) \_\_\_\_\_

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY  
 Historic Resource Inventory Number: \_\_\_\_\_ Assessor's Chart/Block/Lot: \_\_\_\_\_

Date Application Submitted: 9/26/91 Date Application Complete \_\_\_\_\_



City of Portland  
 Department of Planning and Urban Development  
 Room 211 City Hall, 389 Congress Street  
 Portland, Maine 04101 207-874-8300

Form 6.01 83

**HISTORIC PRESERVATION  
 APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: LONGFELLOW COMMONS, 206 STATE STREET

Applicant: (name) TOM THOMSEN (telephone) 724-9298  
 (company) WOODWARD THOMSEN CO.  
 (address) P.O. BOX 10359  
PORTLAND, ME 04104

Property Owner, if different: (name) YORK-CUMBERLAND HOUSING CORP.  
 (address) GORHAM MAINE  
 (telephone) 839-6516

Architect (if any): CRITERIUM MOPNEY ENGINEERS  
 Contractor or Builder (if any): WOODWARD THOMSEN CO.

Local Designation:  within historic district: (name) \_\_\_\_\_  
 Landmark  Contributing  Non-contributing.

National Register Status:  Landmark  District  Not Applicable.

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicate the proposed condition and appearance of the property thereafter):  
ALTERATIONS TO GROUND FLOOR ENTRIES AND ROOFING  
RE BALCONY AT THIRD FLOOR. SEE PLANS & PHOTOS  
FOR DETAILS.

Work is proposed in conjunction with:  Major site plan application.  Minor site plan application.  
 Building permit application.  None of the above.

Thomas W. Thomsen  
 Applicant's Signature \_\_\_\_\_ Owner's Signature (if different) \_\_\_\_\_

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

**FOR CITY USE ONLY**  
 Historic Resource Inventory Number: \_\_\_\_\_ Assessor's Chart/Block/Lot: \_\_\_\_\_  
 Date Application Submitted: 9/26/91 Date Application Complete \_\_\_\_\_