~~485~~ Cumberland Ave
483-485

A.J.S.

FINAL REPORT

.....191....

Has the work been completed in accordance with this application and plans filed and approved?

.....

Law been violated? ....Doc. No. ....of 191....

Nature of violation?.....

.....

.....

CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

December 6, 1989

Mr. Newell Porter
63 Parsons Road
Portland, ME 04101

Re: 485 Cumberland, Apt. #8

Dear Mr. Porter:

We recently received a complaint and an inspection was made by Code Enforcement Officer Merlin Leary of the property owned by you at 485 Cumberland Ave., Apt.8, Portland, Maine. As a result of the inspection, you are hereby ordered to correct the following substandard housing conditions:

1. Missing storms and screens throughout the apartment. 108-3

The above mentioned conditions are in violation of Article V of the Municipal Code of the City of Portland, Maine, and must be corrected on or before January 6, 1990

Failure to comply with this order may result in a complaint being filed for prosecution in District Court.

Sincerely yours,
Joseph E. Gray, Jr., Director of
Planning & Urban Development

By: P. Samuel Hoffses
Chief of Inspection Services

Merle Leary

Merle Leary (4)
Code Enforcement Officer
jmr

389 CONGRESS STREET • PORTLAND MAINE 04101 • TELEPHONE (207) 874-8300

Permit # 91 81 City of: Port[illegible] BUILDING PERMIT APPLICATION F[illegible] 170 Zone_____ Map #_____ Lot #_____

Please fill out any part which applies to job. [illegible] accompany form.

Owner: Newell Potter Phone #_____

Address: 63 Parsons St, Portl[illegible] 04102

LOCATION OF CONSTRUCTION 185 Cumberland Ave.

Contractor: Firestield Sprinkler System 833-3251

Address: 32 Washington Ave, Scarboro, ME 04074

Est. Construction Cost: 10,400. Proposed Use: 27-unit apt bldg

Past Use: 27-unit bldg

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L_____ W_____ Total Sq. Ft. _____

Stories _____ # Beds _____ Lot Size _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion install sprinkler system

For Official Use Only

Date 9/20/91 Zoning Fee Paid _____ Site Code _____ New Units _____ Federal Cost 10,400

Ordinance: Name _____ Date _____ Owner/Agent _____ Public _____ Private _____

Zoning: Street Frontage 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 _____ Floodplain Zoning Yes ____ No ____ Floodplain Yes ____ No ____ Special Exception _____ Other _____ Explain _____

HISTORIC PRESERVATION: Approved as submitted. Does not require review.

Foundation:
1. Type of footing _____
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 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 _____ Span(s) _____
4. Header Size _____
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 _____ Spans _____
3. Wall Covering Type _____
4. Fire Wall if repair _____
5. Other Materials _____

Ceiling:
1. Ceiling Joists Size _____ Spacing _____
2. Ceiling Sheathing Size _____
3. Type Ceiling _____ Size _____
4. Insulation Type _____
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 Required if required Yes _____ No _____
2. No. of Toilets _____
3. No. of Sinks _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:
1. Type _____
2. Size _____ x _____ Square Footage _____
3. Must Meet National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant [signature] Date 9/20/91

Chief Carlisle

CEO's Decision [signature]

CONTINUED TO REVERSE SIDE. [illegible]

White - Tax Assessor

Ivory Tag - CEO [5] [illegible]