

12 CHARLES STREET



Full cut #911 • Half cut #9202R • Third cut #9203R • Fifth cut #9205R



APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class
Portland, Maine, Dec. 3, 1965

PERMIT ISSUED

DEC 3 1965

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install 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 specification:

Location 12 Charles St. Within Fire Limits? _____ Dist. No. _____
 Owner's name and address Maine Medical Center, 22 Bramhall St. Telephone _____
 Lessee's name and address _____ Telephone _____
 Contractor's name and address Ernest Asselyn, 68 Capisic St. Telephone 772-4772
 Architect _____ Specifications _____ Plans _____ No. of sheets _____
 Proposed use of building _____ No. families _____
 Last use 1-fam. dwelling No. families 1
 Material frame _____ No. stories 1 1/2 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____ Fee \$ 5.00
 Estimated cost \$ _____

General Description of New Work

To demolish existing 1-fam. frame, 1 1/2 story dwelling
 Do you agree to tightly and permanently close all sewers connecting with public or private sewers from this bldg., under supervision and approval of Dept. of Public Works of the City of Portland? yes
 To use land for parking

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? _____
 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
 Ernest Asselyn
 Maine Medical Center

APPROVED:

J. E. Ma

CS 201

INSPECTION COPY

Signature of owner By: *Ernest Asselyn*

Mac

NOTES

12-20-65 Completed *PK*

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Permit No. 65/1336
Location 12 Chalkville
Owner Maria M. M. M. M.
Date of permit 12/3/65
Notif. closing-in _____
Inspn. closing-in _____
Final Notif. _____
Final Inspn. _____
Cert. of Occupancy issued _____
Staking Out Notice _____
Form Check Notice _____

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