PERMIT # 001681 CITY OF Portland BUILDING PERMIT APPLICATION MAP #_____ LOT# _____

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

For Official Use Only

Date 1/6/86 Subdivision: Yes / No
Inside Fire Limits _____ Name _____
Bldg Code _____ Lot _____
Time Limit _____ Block _____
Estimated Cost _____ Permit Expiration: _____
Value/Structure _____ Ownership _____ Public
Fee 35.00 _____ Private

Owner: David Wagelaare

Address: 211 Danforth Street, 774-1199

LOCATION OF CONSTRUCTION 211 Danforth Street

CONTRACTOR: Frank Fortenbad SUBCONTRACTORS: _____

ADDRESS: 2 Oakwood Dr. Buxton, Saco, 04072 929-5524

Est. Construction Cost: 2k500 Type of Use: _____

Past Use: _____

Building Dimensions L___ W___ Sq. Ft.___ # Stories:___ Lot Size:_____

Is Proposed Use:_____ Seasonal_____ Condominium_____ Apartment

_____ Conversion - Explain to put up interior partitions in basement for office space (no plumbing fixtures are going in)

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
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 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 Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

PERMIT ISSUED
JAN 8 1986
City of Portland

Roof:
1. Truss or Rafter Size _____ Span _____
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 Pool:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:
District _____ 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 _____

Permit Received By Mark Cole

Signature of Applicant David Wagelaare Date _____

Signature of CEO Mark Majaleau Date 1/6/86

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White-Tag CEO

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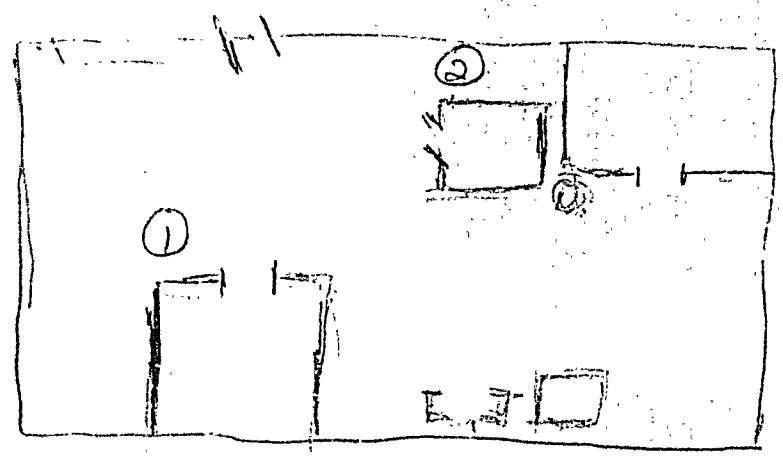
15 Mo. Insp.

MALCONIAN MKT BASEMENT.
211 DANFORTH ST.

OWNER- DAVID WAGABAZA

RECEIVED
JAN 0 6 1988
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



FOR DEPOSIT ONLY
TO THE CREDIT OF
CASCO BANK 03-030-743
BUILDING INSPECTION

SHEET ROCK FOR WALLS.
WOOD — 2x4

PERMIT # _____ CITY OF Portland BUILDING PERMIT APPLICATION MAP #_____ LOT# _____

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

Owner: David Wagob Sa

Address: 174 Danforth Street , ortland, ME 04102

LOCATION OF CONSTRUCTION: 211 Danforth street

CONTRACTOR: Suburban Propane SUBCONTRACTORS: _____

ADDRESS: Thompsons Point 04102 774 387

Est. Construction Cost: _____ Type of Use: Market - retail

Past Use: _____

Building Dimensions L___ W___ Sq. Ft.___ # Stories:___ Lot Size:_____

Is Proposed Use: _____ Seasonal_____ Condominium_____ Apartment

_____ Conversion - Explain Install 3 100-gallon propane tank.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

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: _____ must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____
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

Date: 8 February 5, 1988 Subdivision: Yes / No

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Block _____

Estimated Cost _____ Permit Expiration: _____

Value/Structure _____ Ownership: _____ Public _____ Private

Fee 35

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 _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

FEB 11 1988

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 B-1 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 Okay Inspection: Feb. 9 1988

Permit Received By _____

Signature of Applicant _____ Date _____

FPB

~~Signature of CEO~~ J.P. Collins Insp Date 2-9-88

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag -CEO

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APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. [illegible]1

Portland, Maine, February 2, 1938

FEB 10 1938

CITY [illegible]

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE #1061

The undersigned hereby applies for amendment to Permit No. #1674/8 *pertaining to the building or structure comprised in the original application 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 211 Danforth St. Portland, Maine Within Fire Limits? ..... Dist. No. .....

Owner's name and address David Magabaza 141 Nichols St. Lewiston Telephone 786-3770

Lessee's name and address ..... Telephone .....

Contractor's name and address Frank Morehead-Dirigo Refrigeration Telephone 773-4822

Architect ..... Plans filed ..... No. of sheets 1

Proposed use of building Variety Store No. families .....

Last use Variety Store No. families .....

Increased cost of work $1,000.00 Additional fee $5.00

Description of Proposed Work

To install hood and vent as per plan

Details of New Work

Is any plumbing involved in this work? No Is any electrical work involved in this work? No

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 .....

Material of underpinning ..... Height ..... Thickness .....

Kind of roof ..... Rise per foot ..... Roof covering .....

No. of chimneys ..... Material of chimneys ..... of lining .....

Framing lumber—Kind ..... Dressed or full size? .....

Corner posts ..... Sills ..... Girt or ledger board? ..... Size .....

Girders ..... Size ..... 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 .....

Approved:

..... *Signature of Owner* David Mugabaza

..... Approved: .....
Inspector of Buildings

INSPECTION COPY

FILE COPY

APPLICANT'S COPY

ASSESSOR'S COPY

PERMIT ISSUED WITH LETTER

PERMIT # 00167 CITY OF [illegible] BUILDING PERMIT APPLICATION MAP #_____ LOT# _____

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

Owner: [illegible]

Address: [illegible]

LOCATION OF CONSTRUCTION [illegible]

CONTRACTOR: [illegible] SUBCONTRACTORS: _____

ADDRESS: [illegible]

Est. Construction Cost: [illegible] Type of Use: [illegible]

Past Use: _____

Building Dimensions L____ W____ Sq. Ft.____ # Stories:____ Lot Size:_____

Is Proposed Use:_____ Seasonal_____ Condominium_____ Apartment

_____ Conversion - Explain [illegible]

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
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 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

Date [illegible]
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost [illegible]
Value/Structure _____
Fee _____

Subdivision Yes / No
Name _____
Lot _____
Block _____
Permit Expiration: _____
Ownership _____ Public
_____ Private

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

PERMIT ISSUED
JAN 11 1988

Roof:
1. Truss or Rafter Size _____ Span _____
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 Pool :
1. Type: _____
2. Pool Size : _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:
District _____ 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_____

Permit Received By_____

Signature of Applicant_____ Date _____

Signature of CEO _____ Date_____

Inspection Dates_____

White-Tax Assesor Yellow-GPCOG White Tag -CEO

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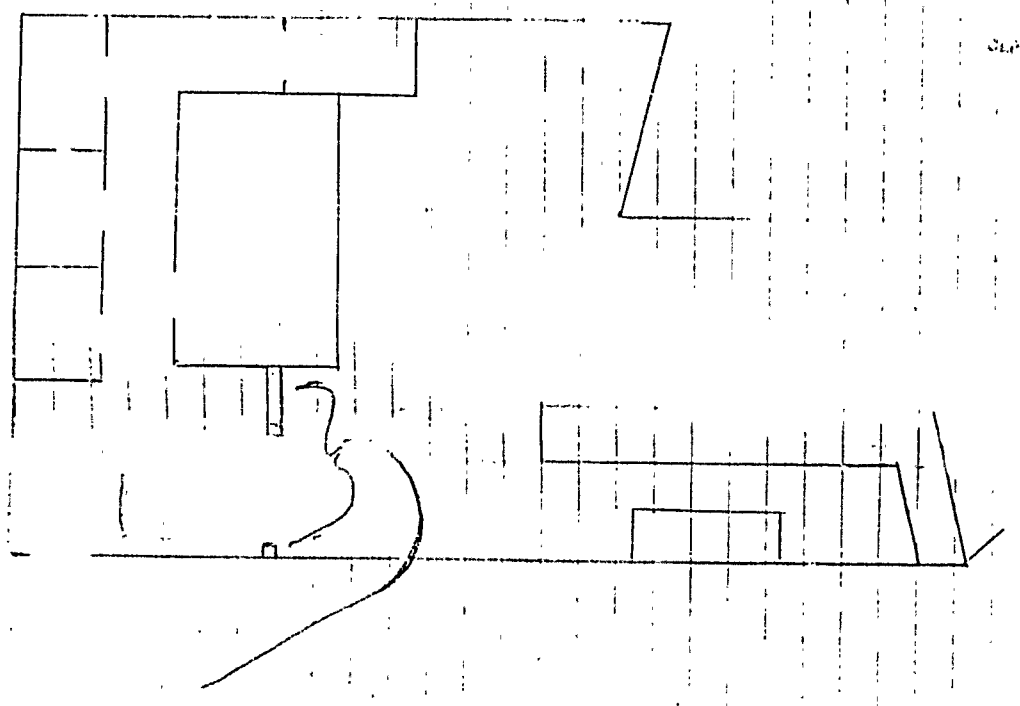
157 Main. Lear

RECEIVED
JAN 0 2 1992
BUR. OF BUILDING INSPECTIONS
CITY OF PORTLAND



WIDENING DOOR
12"

Malconian
2 feet each square

APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. [illegible] #1

Portland, Maine, February 2, 1988

FEB 10 198[illegible]

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

#1661

The undersigned hereby applies for amendment to Permit No. #1674/88 *pertaining to the building or structure comprised in the original application 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 21[illegible] Danforth St. Portland, Maine Within Fire Limits? Dist. No.

Owner's name and address David Wagabaza 141 Nichols St. Lewiston Telephone 786-3770

Lessee's name and address Telephone

Contractor's name and address Frank Morehead Dirigo Refrigeration Telephone 773-4822

Architect Plans filed No. of sheets 1

Proposed use of building Variety Store No. families

Last use Variety Store No. families

Increased cost of work $1,000.00 Additional fee $5.00

Description of Proposed Work

To install hood and vent as per plan

Details of New Work

Is any plumbing involved in this work? No Is any electrical work involved in this work? No

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

Material of underpinning Height Thickness

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining

Framing lumber—Kind Dressed or full size?

Corner posts Sills Girt or ledger board? Size

Girders Size 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

Approved:

James [illegible]

Signature of Owner [signature]

Approved: [signature] Inspector of Buildings

PERMIT ISSUED

INSPECTION COPY

FILE COPY

APPLICANT'S COPY

ASSESSOR'S COPY

BUILDING PERMIT REPORT

DATE: 2-8-88

ADDRESS: 211 Dawson St. S.F.

REASON FOR PERMIT: Install Wood Commercial Stove permit # 1671

BUILDING OWNER: David Waggoner

CONTRACTOR: Diego Bianchessi

PERMIT APPLICANT David Waggoner

APPROVED: XXX DENIED

CONDITION OF APPROVAL OR DENIAL:

1.) Installation shall comply with NFPA #96 if any grease producing appliances are placed

1661

CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

February 10, 1988

RE: 211 Danforth Street

Mr. David Wagabaza
211 Danforth Street
Portland, Maine 04102

Dear Sir:

Your application to install hood and vent has been reviewed and a permit is herewith issued subject to the following requirement:

This installation shall comply with NFPA #96 if any grease producing applicances are present.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. James P. Collins, Fire Prevention Bureau

912574

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee $35. Zone _____ Map # _____ Lot# _____

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

PERMIT ISSUED
MAY - 9 1991
CITY OF PORTLAND

Owner: Vesprecci's Phone #

Address: 211 Danforth St; Ptld, ME 04102

LOCATION OF CONSTRUCTION: 211 Danforth St.

Contractor: Northeast Pro. Is Sub.: 301-77-1252

Address: 155 No Broadway; Salem, NH Phone # ###-####

Est. Construction Cost: _____ Proposed Use: variety store

Past Use: variety store

# 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 Install three propane tanks (as one unit) (300-glas total)

For Official Use Only

Date 5/1/91 Subdivision

Inside Fire Limits Name

Bldg C. Ie Lot#

Time Limit Ownership

Estimated Cost

Zoning:

Land 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 _____ (Explain) OK 5-8-91

HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires Review.

Action: Approved.

Approved with Conditions

Denied

Date 5/8/91

Signature

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 _____ 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 Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter 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: _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By: Louise E. Chase

PERMIT ISSUED WITH REQUIREMENTS

Signature of Applicant Donald Paquette Date 5/1/91

Signature of CEO Donald Paquette Date 5-8-91

Inspection Dates _____

1912 White-Tax Assesor Yellow-GPCOG White Tag -CEO

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PLOT PLAN

N

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

FEES (Breakdown From Front)

Base Fee $ 35-
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

COMMENTS Checked & installed OK
7-11-91

Signature of Applicant Donald W. Paquette Date 5/1/91

BUILDING PERMIT REPORT

DATE: 5-2-91

ADDRESS: 211 Danforth St

REASON FOR PERMIT: 3 - 100 gal ABOVE GROUND L/P TANKS

BUILDING OWNER: Vesprucci's

CONTRACTOR: Northern Propane

PERMIT APPLICANT: Daniel Paquette

APPROVED: ~~DENIED~~

CONDITION OF APPROVAL OR DENIAL:

✓1.) All above ground L/P storage tanks shall be located in accordance with NFPA #58 standards.

✓2.) Any tank located near the path of vehicle movement shall be protected with appropriate permenant barricades.

✓3.) All piping shall be protected from possible mechanical damage and vandalism.

H.M.

Bay State / Northern Propane

ACCOUNT 4/22/91 REPRESENTATIVE Paquette DATE PROMISED 5/1/91

NAME Vesipucci's (Dave) TELEPHONE 774-1996

DELIVERY ADDRESS 211 Danforth St.

TOWN Portland STATE Me. POLE #

EQUIPMENT	CONVERSION YES OR NO	BTU's		
1) Comm. Ovens	No		NUMBER OF TANKS: 3	SIZE: 120 (AG)/UG
2) Burner Grill	No		NUMBER OF REGULATORS: 2	TYPE: High & Low
			NUMBER OF MEN: 2	EST. HOURS: 1 1/2
			NUMBER OF METERS: /	SIZE: /
			LENGTH OF PIPING: some extra 1/2" & 3/8" copper	
SQUARE FOOT. OF BUILDING:		TOTAL:	TRAILER ACCESSIBLE: YES/NO	GAS RATE: $ .91
			EST. INST. COST $ 49.95	PERMIT FEE $

INSTRUCTIONS Install (3) 120 gallon tanks in place of existing tanks. Connect to existing lines & fire up equipment. Bring Tank Dolly

IDENTIFY IN DETAIL, DIRECTIONS TO LOCATION WITH A MAP

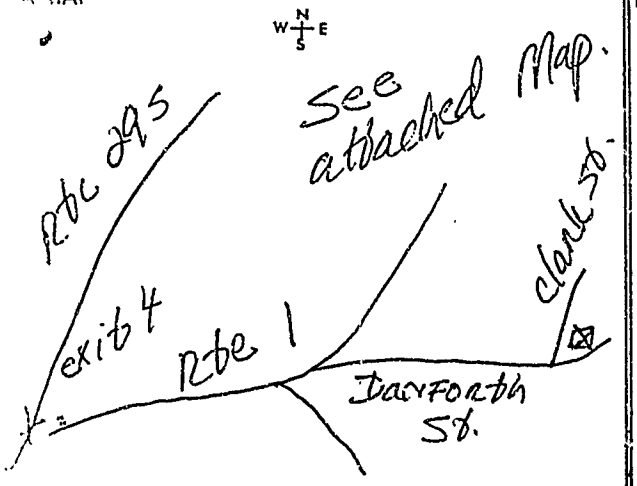
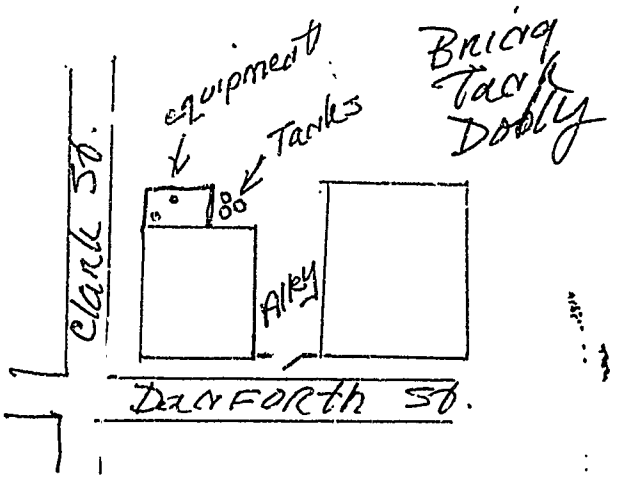


DIAGRAM OF HOUSE OR BUILDING AND DRIVEWAY, FROM STREET - BE SURE TO SHOW TANK LOCATION



AMOUNT OF INSTALLATION EXPENSE RECOUPED: $_____

VIA: GALLONS/MINIMUM/RENTAL OR OTHER _____

MANAGER'S APPROVAL DATE

LENGTH OF AGREEMENT 3 ~~months~~/years

* SUBMIT WITH SELECTIVE PRICING SHEET

WHITE- SERVICE MAN'S COPY YELLOW- OFFICE COPY PINK- SALESMAN'S COPY

Permit # 912574 City of Portland **BUILDING PERMIT APPLICATION** Fee $35. Zone_____ Map #_____ Lot# _____

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

Owner: Vesipucci's Phone #_____

Address: 211 Danforth St; Ptld, ME 04102

LOCATION OF CONSTRUCTION 211 Danforth St.

Contractor: Northern Propane Sub.: 800-225-2052

Address: 155 No Broadway; Salem, NH Phone # 03079

Est. Construction Cost:_____ Proposed Use: variety store

Past Use: variety store

# 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 I nstall three propane tanks (as one unit)

(300-glns total)

For Official Use Only

Date 5/1/91

Inside Fire Limits_____

Bldg Code_____

Time Limit_____

Estimated Cost_____

Subdivision:_____

Name_____

Lot_____

Ownership: Public

PERMIT ISSUED
MAY - 9 1991
CITY OF PORTLAND

Zoning:

W tanks set 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_____ (Explain) OK WDH 5-8-91

HISTORIC PRESERVATION
Not in District nor Landmark.
Does not require review.
Requires Review.

Action: ___ Approved.
___ Approved with Conditions.
___ Denied

Date: 5/8/91

Signature: [signature]

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_____ 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 Ceilings:_____
4. Insulation Type_____ Size_____
5. Ceiling Height:_____

Roof:

1. Truss or Rafter 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. Chase

Signature of Applicant [signature] Date 5/1/91

Signature of [illegible] Date 5-7-91

PERMIT ISSUED WITH REQUIREMENTS

Inspection Dates:_____

White-Tax Assesor Yellow-GPCOG White Tag -CEO

5 MR. 10127

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