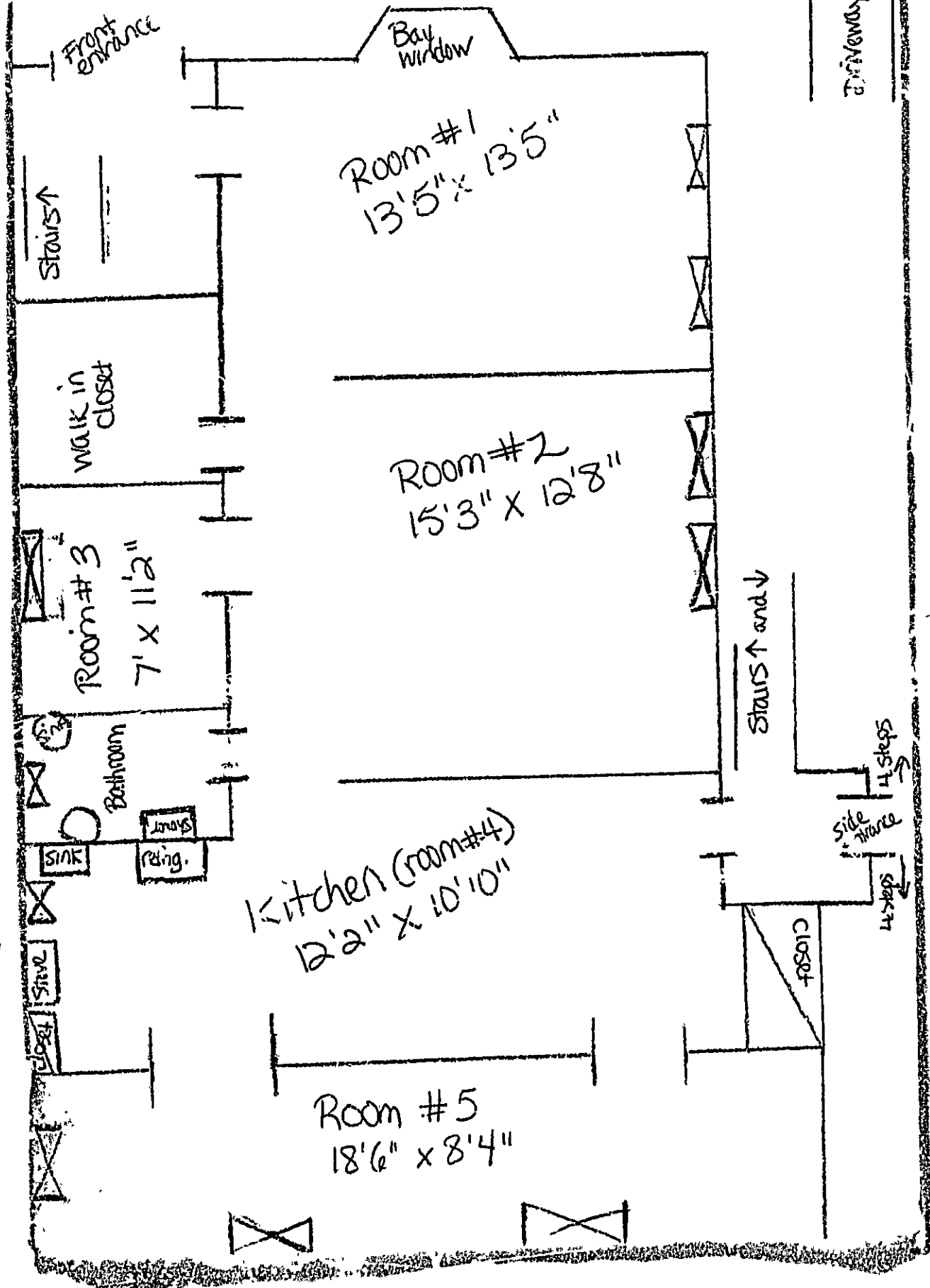


64 Clark Street



PERMIT # 1027

CITY OF Portland

BUILDING PERMIT APPLICATION

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

Owner: Todd Welch

Address: 64 Clark St. 2t

LOCATION OF CONSTRUCTION same

CONTRACTOR: Acme Builders SUBCONTRACTOR: 879-0447

ADDRESS: 32 Clark Street

Est. Construction Cost: \$13,600.00 Type of Use: 3 family

Past Use:

Building Dimensions L W Sq. Ft. # Stories: Lot Size:
Is Proposed Use: Seasonal Condominium Apartment
 Conversion - Explain interior Renovations

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:
5. Bridging Type: Spacing 16" O.C.
6. Floor Sheathing Type: Size:
7. Other Material: Size:

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 Size 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

White-Tax Assessor

Yellow-GPCOG

White Tag-CBO

MAP # LOT#

For Official Use Only

Date Accepted 10, 1988 Subdivision: Yes / No
 Inside Fire Limits Name
 Bldg Code Lot
 Time Limit Block
 Estimated Cost 13,600.00 Permit Expiration:
 Value/Structure Ownership: Public Private
 Fee 93.00

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:

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 Yes No
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.

Zoning:

District R-6 Street Frontage Req.: Provided
 Required Setbacks: Front Back Side

Review Required:

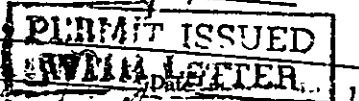
Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Conditional Use: Variance Site Plan Subdivision
 S. and Floodplain Mgmt Special Exception
 Other (Explain)
 Date Approved 8-16-88

Permit Received By J.P. Collins

Signature of Applicant J.P. Collins

Signature of CEO J.P. Collins

Inspection Dates



Copyright GPCOG 1987

934574

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25.80 Zone _____ Map # _____ Lot# _____

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

Owner: <u>West Side Day Care Ctr</u> Phone # <u>772-9817</u>	For Official Use Only Date <u>2/12/93</u> Subdivision Name <u>FEB 16 1993</u> Inside Fire Limits _____ Lot _____ Bldg Code _____ Ownership <u>CITY OF PORTLAND</u> Time Limit _____ Estimated Cost _____
Address: <u>64 Clark St- Pfld, ME 04102</u>	
LOCATION OF CONSTRUCTION <u>64 Clark St.</u>	
Contractor: _____ Sub: _____	
Address: _____ Phone # _____	Zoning: _____
Est. Construction Cost: _____ Proposed Use: <u>3-fam w day/care</u>	sign _____
_____ Past Use: <u>3-fam w day/care</u>	Direct Frontage Provided: _____
# of Existing Res. Units _____ # of New Res. Units _____	provided setbacks: Front _____ Back _____ Side _____
Building Dimensions L _____ W _____ Total Sq. Ft _____	Review Required:
# Stories: _____ # Bedrooms _____ Lot Size: _____	Zoning Board Approval: Yes _____ No _____ Date: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____	Planning Board Approval: Yes _____ No _____ Date: _____
Explain Conversion <u>erect sign - 1'x1'</u>	Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
	Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
	Special Exception _____
	Other (Explain) <u>W.D. 2-16-93</u>

57 J 17
 Foundations:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floors: prop owner: Todd Welch
 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: _____ Spacing _____ **HISTORIC PRESERVATION**
 2. Ceiling Strapping size _____ Spacing _____ **Not in District nor Landmark**
 3. Type Ceiling _____ **Does not require review**
 4. Insulation Type _____ Size _____ **Requires Review**
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ **Approved**
 2. Sheathing Type _____ Size _____ **Approved with conditions**
 3. Roof Covering Type _____ **Deny**

Chimneys:
 Type: _____ Number of Fire Places _____ **Deny**

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: Darlene Dehler Date 2/12/93

Signature of CEO: Darlene Dehler Date _____

Inspection Dates _____

934574
 Permit # 934574 City of Portland BUILDING PERMIT APPLICATION Fee \$25. An Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form

Owner West Side Day Care Ctr Phone # 772-9817
 Address: 64 Clark St- Ftld. NE 14102
 LOCATION OF CONSTRUCTION 64 Clark St.
 Contractor _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 3-fam w day/care
 Past Use: 3-fam w day/care
 # 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 erect sign - 4'x1'

For Official Use Only
 Sub-Division: _____ Name: FEB 16 1993
 Date: 2/12/93
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____
 Ownership: _____ Public: _____ Private: _____
 Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ 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) WA 1-7-2-16-93

57 J 17
 Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floors: prop owner: Todd Welsh
 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 Slab/Decking 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: _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 Historic Preservation: Not in District nor landmark. Does not require review. Require Review.

Roof:
 1. Truss or Rafter Size _____
 2. Sheathing Type _____
 3. Roof Covering Type _____
 Roof Size: _____
 Action: _____ Approved. _____ Approved with conditions.

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

Signature of Applicant [Signature] Date 2/12/93

Signature of CEO Darlene Dehler Date _____

Inspection Dates _____

White-Tax Assessor _____ Yellow-GPCOG _____ White Tag (CEQ) [3] 1/11/93 10:00
 © Copyright GPCOG 1988

PLOT PLAN

8/3- Nothing
3/31 Completed OK



FEES (Breakdown From Front)

Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

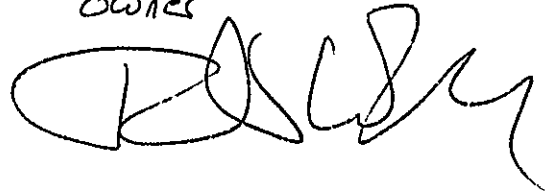
Signature of Applicant Darlene Dehler

Date 2/12/93

2-5-93

- I Todd Welsh owner of 64 Clark St
- give permission to West Side Daycare to
- Install a sign on 64 Clark St anywhere on building
- if any ~~etc~~ problem call 773-3938

OWNER



DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

R FEB 12 1993 **D**
RECEIVED

ACORD CERTIFICATE OF INSURANCE

2/12/93

PRODUCER

ANDERSON WATKINS ASSOC
674 BRIGHTON AV
PORTLAND ME 04102-1073

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

WEST SIDE DAY CARE
64 CLARK ST
PORTLAND ME 04101

- COMPANY LETTER A COMMERCIAL UNION INS CO
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF EACH POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LETTER	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/YY)	POLICY EXPIRATION DATE (MM/YY)	LIMITS
A	COMMERCIAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLIENTS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTORS PROT.	CHR363027	9/02/92	9/02/93	GENERAL AGGREGATE \$1600,000 PRODUCTS-COMP/OP AGG. \$300,000 PERSONAL & ADV. INJURY \$200,000 EACH OCCURRENCE \$300,000 FIRE DAMAGE (Any one Bx) \$100,000 MED. EXPENSE (Any one person) \$5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> GARAGE LIABILITY				COVERED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per incident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				STATUTORY LIMIT \$ EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATION/LOCATION/VEHICLE/SPECIAL TRAILER

DAY CARE

CERTIFICATE HOLDER

CITY OF PORTLAND
BUILDING INSPECTION RT 315
389 CONGRESS ST
PORTLAND MAINE 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

JOANNE DESTARDINS

Joanne Destardins

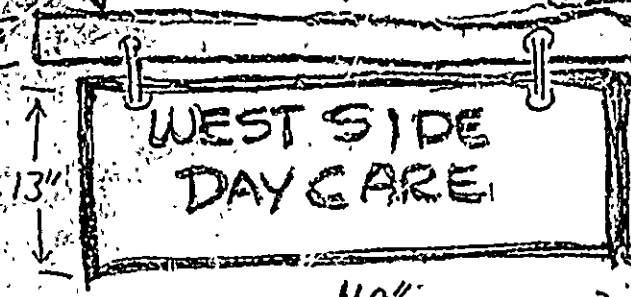
ACORD 25-3 (7/90)

ANDERSON WATKINS ASSOCIATION

6'0" ← →
5'4" ← →

72.
18
—
54

2x4



13"

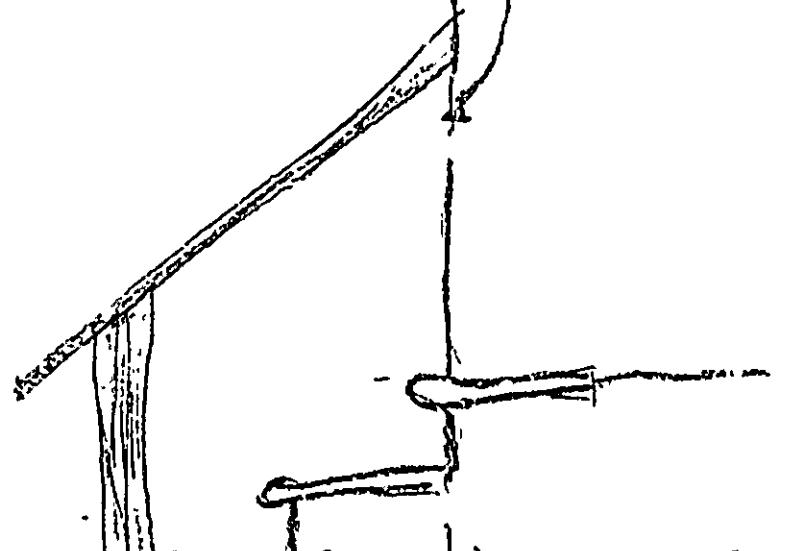
49"

13" x 49"

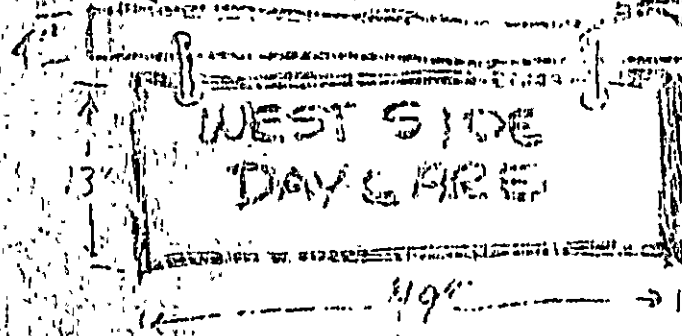
BOLTS (3)
WITH NUTS
& WASHERS

AS PER
SPECIFICATIONS

BUILD



2x4



BOLTS (3)
WITH NUTS
& WASHERS

15" x 49"

BUILD

End of Side Walk

SIDE WALK

10'-4"

SIGN HANG
DETAIL
N.T.S.