

940316

Permit # 940316 City of Portland

**BUILDING PERMIT APPLICATION** Fee 25.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_

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

Owner: Mike Conlon  
Address: Bayley's Famous Fried Clams Phone # 781-4419  
Address: 179 W. Commercial St  
Contractor: Evergreen Bldg Design  
Address: P.O. BOX 7637 Phone # 774-8287  
City: Portland, ME 04112

Est. Construction Cost: 985.00 Proposed Use: \_\_\_\_\_  
# of Existing Res. Units \_\_\_\_\_ Past Use: \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
# Stories: \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion: Erect Information Center w/ext reno

**For Official Use Only**  
Date: 20 April 1994 Subdivision: \_\_\_\_\_  
Inside Fire Limits \_\_\_\_\_ Name: \_\_\_\_\_  
Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_  
Estimated Cost \_\_\_\_\_  
Zoning: \_\_\_\_\_

**PERMIT ISSUED**  
APR 25 1994  
CITY OF PORTLAND

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 \_\_\_\_\_  
Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other (Explain) \_\_\_\_\_

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

**Floors:**  
1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
2. Girder Size: \_\_\_\_\_  
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
4. Joists Size: \_\_\_\_\_ Spacing 16" G.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 \_\_\_\_\_  
10. Masonry Materials \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
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 \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_

**Roof:**  
1. Truss or Rafter Size \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Span \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_ Size \_\_\_\_\_  
**Chimneys:** Type: \_\_\_\_\_ Date: \_\_\_\_\_  
Heating: Type of Heat: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
Signature: \_\_\_\_\_

**Electrical:** Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_  
**Plumbing:** 1. Approval of all test if required \_\_\_\_\_  
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: \_\_\_\_\_  
3. Must conform to National Electrical Code and State Law \_\_\_\_\_  
Square Footage \_\_\_\_\_

Permit Received By: Mary Greik  
Signature of Applicant: Mike Conlon Date: 20 Apr 94  
CEO's District: 3 Mike Conlon

White - Tax Assessor

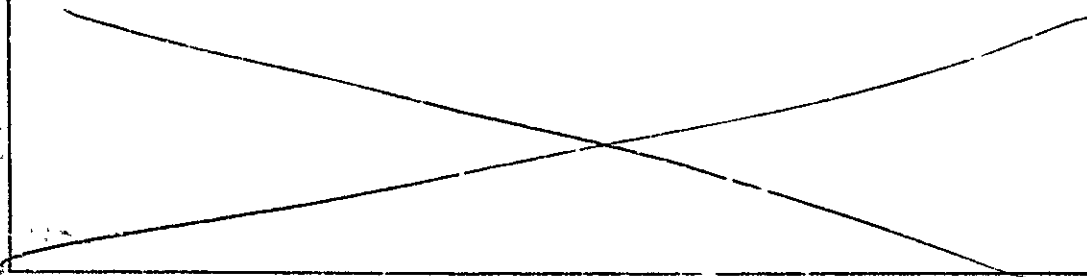
CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO

[3] Ms. P. 1154

**FLOT PLAN**

7/20 Progress going well.

8/16 Deck completed - Information Ctr completed.

N  
▲

FEES (Breakdown From Front)		Inspection Record	
	Type	Date	
Raise Fee \$ _____	_____	____/____/____	____/____/____
Subdivision Fee \$ _____	_____	____/____/____	____/____/____
Site Plan Review Fee \$ _____	_____	____/____/____	____/____/____
Other Fees \$ _____	_____	____/____/____	____/____/____
(Explain) _____	_____	____/____/____	____/____/____
Late Fee \$ _____	_____	____/____/____	____/____/____

**COMMENTS**


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**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 comply with 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.

  
 SIGNATURE OF APPLICANT

ADDRESS

PHONE NO

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO

1. Pressure treated lumber on concrete islands.
2. The structure will consist of pressure treated lumber and pipe, will be completely self contained unit.
3. Complete road off so no access to site
4. Complete way of portland. (Commercial to Cumberland)
5. (Self contained information) providing information to local and Town.

Cost. \$985 -

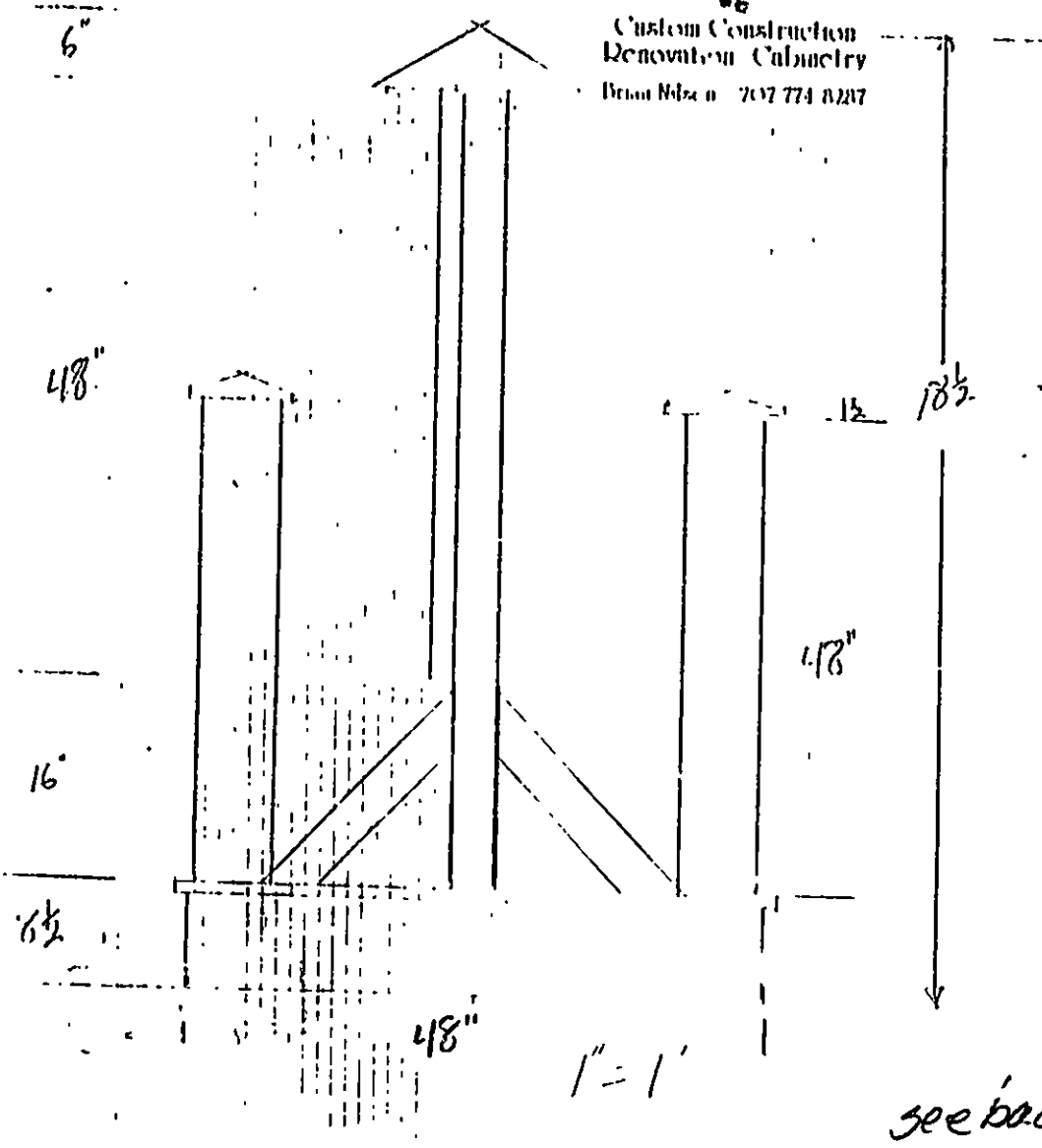
DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
APR 10 1954  
RECEIVED



**Evergreen**  
Building & Design, Inc.

P.O. Box 7637  
Portland, Maine 04112

Custom Construction  
Renovation Cabinetry  
Brian Nelson 707 774 8287





**Evergreen**

Building & Design, Inc.

P.O. Box 7057  
Portland, Maine 04112

Custom Construction  
Renovation Cabinetry

Diana Wilson 207-734-8787

RECEIVED  
OFFICE

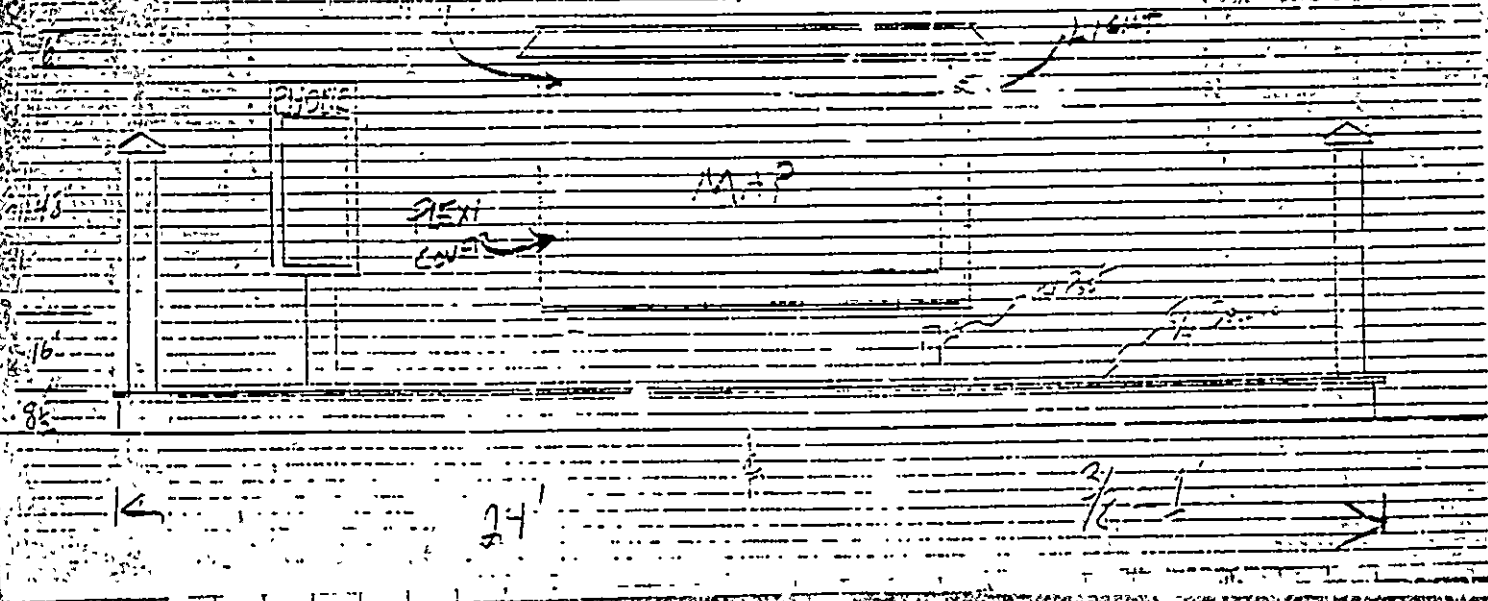
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APR 20 1984

RECEIVED

64 PLYQUES "4x4"

96"

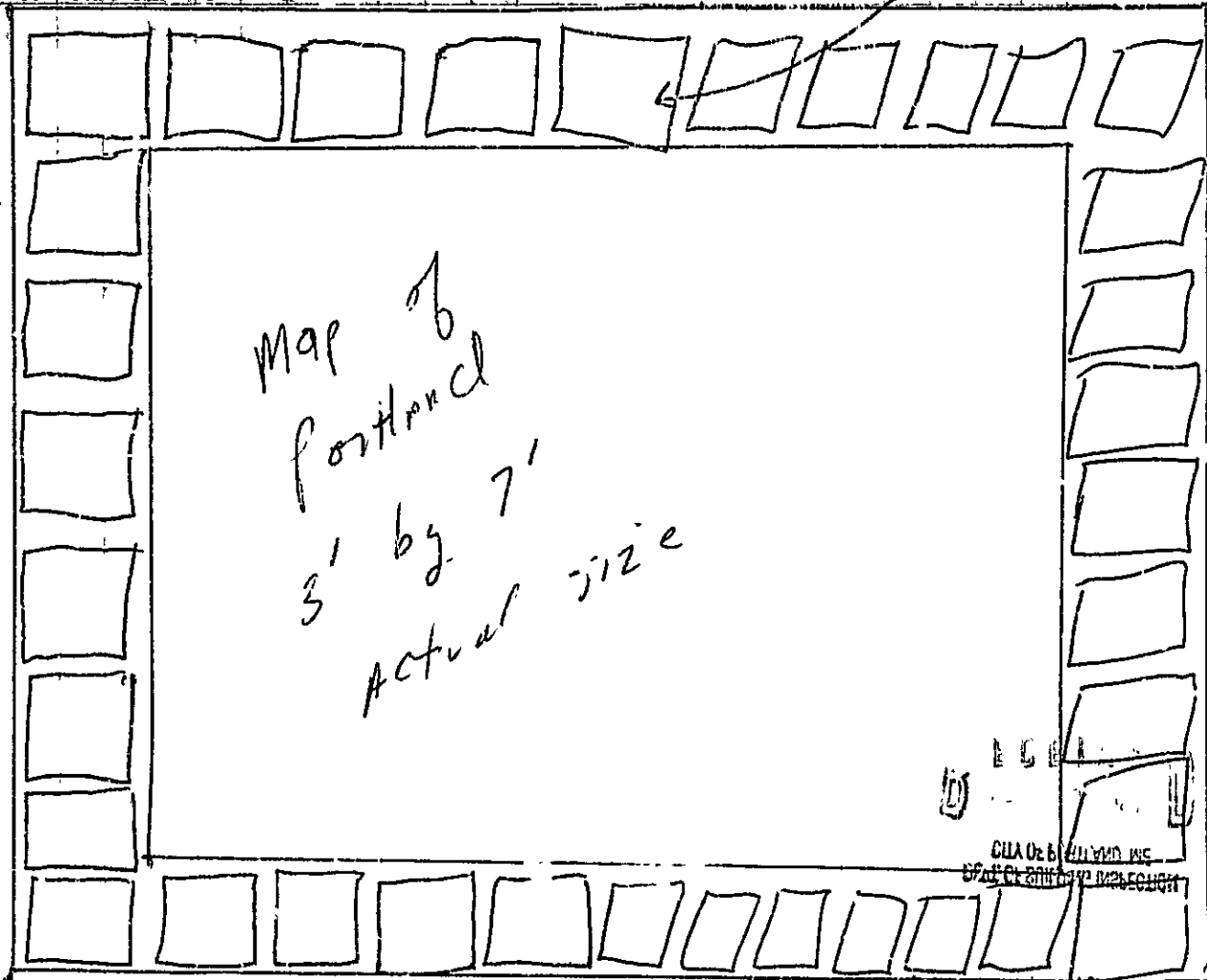


THERE WILL BE 60 COMPANIES  
NAMES AROUND THE MAP

Each square will be  
(40 by 40 in size) Black  
BRASS PLAQUE WITH GOLD  
LETTERING

8' Information Center

4'



Map of  
Portland  
3' by 7'  
Actual size

CILA O&B  
STATE OF MICHIGAN

Plaque Size

4" by 4" Black PANS with  
Gold lettering very low key.

BECKING

CITY OF BOULDER CO. NE  
DEPT OF BUILDING INS. & PLAN

Permit # **940316** of Port and **BUILDING PERMIT APPLICATION** Fee **25.00** Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: **Mike Conlon** Phone # **781-419-~~XXXX~~ 3011**  
 Address: **Benny's Famous Fried Clams 199 W. Commercial St**

LOCATION OF CONSTRUCTION **179 W. Commercial St**

Contractor: **Evergreen Bldg Design**  
 Address: **P.O. box 7637 Portland, ME 04112** Phone # **774-8287**

Est. Construction Cost: **985.00** Proposed Use: \_\_\_\_\_

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
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Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion: **Erect Information Center w/ext reno**

**For Official Use Only**

Date: **20 April 1994**  
 Inside Fire Limits: \_\_\_\_\_  
 Bltg Code: \_\_\_\_\_  
 "New LL" etc.: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_

Subdivision: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Lot: \_\_\_\_\_  
 District: **CITY OF PORTLAND**

**PERMIT ISSUED**  
**APR 23 1994**

Zoning: **W.P.D.R.**  
 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 \_\_\_\_\_  
 Extended Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yr \_\_\_\_\_ No \_\_\_\_\_  
 Social Exception \_\_\_\_\_  
 Other: **(See plan)**

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

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span Action: **Approved**  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_

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

**Heating:**  
 Type of Heat: \_\_\_\_\_

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

Permit Received By: **Mary Grell**  
 Signature of Applicant: **Mike Conlon** Date: **20 Apr 94**  
 CEO's District: **3** Mike Conlon

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO **[3] Mrs. Mans...**

White - Tax Assessor