

15-17 CARROLL STREET

SHAW-WALKER

Call cut # 820R - Mail cut # 8202R - Third cut # 8203R - Fifth cut # 8205R



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, October 2, 1962

ISSUED 01268 CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland and the following specifications:

Location 15 Carroll St. Use of Building Dwelling No. Stories 2 Max Building Existing " Name and address of owner of appliance Louis B Wilkins, 15 Carroll St. Installer's name and address Ballard Oil & Equipment Co. 135 Marginal Way Telephone 2-1991

General Description of Work

To install Oil burning equipment in connection with existing steam heat.(replacement)

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Kind of fuel? Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion

IF OIL BURNER

Name and type of burner Waltham-gunttype Labelled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Size of vent pipe 1 1/2" Location of oil storage existing Number and capacity of tanks 275 existing Low water shut off yes Make McD-Miller No 67 Will all tanks be more than five feet from any flame? yes How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 2.00 (\$2.00 for one heater etc., \$1.00 additional for each additional heater, etc., in same building at same time.)

APPROVED: ON-10/2/62-ajl

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

Ballard Oil & Equipment Co.

CS 300

INSPECTION COPY

Signature of Installer

by: [Signature]

724

10.23

Permit No. 62/1268

Location 15 Chouteau St

Owner James S. Williams

Date of permit 10/2/16

Approved (1) J.P. 62/1268

NOTES

1	10/2/16	15 Chouteau St	James S. Williams	J.P. 62/1268
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Location, ownership and detail must be correct, complete and legible. Separate application required for every building. Plans must be filed with this application.

**APPLICATION FOR PERMIT TO BUILD**  
(3D CLASS BUILDING)

Portland, Me., June 4, 1924 19

TO THE  
INSPECTOR OF BUILDINGS

The undersigned hereby applies for a permit to build, according to the following Specifications:-

Plans must be submitted in duplicate, one set to be filed with the Department and the duplicate set thereof (bearing the approval of the Inspector of Buildings) shall be kept on the work and exhibited on demand.

Location 15 Carroll Street Ward 7 Fire Limits? no  
 Name of owner is? Miss Marguerite Burnet Address New Jersey  
 Name of mechanic is? A Rumery Co Address 537 Congress Street  
 Name of architect is? \_\_\_\_\_ Address \_\_\_\_\_  
 Proposed occupancy of building (purpose)? dwelling (brick)  
 If a dwelling or tenement house, for how many families? 1  
 Are there to be stores in lower story? \_\_\_\_\_  
 Size of lot, No. of feet front? \_\_\_\_\_; No. of feet rear? \_\_\_\_\_; No. of feet deep? \_\_\_\_\_  
 Size of building, No. of feet front? 26ft; No. of feet rear? 26ft; No. of feet deep? 35ft  
 No. of stories, front? 2; rear? \_\_\_\_\_  
 No. of feet in height from the mean grade of street to the highest part of the roof? 28ft  
 Distance from lot lines, front? \_\_\_\_\_ feet; side? \_\_\_\_\_ feet; side? \_\_\_\_\_ feet; rear? \_\_\_\_\_  
 Firestop to be used? yes  
 Will the building be erected on solid or filled land? solid  
 Will the foundation be laid on earth, rock or piles? \_\_\_\_\_  
 If on piles, No. of rows? \_\_\_\_\_ distance on centres? \_\_\_\_\_ length of? \_\_\_\_\_  
 Diameter, top of? \_\_\_\_\_ diameter, bottom of? \_\_\_\_\_  
 Size of posts, 4 x 6 Studding 2 x 4 16 O. C Sills 4 x 8 Roof Rafters 2 x 6 24 O. C. Girders 6 x 8  
 Size of girts 4 x 4  
 Size of floor timbers! 1st floor 2x8, 2d 2x8, 3d \_\_\_\_\_, 4th \_\_\_\_\_  
 O. C. " " " 16, 2d \_\_\_\_\_, 3d \_\_\_\_\_, 4th \_\_\_\_\_  
 Span " " " not over 16ft, 2d \_\_\_\_\_, 3d \_\_\_\_\_, 4th \_\_\_\_\_  
 Will the building be properly braced? yes. Bridging in every floor span over 8ft  
 Building, how framed? brick, 8 in wall  
 Material of foundation? stone thickness of? 18in laid with mortar? yes  
 Underpinning, material of? concrete height of? 3ft thickness of? 8in  
 Will the roof be flat, pitch, mansard or hip? pitch Material of roofing? asphalt  
 Will the building be heated by steam, furnaces, stoves or grates? steam Will the flues be lined? yes  
 Will the building conform to the requirements of the law? yes  
 Means of egress? \_\_\_\_\_

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK

If the building is to be occupied as a Tenement House, give the following particulars

What is the height of cellar or basement? \_\_\_\_\_  
 What will be the clear height of first story? \_\_\_\_\_ second? \_\_\_\_\_ third? \_\_\_\_\_  
 State what means of egress is to be provided \_\_\_\_\_  
 Scuttle and stepladder to roof? \_\_\_\_\_

Estimated Cost,

\$ 13,000.

Signature of owner or authorized representative,

F. H. Rumery Co  
 Address, 537 Congress St  
 Received by: A. J. Bird

Plans submitted? \_\_\_\_\_

1, Carroll Street

BRAMHALL

SHAW-WALKER  
#8504 DR

1  
1  
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June 22, 1967

Mr. Louis Wilkins  
15 Carroll Street  
Portland, Maine

Mr. Wilkins:

Photos  yes  no

Date 6-19-67

Proj. No. C.I. Bramhall Ass'ts Zone Zone Viol

Stores 2 B RV ASD SAR SVA NA ST P Com. Units Rmg Units Dwl. Units

LOCATION	15 Carroll St	COMP
OWNER AGENT		WEND
OWNER AGENT	Louis Wilkins	
OWNER AGENT	Same	
OWNER AGENT		YTS

Occupants	Information	Occupancy		Facilities				Violations										
		LOC	RENT	FURN	WX	RMS	PER		ALL'D	LGRS	HEAT	BATH	FLSH	K	SK	H.W.	CK'G	
1																		
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### STRUCTURE SCHEDULE

STRUCTURE RATING

<b>YARD</b> <input type="checkbox"/> GARBAGE & RUBBISH <input type="checkbox"/> CONTAINERS COMPLY <input type="checkbox"/> DRAINAGE <input type="checkbox"/> ZONE VIOL. <b>STRUCTURE EXTERIOR</b> <input type="checkbox"/> STEPS, STAIRS, PORCHES <input type="checkbox"/> FOUNDATION <input type="checkbox"/> WALLS <input type="checkbox"/> WINDOWS, DOORS <input type="checkbox"/> ROOF, DRAINS <input type="checkbox"/> OUT BUILDINGS <b>INFESTATION</b> <input type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> OTHER (SPECIFY) <b>EGRESS</b> <input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OBST'N	<b>STRUCTURE INTERIOR</b> <input type="checkbox"/> HALL OBST'N <input type="checkbox"/> HALL LIGHTING <input type="checkbox"/> HALL FLOOR WALLS CEILING <input type="checkbox"/> STAIRWAYS <input type="checkbox"/> WINDOWS, AIRSHAFF <input type="checkbox"/> ELECT. WIRING <input type="checkbox"/> HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> STACKS FLUES, VENTS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> EQUIPMENT, REPAIR <b>PLUMBING</b> <input type="checkbox"/> SUPPLY LINE <input type="checkbox"/> WASTE LINE <b>BASEMENT</b> <input type="checkbox"/> GEN'L SANIT'N <input type="checkbox"/> DAMPNES R <input type="checkbox"/> O <input type="checkbox"/> STAIRS <input type="checkbox"/> LIGHTING <b>BASE DWL. UNIT</b> <input type="checkbox"/> MIN 7' x 3' <input type="checkbox"/> DAMPNES <input type="checkbox"/> RI <input type="checkbox"/> O <input type="checkbox"/> WINDOW 1/12 x 6" <input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO <b>PROHIBITED COMB'N USE</b> <input type="checkbox"/> ASSOC. USE HAZARDOUS <input type="checkbox"/> HAZARDOUS VENTS
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Remarks: *OK*

Inspector: *apo*

Portland Health Dept. CS-8

*NONE*

Photos  Yes  No  
 Proj. No.

Bram

Date 6-19-67

CROWDING	LOCATION <u>15 Carroll St</u>	COMP.
SANIT	D U LOC <u>1st &amp; 2nd Floors</u>	PERS.
INFEST.	OCCUPY <u>LOUIS WILKINS</u>	
BASE D.L.	OTHER	YES
DET'N	ADDRESS	

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities					Violations
			BATH	FLSH	K SK	H W.	CK'G	
	LOC. RENT FURN. WK. I. RMS	PER. ALL'D LGRE PFAT						
<u>Louis Wilkins</u>		<u>7</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
2.								
3.								
4.								

	KIT. MEN	BATH	TOILET	DINING	Liv Room	Son Room	BED	BED	BED	OTHER	TOTAL
OVERCROWDING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
65' - 7'											
50 SLEEP'G											
VEN. FLATION											
1/2 X 17											
LIGHTING											
WIRING											
DET. RN											
WALLS											
CEILING											
WINDOWS											
DOORS											
FLOOR											

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLDB. SERV'L
- HEATING
- STACKS, FLUES, VENTS
- HT'S VENTED, REPR
- BATHING FACILITIES
- SHARED MAX. 4DU
- RMS U. 1 PER 15
- MIN. 7" STDS HT.
- VENT'LN
- PROPER ACCESS
- PLD'G
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 CJ
- RMS U. FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLD'G
- SANIT'N
- INFESTATION
- RATS  M  D  C
- OTHER (SPECIFY)
- EGRESS
- DUAL  YES  NO
- ORBT'N

Remarks

OK

OK

Portland Health Dept.  
CS-7

Inspector 970