

3 CARROLL STREET

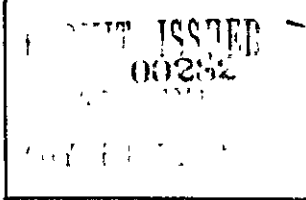
STAMMERS
#0203-3R



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, March 14, 1949



To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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 3 Carroll St. Use of Building Dwelling No. Stories 3 New Building Existing " x
Name and address of owner of appliance Brooks Whitehouse, 3 Carroll Street
Installer's name and address Johnson Automatic Heat, 15 Brackett Telephone 3-2662

General Description of Work

To install H.G. Little conversion burner in existing gravity hot water

IF HEATER, OR POWER BOILER

Location of appliance or source of heat Type of floor beneath appliance
If wood, how protected? Kind of fuel
Minimum distance to wood or combustible 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

IF OIL BURNER

Name and type of burner H.G. Little conversion Labelled by underwriter's 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
Location of oil storage Basement Number and capacity of tanks 1 - 275 gal.
If two 275-gallon tanks, will three-way valve be provided?
Will all tanks be more than five feet from any flame? Yes How many tanks fire proofed?
Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Kind of fuel Type of floor beneath appliance
If wood, how protected?
Minimum distance to wood or 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?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

[Blank lines for miscellaneous information]

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED: [Signature]
OK. 3-14-49 [Signature]

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

INSPECTION COPY

Signature of Installer

JOHNSON AUTOMATIC HEAT

[Signature]

Permit No. 49/282

Location 3 Carroll St

Owner Charles Whitehouse

Date of permit 3/15/49

Approved J. S. 4/9 Frank

NOTES

1	Full Pipe	<input checked="" type="checkbox"/>
2	Year Pipe	<input checked="" type="checkbox"/>
3	Kind of Material	<u>Cast Iron</u>
4	Distance from curb & supports	<u>10 ft</u>
5	Name of Inspector	<u>J. S. Frank</u>
6	Block	<u>100</u>
7	Sheet	<u>100</u>
8	Street	<u>Carroll</u>
9	City	<u>Cambridge</u>
10	State	<u>Mass</u>
11	Kind of Work	<u>Excavation</u>
12	Time of Day	<u>8:00 AM</u>
13	Day of Week	<u>Wed</u>
14	Year	<u>1949</u>
15	Inspector	<u>J. S. Frank</u>
16	Inspector's Office	<u>City of Cambridge</u>



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 18 November 1954

PERMIT ISSUED

NOV 24 1954

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 3 Carroll Street Use of Building residence No. Stories 2
Name and address of owner of appliance Mr. Edward Robinson, c/o W. E. Hunton Co. 652 Congress St.
Installer's name and address Ballard Oil & Equip. Co. 135 Marginal Way Telephone 2-1991

General Description of Work

To install conversion oil burner in existing gravity hot water boiler to replace H. C. Littlepot type burner, existing tank and existing wiring.

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?

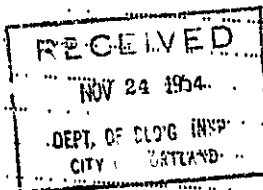
IF OIL BURNER

Name and type of burner Ballard Model DHP gun type Labelled by underwriters' laboratories? Yes
Will operator be always in attendance? No Does oil supply line feed from top or bottom of tank? existing tank
Type of floor beneath burner concrete Size of vent pipe 1 1/4" existing
Location of oil storage basement, existing Number and capacity of tanks 1 - 275 existing
Low water shut off not required Make No
Will all tanks be more than five feet from any flame? Yes How many tanks enclosed? None
Total capacity of any existing storage tanks for furnace burners None

IF COOKING APPLANCE

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 smoke pipe
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., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED [Signature] 11/24/54

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

BALLARD OIL & EQUIPMENT CO.

INSPECTION COPY

Signature of Installer Richard J. Cole, Mgr. OB Dept.

C17-254-1M MAR 54

913046

Permit # 913046 City of Portland BUILDING PERMIT APPLICATION Fee \$40. Zone _____ Map # _____ Lot# _____

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

Owner: Mrs. Charles E. Lord Phone # 773-1659
 Address: 3 Carroll St; Pctd, ME 04102
 LOCATION OF CONSTRUCTION 3 Carroll St.
 Contractor: R & H Bldrs, Inc Sub: 892-3463
 Address: Box 790; Windham, ME 04062 Phone # _____

Est. Construction Cost: 3500. Proposed Use: 1-fam w bulkhd rep Zoning: _____
 Part Use: 1-fam
 # 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 Replace bulkhead - exact specs of existing
 (for repair) bulkhead

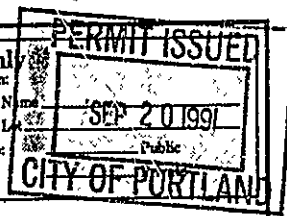
Foundations:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" 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 2x4 Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only
 Date 9/13/91 Subdivision: _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Ownership: _____
 Time Limit _____ Estimated Cost: 3500.



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) WDA 9-19-91

Ceiling: **HISTORIC PRESERVATION**
 1. Ceiling Joists Size: _____
 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 _____ Action: Approved
 2. Sheathing Type _____ Size _____ Approved with Conditions
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____ Date: 9/13/91

Heating:
 Type of Heat: 13 wood stoves

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 David Redlon Date 9/13/91

CEO's District 3 David Redlon

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO 12 MRS LOR

White - Tax Assessor

PLOT PLAN

10/11 work completed




FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	40-			/ /
Subdivision Fee \$				/ /
Site Plan Review Fee \$				/ /
Other Fees \$				/ /
(Explain)				/ /
Late Fee \$				/ /

COMMENTS

CERTIFICATION

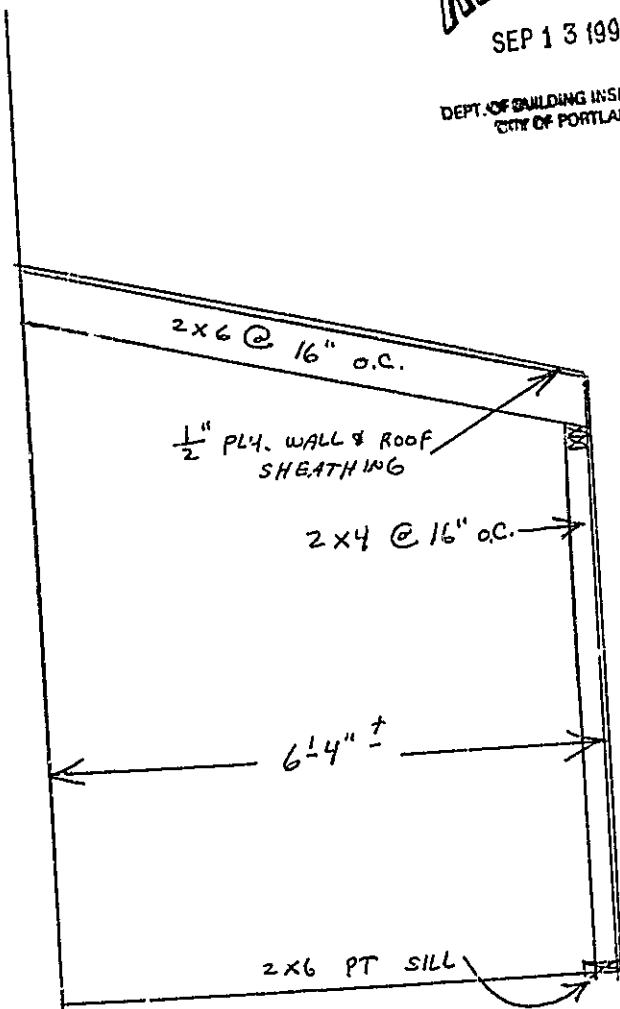
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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 892-3463
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO _____

RECEIVED

SEP 13 1991

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



3 Carroll

RECEIVED

SEP 13 1991

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

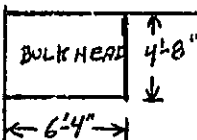
CARROLL ST.

3 CARROLL ST.

EXISTING
RESIDENCE

EXISTING
RESIDENCE

THOMAS ST.



913046

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$40. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mrs. Charles E. Lord Phone # 773-6659
Address: 3 Carroll St; Ptld, ME 04102
LOCATION OF CONSTRUCTION 3 Carroll St.
Contractor: P & H Bldrs, Inc Sub: 892-3463
Address: 30x790; Windham, ME 04062 Phone # _____
Est. Construction Cost: 3500. Proposed Use: 1-fam w bulkhd rezoning
Past Use: 1-fam
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 Replace bulkhead - exact specs of existing
(for repair) bulkhead

For Official Use Only
Date 9/13/91 Subdivision Name SEP 20 1991
Inside Fire Limits _____
Eldg Code _____ Ownership _____
Time Limit _____
Estimated Cost 3500
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 (R. plain) _____

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" 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 Size _____ 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 Size _____ 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 _____ Action: _____ Approved.
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys
Type: _____ Number of Fire Places _____
Date: 9-13-91
Signature: [Signature]

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 F. Chase

Signature of Applicant David Redlon Date 9/13/91

CEO's District 3 David Redlon

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO [Signature] MRS LORDE

White - Tax Assessor

3 Carroll Street

BRAMHALL

STANDARD
8503-31

November 8, 1967

Mr. Charles E. Lord
3 Carroll Street
Portland, Maine

Dear Mr. Lord:


Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,


Gordon E. Martin
Housing Supervisor

GLS:ac

Enclosure

3 Carroll Street

Area: Bramhall

Survey Date: October 30, 1967

Dwelling Units: 1

Owner: Mr. Charles E. Lord
3 Carroll Street
Portland, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Determine the reason and remedy the condition which causes the ceilings to leak on the second and third floors.
- b. Have the roof and the skylight checked for leakage.

Photos yes no
 Proj. No.

Date 30 OCT 67

BRAMHALL

DWELLING UNIT SCHEDULE

CROWDING	LOCATION	3 CARROLL	COMP.
SANIT.	D U LOC.	SINGLE	PEND.
INVEST.	OCCUPY	CHARLES LOAD	
BASE D.U.	OWNER	II II	
DET'N	AGENT		
	ADDRESS	SAME	YR

Occupants	Information	Occupancy	Facilities	Violations
1	LOC. RENT FURN. WK. I. RMS	PER ALL'D LORS NEA'	BATH FLSH K.SK H.W. CK'G	
CHARLES LOAD (3)	94-19-17	9	5/14/0	SOP P L L L L L
2.				
3.				
4.				

	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	LIVING ROOM	OTHER	TOTAL
OVERCROWDING 85 - 7'	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
50 SLEEP'G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VENTILATION 1/12 x 1/2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LIGHTING WIRING	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DET'N WALLS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CEILINGS	✓	✓	✓	✓	①	②	③	④	✓	✓	✓	✓
WINDOWS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FLOORS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

FLSH. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'S VENTED, REP'N

BATHING FACILITIES

SHARED MAX. 40U

RMS U. 1 PER 15

MIN. 7' STDB HT.

VENT'LN

PROPER ACCESS

FLR'S

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMS U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

FLR'S

SANIT'N

INFESTATION

RATS R O: C

OTHER (SPECIFY)

EGRESS

EQUAL YES NO

OBS'N

Remarks ① CEILING LEAKAGE ON SECOND FLOOR REAR.
 ② ③ ④ CEILING LEAKAGE THROUGH OUT THIRD FLOOR BEDROOMS - REPORTED CAUSE DUE TO ROOF AND SKY LIGHT.

Portland Health Dept.
 CS-7

Inspector Mark Stough