

104 NEAL STREET



Full cut # 920R - Half cut # 9202R - Third cut # 9203R - Film cut # 9204R

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER **1812**

Date Issued **1-24-79**
 Portland Plumbing Inspector
 By **ERNOLD R GOODWIN**

Address **101 Neal Street**
 Installation For **multi - 2 family**
 Owner of Bldg: **Chris Libby**
 Owner's Address **same**
 Plumber: **Dan H. Stanford - 100** Date **1-24-79**
 NO. **177**

App. First Insp.
 Date
 By
 App. Final Insp.
 Date
 By
 Type of Bldg.
 Commercial
 Residential
 Single
 Multi Family
 New Construction
 Remcdeling

JAN 25 1979
ERNOLD R. GOODWIN
 CHIEF PLUMBER INSPECTOR

NEW	REPL		NO.	PRICE
xx		SINKS Revere St.	1	2.00
	*	LAVATORIES	1	2.00
	*	TOILETS	1	2.00
		BATH TUBS		
	*	SHOWERS	1	2.00
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS Dane Co		5.00
		DISHWASHERS		
		OTHER		
TOTAL				11.00

Building and Inspection Services Dept.; Plumbing Inspection



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 11-6-78, 19
 Receipt and Permit number A 13134

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 104 Neal St.
 OWNER'S NAME: Libby, Francisco & VanD ADDRESS: same

OUTLETS:		FEE
Receptacles <u>28</u>	Switches _____ Plugmold _____ ft. TOTAL _____	3.00
FIXTURES: (number of)		
Incaandescent _____	Flourescent _____ (not strip) TOTAL _____	
Strip Flourescent _____ ft.		
SERVICES:		
Overhead _____	Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____		
MOTORS: (number of)		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws _____	Over 20 kws _____	
APPLIANCES: (number of)		
Ranges _____	<u>1</u> Water Heaters _____	
Cook Tops _____	Disposals _____	
Wall Ovens _____	Dishwashers _____	
Dryers _____	Compactors _____	
Fans _____	Others (denote) _____	
TOTAL _____		1.50
MISCELLANEOUS: (number of)		
Branch Panels <u>1</u>		1.00
Transformers _____		
Air Conditioners Central Unit _____		
Separate Units (wind vs) _____		
Sigs 20 sq. ft. and under _____		
Over 20 sq. ft. _____		
Swimming Pools Above Ground _____		
In Ground _____		
Fire/Burglar Alarms Residential _____		
Commercial _____		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	over 30 amps _____	
Circus, Fairs, etc. _____		
Alterations to wires _____		
Repairs after fire _____		
Emergency Lights, battery _____		
Emergency Generators _____		
	INSTALLATION FEE DUE:	5.50
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
	TOTAL AMOUNT DUE:	5.50

INSPECTION:
 Will be ready on _____, 19__; or Will Call
 CONTRACTOR'S NAME: Roy Gregor
 ADDRESS: 123 Skillings St.
 TEL.: 774-4919
 MASTER LICENSE NO.: 1532 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 13134

Location 104 WALK ST.

Owner LESLIE FRANSISCO & SONS

Date Permit 11-6-78

Final 5-9-79

By Ins. HERRICK

Permit Application Register Page No. 2

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 11-14-78 by Ribby

PROGRESS INSPECTIONS: 12-4-78 / _____

3-6-79 / _____

5-9-79 / _____

_____ / _____

_____ / _____

_____ / _____

CODE COMPLIANCE COMPLETED DATE 5-9-79

DATE:	REMARKS:

[Handwritten scribbles]



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP B.O.C.A. TYPE OF CONSTRUCTION 0 0707

AUG 10 1978

ZONING LOCATION PORTLAND, MAINE, Aug. 10, 1978

CITY of PORTLAND

To the DIRECTOR OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 104 Neal Street Fire District #1 [] #2 []
1. Owner's name and address Chris Libby, Jane Francisco, Samuel Van... Telephone 772-6483.
2. Lessee's name and address business phone Chris Libby-774-6016... Telephone
3. Contractor's name and address Owners... Telephone
4. Architect Specifications Plans No. of sheets
Proposed use of building 2 family No. families
Last use 1 family No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 2,000 Fee \$ 8.00

FIELD INSPECTOR-Mr. GENERAL DESCRIPTION

This application is for: @ 775-5451
Dwelling Ext. 234
Garage
Masonry Bldg.
Metal Bldg.
Alterations
Demolitions
Change of Use
Other

Change of use from 1 family to 2 family with alterations as per plans, 5 sheets of plans.

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

PERMIT IS TO BE ISSUED TO 1 [x] 2 [] 3 [] 4 []

Other:

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
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 bolts cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind Dressing full size? Corner posts Sills
Size Girder 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
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION-PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street?
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant Christopher R. Libby Phone # 775-5451
Type Name of above Christopher Libby 1 [x] 2 [] 3 [] 4 []
Other and Address

OFFICE FILE COPY

104



FILL IN COMPLETELY AND SIGN WITH INK

PERMIT ISSUED

Permit No. 0597
APR 24 1941

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, April 24, 1941

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 104 Neal Street Use of Building dwelling house No. Stories 2 1/2 New Building Existing " "

Name and address of owner of appliance Mrs. Ben Barker, 104 Neal St.

Installer's name and address Marshall Engineering Co. 221 Forest Ave. Telephone 3-8171

General Description of Work:

To install Oil Burning Equipment in connection existing steam boiler

NOTIFICATION BEFORE LATHING OR CLOSING-IN IS WANTED
CERTIFICATE OF OCCUPANCY
FURNISHMENT REQUIRED

IF HEATER, POWER BOILER OR COOKING DEVICE

Is appliance or source of heat to be in cellar? yes If not, which story _____ Kind of Fuel _____

Material of supports of appliance (concrete floor or what kind) concrete

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 OIL BURNER

Name and type of burner Williams Labeled and approved by Underwriters' Laboratories? yes

Will operator be always in attendance? _____ Type of oil feed (gravity or pressure) gravity

Location oil storage basement No. and capacity of tanks 1 - 275 gal.

Will all tanks be more than seven feet from any flame? yes How many tanks fireproofed? _____

Amount of fee enclosed? 1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)
Marshall Engineering Co.

Signature of Installer William [unclear]

INSPECTION COPY

929.00

Permit No. 41/527

Location 104 Neal St

Owner Miss Ben Barker

Date of Permit 4/24/41

Post Card sent _____

Notif. for insp. None

Approval Tag issued 7/9/41. 0.26.

Oil Burner Check List (date) 7/9/41.

1. Kind of heat Steam

2. Label _____ ✓

3. Anti-siphon _____ ✓

4. Oil storage _____ ✓

5. Tank distance _____ ✓

6. Vent Pipe _____ ✓

7. Fill Pipe _____ ✓

8. Gauge _____ ✓

9. Rigidity _____ ✓

10. Feed safety _____ ✓

11. Pipe sizes and material _____ ✓

12. Control valve _____ ✓

13. Ash pit vent _____ ✓

14. Temp. or pressure safety _____ ✓

15. Instruction card _____ ✓

16. Draft a Stat in smoke pipe

NOTES



APARTMENT HOUSE ZONE
APPLICATION FOR PERMIT

Permit No. 0001
PERMIT ISSUED

Class of Building or Type of Structure Second Class JAN 4 1937

Portland, Maine, December 31, 1936

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 104 Noel Street Ward 7 Within Fire Limits? yes Dist. No. 8
 Owner's or Lessee's name and address Ben Barker, 104 Noel Street Telephone _____
 Contractor's name and address E. F. Ginn, 97 Pitt Street Telephone 3-0101
 Architect's name and address _____
 Proposed use of building: dwelling house No. families 1
 Other buildings on same lot _____
 Plans filed as part of this application? no No. of sheets _____
 Estimated cost \$ 20. Fee \$.25

Description of Present Building to be Altered

Material brick No. stories 3 Heat _____ Style of roof pitch Roofing slate
 Last use dwelling house No. families 1

General Description of New Work

To cut in new skylight 2'x5' on the south side of roof for ventilation of new bath room in existing room on third floor (for maid's use)

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by the heating contractor.

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to top of plate _____
 Height average grade to highest point of roof _____
 To be erected on solid or filled land? _____ earth or rock? _____
 Material of foundation _____ Thickness, top _____ bottom _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of Roof _____ Rise per foot _____ Roof covering _____
 No. of chimneys _____ Material of chimneys _____ of lining _____
 Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Material columns under girders _____ Size _____ Max. on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x3 or larger. Bridging in every floor and flat roof space over 8 feet. Sills and corner posts all one piece in cross section.
 Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____
 Total number commercial cars to be accommodated _____
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
 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

Signature of owner Ben Barker
 INSPECTION COPY

NOTICE IN THE NAME OF
CITY OF PORTLAND
CLOSING IN IS
CERTIFICATE OF OCCUPANCY
REQUIREMENT IS

5173

Ward 7 Permit No. 37/1 ⁷

Location 104 Neal St.

Owner Ben Bayke

Date of permit 1/4/37

Notif. closing-in

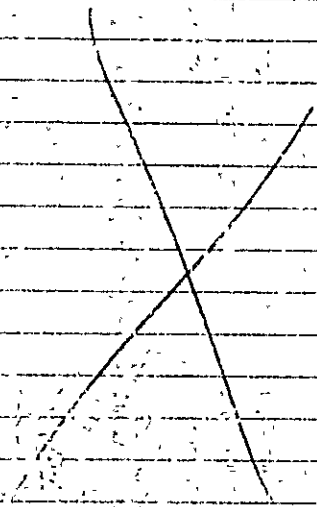
Inspn. closing-in

Final Notif.

Final Inspn. 1/7/36

Cert. of Occupancy issued None

NOTES:
1/7/36 - Work being
done - A.G.S.





APPLICATION FOR PERMIT

PERMIT ISSUED
Permit No. 2240
OCT 9 1930

Class of Building or Type of Structure third

Portland, Maine, October 6, 1930

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to ~~erect~~ alter ~~install~~ the following building structure ~~equipment~~ in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 104 Neal Street Ward 7 Within Fire Limits? yes Dist. No. 3
Owner's or ~~Lessee's~~ name and address Ben Barker, 104 Neal St. Telephone 7 3255
Contractor's name and address not set Telephone _____
Architect's name and address: _____
Proposed use of building: dwelling house No. families 1
Other buildings on same lot: _____

Description of Present Building to be Altered

Material brick No. stories 3 Heat _____ Style of roof _____ Roofing _____
Last use dwelling house No. families 1

General Description of New Work

To change foundation of existing rear sun parlor from brick piers to concrete foundation with brick underpinning

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
To be erected on solid or filled land? solid earth or rock? _____
Material of foundation concrete Thickness, top 3' bottom _____
Material of underpinning brick Height 4' Thickness 8"
Kind of roof _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Kind of heat _____ Type of fuel _____ Distance, heater to chimney _____
If oil burner, name and model: _____
Capacity and location of oil tanks: _____
Is gas fitting involved? _____ Size of service _____
Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
Material columns under girders _____ Size _____ Max. on centers _____
Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
Joists and rafters: 1st floor _____ 2nd _____ 3rd _____ roof _____
On centers: 1st floor _____ 2nd _____ 3rd _____ roof _____
Maximum span: 1st floor _____ 2nd _____ 3rd _____ roof _____
If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____
Total number commercial cars to be accommodated _____
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
Plans filed as part of this application? no No. sheets _____
Estimated cost \$ 250. Fee \$ 75

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

INSPECTION COPY

Signature of owner

Ben Barker

3572

Ward 7 Permit No. 302240

Location 194 Canal St.

Owner Wm. Barker

Date of permit 10/6/30

Notif. closing-in

Inspn. closing-in

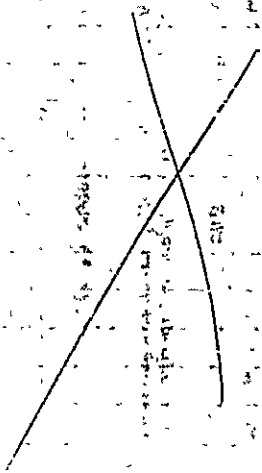
Final Notif.

Final Inspn.

Cert. of Occupancy issue

NOTES

10/15/30 - Work done
C. J. [Signature]



Inspection of basement for fire escape

Work done as per approved plans

Work done as per approved plans. The fire escape is in place and ready for use.



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 for Alterations, etc.

To the Portland, May 3, 1917 1917

INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following-described building:—

Location 104 Neal Street Ward, 7 in fire-limits? No
 Name of Owner or Lessee, Mrs. Essie A. Donahue Address 104 Neal Street
 " " Contractor, Goggin & Clark " 46 Portland St
 " " Architect, _____ " _____
 Description of Present Bldg. Material of Building is brick Style of Roof, pitch Material of Roofing, slate
 Size of Building is 45 feet long; 30 feet wide. No. of Stories, 2
 Cellar Wall is constructed of stone _____ inches wide on bottom and batters to _____ inches on top.
 Underpinning is brick is _____ inches thick; is _____ feet in height.
 Height of Building, 30 ft. Wall, if Brick; 1st, _____ 2d, _____ 3d, _____ 4th, _____ 5th, _____
 What was Building last used for? dwelling No. of Families? one
 Building to be occupied for dwelling Estimated Cost, \$ 600.00

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

DETAIL OF PROPOSED WORK

Build one story piazza on the rear
Alterations to comply with the Building Ordinance

IF EXTENDED ON ANY SIDE

Size of Extension, No. of feet long? 19; No. of feet wide? 9 1/2; No. of feet high above sidewalk? 10
 No. of Stories high? _____; Style of Roof? flat; Material of Roofing? CALVES
 Of what material will the Extension be built wood Foundation? brick piers
 If of Brick, what will be the thickness of External Walls? _____ inches; and Party Walls _____ inches.
 How will the extension be occupied? piazza How connected with Main Building? door

WHEN MOVED, RAISED OR BUILT UPON

No. of Stories and height when Moved, Raised or Built upon? _____ Proposed Foundations? _____
 No. of feet high from level of ground to highest part of Roof to be? _____
 How many feet will the External Walls be increased in height? _____ Party Walls _____

IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED

Will an opening be made in the Party or External Walls? _____ in _____ Story,
 Size of the opening? _____ How protected? _____
 How will the remaining portion of the wall be supported? _____

Signature of Owner or
 Authorized Representative

Address

Goggin & Clark
46 Portland St

+
104 Neal St.

FINAL REPORT

_____ 191
Has the work been completed in accordance with
this application and plans filed and approved?

Law been violated? _____ Doc. No. _____ of 191 _____

Nature of violation? _____

PERMIT GRANTED

May 4, 1917 _____ 191

Permit filled out by _____

Permit number .. _____

Location .. 104 Neal Street

Violation removed, when? _____ 191

Estimated cost of alterations, etc., \$ _____

Inspector of Buildings

#

No

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3823

PROPERTY ADDRESS

Town Or Plantation: PARLAVO

Street Subdivision Lot #: 114 NEAL ST.

PROPERTY OWNERS NAME

Last: WADSWORTH First: SAM

Applicant Name: DAN WADSWORTH

Mailing Address of Owner/Applicant (if different): 110 RIVER T

PORTLAND U PERMIT # 1,152 TOWN COPY

Date Rec'd: 9/17/85 \$ FEE Double Fee Charged

[Signature] L.P.I. #

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding and that any installation is in compliance with the Local Plumbing Inspector's Code & Permits.

[Signature] 9/17/85
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] SEP 18 1985
Local Plumbing Inspector Signature

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY: _____

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG D HOUSING DEALER/MECHANIC

4. PUBLIC UTILITY EMPLOYEE

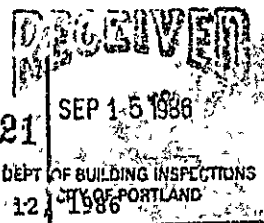
5. PROPERTY OWNER

LICENSE # 21927

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Unnal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc		Clothes Washer
	PIPING RELOCATION, of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: <u> </u>		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				1	Total Fixtures
				\$ 6.	Fixture Fee
				\$	Hook-Up Fee
				\$ 6.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

APPLICATION FOR PERMIT



B.O.C.A. USE GROUP 01221
 B.O.C.A. TYPE OF CONSTRUCTION
 ZONING LOCATION R-6 PORTLAND, MAINE - September 12, 1986

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 104 Neal St. Portland, Maine Fire District #1 #2
 1. Owner's name and address Samuel Van Dam-Jane Francis Same Telephone 775-0999
 2. Lessee's name and address Telephone
 3. Contractor's name and address The Tozier Group Telephone 797-6222
185 Mountain Rod, Falmouth, 14105 No of sheets
 Proposed use of building Single No families
 Last use Single No families
 Material No stories Heat Style of roof Roofing
 Other buildings on same lot
 Estimated contractual cost \$ 32,500 Appeal Fees \$
 FIELD INSPECTOR—Mr Base Fee
 @ 775-5451 Late Fee

To construct a 22 X 23 ft addition with deck to existing dwelling

TOTAL \$ 185.00

As per plans 4 sheets
 Permit #1

Stamp of Special Conditions

NOTE TO APPLICANT. Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals

DETAILS OF NEW WORK

Is any plumbing involved in this work? No Is any electrical work involved in this work? Yes
 Is connection to be made to public sewer? If not, what is proposed for sewer?
 Has septic tank notice been sent? Form notice sent?
 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 concrete Thickness top bottom cellar
 Kind of roof rubber Rise per foot Roof covering copper
 No of chimneys Material of chimneys of lining Kind of heat steam fuel oil
 Framing lumber kind spruce Dressed or full size? dressed Corner posts radiators Sills
 Size (in) 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
 If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
 BUILDING INSPECTION PLAN EXAMINER
 ZONING O.K. M.A. Dept. 13, 1986
 BUILDING CODE
 Fire Dept
 Health Dept
 Others

MISCELLANEOUS

Will work require disturbing of any tree on a public street? No
 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

Signature of Applicant Phone # 775-0999
 Type Name of above Samuel Van Dam
 Other
 and Address

NOTES

7-27-86: ~~Transcript for 1st~~
 year addition of all ~~papers~~
 & receipts checked out OK
 Will be back pulled in a
 couple of days
 10-12-86: ~~Shannon has been~~
 started up. No work on the
 date then
 1-8-87: ~~Work is all completed~~
 on this new addition. ~~There~~
 will be a player

Permit No. 86/1-2-1
 Location 104 West St.
 Owner Harold Van Dusen
 Date of permit 9/15/86
 Approved _____
 DA ing _____
 Garage _____
 Alteration _____

[Large section of lined paper with two large handwritten 'X' marks crossing out the lines.]



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date November 17, 19 86
 Receipt and Permit number D 09647

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specification:

LOCATION OF WORK: 104 Neal St.

OWNER'S NAME: Samuel VanDam ADDRESS: Same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	<u>3.00</u>
FIXTURES: (number of)	
Incandescent <u>8</u> Fluorescent _____ (not strip) TOTAL	<u>3.00</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes ..	
METERS: (number of)	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 6.60

INSPECTION: P.M.
 Will be ready on 11/18/86, 1986; or Will Call _____
 CONTRACTOR'S NAME: Bear Elec.
 ADDRESS: 28 Church St. Scarborough, Maine 04074
 TEL: 883-2897
 MASTER LICENSE NO.: 04794 SIGNATURE OF CONTRACTOR: Michael J. Collins
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

PERMIT # 002465

TOWN OF Portland

BUILDING PERMIT APPLICATION

MAP # _____

LOT# _____

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

Owner: Samuel Van Dam 775-0443

Address: 104 Neal St., Portland 04102

LOCATION OF CONSTRUCTION 104 Neal St.

CONTRACTOR: owner SUBCONTRACTORS _____

ADDRESS: _____

Est. Construction Cost: \$250 Type of Use: single family

Plot Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____

Is Proposed Use: Seasonal Condominium _____ Apartment _____

Conversion - Explain to construct new playhouse 1 plot plan and 2 construction plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE submitted.

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: _____ Sills must be anchored.

1. Sills Size: _____
2. Girder Size: _____ Size: _____
3. Lally Column Spacing: _____ Spacing 16" O.C.
4. Joists Size: _____ Size: _____
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____
7. Other Material: _____

Exterior Walls: _____ Spacing _____

1. Studding Size _____
2. No. windows _____
3. No. Doors _____ Span(s) _____
4. Header Size _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____ Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Weather Exposure _____
9. Siding Type _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls: _____ Spacing _____

1. Studding Size _____ Spacing _____
2. Header Size _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

White-Tax Assessor _____

For Official Use Only

Date: August 1, 1989

Inside Eros Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost: \$250

Value/Structure _____

Fee _____

Subdiv: Yes / No _____

Name: _____

Address: _____

Block: _____

Permit Expiration: _____

Ownership: _____ Public _____ Private _____

Ceiling:

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

Roof:

1. Truss or Rafter Size _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____

Chimneys: _____ 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 90.25
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____ Square Footage _____
2. Pool Size: _____
3. Must conform to National Electrical Code and State Law.

Zoning: _____ District _____ Street Frontage Req: _____ Provided _____

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: 8-16-89

Permit Received By Nancy Grossman Date 8-15-89

Signature of Applicant Samuel Van Dam Date _____

Signature of City Engineer _____ Date _____

PERMIT ISSUED

White-Tax Assessor _____

Yellow-GPCOG _____

White-Tag-CEO _____

© Copyright GPCOG 1987

PLOT PLAN



FEES (Breakdown From From)		Type	Inspection Record	Date
Base Fee	\$25.00			
Subdivision Fee	\$			
Site Plan Review Fee	\$			
Other Fees	\$			
(Explain)				
Late Fee	\$			

COMMENTS

*Completed & Amended
Fees*

Signature of Applicant

Samuel...

Date

8-15-89

BUILDING PERMIT REPORT

ADDRESS: 104 Neal ST

DATE: 16/Aug/89

REASON FOR PERMIT: playhouse

BUILDING OWNER: Samuel Van Dan

CONTRACTOR: "

PERMIT APPLICANT: 11

APPROVED: * / DENIED: _____

~~CONDITION OF APPROVAL OR DENIAL:~~

- 1.) Before concrete for foundation is placed, approvals from ~~Public Works~~ and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

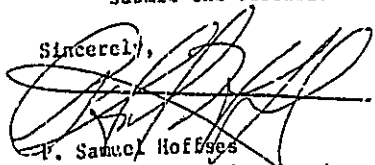
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the activation of one alarm will actuate all the alarms in the individual unit.

- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.
- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."
- 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,


T. Samuel Hoffses
Chief of Inspection Services

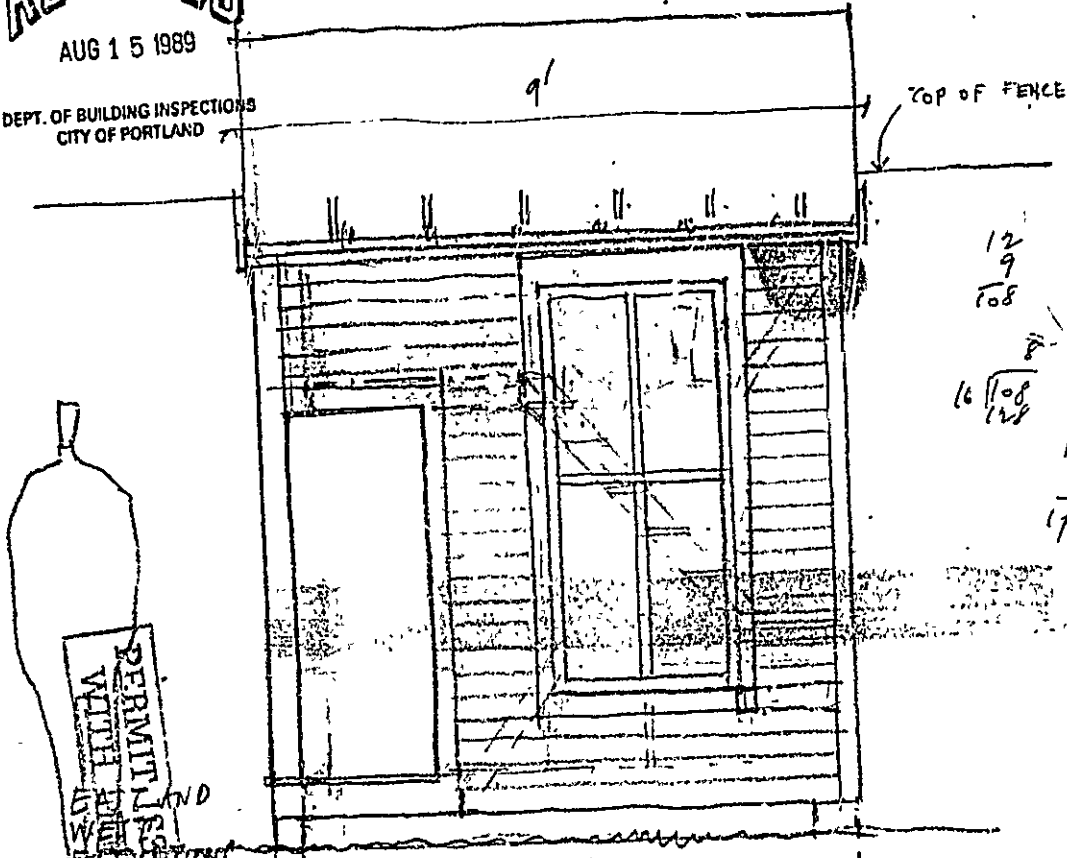
/s/
11/16/88

FRANCISCO - VAN DAM PLAY HOUSE, AUGUST 14 1989 SCALE 1/2" = 1'-0"
 104 NEAL ST. PORTLAND 04102 SCALE 1/4" = 1'-0"

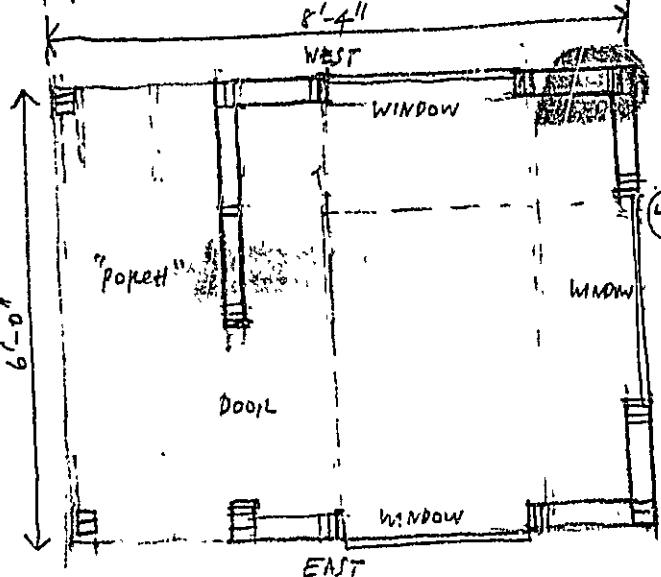
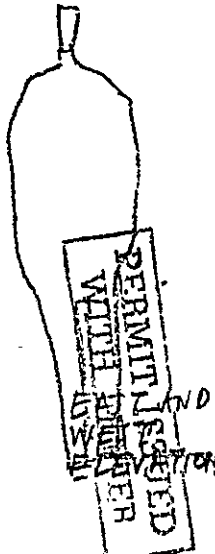
RECEIVED

AUG 15 1989

DEPT. OF BUILDING INSPECTIONS
 CITY OF PORTLAND



12
 9
 108
 16
 108
 172
 16
 7
 172

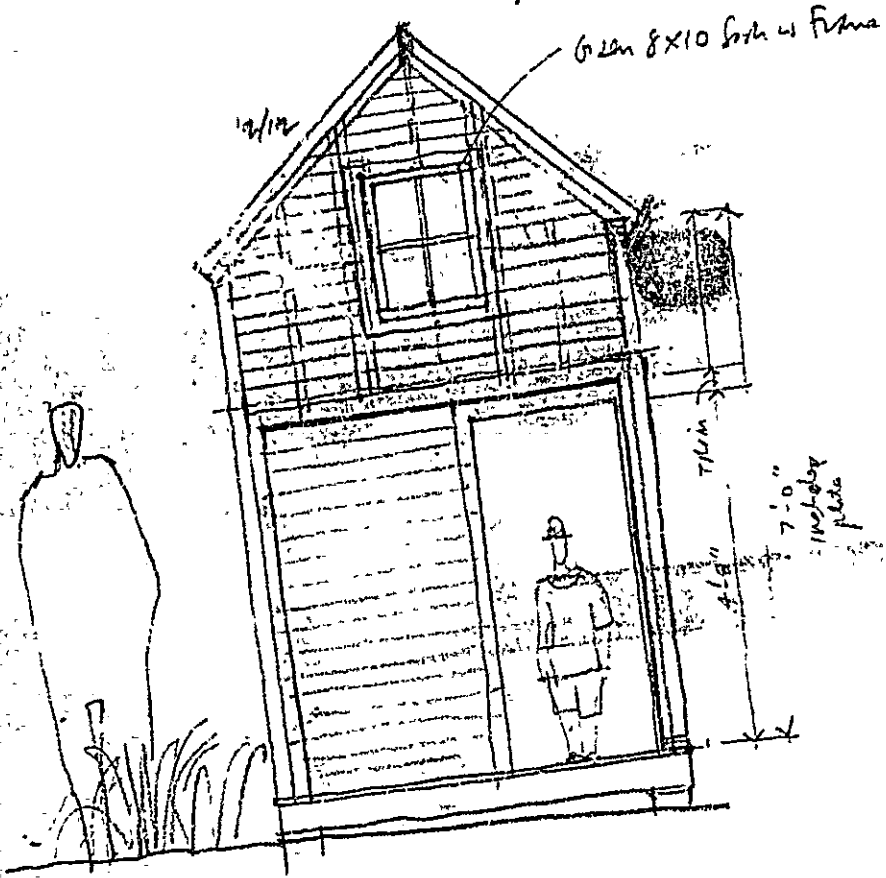


- 23 7' 2x4 main body of house
- 4 7' 2x4 in. porch posts
- 8 7' for gable ends
- 2 for short walls
- 2 for bench
- 8 8' for roof
- 6 10' for plates
- 3 12' for plates

SOUTH

PLAN

FRANCIS - VAN DIEM PLAYHOUSE, ABOUT 1989, SCALE 1/2" = 1'-0"
104 NEEL ST. PORTLAND, OREGON



SOUTH ELEVATION

RECEIVED

AUG 15 1989

DEPT. OF BUILDINGS AND PERMITS
CITY OF PORTLAND

(LOT B)

SET BACK TO REAR YARD
PROPERTY LINE

LOCATION OF
PLAY HOUSE

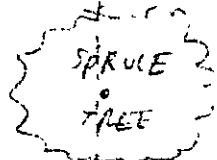


24'

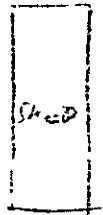
70'
N 17° 14' E

MURPHY

PARKING
AREA



SPRUCE
TREE



SHED

12'

S 76° 56' E

94'

S 13° 12' W

66 WEST ST
VAN DORN
BLVD
FRANCO CO
(LOT C)

N 13° 12' E

60'

GOLD FINE

912998

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$60. Zone _____ Map # _____ Lot# _____

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

Owner: Samuel VanDam Phone # 775-0443
 Address: 104 Neal St; Ptld, ME 04102
 LOCATION OF CONSTRUCTION 104 Neal St.
 Contractor: OWNER Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: \$8000. Proposed Use: 1-fam w renovation
 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 Rebuild bathroom - 3rd floor

For Official Use Only
 Date 8/26/ 91 Subdivision: _____
 Inside Fire Limits _____ Name: SEP - 5 100
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: _____
 Estimated Cost: 8000 CITY OF PORTLAND

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 _____

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) W-4-91

Ceiling:
 1. Ceiling Joists Size _____ Not in District or Landmark
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review
 3. Type Ceilings: _____
 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: _____
 Signature: _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil tests 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 Samuel Van Dam Date 8/26/91

CEO's District 3 Samuel Van Dam
MRS Louise

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

912998

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$60. Zone _____ Map # _____ Lot# _____

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

Owner: Samuel VanDam Phone # 775-0443
 Address: 104 Neal St; Ptd, MC 04102
 LOCATION OF CONSTRUCTION 104 Neal St.
 Contractor: OWNER Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: \$8000. Proposed Use: 1-fam w renovation Zoning: _____
 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 Rebuild bathroom - 3rd floor

PERMIT ISSUED
SEP - 5 1991
CITY OF PORTLAND

For Official Use Only
 Date: 3, 23 / 91 Subdivision: _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Loc _____
 Time Limit _____ Ownership _____
 Estimated Cost: 8000

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: WPA - 9-4-91 (Explain)

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

Floor:
 1. Sills Size: _____ Sill 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 _____
 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: _____ Not in District or Landmark
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved.
 2. Sheathing Type _____ Size _____ Approves with Conditions
 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 Tub 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: _____ Date: 8-26-91
 CEO's District: Samuel VanDam
MBS Lovell
 CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

PLOT PLAN

1/31 Completed

N



FEES (Breakdown From Front)

Base Fee \$ 60
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

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

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.

Sam W. Brown

775-0443

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plat Station: Portland ME.

Street Subdivision Lot #: 104 Neal St.

PROPERTY OWNERS NAME:

Last: Van Dam First: Sara

Applicant Name: Carlo Dossia

Mailing Address of Owner/Applicant (if Different): 10 Stonecrest Dr. Bid ME.

PORTLAND 4288 TOWN COPY

Date: 10/13/93 \$ 19.00 FEE Double Fee Charged

[Signature] L.P.T. # 01241

Local Plumbing Inspector (Required)
Chief Plumbing Inspector

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature] Date: _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the MEPLB Rules.

[Signature] Date Approved: 9.30.93

Local Plumbing Inspector Signature

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D. HOUSING DEALER/MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # 107167

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP , to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	0.1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	0.1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	0.1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
PIPING RELOCATION : of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Suspendor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	0.3	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			0.3	Non-Fixture
			\$ -	Fixture Fee
			\$ -	Hook-Up & Relocation Fee
			\$ 9.00	Permit Fee (Total)

TOWN COPY

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date 3/7/96

LOCATION: 23 N Jal St 104

Permit # _____

OWNER Sam Van Dam ADDRESS _____

						TOTAL EACH FEE	
OUTLETS		Receptacles	Switches				.20
FIXTURES		(number of)					
		Incandescent	fluorescent				.20
		fluorescent strip					.20
SERVICES							
	X	Overhead		TTL AMPS TO	800	200	15.00
		Underground			800		15.00
TEMPORARY SERV.							
		Overhead		AMPS OVER	800		25.00
		Underground					25.00
METERS	1	(number of)					1.00
MOTORS		(number of)					2.00
RESID/COM		Electric units					1.00
HEATING		oil/gas units					4.00
APPLIANCES		Ranges	Cook Tops	Wall Ovens			2.00
		Water heaters	Fans	Dryers			2.00
Disposals		Dishwasher	Compactors	Others (denote)			2.00
MISC. (number of)		Air Cond/win					3.00
		Air Cond/cent					10.00
		Signs					5.00
		Foils					10.00
		Alarms/res					5.00
		Alarms/com					15.00
		Gar Duty					2.00
		Outlets					
		Circus/Carnv					25.00
		Alterations					4.00
		Fire Repairs					15.00
		E Lights					1.00
		E Generators					20.00
		Panels					4.00
TRANSFER		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
TOTAL AMOUNT DUE							
MINIMUM FEE						25.00	25.00

INSPECTION: Will be ready 3/8 - 1 pm or will call _____

CONTRACTORS NAME P & D Elect

ADDRESS 205 Rochester St- westbrook

TELEPHONE 854-9543

MASTER LICENSE No. Darryl Plumber #13850 SIGNATURE OF CONTRACTOR _____

LIMITED LICENSE No. _____

PERMIT # 002465 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Samuel Van Dam 775-0443

Address: 104 Neal St., Portland 04102

LOCATION OF CONSTRUCTION: 104 Neal St.

CONTRACTOR: owner SUBCONTRACTORS _____

ADDRESS: _____

Est. Construction Cost: \$250 Type Use: single family

Past Use: _____

Building Dimensions: L _____ W _____ Sq Ft _____ Stories _____ Lot Size _____

Is Proposed Use: Seasonal Conditional Apartment

Conversion - Explain to construct new playhouse, 1 plot plan and

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 2 construction plans

Residential Buildings Only: _____ submitted.

Of Dwelling Units: _____

Foundation:

1. Type of Soil _____

2. Footings Size _____

3. Foundation Size _____

4. Other _____

Floor:

1. Sills Size _____

2. Joist Size _____

3. Joist Spacing _____

4. Bridging Type _____

5. Other Material _____

Walls:

1. Foundation _____

2. No. of Courses _____

3. Wall Type _____

4. Other _____

5. Bracing _____

6. Ceiling _____

7. Insulation _____

8. Sheathing _____

9. Other _____

10. Masonry _____

11. Metal _____

Interior Walls:

1. Studding Size _____

2. Header Size _____

3. Wall Covering _____

4. Fire Wall if required _____

5. Other Materials _____

For Official Use Only

Date: August 15, 1989

Ins. Je. Fire Limits _____

Bldg. Code _____

Time Limit _____

Estimated Cost: \$250

Value Structure _____

Fee: 625

Ceiling:

1. Ceiling Joists Size _____

2. Ceiling Strapping Size _____

3. Type Ceiling: _____

4. Insulation Type _____

5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____

2. Sheathing Type _____

3. Roof Covering Type _____

Windows:

1. _____

2. _____

3. _____

Doors:

1. _____

2. _____

3. _____

Other:

1. _____

2. _____

3. _____

Approved _____ Date _____

Signature of CEO: Lancy Crossman Date: 8-15-89

Inspection Dates: _____

NEAL ST.

N 76° 56' W

100'

104 NEAL ST.
VAN DORN M.D. FURNACE
(L O T A)

100'

N 76° 56' W

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