

44-50 BOWDOIN STREET

SHAW-WALKER

920R Half cut 9202R 100% cut 9203R Film 0.1 92001



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, September 18, 1959

PERMIT ISSUED 01242 SEP 18 1959 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 44 Bowdoin St. Use of Building Dwelling No. Stories 2 Building Existing Name and address of owner of appliance Parker Poole, 44 Bowdoin St. Installer's name and address Richard Waltz, 536 Washington Ave. Telephone 2-3026

General Description of Work

To install steam boiler and oil burning equipment (replacement)

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no If so, how protected? Kind of fuel? oil Minimum distance to burnable material, from top of appliance or casing top of furnace 3! From top of smoke pipe 3! From front of appliance 4! From sides or back of appliance 3! Size of chimney flue 8x12 Other connections to same flue none 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? yes

IF OIL BURNER

Name and type of burner Weil McLain 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 Number and capacity of tanks existing Low water shut off yes Make McDormell-Miller No. 47-2 Will all tanks be more than five feet from any flame? How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners none

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

APPROVED: [Signature] 9.18.59 [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? YES

C17 MAINE PRINTING CO.

INSPECTION COPY

Signature of Installer [Signature]

[Signature] PK



FILL IN AND SIGN WITH INK OB 860

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, October 31st 1949

PERMIT ISSUED 01890 OCT 31 1949 CITY OF PORTLAND

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: 44 Bowdoin St. Use of Building: Dwelling No. Stories: 2 New Building Existing:
Name and address of owner of appliance: Chester A. Jordan, 44 Bowdoin St.
Installer's name and address: Ballard Oil & Equipment Co. Telephone: 2-1991

General Description of Work

To install: One Fully Automatic Oil Burner under Steam Furnace

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: Esso EC-1 Labelled by underwriter's laboratories?: yes
Will operator be always in attendance?: no Does oil supply line feed from top or bottom of tank?: bottom
Type of floor beneath burner: cement
Location of oil storage: basement Number and capacity of tanks: 2 - 275
If two 275-gallon tanks, will three-way valve be provided?: yes
Will all tanks be more than five feet from any flame?: yes How many tanks fire proofed?: none
Total capacity of any existing storage tanks for furnace burners: none

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

Amount of fee enclosed? \$2.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:

Signature of Inspector: [Handwritten 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? yes

BALLARD OIL & EQUIPMENT CO.

Signature of Installer

[Handwritten signature]

INSPECTION COPY

PERMIT NUMBER 7961

PERMIT TO INSTALL PLUMBING

Address: 44 Bowdoin St.

Date Issued: 8/28/57  
PORTLAND PLUMBING INSPECTOR

Installation For: Owner of Bldg.: Mrs. Parker Peabody

By: [Signature]

Owner's Address: same

APPROVED FIRST INSPECTION

Plumber: [Signature] License No. 80563

Date: [Signature]

PROPOSED INSTALLATIONS

By: [Signature]

APPROVED FINAL INSPECTION

Date: N.S.

Table with columns: NEW, REPL, PROPOSED INSTALLATIONS, NUMBER, FEE

By: [Signature]

Table with columns: SINKS, LAVATORIES, TOILETS, BATH TUBS, SHOWERS, DRAINS, HOT WATER TANKS, TANKLESS WATER HEATERS, GARBAGE GRINDERS, SEPTIC TANKS, HOUSE SEWERS, ROOF LEADERS (conn. to house drain)

TYPE OF BUILDING  
 COMMERCIAL  
 RESIDENTIAL  
 SINGLE  
 MULTI FAMILY  
 NEW CONSTRUCTION  
 REMODELING

Table with columns: NUMBER, FEE. Total 1 1.50

5A 12-53

PORTLAND HEALTH DEPT.

PLUMBING INSPECTION

Total

**PERMIT TO INSTALL PLUMBING**

**10627**

PERMIT NUMBER

Date Issued: 9-5-61  
 PORTLAND PLUMBING INSPECTOR

Address: 44 Bowdoin Street  
 Installation For: Parker Poole  
 Owner of Bldg.: Parker Poole  
 Owner's Address: 44 Bowdoin Street  
 Plumber: Walter M. Walker Date: 9-5-61

By J. P. Welch

APPROVED FIRST INSPECTION

Date: 9-6-61

By J. P. Welch

APPROVED FINAL INSPECTION

Date: Sept 7-1961

By JOSEPH P. WELCH

- TYPE OF BUILDING
- COMMERCIAL
  - RESIDENTIAL
  - SINGLE
  - MULTI FAMILY
  - NEW CONSTRUCTION
  - REMODELING

| NEW | REF'S | PROPOSED INSTALLATION               | NUMBER | FEE     |
|-----|-------|-------------------------------------|--------|---------|
|     | 1     | SINKS                               | 1      | \$ 2.00 |
|     | 1     | LAVATORIES                          | 1      | 2.00    |
|     | 1     | TOILETS                             | 1      | 2.00    |
|     | 1     | BATH TUBS                           | 1      | 2.00    |
|     | 1     | SHOWERS                             | 1      | 2.00    |
|     |       | DRAINS                              |        |         |
|     |       | HOT WATER TANKS                     |        |         |
|     |       | TANKLESS WATER HEATERS              |        |         |
|     |       | GARBAGE GRINDERS                    |        |         |
|     |       | SEPTIC TANKS                        |        |         |
|     |       | HOUSE SEWERS                        |        |         |
|     |       | ROOF LEADERS (Conn. to house drain) |        |         |

TOTAL ▶ \$ 6.00

PORTLAND HEALTH DEPT. PLUMBING INSPECTION

2/14  
 7/7/78  
 NO. OF  
 FAMILIES?



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date July 7, 1978, 19\_\_  
 Receipt and Permit number A12691

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: 44 Bowdoin St.  
 OWNER'S NAME: Woodward, Thompson & Co. ADDRESS: 188 Danforth St.

OUTLETS: (number of)

|              |                        |                            |
|--------------|------------------------|----------------------------|
| Lights       | _____                  |                            |
| Receptacles  | _____                  |                            |
| Switches     | _____                  |                            |
| Plugmold     | _____ (number of feet) |                            |
| <b>TOTAL</b> | <u>30</u>              | <b>FEES</b><br><u>3.00</u> |

FIXTURES: (number of)

|                            |  |  |
|----------------------------|--|--|
| Incandescent               | _____                                    |  |
| Fluorescent                | _____ (Do not include strip fluorescent) |  |
| <b>TOTAL</b>               | _____                                    |  |
| Strip Fluorescent, in feet | _____                                    |  |

SERVICES:

|                          |                 |             |
|--------------------------|-----------------|-------------|
| Permanent, total amperes | <u>200 amp.</u> | <u>3.00</u> |
| Temporary                | _____           | _____       |

METERS: (number of) 1 ..... .50

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 (total number of kws) | _____ |  |

APPLIANCES: (number of)

|              |       |                 |       |
|--------------|-------|-----------------|-------|
| Ranges       | _____ | Water Heaters   | _____ |
| Cook Tops    | _____ | Disposals       | _____ |
| Wall Ovens   | _____ | Dishwashers     | _____ |
| Dryers       | _____ | Compactors      | _____ |
| Fans         | _____ | Others (denote) | _____ |
| <b>TOTAL</b> | _____ |                 |       |

MISCELLANEOUS: (number of)

|                           |          |  |
|---------------------------|----------|--|
| Branch Panels             | _____    |  |
| Transformers              | _____    |  |
| Air Conditioners          | _____    |  |
| Signs                     | _____    |  |
| Fire/Burglar Alarms       | _____    |  |
| Circus, Fairs, etc.       | _____    |  |
| Alterations to wires      | <u>X</u> | <u>2.00</u>                              |
| Repairs after fire        | _____    |  |
| Heavy Duty, 220v outlets  | _____    |  |
| Emergency Lights, battery | _____    |  |
| Emergency Generators      | _____    |  |
|                           |          | <b>INSTALLATION FEE DUE:</b> <u>8.50</u> |

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... \_\_\_\_\_  
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9) ..... \_\_\_\_\_  
**TOTAL AMOUNT DUE:** 8.50

INSPECTION: Will be ready on now, 19\_\_; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Mellow Electric  
 ADDRESS: Box 5137  
 TEL.: 774-1964

MASTER LICENSE NO.: 779  
 LIMITED LICENSE NO.: \_\_\_\_\_

SIGNATURE OF CONTRACTOR:  
*[Signature]*

INSPECTOR'S COPY



FILL IN COMPLETELY AND SIGN WITH INK

PERMIT ISSUED

Permit No. 1135  
JUL 24 1936

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Portland, Maine, July 24, 1936

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:

2577

Location 44 Bolton Street Use of Building dwelling house  
Name and address of owner Chester A. Jordan, 44 Bolton St. Ward B  
Contractor's name and address Portland Gas Light Co., 5 Temple St. Telephone \_\_\_\_\_

General Description of Work

To install gas burner in connection with existing steam boiler

PERMITS REQUIRED FOR THIS WORK OR CLOSING-IN IS SHOWN  
CERTIFICATE OF OCCUPANCY REQUIRED

IF HEATER, POWER BOILER OR COOKING DEVICE

Is heater or source of heat to be in cellar? yes If not, which story \_\_\_\_\_ Kind of Fuel gas  
Material of supports of heater or equipment (concrete floor or what kind) concrete  
Minimum distance to wood or combustible material, from top of boiler or casing top of furnace, \_\_\_\_\_  
from top of smoke pipe \_\_\_\_\_ from front of heater \_\_\_\_\_ from sides or back of heater \_\_\_\_\_  
Size of chimney flue \_\_\_\_\_ Other connections to same flue \_\_\_\_\_

IF OIL BURNER

Name and type of burner Bryant Labeled and approved by Underwriters' Laboratories? yes  
Will operator be always in attendance? \_\_\_\_\_ Type of oil feed (gravity or pressure) \_\_\_\_\_  
Location oil storage \_\_\_\_\_ No. and capacity of tanks \_\_\_\_\_  
Will all tanks be more than seven feet from any flame? \_\_\_\_\_ 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.)

INSPECTION COPY

Signature of contractor Carl M. Morgan

1326 B

44 Bowdoin Street

BRAMHALL



SHAW-WALKER

3509-1R



October 4, 1968

Mr. Parker Poole, Jr.  
44 Bowdoin Street  
Portland, Maine 04102


Dear Mr. Poole: RE: 44 Bowdoin Street

Your property has been surveyed by the Portland Housing Division and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Many people in the area are making improvements in their property even though they meet the requirements of ordinance relating to housing conditions. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Many services are available through the site office for further improvements to your property. Should you want advice on landscaping, structural changes, plans, and financing, please call 773-1773.

If we can be of further help, please feel free to call on us. Thank you for your interest in the program and your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

  
Gordon E. Martin  
Housing Supervisor

GLS:ac

Photos  yes  no

Proj. No.  C.I. BRAMHALL Ass'rs  Zone  Zone Viol

Stories  RBM  ASD  SAR  NSA  NA  MS  ST  P Com.Units 0 Rmg Units 0 Dwl.Units 1

Date 3 OCT 67

|             |                        |      |
|-------------|------------------------|------|
| LOCATION    | <u>44 Bowdoin St.</u>  | COMP |
| OWNER AGENT | <u>PARKER POOLE JR</u> | PEND |
| OWNER AGENT | <u>Same</u>            |      |
| OWNER AGENT | <u>04102</u>           |      |
| OWNER AGENT |                        |      |
| OWNER AGENT |                        | VTS  |

| Occupants                  | Information |      |       |           | Occupancy |           |          |          | Facilities |          |          |          | Violations |          |
|----------------------------|-------------|------|-------|-----------|-----------|-----------|----------|----------|------------|----------|----------|----------|------------|----------|
|                            | LOC.        | RENT | FURN. | WK.1.     | RMS       | PER.      | ALL'D    | LCRS     | HEAT       | BATH     | FLSH     | K.SK     |            | H.W.     |
| 1. <u>PARKER POOLE</u> (3) |             |      |       | <u>10</u> | <u>5</u>  | <u>15</u> | <u>0</u> | <u>S</u> | <u>A</u>   | <u>P</u> | <u>P</u> | <u>✓</u> | <u>S</u>   | <u>L</u> |
| 2.                         |             |      |       |           |           |           |          |          |            |          |          |          |            |          |
| 3.                         |             |      |       |           |           |           |          |          |            |          |          |          |            |          |
| 4.                         |             |      |       |           |           |           |          |          |            |          |          |          |            |          |
| 5.                         |             |      |       |           |           |           |          |          |            |          |          |          |            |          |
| 6.                         |             |      |       |           |           |           |          |          |            |          |          |          |            |          |
| 7.                         |             |      |       |           |           |           |          |          |            |          |          |          |            |          |
| 8.                         |             |      |       |           |           |           |          |          |            |          |          |          |            |          |

STRUCTURE RATING

### STRUCTURE SCHEDULE

|   |   |
|---|---|
| <p><b>YARD</b></p> <p><input type="checkbox"/> GARBAGE &amp; RUBBISH</p> <p><input type="checkbox"/> CONTAINERS COMPLY</p> <p><input type="checkbox"/> DRAINAGE</p> <p><input type="checkbox"/> ZONE VIOL.</p> <p><b>STRUCTURE EXTERIOR</b></p> <p><input type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input type="checkbox"/> FOUNDATION</p> <p><input type="checkbox"/> WALLS</p> <p><input type="checkbox"/> WINDOWS, DOORS</p> <p><input type="checkbox"/> ROOF, DRAINS</p> <p><input type="checkbox"/> OUT BUILDINGS</p> <p><b>INFESTATION</b></p> <p><input type="checkbox"/> RATS <input type="checkbox"/> RI <input type="checkbox"/> OI <input type="checkbox"/> E</p> <p><input type="checkbox"/> OTHER (SPECIFY)</p> <p><b>EGRESS</b></p> <p><input checked="" type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OBST'N</p> | <p><b>STRUCTURE INTERIOR</b></p> <p><input checked="" type="checkbox"/> WALL, OBST'N</p> <p><input checked="" type="checkbox"/> WALL, LIGHTING</p> <p><input checked="" type="checkbox"/> WALL, FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAYS</p> <p><input checked="" type="checkbox"/> WINDOWS, AIRSHAFT</p> <p><input checked="" type="checkbox"/> ELECT. WIRING</p> <p><b>HEATING CENTRAL</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STACKS FLUES, VENTS</p> <p><input checked="" type="checkbox"/> CHIMNEY</p> <p><input checked="" type="checkbox"/> EQUIPMENT, REPAIR</p> <p><b>PLUMBING</b></p> <p><input checked="" type="checkbox"/> SUPPLY LINE</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p><b>BASEMENT</b></p> <p><input checked="" type="checkbox"/> GEN'L SANIT'N</p> <p><input type="checkbox"/> DAMPNSS <input type="checkbox"/> RI <input type="checkbox"/> O</p> <p><input type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p><b>BASE DWL. UNIT</b></p> <p><input type="checkbox"/> MIN 7' - 3'</p> <p><input type="checkbox"/> DAMPNSS <input type="checkbox"/> RI <input type="checkbox"/> O</p> <p><input type="checkbox"/> WINDOW 1/12 X 8"</p> <p><input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>PROHIBITED COMB'N USE</b></p> <p><input type="checkbox"/> ASSOC. USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VENTS</p> |
|---|---|

Portland Health Dept.

CS-8

Inspector Wesley Knight

*None*

Photos  Yes  No

Proj. No.

PAAKHALL

Date 8 OCT 67

### DWELLING UNIT SCHEDULE

|           |           |                 |       |
|-----------|-----------|-----------------|-------|
| CROWDING  | LOCATION  | 44 BOWDOIN      | COMP. |
| SANIT.    | D.U. LOC. | SINGLE          | PEND. |
| INFEST.   | OCCPNT    | PARKER POOLE JR |       |
| BASE D.U. | OWNER     | 11 11           |       |
| DET'RN    | AGENT     |                 |       |
|           | ADDRESS   | 44 BOWDOIN      | VTS   |

Occupants

Information

Occupancy

Facilities

Violations

| 1.                  | 2.        | 3. | 4. | LOC. | RENT | FURN. | WK. I. | RMS | PER. | ALL'D | LGRS | HEAT | BATH | FLSH | K.SK | H.W. | CK'G | Violations |  |
|---------------------|-----------|----|----|------|------|-------|--------|-----|------|-------|------|------|------|------|------|------|------|------------|--|
| 1. PARKER POOLE (H) | 13-11-8-3 |    |    |      |      |       |        |     | 10   | 5     | 15   |      |      |      |      |      |      |            |  |
|                     |           |    |    |      |      |       |        |     |      |       |      |      |      |      |      |      |      |            |  |
|                     |           |    |    |      |      |       |        |     |      |       |      |      |      |      |      |      |      |            |  |

| OVERCROWDING<br>65' - 7'  | KITCHEN | BATH | TOILET | DINING | BED | BED | BED | BED | BED | BED | LIBRARY | TOTAL |
|---------------------------|---------|------|--------|--------|-----|-----|-----|-----|-----|-----|---------|-------|
| SO SLEEP'G                |         |      |        |        |     |     |     |     |     |     |         |       |
| VENTILATION<br>1/12 & 1/2 |         |      |        |        |     |     |     |     |     |     |         |       |
| LIGHTING<br>WIRING        |         |      |        |        |     |     |     |     |     |     |         |       |
| DET'RN<br>WALLS           |         |      |        |        |     |     |     |     |     |     |         |       |
| CEILING                   |         |      |        |        |     |     |     |     |     |     |         |       |
| WINDOWS                   |         |      |        |        |     |     |     |     |     |     |         |       |
| DOORS                     |         |      |        |        |     |     |     |     |     |     |         |       |
| FLOORS                    |         |      |        |        |     |     |     |     |     |     |         |       |

Remarks

Inspector Merle Lyng

KITCHEN SINK & WATER

SINK

SUPPLY & WASTE

PLBG. GEN'L

HEATING

STACKS, FLUES, VENTS

HT'RS VENTED, REP'R

BATHING FACILITIES

SHARED MAX. 4DU

RMG U. 1 PER 15

MIN. 7' STDS HT.

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

TOILET FACILITIES

SHARED MAX. 2 DU

RMG U FLSH & LAV 1 PER 10

VENT'LN

PROPER ACCESS

PLB'G

SANIT'N

INFESTATION

RATS  R  O  C

OTHER (SPECIFY)

EGRESS

EQUAL  YES  NO

OBST'N

Portland Health Dept. GS-7