

902159

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Portland Terminal Co. Phone # _____
Address: P.O. Box 96, Winn, ME 04495 (H. C. Haynes Inc.) Lease

LOCATION OF CONSTRUCTION 2-322 West Commercial St.
Lease # 1-808-432-7867
~~Perkins, Thompson~~ Sub: _____

Address: 1 Canal Plaza, Port. 04112 Phone # 774-2635
P.O. BOX 426, Attn.: Melissa Murphy

Est. Construction Cost: _____ Proposed Use: lumber storage
Past Use: vacant

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 Change of use from vacant loading & unloading of wood

logs and related timber materials for export by ship.

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

For Official Use Only PERMIT ISSUED
Date Nov. 6, 1990 Subdivision: _____
Name NOV 27 1990
Inside Fire Limits _____ Lot _____
Bldg Code: _____ Ownership: City of Portland
Time Limit: _____
Estimated Cost: _____

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) OK WPA = 11-26-90

Ceilings
1. Ceiling Joists Size: _____ No. in District not Landmark
2. Ceiling Strapping Size _____ Spacing _____ Dow. n. require review.
3. Type Ceiling: _____
4. Insulation Type _____ Size _____ Require Review.
5. Ceiling Height: _____

Roof
1. Truss or Rafter Size _____ No. PS Action _____ Approved.
2. Sheathing Type _____ Span _____ Approved with Conditions.
3. Roof Covering Type _____ Size _____ Dashed.

Chimneys
Type: _____ Number of Fire Places _____
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 Joyce M. Rinaldi

Signature of Applicant [Signature] Date 11/6/90

Signature of CEO _____ Date _____

Inspection Dates _____

