

Permit # 940474 City of Portland BUILDING PERMIT APPLICATION Fee 95.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: McKinley Partners Phone # _____

Address: _____

LOCATION OF CONSTRUCTION Great Diamond Island

Contractor: Wright-Ryan Const. Sub: _____
10 Danforth St Portland, ME 04101

Address: _____ Phone # _____

Est. Construction Cost: 15,000. Proposed Use: Restrooms

_____ Past Use: Ice Storage Shed

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 Make Interior Renovation

For Official Use Only	
Date <u>23 May 1994</u>	Subdivision: _____
Inside Fire Limits _____	Name: <u>MAY 24 1994</u>
Bldg Code _____	Lot: _____
Time Limit _____	Ownership: _____
Estimated Cost _____	Public/Private: <u>CITY OF PORTLAND</u>

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ B. ck _____ 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 Exemption _____
 Other: (Explain) 15-24-94

083-B-M-001

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

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing: _____
 5. Bridging Type _____ Size: _____
 6. Floor Sheath Type _____ Size: _____
 7. C' Material _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Easdet Size _____ Span(s) _____
 5. Bracing: _____ 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: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 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 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 Mary Gresik

Signature of Applicant Bill Paschke Date 23 May 94

CEO's District Bill Paschke

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

White - Tax Assessor