

Permit # 900735 City of Portland BUILDING PERMIT APPLICATION Fee \$120.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Gary Brookman & Tatyanna Seredin Phone # 766-2561
Seredin
 Address: Island Ave., P. I. 04108
 LOCATION OF CONSTRUCTION: Island Ave., Peaks Island (BA-100)
 Contractor: Steven Nilsen Sub. Evergreen Bldg. & Design, Inc.
 Address: P O. Box 7637, Port. 04112 Phone # 774-8287
 Est. Construction Cost: \$20,000 Proposed Use: sin. fam.
 Past Use: same
 # 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 _____
 Explanation: Renovations to exist. driveway and kitchen, 3 sheets

For Official Use Only
 Date: July 5, 1990
 Inside Firm Limit: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: 20,000.00
 Name: _____
 Location: 041-6-7637
 Ownership: _____
 City of Portland

Zoning: _____
 Street Fronts Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Requirements: No increase in footprint
 Zoning Board Approval: Yes _____ No _____
 Planning Board Approval: Yes _____ No _____
 Conditional Use: _____ Variance _____
 Shoreland Zoning: Yes _____ No _____
 Floodplain: Yes _____ No _____
 Special Exception _____
 Other (Explain): OK WDTA = 7-5-90

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

Floor:
 1. Sills Size: _____
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing: 16" O.C.
 5. Bridging Type: _____
 6. Floor Sheathing Type: ply Size: FOOTPRINT
 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 _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

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

Roof:
 1. Truss or Rafter Size: 00 PSI
 2. Sheathing Type _____
 3. Roof Covering Type _____
 4. Calmness: _____
 5. Type: _____
 6. Number of Fire Places _____

Heating:
 1. Type of Heat: _____
 2. Service Entrance Size _____
 3. 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 _____

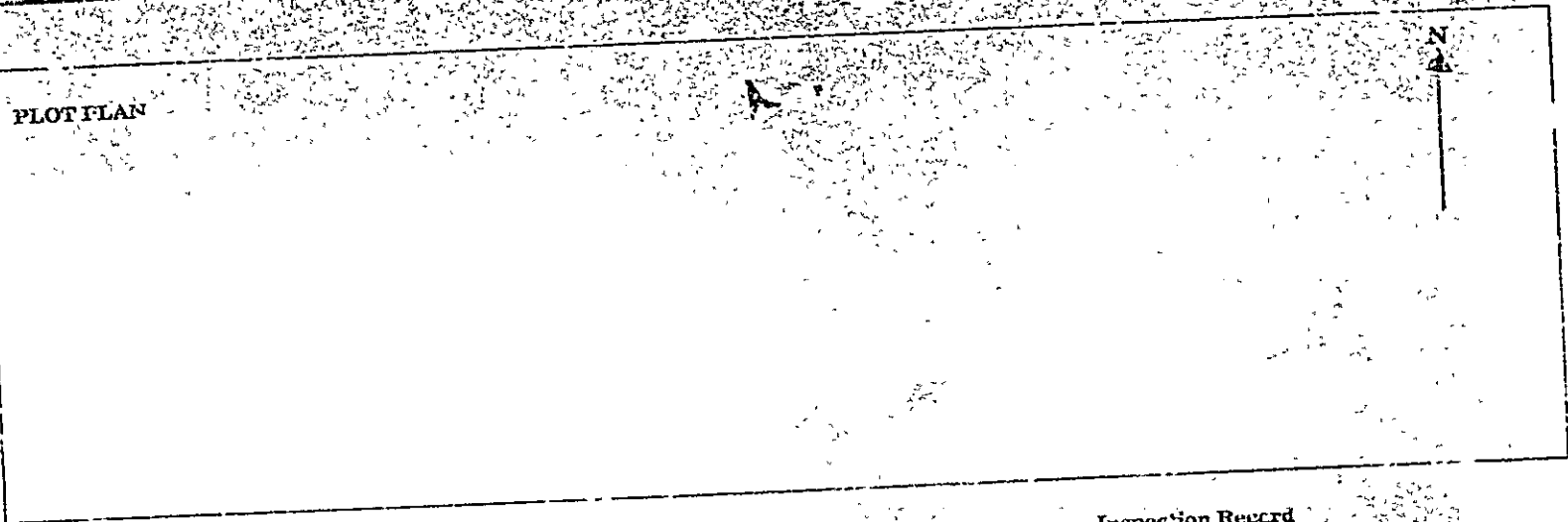
Swimming Pools:
 1. Type: _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Law

Permit Received By: Joyce M. Rinaldi
 Signature of Applicant: [Signature] Date: 7/5/90
 Signature of CEO: _____ Date: _____

Inspection Date: _____
 White Tax Assessor _____ Yellow GPCOG _____ White Tag: REB _____

NO INCREASE IN FOOTPRINT OF BLDG

PLOT PLAN



FEEES (Breakdown From Front)

Base Fee \$ 120.00

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain: _____)

Late Fee \$ _____

Inspection Record	
Type	Date
<u>6.75</u>	<u>8.10.98</u>
_____	_____
_____	_____
<u>AI</u>	_____
_____	_____
_____	_____

COMMENTS

Signature of Applicant Steve Nelson INT. POWER