

OAK AVENUE
84-R-11

PEAKS ISLAND

SI 6028 S
S
S

September 4, 1975

84-R-11, 3 Oak Ave., Peaks Is.

Leslie S. & Mildred Stanton
3 Oak Avenue
Peaks Island, Maine

Dear Mr. & Mrs. Stanton:

Permit to install a forced hot air furnace is issued herewith subject to the following Building Code Requirements.

A distance of 7" was given in the application measuring from the top of the appliance or casing top of furnace to the floor joists. It is necessary that you cover this area, extending at least 1' on all sides of the furnace, with 5/8" sheet rock taped and cemented between the joints.

Very truly yours,

Earle S. Smith, Plan Examiner
Building Inspection Services

ESS:sk



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, Sept. 4, 1975

PERMIT ISSUED

SEP 4 1975

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 84-R-11 3 Oak Ave., Peaks Island Use of Building dwelling No. Stories New Building Existing
Name and address of owner of appliance Leslie S. & Mildred Stanton, same
Installer's name and address owner Telephone 766-5001

General Description of Work

To install hot air furnace Reese brand

IF HEATER, OR POWER BOILER

Location of appliance cellar Any burnable material in floor surface or beneath? no
If so, how protected? Kind of fuel? #2 oil
Minimum distance to burnable material, from top of appliance or casing top of furnace 7"
From top of smoke pipe 4' From front of appliance 3' From sides or back of appliance 3 1/2'
Size of chimney flue 8" Other connections to same flue no
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 Reese Labelled by underwriters' laboratories?
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete slab Size of vent pipe 1 1/4"
Location of oil storage above ground in cellar Number and capacity of tanks one 250 gal.
Low water shut off Make No.
Will all tanks be more than five feet from any flame? yes How many tanks enclosed? one
Total capacity of any existing storage tanks for furnace burners 275 250 gal.

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? 15.00

APPROVED:

C.K. W. letter 9/4/75

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

Signature of Installer Leslie S. Stanton

CS 300

INSPECTION COPY

Handwritten initials

Electrician

Permit No 75/732
Location #84-R-11 30th Ave. Lake Island
Owner Leslie & Mildred Stator
Date of permit 9/4/75
Approved _____

NOTES

9-20-75 OK

CODE
COMPLIANCE
COMPLETED
DATE <u>9-30-75</u>



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date Sept. 4, 1975, 19__
 Receipt and Permit number A 3205

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: 3 Oak Street, Peaks Island 84-P-11
 OWNER'S NAME: Leslie S. & Mildred Stanton ADDRESS: same

OUTLETS: (number of)
 Lights _____
 Receptacles _____
 Switches _____
 Plugmold _____ (number of feet)
 TOTAL _____ FEE: _____

FIXTURES: (number of)
 Incandescent _____
 Fluorescent _____ (Do not include strip fluorescent)
 TOTAL _____
 Strip Fluorescent, in feet _____

SERVICES:
 Permanent, total amperes _____
 Temporary _____

METERS: (number of) _____

MOTORS: (number of)
 Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING:
 Oil or Gas (number of units) 1
 Electric (number of rooms) _____ FEE: 3.00

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 _____
 Cook Tops _____
 Wall Ovens _____
 Dryers _____
 Fans _____
 Water Heaters _____
 Disposals _____
 Dishwashers _____
 Compressors _____
 Others (denote) _____
 TOTAL _____

MISCELLANEOUS: (number of)
 Branch Panels _____
 Transformers _____
 Air Conditioners _____
 Signs _____
 Fire/Burglar Alarms _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Heavy Duty, 220v outlets _____
 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: _____
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9)
 TOTAL AMOUNT DUE: 3.00

INSPECTION:
 Will be ready on _____, 19__, or Will Call XX
 CONTRACTOR'S NAME: owner see above
 ADDRESS: _____
 TEL.: 766-5001

MASTER LICENSE NO.: _____
 LIMITED LICENSE NO.: _____
 SIGNATURE OF CONTRACTOR:
Leslie S. Stanton

INSPECTOR'S COPY

ELECTRICAL INSTALLATIONS -

Permit Number A 3205

Location 94-R-11 DAK ST

Owner L.S. Starbuck

Date of Permit 9-4-75

Final Inspection 9-30-75

By Inspector Hebert

Permit Application Register Page No. 29

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

CODE
COMPLIANCE
COMPLETED
DATE 9-30-75

DATE:	REMARKS:
<u>9-30-75</u>	<u>OK</u>

Peaks IS/



(A) APARTMENT HOUSE 2:11

APPLICATION FOR PERMIT

Permit No. _____

Class of Building or Type of Structure Third Class

SEP 8 1930

1928

Portland, Maine, September 8, 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 Old Haven, Peaks Island Ward 1 Within Fire Limits? no Dist. No. _____

Owner's or lessee's name and address David Coburn, Peaks Island Telephone _____

Contractor's name and address Geo. A. Keating, Willow St., Peaks Telephone 80

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 wood No. stories 2 Heat _____ Style of roof pitch Roofing _____

Last use dwelling house No. families 1

General Description of New Work

To erect one outside brick chimney

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? _____ earth or rock? _____

Material of foundation _____ Thickness, top _____ bottom _____

Material of underpinning _____ Height _____ Thickness _____

Kind of roof _____ Roof covering _____

No. of chimneys 1 Material of chimneys brick of lining tile

Kind of heat _____ Type of fuel _____ Distance, heater to chimney _____

If gas burner, name and model _____

Capacity and location of oil tanks _____

If 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. _____ now accommodated on same lot _____, to be accommodated _____

Total number commercial cars to be accommodated _____

Will auto. repairs 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 public street? no

Plans filed a part of this application? no No. sheets _____

Estimated cost 75. Fee \$.50

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

David Coburn

Signature of owner Geo. A. Keating

INSPECTION COPY

29 58

Ward / Permit No. 30/928

Location Oak Ave, Peaks Dr

Owner David Coburn

Date of permit 9/8/30

Notif. closing-in _____

Inspn. closing-in _____

Final Notif. _____

Final Inspn. _____

Cert. of Occupancy issued _____

NOTES

84

R
11

9/8/30 I saw Mr. Keeney
and explained what
work being at smoke
pipe condition

~~sum~~
9/8/30

9/24/30



Chimney is about a
foot away flat down
roof and projects only
about 12" above the roof
9/24/30 - Pass up - A.S.B.



PERMIT ISSUED

Permit No. 0641
APR 28 1928

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, April 25, 1928

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect, alter, or repair the following building, structure, or 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 Oak Avenue, Torrington Point Ward 1 Within Fire Limits? No Dist. No. _____
Forest City Bldg. Peaks Island

Owner's or lessee's name and address D. J. Coburn, 280 Turner St., Auburn Telephone _____

Contractor's name and address E. H. Weaver, Peaks Island Telephone Peaks 222

Architect's name and address _____

Proposed use of building Det. Dwelling house No. families 1

Other buildings on same lot none

Description of Present Building to be Altered

Material Wood No. stories 2 Heat _____ Style of roof Gable Roofing wood

Last use Dwelling No. families _____

General Description of New Work

To put 8° dormer on one side of roof - this side of building is about 6' from side but line this window is for ventilation of bath room.

To line two rooms and bath on second floor with rock lath.

NOTIFICATION OF OCCUPANCY
OR LICENSE IS
REQUIRED

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

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? _____ earth or rock? _____

Material of foundation _____ Thickness, top _____ bottom _____

Material of underpinning _____ Height _____ Thickness _____

Kind of roof _____ Roof covering Asphalt roofing Glass/C Und. Lath

No. of chimneys _____ Material of chimneys _____ of lining _____

Kind of heater _____ Type of fuel _____ Distance, heat. to chimney _____

If oil burner, name and model _____

Capacity and location of oil tanks _____

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 _____
spaced 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 \$ 150. 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

D. J. Coburn

Signature of owner: _____

INSPECTION COPY

E. H. Weaver

6233

Ward 1 Permit No. 28641

Location ²² Oak Ave Torrington Ct

Owner D. J. Coburn

Date of permit 4/23/28

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn. 6/19/28

Cert. of Occupancy issued 64

NOTES





PERMIT ISSUED
0430
MAY 30 1923

APPLICATION FOR PERMIT

Class of Building type structure Third Class

Portland, Maine March 30, 1923

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to ~~erect~~ alter ~~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 provisions:

Location Cap. Oak Ave., Morningside Point, Peaks Island Within Fire Limits? Yes Dist. No.
Owner's or Lessee's name and address D. J. Coburn, 220 Turner St., Auburn, Me. Telephone
Contractor's name and address E. H. Weaver, Peaks Island Telephone
Architect's name and address
Proposed use of building Dwelling No. families 1
Other buildings on same lot

Description of Present Building to be Altered

Material Wood No. stories 2 Heat Style of roof Pitch Roofing wood
Last use Cottage No. families

General Description of New Work

To put former window on one side of roof - this is about 15' or 20' from lot line (2 windows)
OR CLOSING IN IS NEEDED
CERTIFICATE REQUIREMENT IS NEEDED

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? earth or rock?
Material of foundation Thickness, top bottom
Material of underpinning Height Thickness
Kind of roof Roof covering Asphalt shingles Class U End. Lab.
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) 2x16" 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 or rafters: 1st floor 2nd 3rd roof
In 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 \$ 50 Per cent 50
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 D. J. Coburn
Eugene W. Coburn

INSPECTION COPY

623

Ward 1 Permit No. 28/430
Location Oak Ave Torrington Pt
Owner D. J. Cohen
Date of permit 3/2/28
Notif. closing-in
Inspn. closing-in
Final Notif.
Final Inspn. 6/1/28
Cert. of Occupancy issued 8/4

NOTES



(A) APARTMENT HOUSE ~~ONE~~

27/123



Application for Permit for Alterations and Miscellaneous Structures

CLASS OF BUILDING OR TYPE OF STRUCTURE _____

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. Portland, Maine, March 10, 1927. **PERMIT ISSUED**
MAR 10 1927

The undersigned hereby applies for a permit to alter the following described building according to the following specifications, the Laws of the State of Maine, and the Building Ordinance of the City of Portland

Location Oak Avenue, Peaks Island Ward Island 1 Within Fire Limits? Within 24

Owner's name and address? Adelaide Coffburn, Auburn, Maine

Contractor's name and address? Beavor & Son, Peaks Island Peaks Island 222

Architect's name and address? _____

Last use of building? cottage No. Families? 1

Proposed use of building? cottage No. Families? 1

Description of Present Building

Material wood No. of Stories 1 1/2 Style of Roof pitch Roofing shingle

General Description of New Work

Partition off two rooms on first floor and one room on second floor, build dormer window on second floor 10x8ft.

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

NOTIFICATION BEFORE LAYING
OR CLOSING IN IS REQUIRED

No gas fitting included in this application

Size of New Framing Members

Corner posts? _____ Sills? _____ Rafters or roof beams? _____ on-center? _____

Material and size of columns under girders? _____ on center? _____

Ledger board used? _____ Size? _____ Studs (outside walls and carrying partitions) 2 x 4 16" O. C.

Girders 6" x 8" or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts will be all one piece in cross section.

Floor timbers: 1st floor _____, 2nd _____, 3rd _____, 4th _____

On centers: 1st floor _____, 2nd _____, 3rd _____, 4th _____

Span: 1st floor _____, 2nd _____, 3rd _____, 4th _____

If 1st or 2nd Class Construction

External walls } thickness { 1st story _____, 2nd story _____
Party walls } 1st story _____, 2nd story _____

Other Details New Construction

To be erected on solid or filled land? _____ earth or rock? _____

Material of foundation? _____ Thickness, top? _____ bottom? _____

Material of underpinning? _____ over 4 ft. high? _____ thickness? _____

Kind of roof (pitch, hip, etc.)? _____ Kind of roofing? _____

No. of new chimneys? _____ Material of chimneys? _____ of lining? _____

If a Private Garage

No. cars now accommodated on lot? _____ Total number to be accommodated? _____

Other buildings on same lot? _____

Distance from nearest present building to proposed garage? _____

All parts of garage, including eaves, will be at least 2 ft. from all lot lines.

Garage will be at least _____ feet from nearest windows of adjoining property.

Miscellaneous

Will the above construction require the removal or disturbing of any shade tree on the public street? no

Plans filed as part of this application? no No. sheets? _____

Estimated total cost \$ 400. Fee? .75

Signature of owner or authorized representative? _____

Ward _____ Permit No. _____

Notif. Closing in _____

Inspn. Closing in _____

Final Notif. _____

Final Inspn. _____

Ward Isld 1. Permit No. 27/123

~~Adelante Bolson~~
~~Peak Isld., Culture~~
~~Adelante Bolson~~

Mar. 10, 1927

Notif. Closing in _____

Inspn. Closing in _____

Final Notif. _____

Final Inspn. 6/11/27

902033

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$45. Zone _____ Map # _____ Lot # _____

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

Owner: Mildred Stanton Phone # 766-5001
 Address: 3 Oak Ave- Peaks Island, ME 04108 87-Y-27
 LOCATION OF CONSTRUCTION: 3 Oak Ave; Peaks Island *
 Contractor: Quality Design Sub: 626-5746
 Address: RFD 1, Box 759 A Phone # Augusta, ME 04330
 Est. Construction Cost: 300 Proposed Use: 1-fam w new wall
 Past Use: 1-fam
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ T in Sq. Ft _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Construct new wall, entryway

For Official Use Only
 Date: 10/5/90 Subdivision: _____
 Inside Fire Limits _____ Lot: OCT 17 1990
 Bldg Code _____ Ownership: _____
 Time Limit _____
 Estimated Cost: 300 City of Portland

Zoning: TR-2
 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 _____
 Shareland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception _____
 Other (Explain): OK with 10-15-90

Call for pick-up Terr, Horr - 781-5405

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: _____

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: Brick 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 Louise E. Chase

Signature of Applicant: _____ Date: _____

Signature of CEO: Terry Horr Date: _____

Inspection Dates: _____

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 25
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

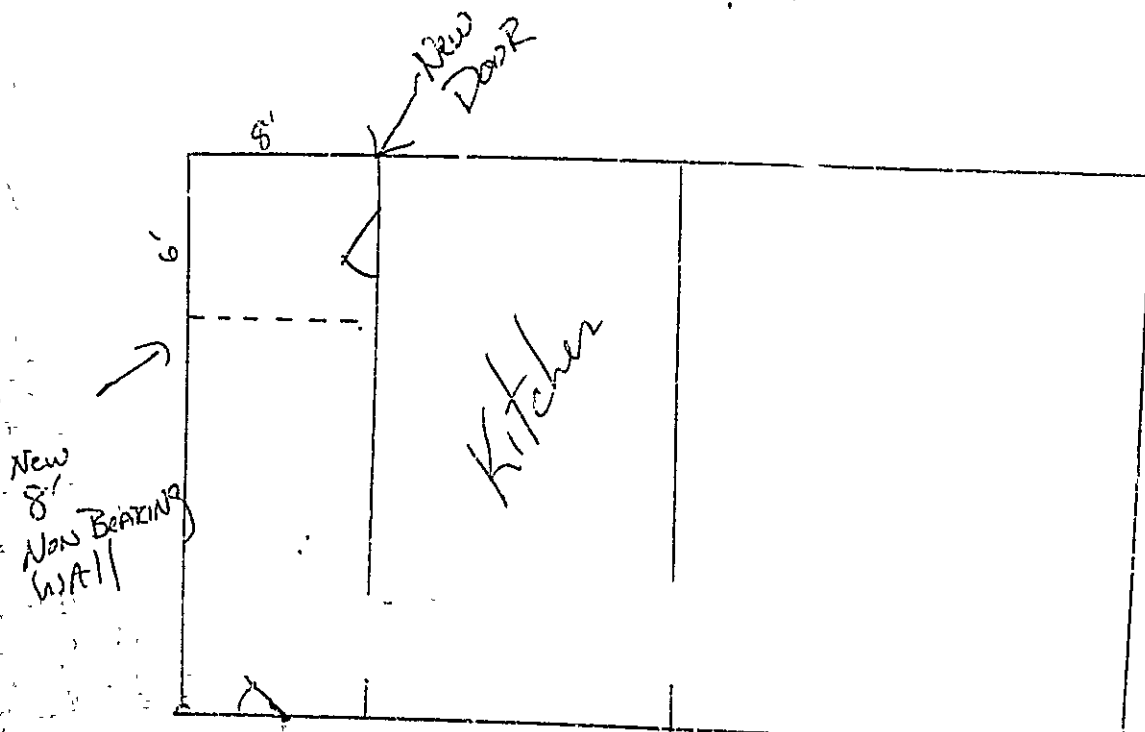
Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

5-20-81 - OK *QSP*

Signature of Applicant _____

Date _____



RECEIVED

OCT 6 5 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

Stanton
3 OAK Ave
Beako Del.

902033

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone _____ Map # _____ Lot# _____

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

Owner: Mildred Stanton Phone # 766-5001
 Address: 3 Oak Ave- Peaks Island, ME 04108
 LOCATION OF CONSTRUCTION 3 Oak Ave; Peaks Island
 Contractor: Quality Design Sub: 626-5746
 Address: RED 1, Box 759 A Phone # Augusta, ME 04330
 Est. Construction Cost: 800 Proposed Use: 1-fam w new wall
 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 _____
 E. plain Conversion Construct new wall, entryway

For Official Use Only PERMIT ISSUED
 Date 10/5/90 Subdivision _____ Name _____
 Inside Fire Limits _____ Lot OCT 17 1990
 Bldg Code _____ Ownership: City Of Portland
 Time Limit _____
 Estimated Cost 800
 Zoning: DR-2
 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 WDH 10-15-90

Call for pick up at Terry's home 781-5405
 Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____
 1 floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size _____ Spacing 16" O.C.
 4. Joists Size: _____ Size _____
 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 _____ Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Weather Exposure _____
 9. Siding Type _____
 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: _____ Spacing _____
 2. Ceiling Strapping Size _____
 3. Type Ceilings: _____ Size _____
 4. Insulation Type _____
 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 _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
 Swimming Pools:
 1. Type: _____ x _____ Square Footage _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase
 Signature of Applicant [Signature] Date 10/5/90
 Signature of CEO Terry Morr Date _____
 Inspection Dates _____
 White-Tax Assessor _____ Yellow-GPCOG _____ White Tag-CEO [Signature]

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Platatic: Portland
 Street Subdivision Lot: 3 Oak Bluff
PROPERTY OWNER'S NAME
 Last: Stanton First: Mildred
 Applicant Name: Hubley Corporation
 Mailing Address of Owner/Applicant (if Different): 1231 FOREST AVE PORT.

PURTLAND 4028 TOWN COR:
 Date Permitted: 10.19.91
 L.P.I. # 0.123
 FEE: 9.00 Credits Fee Charged: 0.00

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 of Owner/Applicant: [Signature] Date: _____

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
 Local Plumbing Inspector Sign: _____ Date: 10.27.91

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 # 1677A

Hook-Up & Piping (Relocation) Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal		Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other		Water Heater
Number of Hook-Ups & Relocations		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee			0	Fixtures (Subtotal) Column 2
			3	Fixtures (Subtotal) Column 1
			9	Permit Fee
			0	Hook-Up & Relocation Fee
			9	Permit Fee (Total)

SEE PERMIT-FEE SCHEDULE FOR CALCULATING FEE



84-01-01

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Oct. Oct. 5, 1990
Receipt and Permit number 01644

84-R-11

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: 3 Oak Ave., Peaks Island - Sin. Fam. 2ND HOUSE ON RIGHT
OWNER'S NAME: Mildred Stanton ADDRESS: same

OUTLETS:	FEES
Receptacles <u>1</u> Switches <u>2</u> Plugmold _____ ft. TOTAL <u>1-30</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL	
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <u>x</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	3.00
METERS: (number of) <u>1</u>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 Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans <u>1</u> Others (denote) _____	
TOTAL <u>1</u>	1.50
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pool: 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: _____
DOUBLE FEE DUE: _____
TOTAL AMOUNT DUE: 8.00

INSPECTION: 12:00 NOON WILL BE READY FOR INSP.
Will be ready on Oct. 9, 1990 or Will Call _____
CONTRACTOR'S NAME: Black Elec.
ADDRESS: 255 Allen Ave., Portland, ME. 04103
TEL.: 797-0892
MASTER LICENSE NO.: 10181 SIGNATURE OF CONTRACTOR: _____
LIMITED LICENSE NO.: _____

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

