

PERMIT # 369 CITY OF Portland BUILDING PERMIT APPLICATION MAP # LOT #

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

Owner: Gene & Kay Tavior
 Address: Torrington Point Peaks Island 766-2438
 LOCATION OF CONSTRUCTION: 84-U-2 Torrington Point, Peaks Island
 CONTRACTOR: Deborah Paine SUBCONTRACTORS: _____
 ADDRESS: Island Avenue Peaks Island 04108 766-2438
 Est. Construction Cost: 2,500 Type of Use: Single family
 Past Use: _____
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 _____ Conversion - Explain Construct deck on existing single family

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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. Foundation 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	
Date: <u>APR 15, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimate: <u>2,500</u>	Permit Expiration: _____
Value _____	Ownership: _____ Public _____ Private _____
Fee: <u>35</u>	

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing APR 20 1988
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____ CITY OF PORTLAND

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Other: _____

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.

Zoning:
 District: _____ Street Frontage Req.: _____ Provided _____
 Required Setback: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other: (Explain) _____
 Date Approved _____

Permit Received By Lynne Benoie

Signature of Applicant D. Paine Date 4/15/88

Signature of CEO Deborah Paine Date _____

Inspection Dates _____



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

DATE: April 19, 1988

ADDRESS: Genz & Kay Taylor
Torrington Point
Peaks Island, ME

RE: 84-1 - Peaks Island

Dear Sir:

Your application to construct a deck on existing single family has been reviewed and a permit is herewith issued subject to the following requirements:

This permit is being issued with the understanding that the deck must be shortened 5' on the ocean side, unless you wish to go to the Planning Board for review. (75' must be maintained between high water and deck).

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief, Inspection Services

jq

TAYLOR'S NEW DECK

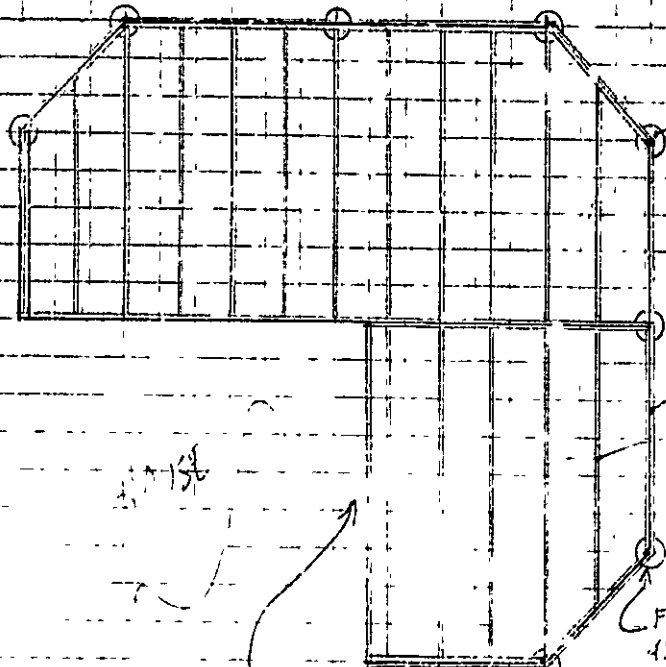
SCALE 1/4" = 1'

RECEIVED

APR 15 1938

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

← DECK FLOOR DIRECTION →



10" CONCRETE SONA TUBES TO FROST
LEVEL OR PINNED TO LEDGE
NO MORE THAN 6' C.C.

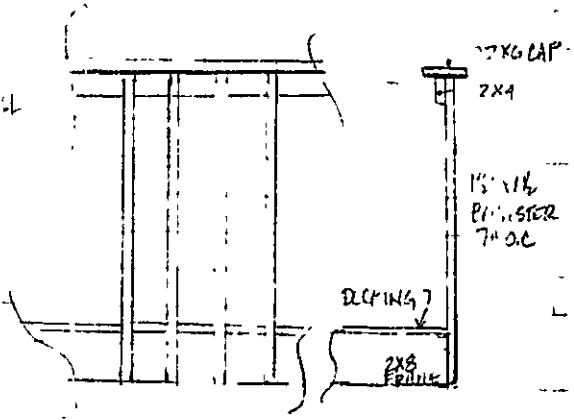
DOUBLED 2X8 PT PERIMETER

2X8 JOISTS 16" O.C.
ATTACHED WITH 16'S + HANGERS

FOUNDATION POSTS ARE
4X4 PT ON 10" SONA TUBES
OR PINNED TO LEDGE
POSTS WILL BE DIAGONAL BRICED
WITH PT 2X4'S

JOISTS WILL BE HEDGED TO HOUSE
WITH PT 2X8 - ALL JOISTS TO BE FASTENED
WITH 16'S GALL NAILS + JOIST HANGERS

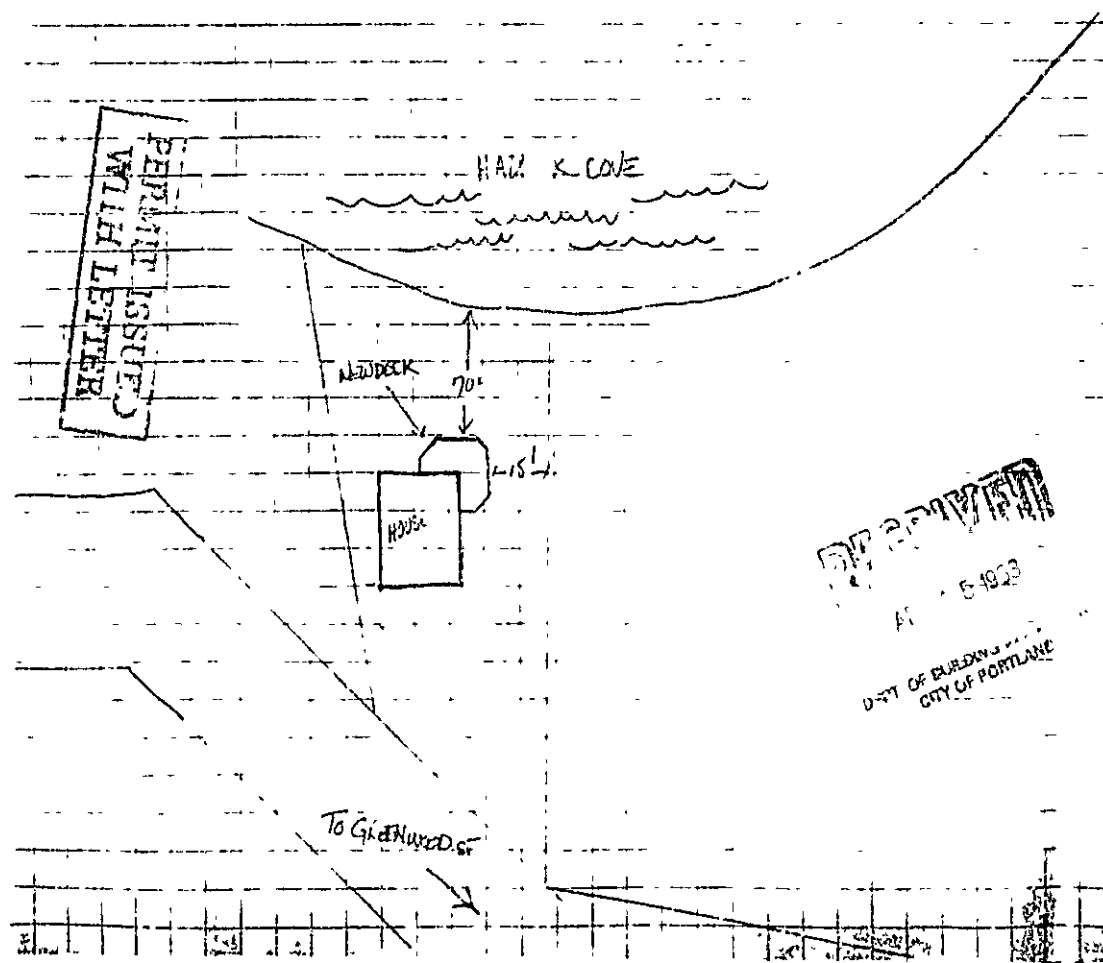
RAILING WILL
BE 36" HIGH



1 1/2" = 1"

PROPERTY OF GENE & KAYE TAYLOR
TORRINGTON POINT
PEAKS ISLAND
LOT 39+140 EA-U-2

CONTRACTOR: DEBORAH PAINE / MAINE LINE RENOVATIONS
ISLAND AVENUE
PEAKS ISLAND, ME
766-2438



577 2707 1577
APR 5 1989
DEPT OF BUILDING
CITY OF PORTLAND

PLOT PLAN

N



FEES (Breakdown From Front)

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

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

COMMENTS 7-11-88 - 015 aa

Signature of Applicant [Signature] Date _____



REP. NO. 00036 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Gene & Kay Taylor
 Address: Borington Point Peaks Island 756 2438

LOCATION OF CONSTRUCTION: Borington Point, Peaks Island

CONTRACTOR: Dorah Paine SUBCONTRACTORS: _____
 ADDRESS: Island Avenue Peaks Island 04198 766-2438

Est. Construction Cost: 2,500 Type of Use: Single family

Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain: Construct deck on existing single family

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only: _____
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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. Gally 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 Size _____ Span(s) _____
 5. Bracing Yes _____ No _____
 6. Corner Stud Size _____
 7. Insulation Type _____ Size _____
 8. Flashing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Size _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other materials _____

For Official Use Only

Date: <u>15 1988</u>	Sub. Class: Yes / No _____
Inside Fire Limits _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>2,500</u>	Permit Expiration: _____
Value/Structure: _____	Ownership: _____ Public _____ Private _____
Fee: <u>35</u>	

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Scaffolding Size: _____
 3. Type Ceiling: _____
 4. Insulation Type _____ Size: AP-20-3/50
 5. Ceiling Height: _____

Roof:
 1. Truss or Raft Size: _____ Span _____
 2. Sheathing Type: _____ Size _____
 3. Roof Covering Type _____
 4. Other _____

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.

Zoning:
 District: D-2 Street Frontage Req.: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

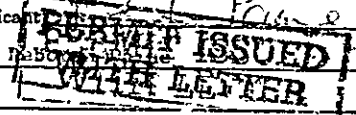
Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain): _____
 Date Approved: OK - 1/15/88 - 1/15/88

Permit Received By: Lynne Benoit

Signature of Applicant: _____ Date: 4/15/88

Signature of CEO: _____ Date: _____

Inspection Dates: _____



177 M. addate