

PERMIT # 002130 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Don and Nancy Perkins

Address: Veterans St. Peaks Island

LOCATION OF CONSTRUCTION: 85-DD-5 Veterans St. Peaks Island

CONTRACTOR: Parry Shaw SUBCONTRACTORS: 766-2677

ADDRESS: ****Adams St. Peaks Island 04108

Est. Construction Cost: 12,000. Type of Use: single family

Past Use: _____

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

Is Proposed Use: _____ Single-Family _____ Condominium _____ Apartment _____

Conversion/Explain: rebuilding a new front porch as per plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Building Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundations:

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

Floors:

1. Sill 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 Wall:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Size _____ 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 Size _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date: <u>May 22, 1989</u>	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Fire Limits _____	Name _____
Dwg Code _____	Lot _____
Time Limit: _____	Block _____
Estimated Cost: <u>12,000</u>	Permit Expiration: _____
Value Structure: _____	Ownership: _____ Public _____ Private _____
Fee: <u>80.00</u>	

Cells:

1. Ceiling Joists Size: _____ **PERMIT ISSUED**
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ SWAY 30 1989
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size: _____ **City of Portland**
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 coil 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: RS-2 Street Frontage Req: _____ Provided: _____

Required Setbacks: Front _____ Back _____ Side _____ 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: W.D. H. 5-25-89

Permit Received By: Deborah Coode

Signature of Applicant: [Signature] Date: 11/9/89

Signature of CEO: _____ Date: _____

Inspection Dates: _____

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

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PERMIT ISSUED WITH LETTER

[Signature]

PLOT PLAN

N



FEES (Breakdown From Front)

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

Type

Inspection Record

Date

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

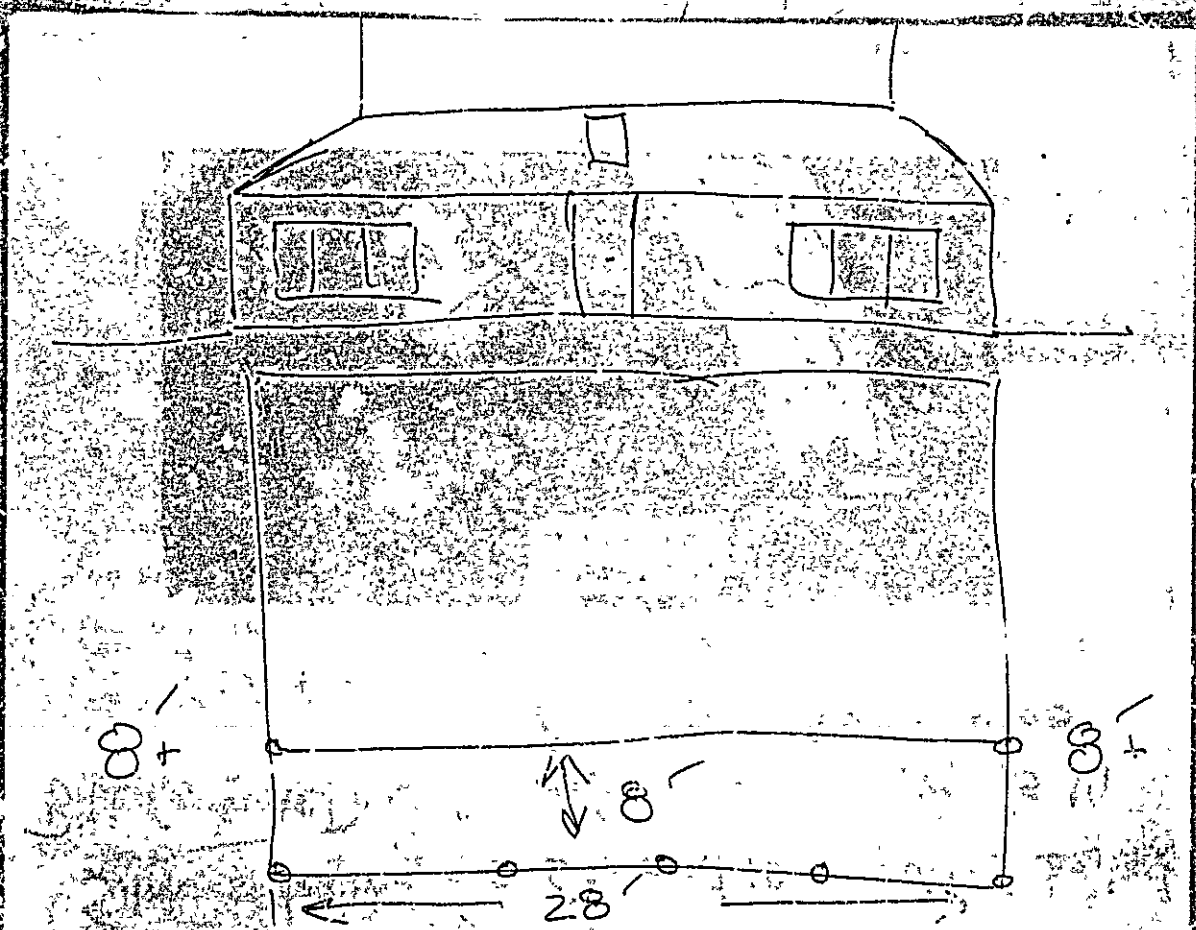
COMMENTS *12-11-89 - Complete OK RR*

Signature of Applicant

[Handwritten Signature]

Date

01/01/89



Foundation 10" sonotubes
 6' span w/ 6x8 P.T. sill
 2x8 floor joist w/ 3/4" subfloor
 walls 16" oc 2x4
 " roof 2x8s
 set back

New Ex door - Margin 3'-0" x 6'8"
 4 windows - Margin 4x6

85 - DD - 5 Perkins

Veterans St O.I.

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

May 30, 1989

Don and Nancy Perkins
Veterans Street
Peaks Island, Maine

Re: 85-DD-5 Veterans Street, Peaks Island, Maine

Dear Mr. and Mrs. Perkins:

Your application to rebuild the front porch has been reviewed and a permit is herewith issued subject to the following requirements:

This permit is being issued with the understanding that a 25' front yard setback and a 20' side yard setback be maintained.

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

Sincerely,

A handwritten signature in dark ink, appearing to read "P. Samuel Hoffsee".

P. Samuel Hoffsee
Chief, Inspection Services

cc: W. Giroux, Zoning Enforcement Officer

P. SAMUEL HOFFSEE, CHIEF
INSPECTION SERVICES DIVISION

PERM. T# 002130 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Don and Nancy Perkins
 Address: Veterans St. Peaks Island

LOCATION OF CONSTRUCTION 85-DD-5 Veterans St. Peaks Island

CONTRACTOR: Barry Shaw SUBCONTRACTORS: 766-2677

ADDRESS: ****Adams St. Peaks Island 04108

Est. Construction Cost: 12,000. Type of Use: single family

Part Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain rebuilding a new front porch as per plan

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 to O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. # of windows _____
3. No. of doors _____
4. Header Size _____ 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 Size _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall If required _____
5. Other Materials _____

For Official Use Only	
Date: <u>July 12, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limit: _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>12,000</u>	Permit Expiration: _____
Value Structure: _____	Ownership: _____ Public _____ Private _____
Fee: <u>80.00</u>	

Ceiling:

1. Ceiling Joists Size: _____ Spacing _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
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5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size: _____ Span _____
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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 _____ Squares Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District: _____ Street Frontage Req. _____ Provided _____

Review Required:

Required Setbacks: Front _____ Back _____ Side _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____

Shore and Floodplain Mgmt _____ Special Exception: _____

Other: _____ (Explain) _____

Date Approved: _____

Permit Received By Deborah Goode

Signature of Applicant _____ Date _____

Signature of CEO 7 _____ Date _____

Inspection Dates _____