

940224

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: Robin D. Wellington Phone # 766-5123
 Address: 33 First St- Peaks Island, ME 04108
 LOCATION OF CONSTRUCTION 33 First St- Peaks Island
 Contractor: _____ Sub: _____
 Address: _____ File # _____

Est. Construction Cost: _____ Proposed Use: 1-fam w home occp Zoning: _____
 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 _____
 Explain Conversion Change of Use - from 1-fam to 1-fam w home

For Official Use Only

Date: 4/1/94 Subdivision: _____
 Inside Fire Limit: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: _____

City of Portland

85 P 2 occupation (day/care to 6 chln pls
 Foundation: _____ 2 sch/age)

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

- Floor: propw owner:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: Daniel Muo
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: San Bernadino Spacing 14" O.C.
 5. Bridging Type: CA Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

- Exterior Walls:
 1. Studing 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. Studing Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

White - Tax Assessor

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): WDA 4-4-94

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

Roof:
 1. Truss or Rafter Size _____ Spacing _____
 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: Louise E. Chase
 Signature of Applicant: Robin D. Wellington Date: 4/1/94
 CEO's District: 7 Robin D. Wellington

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO F. M. A. Rowe

HISTORIC PRESERVATION

940224

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

PERMIT ISSUED

Owner: Robin D. Wellington Phone # 766-5123
Address: 33 First St- Peaks Island, ME 04108
LOCATION OF CONSTRUCTION 33 First St- Peaks Island
Contractor: _____ Sub: _____
Address: _____ Phone # _____

For Official Use Only	
Date: <u>4/1/94</u>	Subdivisor: _____
Inside Fire Limits: _____	Plan: <u>APR - 4 1994</u>
Flg Code: _____	Lot: _____
Time Limit: _____	Owner: _____
Estimated Cost: _____	CITY OF PORTLAND

Est. Construction Cost: _____ Proposed Use: 1-fam w home occp Zoning: _____
Actual 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 _____
Explain Conversion: Change of Use - from 1-fam to 1-fam w home

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): WDA 4-4-94 HISTORIC PRESERVATION

85 P 2 occupation (day/care to 6 chln pls
2 sch/age)

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

Ceiling:
1. Ceiling Joists Size: _____ Not in District nor Landmark
2. Ceiling Strapping Size _____ Spacing _____ Does not require review
3. Type Ceilings: _____ Requires Review
4. Insulation Type _____ Size _____
5. Ceiling Height: _____
Action: _____ Approved

Floor: prop# owner:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: Daniel Muro
3. Lolly Column Spacing: San Bernardino Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: LA Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Roof:
1. Truss or Rafter Size _____ Span _____ Approved with Conditions
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____ Date _____
Chimneys: _____ Number of Fire Places _____
Type: _____ Signature: _____

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 _____

Heating: Type of Heat: MA. ROWE
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 _____

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

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 Robin D. Wellington Date 4/1/94
7 Robin D. Wellington
CEO's District _____

White - Tax Assessor

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO MA. ROWE

PLOT PLAN



4/23/96

VOID

moved away, R. C. [Signature]

FEES (Breakdown From Front)
Base Fee \$ _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS:

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

We are aware that
Robin Wellington is running
a day care in the house
she is renting from us. She
has our permission to do so.
The address of the rental is
33 First, Peaks Island, Maine.

Daniel E. Murr
Catherine Murr

3263 W. D. Street
San Bernardino, Ca 92405

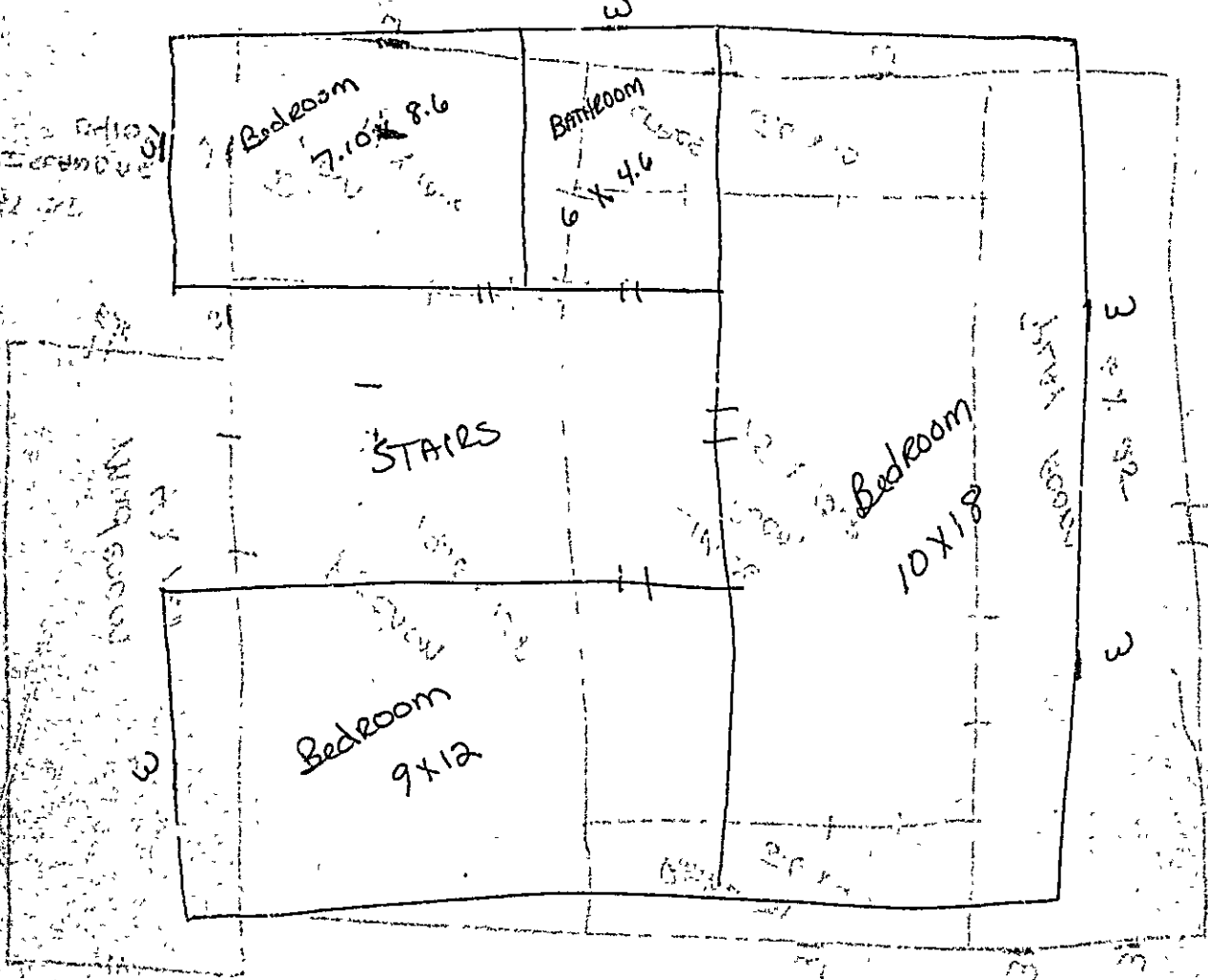
DOWNSTAIRS



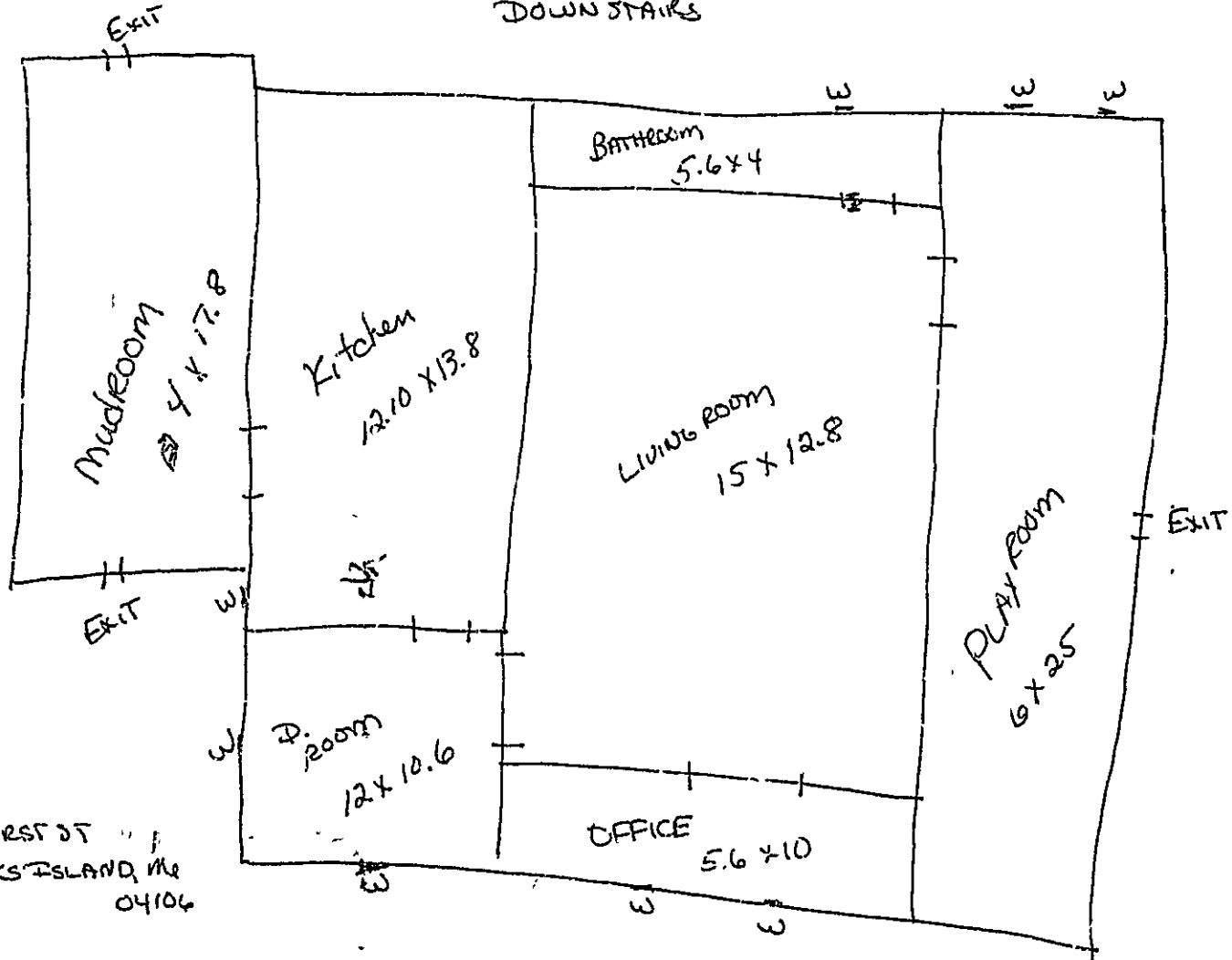
33 WEST ST
PEAKS ISLAND ME
04108

Abt 1985

UPSTAIRS



DOWN STAIRS



33 FIRST ST
PEAKS ISLAND, ME
04106

U.P STAIRS.

