



# APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED

Amendment No. 1

JUL 6 1990

Portland, Maine, 6/21/90

City of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 8911774 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location Seabrook Ave. Peaks Island - 86-A-13 Within Fire Limits? \_\_\_\_\_ Dist. No. \_\_\_\_\_

Owner's name and address Will Winkelman Pleasant Ave. Telephone \_\_\_\_\_

Lessee's name and address \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor's name and address \_\_\_\_\_ Telephone \_\_\_\_\_

Architect \_\_\_\_\_ Plans filed \_\_\_\_\_ No. of sheets \_\_\_\_\_

Proposed use of building single-family dwla No. families \_\_\_\_\_

Last use \_\_\_\_\_ No. families \_\_\_\_\_

Increased cost of work \$15,000. Additional fee \$95.

### Description of Proposed Work

Increased cost of estimated construction.

### Details of New Work

Is any plumbing involved in this work? \_\_\_\_\_ Is any electrical work involved in this work? \_\_\_\_\_

Height average grade to top of plate \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_

Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_ cellar \_\_\_\_\_

Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_

Kind of roof \_\_\_\_\_ Rise per foot \_\_\_\_\_ Roof covering \_\_\_\_\_

No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_

Framing lumber -- Kind \_\_\_\_\_ Dressed or full size? \_\_\_\_\_

Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_

Girders \_\_\_\_\_ Size \_\_\_\_\_ Columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_

Studs (outside walls and carrying partitions) 2x4-16" O.C Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

Maximum span: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

Approved:

\_\_\_\_\_

Signature of Owner \_\_\_\_\_

Approved: \_\_\_\_\_

Inspector of Buildings

INSPECTION COPY -- WHITE  
APPLICANT'S COPY -- YELLOW

FILE COPY -- PINK  
ASSESSOR'S COPY -- GOLDEN

17 Mrs. Addato

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND-PEAKS ISLAND**

Street: **SEASHORE AVENUE**

Subdivision Lot #: **TAX MAP 86 BLOCK A LOT 13**

**PROPERTY OWNERS NAME**

WINKELMAN WILL  
Last: First

Applicant Name: **WILL WINKELMAN**

Mailing Address of Owner/Applicant (If Different): **PLEASANT AVENUE PEAKS ISLAND MAINE 04108**

86-A-13

PORTLAND PERMIT # **3,095** TOWN COPY

Date Permit Issued: **9-29-88**

Local Plumbing Inspector Signature: *[Signature]*

L.P.I. # **1123**

FEE: \$ **40**

Local Plumbing Inspector Signature: *[Signature]*

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understanding and that no falsification is reason for the Local

*[Signature]* **29 SEPT 88**  
Signature of Owner/Applicant Date

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

*[Signature]* **9/12/89**  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

**THE FAILING SYSTEM IS:**

- BED
- CHAMBER
- TRENCH
- OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER ADDITIONAL OUTBUILDING  
SPECIFY \_\_\_\_\_  
WITH TOILET - NO BEDROOMS

**SIZE OF PROPERTY** **ZONING**

**36,620 sq ft** **IR1**

**TYPE OF WATER SUPPLY**

**DRILLED WELL**

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: **750** **1000** GALS.

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)**

**4 BEDROOM MODERATE 480**

**LOW VOLUME TOILET 48**

**DESIGN FLOW: 432 (GALLONS/DAY)**

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: **4** CONDITION: **AIII**

DEPTH TO LIMITING FACTOR: **26**

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq Ft
- CHAMBER **575** Sq Ft
- TRENCH \_\_\_\_\_ Linear Ft
- OTHER \_\_\_\_\_

**SITE EVALUATOR STATEMENT \* USED 23 INFILTRATOR® POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION**

On **NOVEMBER 21 1987** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

*[Signature]* **0003/4814** **9/26/88**  
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

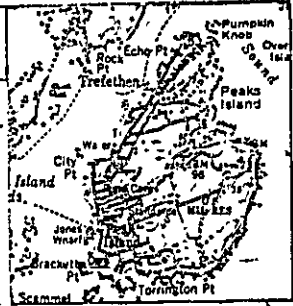
SITE EVALUATION WAIVED BY LOCAL OPTION

\* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver Under a Local Order.

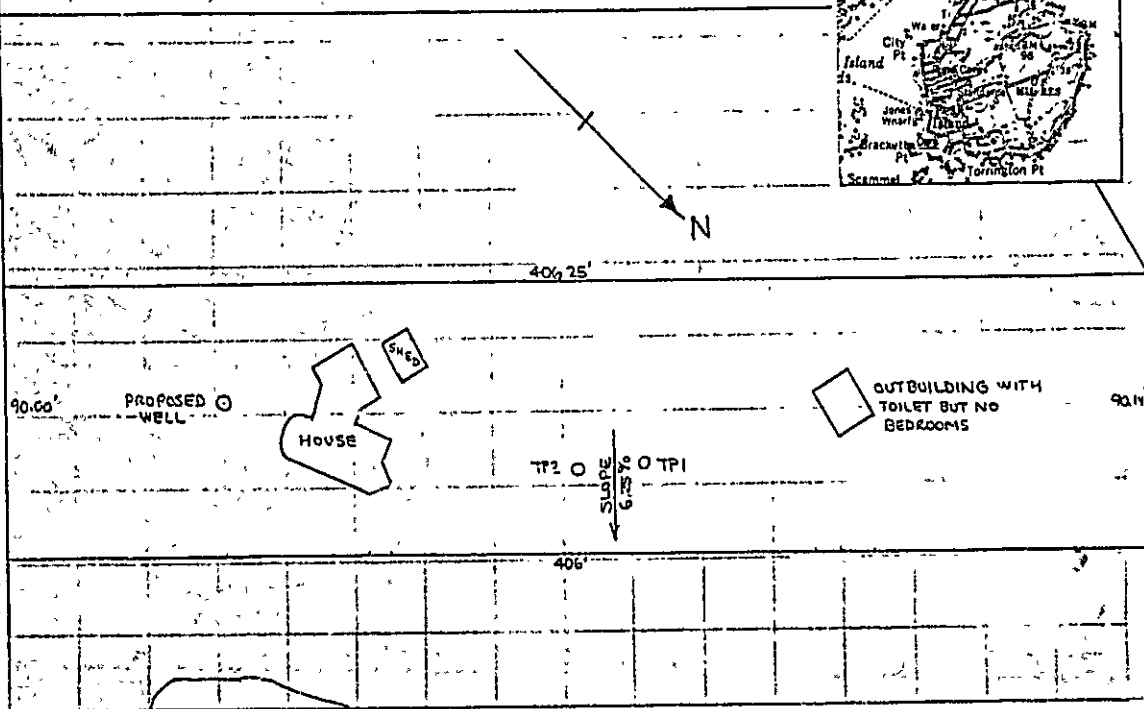
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND</b>	Street, Road, Subdivision <b>SEASHORE AVE 86-A-13</b>	Owners Name <b>WILL WINKELMAN</b>
SITE PLAN		Scale 1" = <u>50</u> FL.



SEASHORE AVENUE



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>2</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>2</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2' FOREST FEAT		Depth of Organic Horizon Above Mineral Soil		2' FOREST FEAT		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-6" SANDY LOAM		DARK BROWN		0-6" LOAM		DARK BROWN	
6-10" LOAMY GRAVEL	LOOSE	RED BROWN	NONE	6-10" LOAMY GRAVEL	LOOSE	RED BROWN	NONE
10-15" GRAVEL			FEW	10-15" GRAVEL			FEW
15-30" BEDROCK				15-30" BEDROCK			
30-50" BEDROCK				30-50" BEDROCK			
Soil Profile <u>4</u>	Classification <u>AIII</u>	Slope <u>6 1/4 %</u>	Limiting Factor <u>28</u>	Soil Profile <u>4</u>	Classification <u>AIII</u>	Slope <u>6 1/4 %</u>	Limiting Factor <u>26</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock			

*William B. Jordan*  
Site Evaluator or Professional Engineer's Signature

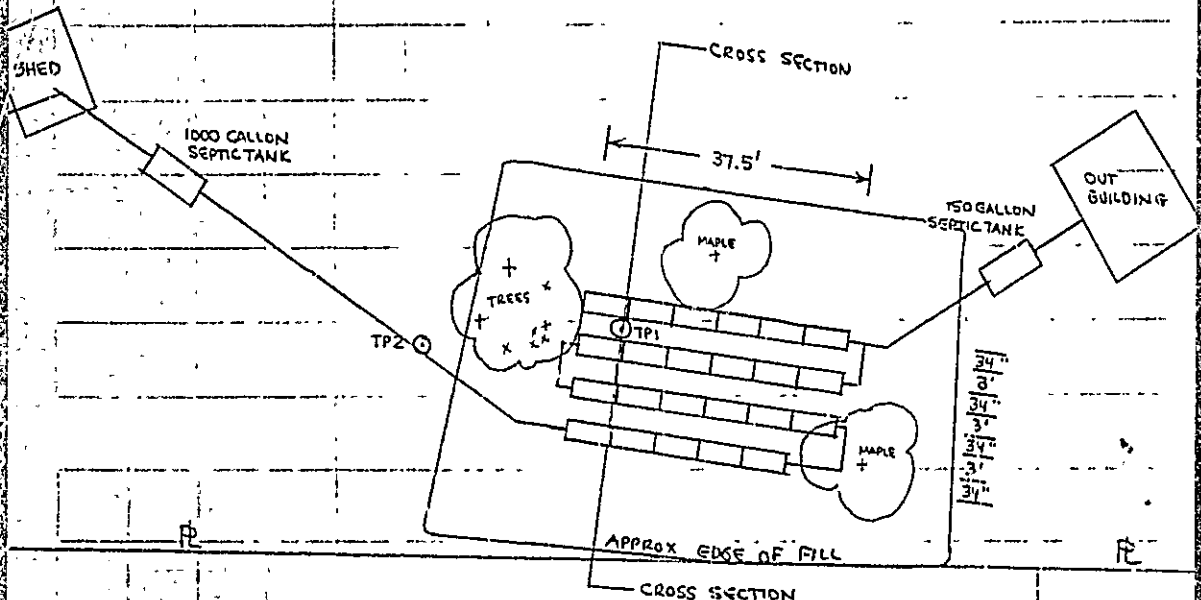
0003/4814  
SE# / PE#

9/26/88  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

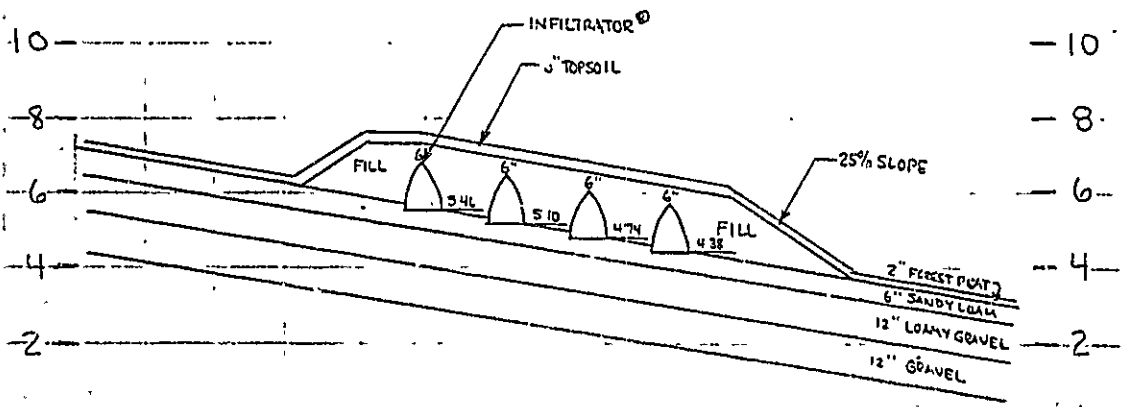
Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND</b>	Street, Road, Subdivision <b>SEASHORE AVE 86-A-13</b>	Owner's Name <b>WILL WINKELMAN</b>
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <b>20</b> FL



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>23</u>	Reference Elevation is <u>TO BE ESTABLISHED</u>	<b>TO BE ESTABLISHED</b>
Depth of Fill (Downslope) <u>23</u>	Bottom of Disposal Area <u>SEE CROSS SECTION</u>	
	Top of Distribution Lines or Chambers <u>SEE CROSS SECTION</u>	

<b>DISPOSAL AREA CROSS SECTION</b>		Scale:
		Vertical: 1 Inch = 4 FL
		Horizontal: 1 Inch = 10 FL



*William B. Goodman*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE # / PE #

9/26/88  
Date

# PLUMBING APPLICATION

**PROPERTY ADDRESS**

Town or Plantation: PEAKS ISLAND 86-A-13

Street Subdivision Lot #: 500 SEASHORE AVE

**PROPERTY OWNERS NAME**

Last: WINKELMAN First: WILLIAM

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): 426 PLEASANT AVE PEAKS ISLAND

PORTLAND 3874 TOWN COPY

Date Permit Issued: 6.6.90

FEE: \$198.11 (Double Fee Charged)

L.P.I. #: 01231

Local Plumbing Inspector Signature: \_\_\_\_\_

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and I understand that any falsification is reason for the Local Plumbing Inspector to deny a permit.

Signature of Owner/Applicant: \_\_\_\_\_ Date: 6/6/90

**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 Signature: \_\_\_\_\_ Date Approved: NOV 19 1990

**PERMIT INFORMATION**

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY \_\_\_\_\_

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # \_\_\_\_\_

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
<p><b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.</p> <p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures</p>	2	Hosebibb / Silcock	1	Bathtub (and Shower)
	-	Floor Drain	3	Shower (Separate)
	-	Urinal	4	Sink
	-	Drinking Fountain	-	Wash Basin
	-	Indirect Waste	3	Water Closet (Toilet)
	-	Water Treatment Softener, Filter, etc.	1	Clothes Washer
	-	Grease/Oil Separator	-	Dish Washer
	-	Dental Cuspidor	-	Garbage Disposal
	-	Bidet	-	Laundry Tub
	-	Other: _____	2	Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		14	Fixtures (Subtotal) Column 1
\$ 6 Hook-Up & Relocation Fee	2		2	Fixtures (Subtotal) Column 2
<p><b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b></p>			16	Total Fixture Fee
			\$ 12	Fixture Fee
			\$ 6	Hook-Up & Relocation Fee
			\$ 48	Permit Fee (Total)



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 6/6/90, 19\_\_\_\_  
 Receipt and Permit number 01339

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: 500 Seashore Ave; Peaks Isl - 86-A-13

OWNER'S NAME: William Winkelman ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>53</u> Switches <u>30</u> Plugmold _____ ft. TOTAL <u>83</u> .....	<u>7.30</u>
FIXTURES: (number of)	
Incandescent <u>22</u> Flourescent _____ (not strip) TOTAL <u>22</u> .....	<u>4.20</u>
Strip Flourescent _____ ft. ....	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
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 _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____ <u>1</u> _____	
Fans _____	
Water Heaters _____	
Disposals _____	
Dishwashers _____	
Compactors _____	
Others (denote) _____	
TOTAL <u>1</u> .....	<u>1.50</u>
MISCELLANEOUS: (number of)	
Branch Panels <u>2</u> .....	<u>2.00</u>
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools 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: _____
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT .....	DOUBLE FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-r6.b) .....	
	TOTAL AMOUNT DUE: <u>15.00</u>

**INSPECTION:**

Will be ready on x, 19\_\_\_\_; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: William Winkelman

ADDRESS: 500 Seashore Ave; Peaks Isl

TEL.: 766-5669

MASTER LICENSE NO. \_\_\_\_\_

LIMITED LICENSE NO. \_\_\_\_\_

SIGNATURE OF CONTRACTOR:

*William Winkelman* one-family home-owner doing own work

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

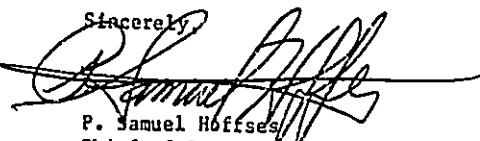
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- \*9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.
- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el  
11/16/88

BUILDING PERMIT REPORT

ADDRESS: 86-A-13 Seashore Ave Peaks Is DATE: 16/MAR/89

REASON FOR PERMIT: Single Family dwelling

BUILDING OWNER: WILL WICKELMAN

CONTRACTOR: owner

PERMIT APPLICANT: 1

APPROVED: \*1\*2\*6\*7\*9 DENIED: \_\_\_\_\_

CONDITION OF APPROVAL OR DENIAL:

- \* 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- \* 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- \* 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).





CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

March 16, 1989

Mr. Will Winkelman  
Pleasant Avenue  
Peaks Island, Maine 04108

Re: 86-A-13 Seashore Avenue, Peaks Island

Dear Sir:

Your application to construct a new single family dwelling has been reviewed and a permit is herewith issued subject to the following requirements

Site Plan Review

Public Works	Approved	Steve Harris	October 11, 1988
Inspection Services	Approved	William Giroux	March 16, 1989

Building Code Requirements

- 1.) Please read and implement items 1,2,6,7 and 9 of the attached Building Permit Report.
- 2.) Subsurface disposal system must be approved before work begins. Please apply for a permit.

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

Sincerely,

P. Samuel Hoffses  
Chief, Inspection Services

cc: Steve Harris, Public Works

**PLOT PLAN**



**FEES (Breakdown From Front)**

Base Fee \$ 25.00  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ In established subdivision (Southgate)  
 Other Fees \$ \_\_\_\_\_ (Sent copy of site plan to public works)  
 (Expense) 370.00  
 Late Fee \$ 50.00 - minor, minor site plan

Type		Inspection Record	
Not Done	Done		Date
		Done	6/15/94

**COMMENTS**

*Work finished*

*WIP*

Signature of Applicant

*[Handwritten Signature]*

Date

*20 SEPT 94*

PERMIT # 001774

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Will Wirkelman - 766-2153-H 775-3224-Bus.

Address: Pleasant Ave., Peaks Island, ME 04108

LOCATION OF CONSTRUCTION 86-A-13 Seashore Ave., P. I.

CONTRACTOR: owner SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Est. Construction Cost: \$75,300 Type of Use: single faml.

Part Use: \_\_\_\_\_

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

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain: To construct air. fam. with cut bldg. (workshop)

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE Minor, Alter or Add \_\_\_\_\_

Residential Building Only: 1 set construct \_\_\_\_\_

# 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. 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 \_\_\_\_\_
5. Other Materials \_\_\_\_\_

For Official Use Only	
Date: <u>Sept. 30, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Hdg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$75,000</u>	Permit Description: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$50.00</u>	Plan _____

3395.00 building fee

- Ceiling:
1. Ceiling Joists Size: \_\_\_\_\_
  2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
  3. Typ. Ceilings: \_\_\_\_\_
  4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
  5. Ceiling Height: \_\_\_\_\_

PERMIT ISSUED

MAR 16 1989

- Roof:
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
  2. Sheathing Type \_\_\_\_\_
  3. Roof Covering Type \_\_\_\_\_
  4. Other \_\_\_\_\_

City of Portland

Chimneys: \_\_\_\_\_

Heating: \_\_\_\_\_

Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

1. Approval of soil test if required Yes pc No \_\_\_\_\_
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_

Swimming Pools: \_\_\_\_\_

Zoning: \_\_\_\_\_

Review Required: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shore and Floodplain Mgmt: \_\_\_\_\_ Special Exception \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Date Approved: 3-16-89

Permit Received By: Joyce M. Kraldi

Signature of Applicant: \_\_\_\_\_ Date: 9-5-88

Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_

*Handwritten signature/initials*

PERMIT # 501774

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Will Winkelman - 766-2153-H 775-3224-Bus.

Address: Pleasant Ave., Peaks Island, ME 04108

LOCATION OF CONSTRUCTION: 86-A-13 Seashore Ave., P. I.

CONTRACTOR: owner SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Est. Construction Cost: \$75,000 Type of Use: single family

Past Use: \_\_\_\_\_  
Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Sq Ft \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion: Explain To construct sin. fam. with out bldg. (workshop).

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE. Minor, Minor site plan. 1 set construction plans. Other  
Residential Buildings Only: \_\_\_\_\_  
# Of Dwelling Units: \_\_\_\_\_ # Of New Dwelling Units: submitted

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

Floors:  
1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
2. Girder Size: \_\_\_\_\_ Size: \_\_\_\_\_  
3. Lally Column Spacing: \_\_\_\_\_ 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 \_\_\_\_\_  
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 Material \_\_\_\_\_

For Official Use Only

Subdivision: Yes / No \_\_\_\_\_  
Date: SEP 30 1988 Name: \_\_\_\_\_  
Inside Fire Limits: \_\_\_\_\_ Lot: \_\_\_\_\_  
Blg Code: \_\_\_\_\_ Block: \_\_\_\_\_  
Time Limit: \_\_\_\_\_ Permit Expiration: \_\_\_\_\_  
Estimated Cost: \$75,000 Ownership: \_\_\_\_\_ Public: \_\_\_\_\_ Private: \_\_\_\_\_  
Value Structure: \_\_\_\_\_  
Fee: \$50.00 - minor, minor site plan  
\$395.00 - building fee

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

Roof:  
1. Truss or Rafter 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: \_\_\_\_\_ Square Footage \_\_\_\_\_  
2. Pool Size: \_\_\_\_\_  
3. Must conform to National Electrical Code and State Law.

Zoning:  
District: \_\_\_\_\_ Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_ Side \_\_\_\_\_  
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: Joyce H. Rinald

Signature of Applicant: [Signature] Date: 30 SEPT 88

Signature of CEO: [Signature] Date: \_\_\_\_\_

Inspection Dates: [Signature]

White-Tax Assessor • Yellow-GPCOG • White Tag - CEO

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PERMIT ISSUED

MAR 16 1989

CITY OF PORTLAND





APPLICATION FOR AMEN MENT TO PERMIT

PERMIT ISSUED

Amendment No. 1

JUL 8 1990

Portland, Maine, 6/21/90

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 89/1774 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location Seashore Ave.; Peaks Isl 86-4-13 Within Fire Limits? Dist. No.

Owner's name and address Will Winkelman Pleasant Ave. Telephone

Lessee's name and address Peaks Island, ME 04108 Telephone

Contractor's name and address Telephone

Architect Plans filed No. of sheets

Proposed use of building single-family dwlg No. families

Last use No. families

Increased cost of work \$15,000. Additional fee \$95

Description of Proposed Work

Increased cost of estimated construction.

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Material of underpinning Height Thickness

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining

Framing lumber - Kind Dressed or full size?

Corner posts Sills Girt or ledger board? Size

Girders Size Columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4 16" O.C. Bridging in every floor and flat roof span over 8 feet.

Joints and rafters. 1st floor, 2nd, 3rd, roof

On centers: 1st floor, 2nd, 3rd, roof

Maximum span 1st floor, 2nd, 3rd, roof

Approved:

Signature of Owner, Approved: Inspector of Buildings

ION COPY - WHITE APPL ANT'S COPY - YELLOW

FILE COPY - PINK ASSESSOR'S COPY - GOLDEN

Handwritten signature and initials

CITY OF PORTLAND  
INSPECTION SERVICE

ATTN: ARTHE ADDATO

BUILDING PERMIT VALUATION INCREASE

FROM 75,000  
TO 90,000

= 15,000 ADDITIONAL: @ \$ 25 FOR FIRST 1000.  
\$ 5 FOR EACH ADDITIONAL 1000

\$5 x 14 = 70.  
\$25 = 25

95\$ ADDITIONAL  
PAYMENT.

RE: WILL WINKELMAN  
SEASIDE AVE - PEAKS IS.

pd 1-2-90

Available to serve you with Budget Prices, Window Detailing and Spec Writing

Form No. BR-202

ENTRY DOOR SYSTEM  
Wood and Steel  
Hinged French Patio Doors

Andersen "Rain Sensitized"  
Automatic Closing  
ROOF WINDOWS

Winkelman  
Route #95  
P.O.  
Cinnard street  
P.O. 15 820. Seaside  
Peaks Island  
Seaside OR 97138  
Here to you  
W

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

Processing Form

Applicant: Will Winkelman Date: Sept. 30, 1988

Mailing Address: Pleasant Ave., Peaks Island, ME 04108 Address of Proposed Site: 86-A-13 Seashore Avenue, Peaks Island

Proposed Use of Site: Single Family Site Identifier(s) from Assessors Maps: 86-A-13

Acres of Site / Ground Floor Coverage: 36,600 S.F. / 800 S.F. Zoning of Proposed Site: IR-1

Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors: 3 1/2

Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area: 1800 S.F.

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: This is in Southgate Subdivision

Date Dept. Review Due: \_\_\_\_\_

**BUILDING DEPARTMENT SITE PLAN REVIEW**

(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
  - Requires Board of Appeals Action
  - Requires Planning Board/City Council Action

Explanation: \_\_\_\_\_

Use complies with Zoning Ordinance — Staff Review Below

Zoning: **SPACE & BULK,**  
as applicable

	DATE	ZONE LOCATION	INTERIOR OR CORNER LCT	40 FT SETBACK AREA (SEC 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS	
COMPLIES																			
COMPLIES CONDITIONALLY																			CONDITIONS SPECIFIED BELOW
DOES NOT COMPLY																			REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*OK WD [Signature] 3-16-89*

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT ORIGINAL



CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

*Steve Harris*

Applicant Will Winkelman

Date Sept. 30, 1988

Mailing Address Pleasant Ave Peaks Island, ME 04108

Address of Proposed Site 86-A-13 Seashore Avenue, Peaks Island

Proposed Use of Site Single Family

Site Identifier(s) from Assessors Maps 86-A-13

Acres of Site 2.5 / 800 S.F. Ground Floor Coverage

Zoning of Proposed Site IR-1

Site Location Review (DEP) Required: ( ) Yes ( ) No

Proposed Number of Floors 3 1/2

Board of Appeals Action Required: ( ) Yes ( ) No

Total Floor Area 1800 S.F.

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: this is in Southgate Subdivision

Date Dept. Review Due: \_\_\_\_\_

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) \_\_\_\_\_

7

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED															REASONS SPECIFIED BELOW	

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach Separate Sheet If Necessary)

*OK WR* *3-16-89* *Steve Harris* 10/11/88  
 SIGNATURE OF REVIEWING STAFF/DATE  
 PUBLIC WORKS DEPARTMENT COPY

Applicant:

Date:

Address:

Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date - 3-16-89

Zone Location - IR 1

Interior or corner lot -

Use - single fam.

Sewage Disposal - approved per Ernie

Rear Yards - OK 30' req.

Side Yards - 20' 20' req.

Front Yards - OK 30' req.

Projections - none

Height - 2 1/2 ? 35' max.

Lot Area - 37,000 #

Building Area - OK

Area per Family - single

Width of Lot - 90' + OK

Lot Frontage - OK

Off-street Parking - OK

Loading Bay. - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -

22 March 1989

Nancy Grossman  
Inspections  
Portland City Hall  
Portland, Me.

*Arthur,  
FYI.*

Re: Building permit amendment (on 21 March) for Will Winkelman of Peaks Island. (Single family, lot on Seashore Ave, Southgate Subdivision).


Nancy:

Thanks for your help on amending my recently issued building permit (regarding a siting/setback issue for a shed located adjacent to my proposed new house).

For the purpose of clear documentation, I have revised my site or plot plan (which is part of the set of drawings I submitted for review when I applied for my building permit). The revision - noted and dated as such, and highlighted in yellow - reflects the simple setback change for the shed (from 20' to 15').

If you feel it would be appropriate or helpful, please include this drawing as part of the documentation of this change or amendment. If you feel the noted print you already have is adequate....then feel free to simply throw this new print away.

Thanks

  
PERMIT # 001774  
Will Winkelman  
Pleasant Ave  
Peaks Island, Me 04106  
775-3224

**RECEIVED**

MAR 24 1989

DEPT OF BUILDING INSPECTION  
CITY OF PORTLAND



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION Seashore Ave, Peaks Island 086-A-013

Issued to William Winkelman

Date of Issue 23 July 1996

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 82/001774 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family Dwelling

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

7/23/96  
(over)

*W. Winkelman*  
Inspector

*Frank Hill*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PERMIT # 0115-774

Please fill out any part which applies to job. Proper plans must accompany form.  
CITY OF Portland BUILDING PERMIT APPLICATION  
Owner: Bill Winkelman - 766-2153 - 775-3224 - P.O.  
Address: Placart Ave. East, P.O. Box 6418  
CITY OF CONSTRUCTION 66-1-15 Shore Ave., P. I.

CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUBCONTRACTORS: \_\_\_\_\_  
Est. Construction Cost: 175,000  
Type of Use: \_\_\_\_\_  
Past Use: \_\_\_\_\_  
Building Dimensions: L: \_\_\_\_\_ W: \_\_\_\_\_ Sq Ft: \_\_\_\_\_ Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: \_\_\_\_\_  
Conversion - Explain: \_\_\_\_\_ To construct: apartment

MAP # \_\_\_\_\_ LOT # \_\_\_\_\_  
Date: \_\_\_\_\_  
Issue: Sept. 30, 1988  
Inside Fire Units: \_\_\_\_\_  
Exit Code: \_\_\_\_\_  
Time Limit: \_\_\_\_\_  
Estimated Cost: 175,000  
Value Structure: \_\_\_\_\_  
Fee: 250  
Subdivision: \_\_\_\_\_  
Back: \_\_\_\_\_  
Permit Expiration: \_\_\_\_\_  
City of Portland

PERMIT ISSUED

MAR 16 1989

CITY OF PORTLAND

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE FROM THE ORIGINAL PERMIT APPLICATION.  
Residential Buildings Only: \_\_\_\_\_  
# of Dwelling Units: \_\_\_\_\_  
# of New Dwelling Units: \_\_\_\_\_

Foundations:  
1. Type of Soil: \_\_\_\_\_  
2. Set Backs - Front: \_\_\_\_\_  
3. Footings: \_\_\_\_\_  
4. Foundation Size: \_\_\_\_\_  
5. Other: \_\_\_\_\_

1. Sills Size: \_\_\_\_\_  
2. Order Size: \_\_\_\_\_  
3. Lally Columns Spacing: \_\_\_\_\_  
4. Joists: \_\_\_\_\_  
5. Bridging: \_\_\_\_\_  
6. Floor Sheathing Type: \_\_\_\_\_  
7. Other Materials: \_\_\_\_\_

1. No. Windows: \_\_\_\_\_  
2. No. Doors: \_\_\_\_\_  
3. Header Size: \_\_\_\_\_  
4. Bracing: \_\_\_\_\_  
5. Corner Posts Size: \_\_\_\_\_  
6. Sheathing Type: \_\_\_\_\_  
7. Siding Type: \_\_\_\_\_  
8. Metal Materials: \_\_\_\_\_

1. Guttering Size: \_\_\_\_\_  
2. Header Size: \_\_\_\_\_  
3. Wall Covering Type: \_\_\_\_\_  
4. Fire Wall if required: \_\_\_\_\_  
5. Other Materials: \_\_\_\_\_

Ceilings:  
1. Ceiling Joist Size: \_\_\_\_\_  
2. Ceiling Strapping Size: \_\_\_\_\_  
3. Type Ceiling: \_\_\_\_\_  
4. Insulation Type: \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_

Roofs:  
1. Truss or Rafter Size: \_\_\_\_\_  
2. Sheathing Type: \_\_\_\_\_  
3. Roof Covering Type: \_\_\_\_\_  
4. Other: \_\_\_\_\_  
Climate: \_\_\_\_\_

Heating:  
Type of Heat: \_\_\_\_\_  
Number of Fireplaces: \_\_\_\_\_  
Service Entrance Size: \_\_\_\_\_  
Smoke Detector: \_\_\_\_\_

Plumbing:  
1. Approval of soil test if required: \_\_\_\_\_  
2. No. of Tubs or Showers: \_\_\_\_\_  
3. No. of Toilets: \_\_\_\_\_  
4. Other: \_\_\_\_\_

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

Zoning:  
1. Required Schedule: \_\_\_\_\_  
2. Planning Board Approval: \_\_\_\_\_  
3. Conditional Use: \_\_\_\_\_  
4. Other: \_\_\_\_\_

Permit Received By: James M. Winkelman  
Signature of Applicant: \_\_\_\_\_  
Signature of CEO: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_

White Tax Assessor

Yellow GPCOG

White Tag CEO