

PERMIT # 012 CITY OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: St. Christopher's Parish

Address: Peaks Island, ME

LOCATION OF CONSTRUCTION: Corner of Sterling and Island Ave.

CONTRACTOR: Volunteers SUBCONTRACTORS \_\_\_\_\_

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

Est. Construction Cost: 800.00 Type of Use: storage shed

Per Use: \_\_\_\_\_

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

Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion: Explain construct new storage shed

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Building Only: \_\_\_\_\_ # of Dwelling Units \_\_\_\_\_ # of New Dwelling Units \_\_\_\_\_

Foundation:

1. Type of Soil: \_\_\_\_\_
2. Foot Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: 4x12 casted blocks
5. Other: \_\_\_\_\_

Floors:

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size: \_\_\_\_\_
3. Lally Column Sp \_\_\_\_\_ Size: \_\_\_\_\_
4. Joist Size: \_\_\_\_\_ Spacing 16" O.C.
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

Exterior Walls:

1. Stud Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. of Sides \_\_\_\_\_
3. No. Floors \_\_\_\_\_
4. Stud Size \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Header Size \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
6. Header Feet 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>April 13, 1988</u>	Subdivision: <u>Yes / No</u>
Inside Fire Limits: _____	Block: _____
Blade Code: _____	Permit Expiration: _____
Estimated Cost: <u>800.00</u>	Ownership: _____
Value Structure: _____	For: _____

Ceiling: \_\_\_\_\_

1. Ceiling Joist Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
3. Type Ceiling: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
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: \_\_\_\_\_
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

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

District: \_\_\_\_\_ 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: \_\_\_\_\_

Permit Received By Joanne Quint

Signature of Applicant: \_\_\_\_\_ Date April 13, 1988

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

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

White Tax Assessor Yellow-GPCOG

White Tag -CEO

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