

ELIZABETH ST.
87-2-30

PEAKS ISLAND





FILL IN COMPLETELY AND SIGN WITH INK

PERMIT ISSUED

Permit No.

0742

JUL 29 1944

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, July 29, 1944

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location Elizabeth Street, Peaks Use of Building dwelling house No. Stories 1 1/2 ~~Existing~~ Existing

Name and address of owner of appliance Herbert A. Jones, Elizabeth St. Peaks

Installer's name and address Owner Telephone 240

General Description of Work 7/29/44. O.K. OK.

To install one pipe warm air furnace INSPECTION NOT COMPLETE

IF HEATER, POWER BOILER OR COOKING DEVICE

Is appliance or source of heat to be in cellar? yes If not, which story _____ Kind of Fuel coal

Material of supports of appliance (concrete floor or what kind) concrete

Minimum distance to wood or combustible material, from top of appliance or casing top of furnace, one large register

from top of smoke pipe 2' from front of appliance over 4' from sides or back of appliance over 2'

Size of chimney flue 8x8 Other connections to same flue none

IF OIL BURNER

Name and type of burner _____ Labeled and approved by Underwriters' Laboratories? _____

Will operator be always in attendance? _____ Type of oil feed (gravity or pressure) _____

Location oil storage _____ No. and capacity of tanks _____

Will all tanks be more than seven feet from any flame? _____ How many tanks fireproofed? _____

Amount of fee enclosed? 1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

Signature of Installer Thomel W. Jones

INSPECTION COPY

4983

Permit No.

44) 742

Location

Elizabeth St. Peaks

Owner

Herbert A. Jones

Date of Permit

7/29/42

Post Card sent

Notif. for insp.

Approval No. issued

INSPECTION NOT COMPLETED

Oil Burner Check List (date)

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1. Kind of heat
2. Label
3. Anti-siphon
4. Oil storage
5. Tank Distance
6. Vent Pipe
7. Fill Pipe
8. Gauge
9. Rigidity
10. Feed safety
11. Pipe sizes and material
12. Control valve
13. Ash pit vent
14. Temp. or pressure safety
15. Instruction card
- 16.

NOTES

87-2-30



Original Permit No. 58/768

Amendment No. 1

PERMIT ISSUED
AMENDMENT TO APPLICATION FOR PERMIT
City of Portland, Maine, June 26, 1936.

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for an amendment to Permit No. 58/768 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location Elizabeth Street, Portland Ward 1st, B With the Fire Limits? No Dist. No. _____

Owner's or Lessee's name and address Flora M. Jones, Peake Island

Contractor's name and address Fred V. Stephenson, Peake Island

Plans filed as part of this Amendment No No. of Sheets _____

Additional fee \$5

Increased cost of work _____

Description of Proposed Work

To enlarge portion of porch 7' x 3', porch existing with roof over prior to Dec. 6, 1925.

Signature of Owner Flora M. Jones
By Fred V. Stephenson

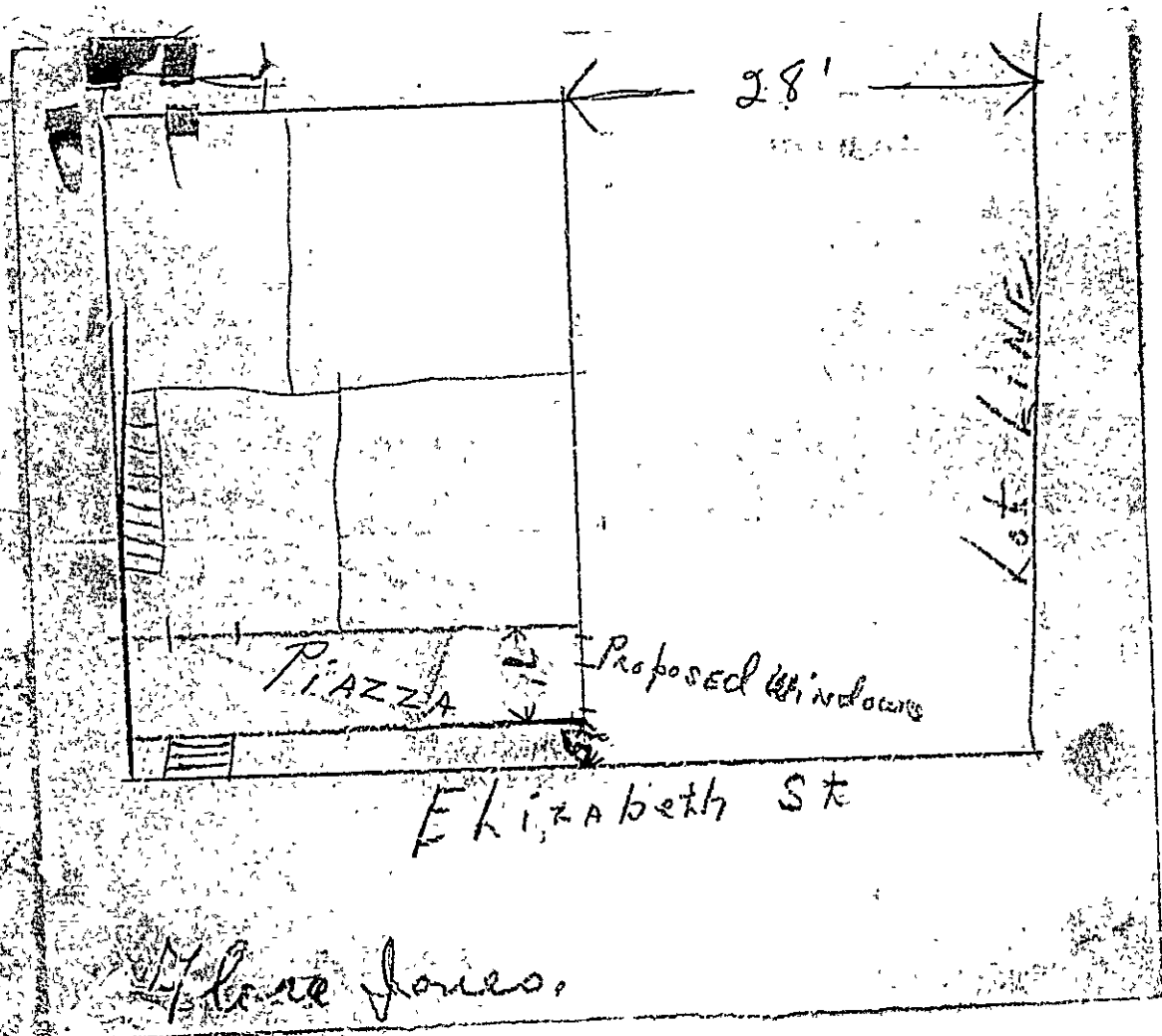
Approved:

Approved:

Chief of Fire Department.

Inspector of Buildings.

Inspector of Public Works.



Flora Jones.



APARTMENT HOUSE

Permit No. _____

APPLICATION FOR PERMIT **PERMIT ISSUED**

0768

Class of Building or Type of Structure Third 5 1938

Portland, Maine, June 5, 1938

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Elizabeth St. Peaks Island Forest City Ldg. Ward 1st P Within Fire Limits? yes Dist. No. _____

Owner's or Lessee's name and address Flora H. Jones Peaks Island Telephone _____

Contractor's name and address Fred W. Stephenson Peaks Island Telephone _____

Architect's name and address _____ Telephone _____

Proposed use of building dwelling house No. families _____

Other buildings on same lot garage

Plans filed as part of this application? yes No. of sheets 1

Estimated cost \$ 25. Fee \$ 25.

Description of Present Building to be Altered

Material frms No. stories 1 1/2 Heat _____ Style of roof pitch Roofing asphalt shingles

Last use dwelling house No. families _____

General Description of New Work

To glass in one end of piazza as per plan

NOTIFICATION BEFORE LAPSE
OR CLOSING IN IS WAIVED

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to top of plate _____
Height average grade to highest point of roof _____

To be erected on solid or filled land? _____ earth or rock? _____

Material of foundation _____ Thickness, top _____ bottom _____

Material of underpinning _____ Height _____ Thickness _____

Kind of Roof _____ Rise per foot _____ Roof covering _____

No. of chimneys _____ Material of chimneys _____ of lining _____

Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____

Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____

Material columns under girders _____ Size _____ Max. on centers _____

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

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

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

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

If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage _____

No. cars now accommodated on same lot _____ to be accommodated _____

Total number commercial cars to be accommodated _____

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Signature of owner by Flora H. Jones
Fred W. Stephenson

INSPECTION COPY

247
Permit No. 36/768

Location Elizabeth St. Peaks

Owner Elena M. Jones

Date of permit 6/5/96

Notif. closing-in 87

Inspn. closing-in 2

Final Notif. 30

Final Inspn. 6/11/96 C. Jones

Cert. of Occupancy issued 6/11/96

NOTES

7/20/96. No. 6 called for
in answer permit started
for Stephanie and
there to be worked
along about 8/2

PLUMBING APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 289-1323

PROPERTY ADDRESS

Town Or Plantation: Portland Island #1-2-30
 Street Subdivision Lot #: 41 Elm St
 PROPERTY OWNERS NAME:

Last: Rowe First: Charles
 Appl. No.: Charles A Rowe
 Mailing Address of Owner/Applicant (if different): 295 Forest Ave #327 Mt

PORTLAND PERMIT # 5020 TOWN COPY
 Date Permit Issued: 13.2.94
 Local Plumbing Inspector Signature: [Signature]

Owner/Applicant Statement

I certify that the information submitted is correct, to the best of my knowledge and understand that any falsification is cause for the revocation of this permit.

Signature of Owner/Applicant: [Signature] Date: 12/1/94

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: A Rowe Date Approved: 5-18-94

PERMIT INFORMATION

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNER MAN
- MECHANICAL HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 10, 7, 8, 7, 8

Hook-Up & Piping Relocation (Maximum of 1 Hook-Up)	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	Hosebibb / Sillcock	Bath(s) (and Shower)
	Floor Drain	Shower (Separate)
OR HOOK-UP to an existing subsurface wastewater disposal system.	Urinal	Sink
	Drinking Fountain	Wash Basin
PIPING RELOCATION of existing lines, drains, and piping for new fixtures.	Indirect Waste	Water Closet (Toilet)
	Water Treatment Softener Filter, etc.	Clothes Washer
Number of Hook-Ups & Relocations:	Grease Oil Separator	Dish Washer
	Dental Cuspldort	Garbage Disposal
Hook-Up & Relocation of:	Bidet	Laundry Tub
	Other:	Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		

TOWN COPY