

900686

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$30.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: T. Covington Johnson Phone # 766-2108  
 Address: Ocean St., Peaks Island, Maine 04108  
 LOCATION OF CONSTRUCTION 30-N-A Ocean Street, Peaks Island  
 Contractor: Phillip G. Cincetta Sub: \_\_\_\_\_  
 Address: 88 Welch St., P. I. 04108 Phone # 766-2479  
 Est. Construction Cost: \$1,500.00 Proposed Use: sin. fam.  
 Past Use: same  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: 1 # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion To construct breezeway and 3/4 landing and steps to  
existing landing and steps. 1 set of plans.

## Foundations:

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: \_\_\_\_\_
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 PERMIT ISSUED**

Date June 27, 1990 Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Let JUL 9 1990  
 Bldg Cod: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Time Limit \_\_\_\_\_ City Of \_\_\_\_\_  
 Estimated Cost \$1,500.00

Zoning: EP-2  
 Street Frontage Provided: \_\_\_\_\_  
 Provided 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 \_\_\_\_\_  
 Shoreland Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain): OK WDA = 6-27-90

## Ceiling:

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

## Roof:

1. Truss or Rafter Size \_\_\_\_\_ Size \_\_\_\_\_
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 Joyce M. Rinaldi Date 6/27/90

Signature of Applicant Phillip G. Cincetta Date 6/27/90

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

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

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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[7] Arthur Arlato

PLOT PLAN

FEES (Breakdown from Front)  
Base Fee \$ 30.00  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS 3-26-91 completed @ 12:00

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

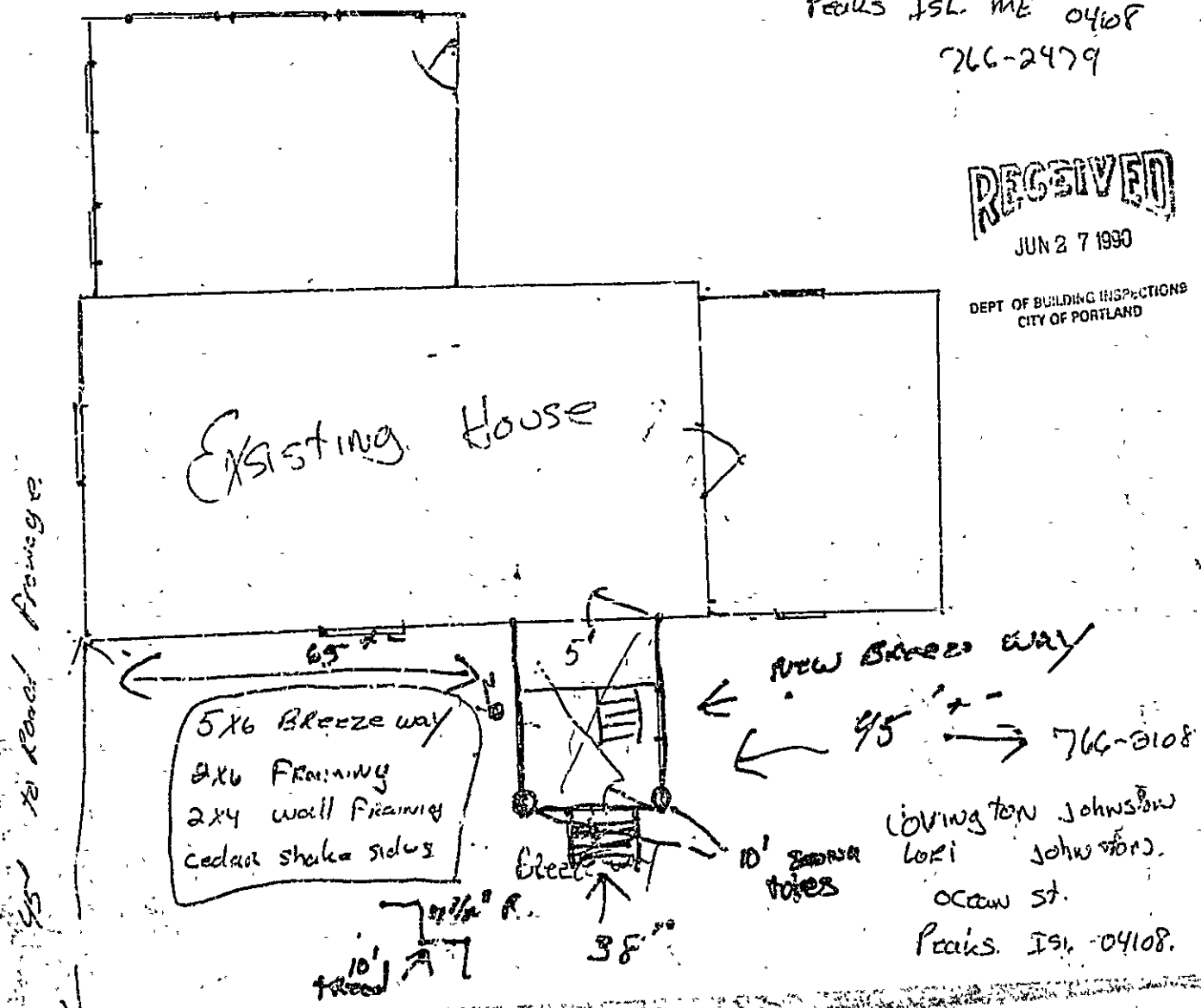
Signature of Applicant: Philip G. [unclear] owner Date 6/27/90

Contract — Phillip G. Circotha - Builder  
88 Welch St.  
Peaks Isl. ME 04108  
766-2479

RECEIVED

JUN 27 1990

DEPT OF BUILDING INSPECTIONS  
CITY OF PORTLAND



**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3626

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND  
 Street: 174-1 WY ST  
 Subdivision Lot #: 174-1 WY ST  
**PROPERTY OWNERS NAME**  
 L.N. WILDEY First: MARY  
 Applicant Name: PAUL TERLIZI  
 Mailing Address of Owner/Applicant (if Different): 1124...

PORTLAND PERMIT # 1,043 TO: CCP  
 Date: 5.30.85 \$          Fee  
 L.P.I. #         

**Owner/Applicant Statement**

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

PAUL TERLIZI  
 Signature of Owner/Applicant

**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

JUN 10 1985  
 Date Approved

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1 <input type="checkbox"/> NEW PLUMBING	1 <input type="checkbox"/> SINGLE FAMILY DWELLING	1 <input type="checkbox"/> MASTER PLUMBER
2 <input type="checkbox"/> RELOCATED PLUMBING	2 <input type="checkbox"/> MODULAR OR MOBILE HOME	2 <input type="checkbox"/> OIL BURNERMAN
	3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3 <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC
	4 <input type="checkbox"/> OTHER - SPECIFY _____	4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5 <input type="checkbox"/> PROPERTY OWNER
		LICENCE # <u>12350</u>

Number	Hook-Ups And Piping Relocati:	Number	Column 2 Type of Fixture	Number	Column 1 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	1	Bathub (and Shower)
			Floor Drain	1	Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain	1	Wash Basin
			Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc		Clothes Washer
	PIPING (RELOCATING) of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator		Dish Washer
			Central Sump/Drain		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____	1	Water Heater
	Hook-Up Fee		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1
					Total Fixtures

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$ 24	Fixtures (Subtotal) Column 1
\$ 6	Fixtures (Subtotal) Column 2
\$ 30	Total Fixtures

PL-211 Rev. 4/85

TOWN COPY