

924019 924019

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 90.00 Zone _____ Map # _____ Lot# _____

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

Owner: Frank Childs Phone # _____
 Address: 944 Seashore Ave. Peaks Island, Me
 LOCATION OF CONSTRUCTION 04 Seashore Avenue - Peaks
 Contractor: Blackie Construction Sub.
 Address: 32 Broadhaven Dr. Windham Phone # 892-3925
 Est. Construction Cost: 14,000. 04052
 Past use: single fam.
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion construct deck - & addition

For Official Use Only

Date: 8.11.92 Subdivision: _____
 Inside Fire Limits _____
 Bldg Use: _____
 Time Limit: _____
 Estimated Cost: 14,000. Ownership: _____ Public _____ Private _____

Zoning: _____
 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 _____ Floodpl. Yes _____ No _____
 Special Exception: _____
 Other: W.D. 8-14-92 (Explain)

Foundations: 91-E-2, 91-G-32
 1. Type of Soil: _____
 2. Feet Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Floor:
 1. Fills Size: _____ Fills 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. Well Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Span _____
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
HISTORIC PRESERVATION
 Not in District or Loc. Mark. _____
 Does not require review. _____
 Requires review. _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 APPROVED BY THE DIVISION _____

Chimneys:
 Type _____ Number of Fire Places _____ Date: _____
 Heating: _____
 Types of Heat: _____
 Signature: _____

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: _____
 Signature: _____ Date: 8.11.92
PERMIT ISSUED
REQUIREMENTS

CEC: _____
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO [Signature]

White - Tax Assessor