APPLICATION FOR PERMIT

B.O.C.A. USE GROUP .....

B.O.C.A. TYPE OF CONSTRUCTION .....

ZONING LOCATION ....R-2..... PORTLAND, MAINE ..July 5, 1984

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION ..105-Z-19 - Little Diamond Island... ..... Fire District - #1 ☐, #2 ☐

1. Owner's name and address St. Joseph's Convent & Hospital - 605 Stevens Ave. Telephone 797-7861
2. Lessee's name and address ..... Telephone .....
3. Contractor's name and address James McGrady - P. O. Box 8304 04104..... Telephone .....

..... No. of sheets .....

Proposed use of building ..... No. families .....

Last use ..... No. families .....

Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....

Other buildings on same lot .....

Estimated contractural cost $..... Appeal Fees $ .....

FIELD INSPECTOR—Mr. ..... Base Fee 325.00

@ 775-5451 Late Fee .....

TOTAL $ .....

Sub-division fee for 13 lots at $ 25.00 each Stamp of Special Co...

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

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

Is connection to be made to public sewer? ..... If not, what is proposed for sewage? .....

Has septic tank notice been sent? ..... Form notice sent? .....

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

Size, front ..... depth ..... No. stories ..... Land or fill island? ..... earth or rock? .....

Material of foundation ..... Thickness, top ..... bottom ..... cellar .....

Kind of roof ..... Rise per foot ..... Roof covering .....

Kind of chimneys ..... Material of chimneys ..... of lining ..... Kind of heat ..... fuel .....

Framing Lumber—Kind ..... Dressed or full size? ..... Corner posts ..... Sill .....

Size Girder ..... 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 .....

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

IF A GARAGE

No. cars now accommodated on same lot ....., to be accommodated ..... number commercial cars to be accommodated .....

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

APPROVALS BY:	*DATE*
BUILDING INSPECTION—PLAN EXAMINER	
ZONING	
BUILDING CODE:	
Fire Dept.:	
Health Dept.:	
Others:	

MISCELLANEOUS

Will work require disturbing of any tree on a public street? .....

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

Signature of Applicant ..John Schwanda..... Phone # ..799-5694...

Type Name of above John Schwanda for St. Joseph's Convent & Hospital ..... 1 ☐ 2 ☐ 3 ☐

Other .....

and Address .....

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY