

ISLAND AVENUE  
109-A-B-3 CLIFF ISLAND



# APPLICATION FOR PERMIT

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

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

ZONING LOCATION .....

PORTLAND, MAINE, Aug. 27, 1979

PERMIT ISSUED

NOV 7 1979

CITY of PORTLAND

To the DIRECTOR 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 **109-A-B-3 Cliff Island** Fire District #1  #2

1. Owner's name and address **Thomas Struble - Home address Penn.** Telephone .....

2. Lessee's name and address .....

3. Contractor's name and address **Thomas Wright - Cliff Island 04019** Telephone **766-2625**

4. Architect .....

Proposed use of building **cottage** Specifications .....

Last use .....

Material .....

Other buildings on same lot .....

Estimated contractual cost **\$23,000** .....

Fee \$ **104.50**

FIELD INSPECTOR—Mr. ....

### GENERAL DESCRIPTION

This application is for: **@ 775-5451**

Dwelling .....

Garage .....

Masonry Bldg. ....

Metal Bldg. ....

Alterations .....

Demolitions .....

Change of Use .....

Other .....

To construct cottage, 25 x 26 to set on 12 in. sona tubes, 4 ft. below grade as per plans, 4 sheets of plans, no garage

Stamp of Special Conditions

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

PERMIT IS TO BE ISSUED TO 1  2  3  4

### DETAILS OF NEW WORK

Is any plumbing involved in this work? **yes** .....

Is connection to be made to public sewer? .....

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

Height average grade to top of plate **14 ft.** .....

Size, front **26** depth **26** No. stories **1 1/2** .....

Material of foundation **sona tubes** .....

Kind of roof **pitch** Rise per foot **5/12** .....

No. of chimneys **none** Material of chimneys .....

Framing Lumber—Kind **spruce** Dressed or full size? .....

Size Girder **4 x 6** Columns under girders .....

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 **2 x 8** 2nd .....

On centers: 1st floor **16** 2nd .....

Maximum span: 1st floor .....

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

Is any electrical work involved in this work? **yes** .....

If not, what is proposed for sewage? **overboard discharge** .....

Form notice sent? .....

Height average grade to highest point of roof **25 ft.** in. .....

1 1/2 solid or filled land? **solid** earth or rock? **rock** .....

Thickness, top .....

Roof covering **asphalt shingles** .....

Kind of heat **no heat** .....

Corner posts **built up** Sills **4 x 6** .....

Size .....

Max. on centers .....

3rd .....

3rd .....

3rd .....

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? **yes**

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 Applicant **Thomas Wright** Phone # **same**

Type Name of above **Thomas Wright** .....

Other .....

and Address .....

OFFICE FILE COPY

CITY OF PORTLAND, MAINE

192

SITE PLAN REVIEW

Processing Form

Applicant Thomas Struble

Contractor - Thomas Wright

Mailing Address Cliff Island, Me.

Proposed Use of Site cottage

Acres of Site / Ground Floor Coverage 37.996 sq. ft. / 676 sq. ft.

Date 8-28-79

Address of Proposed Site Island Ave. Cliff Island

Site Identifier(s) from Assessors Maps 109A-B-3

Zoning of Proposed Site R-2

Site Location Review (DEP) Required: ( ) Yes ( ) No

Board of Appeals Action Required: ( ) Yes ( ) No

Planning Board Action Required: ( ) Yes ( ) No

Proposed Number of Floors 2

Total Floor Area 676

Other Comments: Shore land zoning

Date Dept. Review Due: 8-30-79

BUILDING DEPARTMENT SITE PLAN REVIEW

(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
  - Requires Board of Appeals Action
  - Requires Planning Board/City Council Action

Explanation:

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*[Signature]*  
 SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT - ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

192

Applicant: Thomas Wright

Date: 8-28-79

Mailing Address: 1036-3

Address of Proposed Site: 1036-3

Proposed Use of Site: 17, 39, 57, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Site Identifier(s) from Assessors Maps: R-2

Acreage of Site / Ground Floor Coverage: 0.75 ac / 32,768 sq ft

Zoning of Proposed Site: R-2

Site Location Review (DEP) Required: ( ) Yes ( ) No

Proposed Number of Floors: 2

Board of Appeals Action Required: ( ) Yes ( ) No

Total Floor Area: 67,500 sq ft

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: Shore land zoning.

Date Dept. Review Due: 8-30-79

RECEIVED

PUBLIC WORKS DEPARTMENT REVIEW AUG 27 1979

DEPARTMENT OF PUBLIC WORKS

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach Separate Sheet if Necessary)

John P. Logan 8-27-79  
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

**CITY OF PORTLAND, MAINE  
SITE PLAN REVIEW  
Processing Form**

Date 8-28-79

Applicant THOR - THAMES REALTY

Mailing Address \_\_\_\_\_

Address of Proposed Site \_\_\_\_\_

Proposed Use of Site \_\_\_\_\_

Site Identifier(s) from Assessors Maps \_\_\_\_\_

Acres of Site / Ground Floor Coverage \_\_\_\_\_

Zoning of Proposed Site \_\_\_\_\_

Site Location Review (DEP) Required: ( ) Yes ( ) No

Proposed Number of Floors 2

Board of Appeals Action Required: ( ) Yes ( ) No

Total Floor Area 4,744

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: Check Land owner

Date Dept. Review Due: 8-30-79

**PLANNING DEPARTMENT REVIEW** 8-28-79  
(Date Received)

- Major Development — Requires Planning Board Approval: Review Initiated
- Minor Development — Staff Review Below

	LOADING AREA	PARKING	CIRCULATION PATTERN	ACCESS	PEDESTRIAN WALKWAYS	SCREENING	LANDSCAPING	SPACE & BULK OF STRUCTURES	LIGHTING	CONFLICT WITH CITY PROJECTS	FINANCIAL CAPACITY	CHANGE IN SITE PLAN
APPROVED	✓	✓	✓	✓	✓			✓	✓	✓	MA	MA
APPROVED CONDITIONALLY						✓	✓	✓				
DISAPPROVED					✓							

REASONS: Applicant must comply with Tree Clearance Standard in Zoning Ordinance - 602.19A D.2

(Attach Separate Sheet if Necessary)

Douglas L. Moore 8/31/79  
SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT COPY

**CITY OF PORTLAND, MAINE**  
**SITE PLAN REVIEW**  
**Processing Form**

Applicant: Thomas Light  
 Mailing Address: containing  
 Proposed Use of Site: 37,006 sq. ft. 678 sq. ft.  
 Acreage of Site / Ground Floor Coverage: \_\_\_\_\_  
 Site Location Review (DEP) Required: ( ) Yes ( ) No  
 Board of Appeals Action Required: ( ) Yes ( ) No  
 Planning Board Action Required: ( ) Yes ( ) No  
 Other Comments: Share land containing  
 Date Dept. Review Due: 8-30-79

Date: 8-29-79  
 Address of Proposed Site: 1095-33-1  
 Site Identifier(s) from Assessors Maps: \_\_\_\_\_  
 Zoning of Proposed Site: \_\_\_\_\_  
 Proposed Number of Floors: 2  
 Total Floor Area: 678

**FIRE DEPARTMENT REVIEW**

8-31-79  
 (Date Received)

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMOSE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER	
APPROVED	✓	✓	✓				✓		CONDITIONS SPECIFIED BELOW REASONS SPECIFIED BELOW
APPROVED CONDITIONALLY									
DISAPPROVED									

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach Separate Sheet if Necessary)

*James P. Collins*  
 SIGNATURE OF REVIEWING STAFF/DATE

FIRE DEPARTMENT COPY



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date Sept. 10 19 79  
 Receipt and Permit number A 34742

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

I, the undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 109-A-B-3 Island Ave. Cliff Island  
 OWNER'S NAME: Robert Struble ADDRESS: Cliff Island

	<b>FEES</b>	
OUTLETS:	Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
	Strip Fluorescent _____ ft. TOTAL _____	
SERVICES:	<u>temporary service and permanent both</u>	<u>3.00</u>
	Overhead <u>xx</u> Underground _____ Temporary <u>x</u> TOTAL amperes <u>100</u>	<u>xxx00x</u>
METERS: (number of)	_____	<u>.50</u>
MOTORS: (number of)	Fractional _____	
	1 hp or over _____	
RESIDENTIAL HEATING:	Oil or Gas (number of units) _____	
	Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	Oil or Gas (by a main boiler) _____	
	Oil or Gas (by separate units) _____	
	Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	Ranges _____ Water Heaters _____	
	Cook Tops _____ Disposals _____	
	Wall Ovens _____ Dishwashers _____	
	Dryers _____ Compactors _____	
	Fans _____ Others (denote) _____	
	TOTAL _____	
MISCELLANEOUS: (number of)	Branch Panels _____	
	Transformers _____	
	Air Conditioners Central Unit _____	
	Separate Units (windows) _____	
	Signs 20 sq. ft. and under _____	
	Over 20 sq. ft. _____	
	Swimming Pools Above Ground _____	
	In Ground _____	
	Fire/Burglar Alarms Residential _____	
	Commercial _____	
	Heavy Duty Outlets, 220 Volt (such as welders) 20 amps and under _____	
	over 30 amps _____	
	Circus, Fairs, etc. _____	
	Alterations to wires _____	
	Repairs after fire _____	
	Emergency Lights, battery _____	
	Emergency Generators _____	

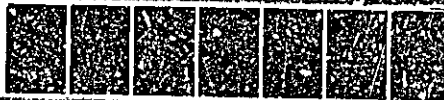
INSTALLATION FEE DUE: \_\_\_\_\_  
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....  
 TOTAL AMOUNT DUE: 3.50

INSPECTION:  
 Will be ready on \_\_\_\_\_ 19 \_\_\_\_; or Will Call xx  
 CONTRACTOR'S NAME: P. A. Gomez  
 ADDRESS: Peaks Island  
 TEL.: \_\_\_\_\_  
 MASTER LICENSE NO.: 634 SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY — WHITE  
 OFFICE COPY — CANARY  
 CONTRACTOR'S COPY — GREEN

109-A-B-3 ISLAND AVENUE, CLIFF ISLAND

1







**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
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 OWNER'S NAME: Robert Struble ADDRESS: Cliff Island

OUTLETS: Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL \_\_\_\_\_

FIXTURES: (number of) Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_  
 Strip Fluorescent \_\_\_\_\_ ft. \_\_\_\_\_

SERVICES: temporary service and permanent both  
 Overhead xx Underground \_\_\_\_\_ Temporary x TOTAL amperes 100 3.00  
100 xx xx xx  
.50

METERS: (number of) \_\_\_\_\_  
 MOTORS: (number of) \_\_\_\_\_

Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

RESIDENTIAL HEATING:  
 Oil or Gas (number of units) \_\_\_\_\_  
 Electric (number of rooms) \_\_\_\_\_

COMMERCIAL OR INDUSTRIAL HEATING:  
 Oil or Gas (by a main boiler) \_\_\_\_\_  
 Oil or Gas (by separate units) \_\_\_\_\_  
 Electric Under 20 kws \_\_\_\_\_ Over 20 kws \_\_\_\_\_

APPLIANCES: (number of)  
 Ranges \_\_\_\_\_ Water Heaters \_\_\_\_\_  
 Cook Tops \_\_\_\_\_ Disposals \_\_\_\_\_  
 Wall Ovens \_\_\_\_\_ Dishwashers \_\_\_\_\_  
 Dryers \_\_\_\_\_ Compactors \_\_\_\_\_  
 Fans \_\_\_\_\_ Others (denote) \_\_\_\_\_  
 TOTAL \_\_\_\_\_

MISCELLANEOUS: (number of)  
 Branch Panels \_\_\_\_\_  
 Transformers \_\_\_\_\_  
 Air Conditioners Central Unit \_\_\_\_\_  
 Separate Units (windows) \_\_\_\_\_  
 Signs 20 sq. ft. and under \_\_\_\_\_  
 Over 20 sq. ft. \_\_\_\_\_  
 Swimming Pools Above Ground \_\_\_\_\_  
 In Ground \_\_\_\_\_  
 Fire/Burglar Alarms Residential \_\_\_\_\_  
 Commercial \_\_\_\_\_  
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under \_\_\_\_\_  
 over 30 amps \_\_\_\_\_  
 Circus, Fairs, etc. \_\_\_\_\_  
 Alterations to wires \_\_\_\_\_  
 Repairs after fire \_\_\_\_\_  
 Emergency Lights, battery \_\_\_\_\_  
 Emergency Generators \_\_\_\_\_

INSTALLATION FEE DUE: \_\_\_\_\_  
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....  
 TOTAL AMOUNT DUE: 3.50

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call xx  
 CONTRACTOR'S NAME: P. A. Gomez  
 ADDRESS: Peaks Island  
 TEL.: \_\_\_\_\_  
 MASTER LICENSE NO.: 634 SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY — WHITE  
 OFFICE COPY — CANARY  
 CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS -

Permit Number 34742  
 Location 109-AB-3 Deland Ave Deland  
 Owner R. Stalle  
 Date of Permit 9-10-74  
 Final Inspection 6-21-83  
 By Inspector Wibby  
 Permit Application Register Page No. 35

INSPECTIONS: Service ✓ by Ribby  
 Service called in 6-21-83  
 Closing-in \_\_\_\_\_ by \_\_\_\_\_

PROGRESS INSPECTIONS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CODE  
 COMPLIANCE  
 COMPLETED**  
 DATE 6-21-83

DATE	REMARKS:

*[Handwritten signature: Ribby]*

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101. Tel: (207) 874-8703, FAX: 874-8116

Location of Construction: 389 Congress Street	Owner: Kathleen Eganston	Phone: 766-1115	Permit # <b>550227</b>
Owner Address: 389 Congress Street	Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: Finest Day Builders	Address: 389 Congress Street	Phone: 766-2327	Permit Issued: <b>MAR 14 1995</b>
Past Use: L-7AS	Proposed Use: 1-family addition	COST OF WORK: \$11,500	PERMIT FEE: \$ 35
Proposed Project Description: Construct addition	FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: <i>UT</i> Use Group: Type: <i>1000-10</i>	CITY OF PORTLAND Zone: <i>DR-1</i> CBL: 197 4-5-17
Signature:	Signature:	Signature:	Zoning Approval: <i>DR-1</i>
Permit Taken By: <i>L. Chase</i>	Date Applied For: <i>2/14/95</i>	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>	<input type="checkbox"/> Special Zone or Review <input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan map

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.  
 2. Building permits do not include plumbing, septic or electrical work.  
 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

**PERMIT ISSUED WITH REQUIREMENTS**

**CERTIFICATION**

I hereby certify that I am the owner of record of the property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application, as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: *[Address]* DATE: *[Date]*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

White - Permit Desk Green - Assessor's Office - D.P.W. Pink - Public File Ivory Card - Inspector

**PERMIT ISSUED WITH REQUIREMENTS**

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: *2/22/95*

CEC DISTRICT: *6*



940174

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$170 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

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

Owner: Reese Fullerton Phone # \_\_\_\_\_

Address: Cliff Island, ME 04019

LOCATION OF CONSTRUCTION Island Ave-Cliff Island

Contractor: Robert C. Howard Sub: 109A-A-3

Address: Box 53-Cliff Island, ME Phone # 04019

Est. Construction Cost: 30,000 Proposed Use: 1-fam w addn

Past Use: 1-fam

# of Existing Res. Units \_\_\_\_\_ # of New Res Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq Ft \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bed-rooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion const addn - appx 18'x24'

& inter/exter renovations

Foundation:

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

Floor:

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size: \_\_\_\_\_
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_ Spacing 16" O.C.
4. Joists Size: \_\_\_\_\_
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: \_\_\_\_\_

White - Tax Assessor

For Official Use Only

Date 3/10/94 Subdivision \_\_\_\_\_

Inside Fire Limit \_\_\_\_\_

Bldg Code \_\_\_\_\_

Time Limit \_\_\_\_\_

Estimated Cost 30,000

Ownership: CITY OF PORTLAND

PERMIT ISSUED

APR 2 1994

Zoning: 1-B Shoreland

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 \_\_\_\_\_ Etc Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain - Yrs \_\_\_\_\_ No \_\_\_\_\_

Special Exception \_\_\_\_\_

Other: (Explain) \_\_\_\_\_

Ceiling:

1. Ceiling Joists Size: \_\_\_\_\_ Not in District nor Landmark.
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Does not require review.
3. Type Ceiling: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_ Requires Review.
5. Ceiling Height: \_\_\_\_\_

Roof:

1. Truss or Rafters Size \_\_\_\_\_ Span \_\_\_\_\_ Action: Approved.
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approved with Conditions.
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. Appraisal 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.

WITH LETTER

Permit Received By Louise E. Chase

Signature of Applicant \_\_\_\_\_ Date 3-10-94

CEO's District 6 Robert C. Howard

CONTINUED TO REVERSE SIDE Ivory Tag - CEO

[6] MR. ROW 9



**APPLICATION FOR PERMIT**  
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
 ELECTRICAL INSTALLATIONS

Date 6/6/94, 19\_\_  
 Receipt and Permit number 000

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LOCATION OF WORK: Island Ave- Cliff Island 1098A3  
 OWNER'S NAME: Reese & Ann Fullerton ADDRESS: \_\_\_\_\_

OUTLETS:	FRES
Receptacles <u>X</u> Switches <u>X</u> Plug/Inld _____ ft. TOTAL <u>40</u> .....	<u>8.00</u>
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. ....	
<b>SERVICES:</b>	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of) _____	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES: (number of)</b>	
Ranges _____ <u>1</u> Water Heaters _____ <u>1</u>	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ <u>1</u> Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>3</u> .....	<u>6.00</u>
<b>MISCELLANEOUS: (number of)</b>	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential <u>X</u> _____	<u>5.00</u>
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... INSTALLATION FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... DOUBLE FEE DUE:	
TOTAL AMOUNT DUE:	<u>19.00</u>

INSPECTION: Will be ready on \_\_\_\_\_, 19\_\_; or Will Call Y  
 CONTRACTOR'S NAME: Mr & Mrs Fullerton - owner/resident of 1-fam dwlg  
 ADDRESS: Cliff Island  
 TEL.: 756-5719  
 MASTER LICENSE NO. \_\_\_\_\_ SIGNATURE OF CONTRACTOR: Ann Fullerton  
 LIMITED LICENSE NO. \_\_\_\_\_

INSPECTOR'S COPY — WHITE  
 OFFICE COPY — CANARY  
 CONTRACTOR'S COPY — GREEN

**ELECTRICAL INSTALLATIONS**

Permit Number 0000

Location 109 B.A.3 Island Ave

Owner A. Fullerton

Date of Permit 6-6-94

Final Inspection 5-17-95 NA

By Inspector Steve Reed

Permit Application Register Page No. 1000000000

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_  
 Service called in \_\_\_\_\_  
 Closing-in \_\_\_\_\_ by \_\_\_\_\_

PROGRESS INSPECTIONS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE:	REMARKS:

*[Faint, illegible text and markings at the bottom of the page, possibly bleed-through or additional notes.]*