

PERMIT # 3922 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Edward Reiner
 Address: Cliff Island, Me
 LOCATION OF CONSTRUCTION: 109 B-E-22, Sunset Rd., Cliff Island
 CONTRACTOR: Robert C. Howard SUBCONTRACTORS: 766-2850
 ADDRESS: Cliff Island, Me 04019
 Est. Construction Cost: \$3500 Type of Use: single family
 Past Use: _____
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size _____
 Is Prepared Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain: Enlarging kitchen. 1 plot plan and 1 construction plan submitted.
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundations:
 1. Type of Soil: _____
 2. Set Back - Front _____ Side _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Floor:
 1. Gills Size _____ Sills must be anchored
 2. Girders Size _____
 3. Joist 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 Size _____ Span(s) _____
 5. Bridging 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 Size _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date: Aug 17, 1989
 Inside Fire Limits: _____
 Bldg Use: _____
 Time Limit: _____
 Estimated Cost: \$3500
 Value: \$40.00

Subdivision: Yes No
 Name: _____
 Lot: _____
 Block: _____
 Permit Expiration: _____
 Ownership: _____
 Pub. Use: _____
 Expiration Date: _____

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

Roof:
 1. Truss or Rafter Size: _____
 2. Sheathing Type: _____
 3. Roof Covering Type: _____
 4. Other: _____

Chimneys:
 Type: _____ Number of 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.

Zoning
 District: _____ Street Frontage Req: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other: _____ (Explain) _____
 Date Approved: _____

Permit Received By: Nancy Grossman

Signature of Applicant: [Signature] Date: 8-17-89

Signature of CEO: [Signature] Date: _____

Inspector Dates: [Signature]