

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: Island Ave Cliff Island		Owner: Anderson, Norman		Phone: 766-2821		Permit No: 950095	
Owner Address: Cliff Island Ave, Portland, ME 04019		License/Buyer's Name: 4019		Phone:		Business Name:	
Contractor Name: self		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: FEB - 6 1995 </div>	
Past Use: storage shed		Proposed Use: same w/floor repairs		COST OF WORK: \$ 400.00			
Proposed Project Description: Rebuild floor to existing storage shed as per plans		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 4 Type: 5B Signature: <i>[Signature]</i>	
Permit Taken By: Mary Gresik		Date Applied For: 30 Jan 95		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning: IR-1 CBL: 109-B-E-039 Zoning Approval: <i>[Signature]</i> 2/1/95 Special Zone or Pavilions: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

CERTIFICATION

I hereby certify that I am the owner of record of the named 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 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 <i>Norman E. Anderson</i>		ADDRESS: Norman Anderson		DATE: 30 Jan 95		PHONE: 766-2821	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE <i>Norman E. Anderson</i>						PHONE: 766-2821	

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]* **1/30/95**

GEO DISTRICT **6**

M.A. Row

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

Permit # **912898** **912898** waived - per H. Green
 City of Portland BUILDING PERMIT APPLICATION Fee _____ Zone _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: City of Portland Phone # 1096-E-39
 Address: 389 Congress St; Ptd, ME 04101
 LOCATION OF CONSTRUCTION Lot #54- Island Ave - Cliff Isl
 Contractor: Volunteer Firemen Sub:
 Address: -Cliff Isl Phone # _____
 Est. Construction Cost: _____ Proposed Use: fire station
 Past Use: vacant lot
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Construct fire station

PERMIT ISSUED
 For Official Use Only
 Date: 7-24-91 Subdivision _____
 Name: AUG 7 1991
 Public
 CITY OF PORTLAND
 Estimated Cost: \$30,000
 Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ 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): WDA 8-5-91

Contact person - Capt Don Jackson 874-8400
 Foundations:
 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: _____
 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 _____ Spat.(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 _____

HISTORIC PRESERVATION
 Ceiling:
 1. Ceiling Joists Size: _____ Not in District nor landmark.
 2. Ceiling Strapping, Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____ Size _____ Requires Review
 4. Insulation Type _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved.
 2. Sheathing Type _____ Size _____ Approved with Conditions.
 3. Roof Covering Type _____
 Chimney:
 Type: _____ Number of Fire Places _____ Signature: [Signature]
 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 _____ Square Footage: _____
 All work shall conform to National Electrical Code and State Law.

PERMIT ISSUED WITH LETTERS

Signature of Applicant: Louise E. Chase
 Signature of CEO: Capt. D. Jackson Date: 6-17-90
 Signature of Inspector: [Signature] Date: [Signature]
 Inspection Dates: _____

City of Portland, Maine - Building or Use Permit Application - 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: Island Ave Cliff Island		Owner: Anderson, Norman	Phone: 766-2821	Permit No: 950095
Owner Address: Cliff Island Ave, Portland, ME 04019		Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: Self		Address:		Phone:
Past Use: storage shed	Proposed Use: same w/floor repairs	COST OF WORK: \$ 100.00	PERMIT FEE: \$ 25.00	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED FEB - 6 1995 CITY OF PORTLAND </div> Zone: CK-1 CBL: 109-B-B-039 Signature: <i>Hoffe</i>
Proposed Project Description: Rebuild floor to existing storage shed as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 4 Type: 5B BOA 93	
		Signature:	Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: OK-1 2/1/95
Permit Taken By: Mary Greszk		Date Applied For: 30 Jan 95		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan map <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
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..		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<p style="text-align: center;">CERTIFICATION</p> I hereby certify that I am the owner of record of the named 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 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		Historic Preservation: <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review		
SIGNATURE OF APPLICANT: <i>Norman Anderson</i>		DATE: 30 Jan 95	PHONE: 766-2821	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>1/30/95</i>
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: <i>Norman Anderson</i>		DATE: 30 Jan 95	PHONE: 766-2821	CEO DISTRICT: 6 <i>MR GOWE</i>

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

COMMENTS

7/3/85 Work started. A. Rowe

8/20/96 Done. A. Rowe

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



floor

12 ft.

16 ft

Building now has 6"x6" sills some need replacing
Building now has 2"x6" joist some may need replacing
Plus some floor boards may need to be replaced

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: Island Ave Cliff Island		Owner: Anderson, Norman		Phone: 766-2821	Permit No: 950095
Owner Address: Cliff Island Ave, Portland, ME 04019		License/Buyer's Name:		Phone:	Business Name:
Contractor Name: self		Address:		Phone:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED FEB - 6 1995 CITY OF PORTLAND </div>
Past Use: storage shed	Proposed Use: same w/floor repairs	COST OF WORK: \$ 400.00	PERMIT FEE: \$ 25.00		
Proposed Project Description: Rebuild floor to existing storage shed as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 4 Type: 5B 1300743 Signature: <i>[Signature]</i>		
Permit Taken By: Mary Gresik		Date Applied For: 20 Jan 95		Zoning: LR-1 CBL: 109-B-E-039 Zoning Approval: <i>[Signature]</i> 2/1/95 Special Zone or Pavleys: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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.

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

CERTIFICATION

I hereby certify that I am the owner or record of the named 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 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 <i>Norman E. Anderson</i>	Norman Anderson	ADDRESS:	30 Jan 95	766-2821
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE <i>Norman E. Anderson</i>			DATE:	PHONE:
				766-2821

Action:

Approved
 Approved with Conditions
 Denied

Date: *1/30/95*

GEO DISTRICT 6

M.A. Rowland

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

Permit # 912898 912898 waived - per M. Green
 City of Portland BUILDING PERMIT APPLICATION Fee _____ Zone _____ # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: City of Portland Phone # 1096-E-39
 Address: 389 Congress St; Ptld, ME 04101
 LOCATION OF CONSTRUCTION Lot #54- Island Ave - Cliff Isl
 Contractor: Volunteer Firemen Sub.
 Address: -Cliff Isl Phone # _____
 Est. Construction Cost: _____ Proposed Use: fire station
 Past Use: vacant lot
 # of Existing Res. Units _____ # of New Res Units _____
 Building Dimensions L _____ W _____ Total Sq Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Construct fire station

PERMIT ISSUED
 For Official Use Only
 Date: 5/17/91 Subdivision: _____
 Name: _____
 Exclude Fire Limits: _____
 Bldg Code: _____ Ownership: _____
 Time Limit: _____
 Estimated Cost: \$30,000
CITY OF PORTLAND
AUG 7 1991

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ 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) WDA 8-5-91

Contact person - Capt Don Jackson 874-8400
 Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

HISTORIC PRESERVATION:
 Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping, Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type: _____ Size _____
 5. Ceiling Height: _____
 Action: Not in District nor landmark.
 Does not require review.
 Requires Review.

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joist Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Chimney:
 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 Fixtures _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 All work to conform to National Electrical Code and State Law.

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 _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Fixtures _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 All work to conform to National Electrical Code and State Law.

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Signature of Applicant: Louise E. Chase Date: 6-17-90
 Signature of GEO: Capt. Don Jackson Date: 8-19
 Inspection Dates: _____
 White Tax Assessor Yellow-GPCOG White Tag-CEO
PERMIT ISSUED WITH LETTER

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: Island Ave Cliff Island		Owner: Anderson, Norman	Phone: 766-2821	Permit #: 950095
Owner Address: Cliff Island Ave, Portland, ME 04019		Lease/Buyer's Name	Phone:	Business Name:
Contractor Name: Self		Address:		Phone:
Past Use: storage shed	Proposed Use: same w/floor repairs	COST OF WORK: \$ 100.00	PERMIT FEE: \$ 25.00	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED FEB - 6 1995 CITY OF PORTLAND </div>
Proposed Project Description: Rebuild floor to existing storage shed as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: 5B BOCA 93	
		Signature:	Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	Zoning Approval: of 2/6/95	
Permit Taken By: Mary Grosik		Date Applied For: 30 Jan 95	<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan ma; <input type="checkbox"/> minor; <input type="checkbox"/> minor	
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.		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied
		Historic Preservation: <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied

CERTIFICATION

I hereby certify that I am the owner of record of the named 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 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: Norman Anderson	ADDRESS:	DATE: 30 Jan 95	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE:			PHONE:

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

CEO DISTRICT: **6**
[Signature]

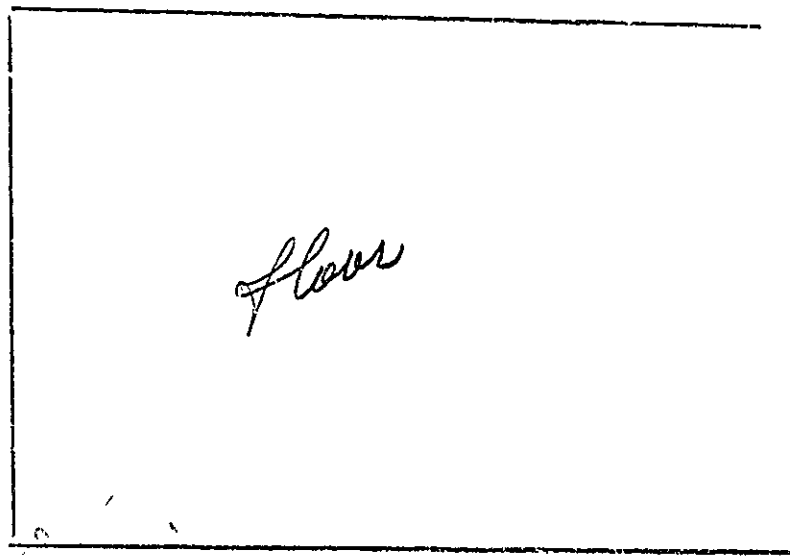
COMMENTS

7/2/05 Work started. A. Rowe

8/20/96 Done. A. Rowe

Inspection Record

Type	Date
Foundation: _____	_____
Framm.g: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



Floor

12 ft.

16 ft

Building now has 6"x6" sills some need replacing
Building now has 2"x6" joist some may need replacing
Also some floor boards may need to be replaced