

PERMIT # 002401

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Carlton Cushing

Address: Lot 109-BF-47, Church Rd., Cliff Island

LOCATION OF CONSTRUCTION Lot 109B-F-47 Church Rd., Cliff Island

CONTRACTOR: Robert Howard SUBCONTRACTORS: 766-2850

ADDRESS: PO Box 53, Cliff Island 04019

Est. Construction Cost: \$1500 Type of Use: single family

Past Use: _____

Building Dimensions L _____ W _____ Sq Ft _____ # Stories _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain construct utility shed, 1 plot plan and plan submitted.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

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: _____
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 Material _____

Interior Walls:

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

For Official Use Only

Date: July 28, 1989 Subdivision: Yes / No _____

Inside Fire Limits _____ Name _____

Blgd Code _____ Lot _____

Time Limit _____ Block _____

Estimated Cost: \$1500 Permit Expiration: _____

Value/Structure _____ Ownership: _____ Public/Private _____

Fee: \$30

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____ Size: AUG 1 1989
4. Insulation Type _____
5. Ceiling Height: _____

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Ent. anc. 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 Pla _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain) _____

Date Approved: _____

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 7-29-89

Signature of CEO _____ Date _____

Inspection Dates (5) aa

White-Tax Assesor

Yellow-GPCOG

White Tag -CEO

© Copyright GPCOG 1987

002401

PERMIT #

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP #

LOT #

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

Owner: Custom Building

Address: Lot 109-BF-47, Church Rd., Cliff Island

LOCATION OF INSTRUCTION: Lot 109-BF-47 Church Rd., Cliff Island

CONTRACTOR: Robert Howard SUBCONTRACTOR: 766-2850

ADDRESS: PO Box 53, Cliff Island 04611

Est. Construction Cost: \$1500 Type of Use: single family

Past Use: _____

Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____

Is Present Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain, construct utility, shed, 1 plot plan and _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE plan submitted.

Residential Building: Only _____ # of Dwelling Units _____ # of New Dwelling Units _____

Foundation: _____

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

Floors: _____

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

Exterior Walls: _____

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____
5. Bracing: Yes _____ No _____ Span(s) _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Size _____
10. Masonry Materials _____ Weather Exposure _____
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 _____

For Official Use Only

Date: July 28, 1989

Inside Fire Limits: _____ Subdivision: Yes _____ No _____

Permit Code: _____ Name: _____

Time Limit: _____ Lot: _____

Estimated Cost: \$1500 Block: _____

Value Structure: _____ Permit Expiration: _____

Fee: \$30 Ownership: _____ Public _____ Private _____

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

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

- Chimneys: _____
- 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 _____
 2. No. of Tubs or Showers: 00 Yes _____ No _____
 3. No. of Flushes: _____
 4. No. of Lavatories: _____
 5. No. of Other fixtures: 00

- Swimming Pools: _____
1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

- Zoning: _____
- District: FRA Street Frontage Req.: _____

- Review Required: _____
- Required Setbacks: Front _____ Back _____

- Zoning Board Approval: Yes _____ No _____
- Planning Board Approval: Yes _____ No _____

- Conditions Use: _____ Variance: _____
- Chore and Floodplain Mgmt. _____ Site Plan _____

- Other (Explain) _____ Special Exception _____
- Date Approved: 7-28-89

- Permit Received By: Nancy Gryseman

- Signature of Applicant: _____ Date: 7-29-89

- Signature of CEO: _____

- Inspection Dates: _____ Date: _____

- White-Tax Assessor: _____ Yellow: _____ GPCOG

- White Tag: _____ Right GPCOG 1987

- OK

- 7-29-89

- 7-29-89

- 7-29-89

- 7-29-89

- 7-29-89

- 7-29-89

- 7-29-89

- 7-29-89

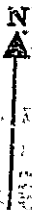
- 7-29-89

Active 8/1/89

White-Tax Assessor Yellow GPCOG

White Tag - CEO Right GPCOG 1987

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ 5.00
(Explain) _____
Late Fee \$ _____

Inspection Record

Type	Date
Final	6-28-94
Completed	

COMMENTS

Signature of Applicant, Robert J. [unclear] (as Agent of Owner)

Date 7-28-99