

Permit # 301783 City of Portland BUILDING PERMIT APPLICATION Fee \$45. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job Proper plans must accompany form.

Owner: Gene Trit Phone # _____
 Address: Cliff Island, ME 04019
 LOCATION OF CONSTRUCTION 108C -A-8 -- Island Ave; Cliff
 Contractor: Robert Howard Sub. 766-2850
 Address: Box 53; Cliff Isl., ME Phone # 04019
 Est Construction Cost: 4500. Proposed Use: 1-fam w shed; porch Zoning: IR-1
 Past Use: 1-fam
 # of Existing Res. Units _____ # of New Res. Unit _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stor. _____ # Bedrooms _____ Tot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Inversion _____
 Explain Conversion Construct shed - 8' x 13' & porch roof/screen

For Official Use Only **PERMIT ISSUE**

Date: 8/14/90 Sub-section _____
 Issue Date: AUG 20 1990
 Bid Code _____ Owner type: City of Portland
 Tractor Unit _____
 Estimated Cost: 4,500
 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) OK WDH 8-16-90

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. Girt 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: _____

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 _____

Ceiling:

1. Ceiling Joists Size _____ Spacing _____ Not in District for Landmark.
2. Ceiling Strapping Size _____ Spacing _____ Does not require J. PLAN.
3. Type ceiling: _____
4. Insulation Type _____ Size: _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span Asize ADDITIONAL
2. Sheathing Type _____ Size _____ APPROVED WITH CONDITIONS
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____ Date: 8/14/90

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 _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant: Robert Howard Date: 8/14/90

Signature of CEO: _____ Date: _____

Inspection Dates: _____

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

[Signature] © Copyright GPCOG 1988