

ISLAND AVENUE  
109C-A-19

CLIFF ISLAND

PERMIT TO INSTALL PLUMBING

Address 109C-A-19 Island Ave., CHITTENANGO 4142

Installation For 1 fam.

Owner of Bldg Everett E. Reed

Owner's Address 34 Login Ave., Chittopee, Me.

Plumber owner

Date 6-12-75

Date Issued June 12, 1975  
 Portland Plumbing Inspector  
 By ERNOLD R. GOODWIN

Date \_\_\_\_\_  
 By \_\_\_\_\_

Date \_\_\_\_\_  
 By \_\_\_\_\_

Type of Bldg.

- Commercial
- Residential
- Single
- Multi Family
- New Construction
- Remodeling

JUN 16 1975  
 ERNOLD R. GOODWIN  
 PLUMBING INSPECTOR

NEW	REPL	NO	FEE
			SINKS
			LAVATORIES
			TOILETS
			BATH TUBS
			SHOWERS
			DRAINS FLOOR SURFACE
1		1	HOT WATER TANKS 2.00
			TANKLESS WATER HEATERS
			GARBAGE DISPOSALS
			SEPTIC TANKS
			HOUSE SEWERS
			ROOF LEADERS
			AUTOMATIC WASHERS
			DIS. WASHERS
			OTHER
			Base Fee 3.00
TOTAL 1			5.00

Building and Inspection Services Dept.: Plumbing Inspection



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

Date ~~6-12-75~~ 6-16-75  
 Receipt and Permit number A 2900

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

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: Lot # 109C-A-19, Island Avenue, Cliff Island (cottage)

OWNER'S NAME: Mary H. Reed ADDRESS: 34 Langevin St., Chicopee, Mass.

CUTLETS: (number of)		
Lights	_____	
Receptacles	_____	
Switches	_____	
Plugmold	_____ (number of feet)	
TOTAL	_____	
FIXTURES: (number of)		
Incandescent	_____	
Fluorescent	_____ (Do not include strip fluorescent)	
TOTAL	_____	
Strip Fluorescent, in feet	_____	
SERVICES:		
Permanent, total amperes	<u>100</u>	
Temporary	_____	<u>3.00</u>
METERS: (number of)	<u>1</u>	<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 (total number of kws)	_____	
APPLIANCES: (number of)		
Ranges	_____	
Cook Tops	_____	
Wall Ovens	_____	
Dryers	_____	
Fans	_____	
TOTAL	<u>1</u>	
Water Heaters	_____	<u>1</u>
Disposals	_____	
Dishwashers	_____	
Compressors	_____	
Others (denote)	_____	
TOTAL	_____	<u>1.50</u>
MISCELLANEOUS: (number of)		
Branch Panels	_____	
Transformers	_____	
Air Conditioners	_____	
Signs	_____	
Fire/Burglar Alarms	_____	
Circus, Fairs, etc.	_____	
Alterations to wires	_____	
Repairs after fire	_____	
Heavy Duty, 220v outlets	_____	
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:	_____
FOR PERFORMING WORK WITHOUT A PERMIT (304-9)		_____
	TOTAL AMOUNT DUE:	<u>5.00</u>

INSPECTION: Will be ready on 6-16-75, 1975; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Everett E. Reed  
 ADDRESS: 34 Langevin St., Chicopee, Mass.  
 TEL.: none

MASTER LICENSE NO.: None SIGNATURE OF CONTRACTOR: Everett E. Reed  
 LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY

ELECTRICAL INSTALLATIONS:-

Permit Number A2900

Location Lot 109C-A-19 Island Ave ONSF Island

Owner Marv Reed

Date of Permit 6-12-73

Final Inspection 7-16-73

By Inspector CSB/A

Permit Application Register Page No. 17

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_

Service called in \_\_\_\_\_

Closing in \_\_\_\_\_ by \_\_\_\_\_

PROGRESS INSPECTIONS: 7-16-73 /

\_\_\_\_\_/

\_\_\_\_\_/

\_\_\_\_\_/

\_\_\_\_\_/

\_\_\_\_\_/

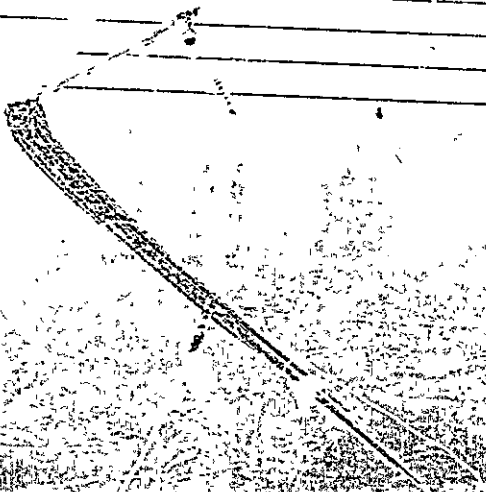
\_\_\_\_\_/

DATE:

REMARKS:

7-16-73

Reinspection by Cliff. All OK



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  
 Net Construction Cost: 4500 Proposed Use: 1-fam w. shed; porch Zoning: TR-1  
 Past Use: 1-fam  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Unit. \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # of Size \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Inversion \_\_\_\_\_  
 Explain Conversion Construct shed - 8'x13' & porch roof/screen Other (Explain) \_\_\_\_\_

For Official Use On **PERMIT ISSUE**  
 Sub-division \_\_\_\_\_  
 Date 8/14/90 Time \_\_\_\_\_  
 Street Fire Limits \_\_\_\_\_ Lot AUG 20 1990  
 Bldg Code \_\_\_\_\_ Owner/Type City of Portland  
 Tax Limit \_\_\_\_\_ Estimated Cost 4500  
 Street Frontage Provided: \_\_\_\_\_  
 Provide 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) DR WAH = 8-16-90

**HISTORIC PRESERVATION**

**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 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 \_\_\_\_\_ Does not require a flag.
3. Type ceiling: \_\_\_\_\_ Size \_\_\_\_\_
4. Insulation Type \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Span Asch AED1314
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Appeared with Conditions
3. Roof Covering Type \_\_\_\_\_

**Chimneys:**

Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Date 8/14/90  
 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 \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Robert Howard As Assessor for owner Date 8/14/90

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

White-Tax Assessor Yellow-GPCOG White Tag -CEO 12/11/90