



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date December 16, 19 87
 Receipt and Permit number 22689

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 109 C-A-33 (Island Avenue/Cliff Island)

OWNER'S NAME: Rogert Berle ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL <u>1-10</u>	3.00
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary <input checked="" type="checkbox"/> TOTAL amperes <u>100</u>	3.00
MEETERS: (number of) <u>1</u>50
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 Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (v. windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
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:
	TOTAL AMOUNT DUE: 12.50

INSPECTION:
 Will be ready on 12/18 5:00, 19 87; or Will Call _____
CONTRACTOR'S NAME: Seabee Elec
ADDRESS: 200 Anderson Street
TEL.: 774-4880
MASTER LICENSE NO.: 2014 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

PERMIT # 001604 CITY OF PORTLAND BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Boyer, Beyle
 Address: Island Avenue Cliff Island 04109
 LOCATION OF CONSTRUCTION: #109-C-A-33 Cliff Island
 CONTRACTOR: Finest Kind Bldrs SUBCONTRACTORS: _____
 ADDRESS: Island Avenue, Cliff Island

Est. Construction Cost: \$30,000 Type of Use: Utility Shed

Past Use: vacant space

Building Dimensions: L 48 W 36 Sq. Ft. 1728 Stories: 2 1/2 Lot Size: 3 acres

Is Proposed Use: Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: Accessory building for storage

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 _____ 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 _____

For Official Use Only	
Date: <u>Dec 11, 1987</u>	Permit Type: Yes / No
Inside Fire Limits: _____	Harm: _____
Bldg Code: _____	Block: _____
Time Limit: _____	Permit Expiration: _____
Estimated Cost: _____	Ownership: _____
Value/Struct: _____	Public: _____
Fee: _____	Private: _____

Callings:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing PERMIT ISSUED
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____ DEC 15 1987

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size City Of Portland
 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 00.0VI 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: _____
 3. Must conform to National Electrical Code and State Law.

Zoning:
 (a) District: R-1 Street Frontage Requirement: _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No X Date _____
 Planning Board Approval: Yes _____ No _____ Date _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain): _____
 Date Approved: Dec 14, 1987

Permit Received By: E. Latini

Signature of Applicant: _____

Signature of CEO: _____

Inspection Dates: _____

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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E. M. Addato
Rowe

PERMIT # 0016 CITY OF Portland BUILDING PERMIT APPLICATION

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

MA # _____ LOT# _____

Owner: Roger Berle
Address: Island Avenue Cliff Island 04109

LOCATION OF CONSTRUCTION 109-C-A-33 Cliff Island

CONTRACTOR: Finast Kind Bldrs-SUBCONTRACTORS

ADDRESS: Island Avenue, Cliff Island

Est. Construction Cost: \$30,000 Type of Use: Utility Serv

Past Use: VACANT SPACE

Building Dimensions 1.48 W 36 Sq. Ft. 1724 Stories: 2 1/2 Lot Size: 3 acres

Is Proposed Use: Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: necessary building for storage

COMPLETELY 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. Sill's Size: _____ Sills must be anchored
2. Girdler 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. Girding 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: <u>Dec 11, 1987</u>	Subdivision: Yes / No _____
Ins'd's Pl's Lists _____	Name _____
Bldg Cor. A _____	Let _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expense _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee _____	

Ceiling:

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

Roof:

1. Truss or Rafters Size _____ Span _____
2. Sheathing Type _____ Size _____
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 OC, CTI 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 _____
3. Must conform to National Electrical Code and State Law.

Zoning:

(District) R-1 1000 Street Frontage Requirements of _____

Review Required:

Revised Setbacks: Front _____ Back _____ Side _____ Side _____

Zoning Board Approval: Yes _____ No X Date: _____

Planning Board Approval: Yes _____ No X Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain) _____

Date Approved: Dec 17, 1987

Permit Received By _____

Signature of Applicant _____

Signature of CEO _____

Inspection Dates _____

PERMIT ISSUED
WITH LETTER

White - ax As. esor

Yellow-GPCOG

White Tag - CEO

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[7] Mr. Addato

Row 2

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ _____

Subdivision Fee \$ 170.00

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS: Permit to owner As per plans (4 pages)

7-13-88 - W-18 / FO. OK. QD

OK 6/28/94

[Signature]

Signature of Applicant _____

Date _____

Applicant: Roger Berle
Address: Cliff Island Island Ave.
Assessors No.: 109-C-A-33

Date: Dec. 14, 1987

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - IR-1

Interior or corner lot - Interior

Use - Accessory building for storage only

Sewage Disposal - ? No bathroom indicated

Rear Yards - O.K.

Side Yards - O.K.

Front Yards - 30' 30' required

Projections -

Height - 2 story at Rear

Lot Area - 135,420 sq. ft.

Building Area - 1728 sq. ft.

Area per Family - NA

Width of Lot - 550'

Lot Frontage - 550'

Off-street Parking - O.K.

Loading Bays - NA

Site Plan -

Shoreland Zoning -

Flood Plains -

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

December 15, 1987

Mr. Roger Berle
Finast Kind Builders
Island Avenue
Cliff Island, ME 04109

RE: 109-C-A-33, Cliff Island, ME.

Dear Sir:

Your application to construct a storage building, 36' x 48', has been reviewed and a permit is herewith issued subject to the following requirements:

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection.
2. This permit is for a storage shed only (utility shed).
3. All foundation systems shall be a minimum of 4' below grade, or resting on bedrock.
4. Please submit for approval, a complete framing detail to this office before framing begins.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in dark ink, appearing to read "P. Hoffses", written over a circular stamp.

P. Samuel Hoffses
Chief of Inspection Services

Enclosure
PSH:lab

TERRY RL EST TRUS
GUDRON PIERSON
109-C-A-21

CASCO BAY

page 1 of 4



BERLE
LOT # 109-C-A-33

CLIFF ISLAND

DAVE & ELLEN
MANSON

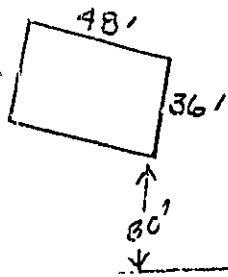
109-C-A-
27

109-C-A-37

R/W

TOM WRIGHT

site of proposed
accessory building
for Roger Berle →



RECEIVED

DEC 11 1987

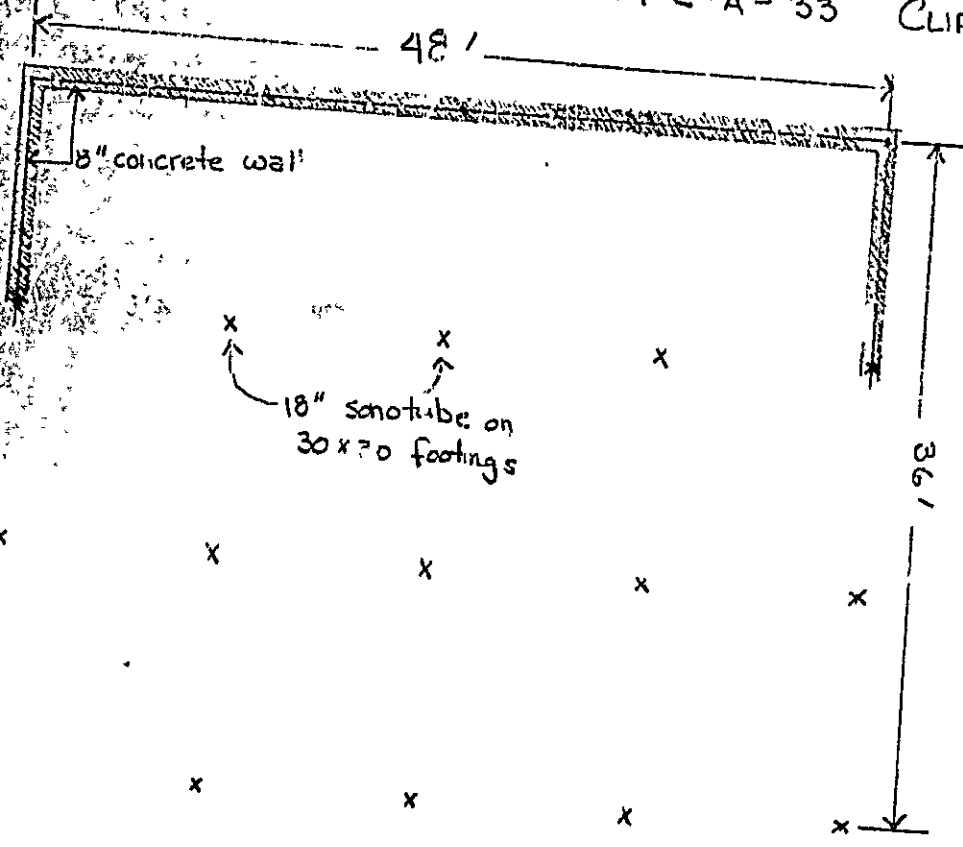
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

ISLAND AVENUE

FOUNDATION PLAN FOR ACCESSORY BUILDING
FOR ROGER BERLE. LOT # 109-C-A-33

page 2 of 4

CLIFF ISLAND



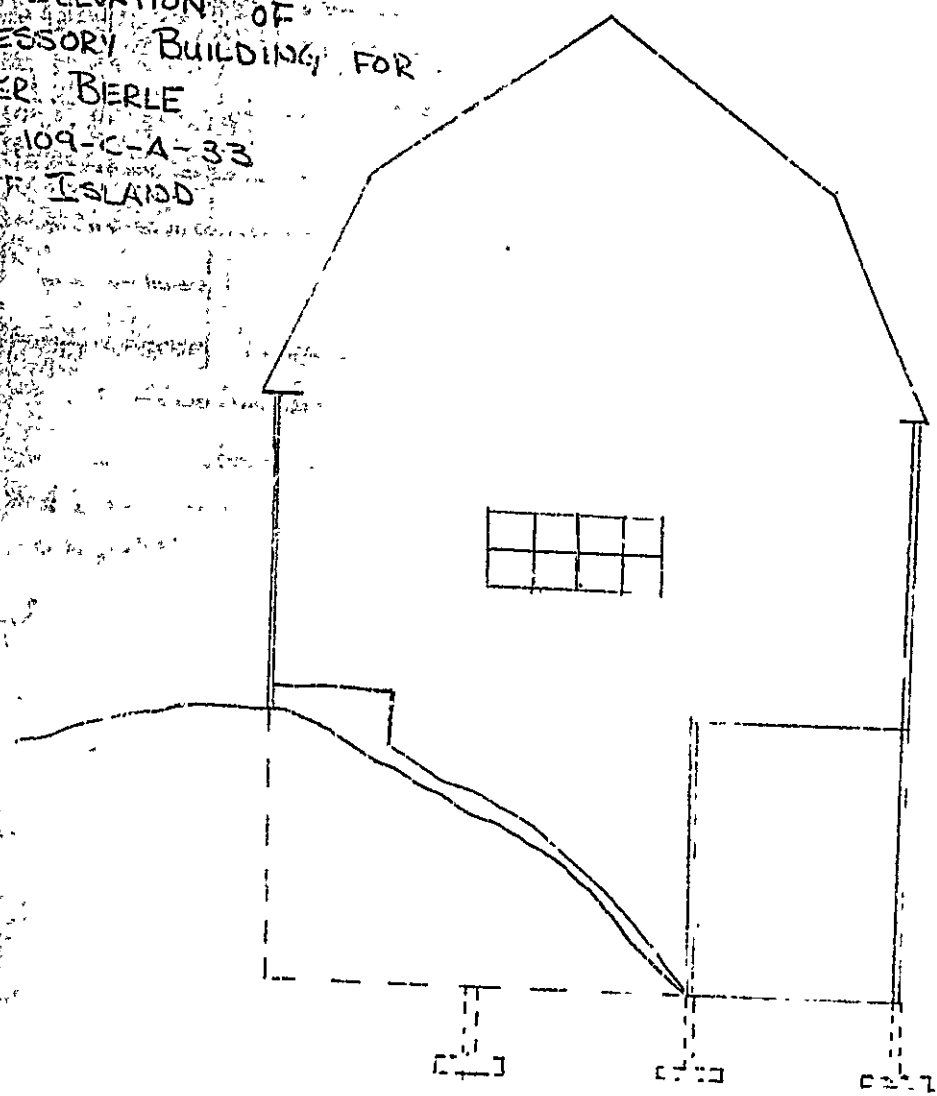
RECEIVED

DEC 11 1987

D.P. OF BUILDING INSPECTION
CITY OF PORTLAND

NE ELEVATION OF
ACCESSORY BUILDING FOR
ROGER BERLE
LOT # 109-C-A-33
CLIFF ISLAND

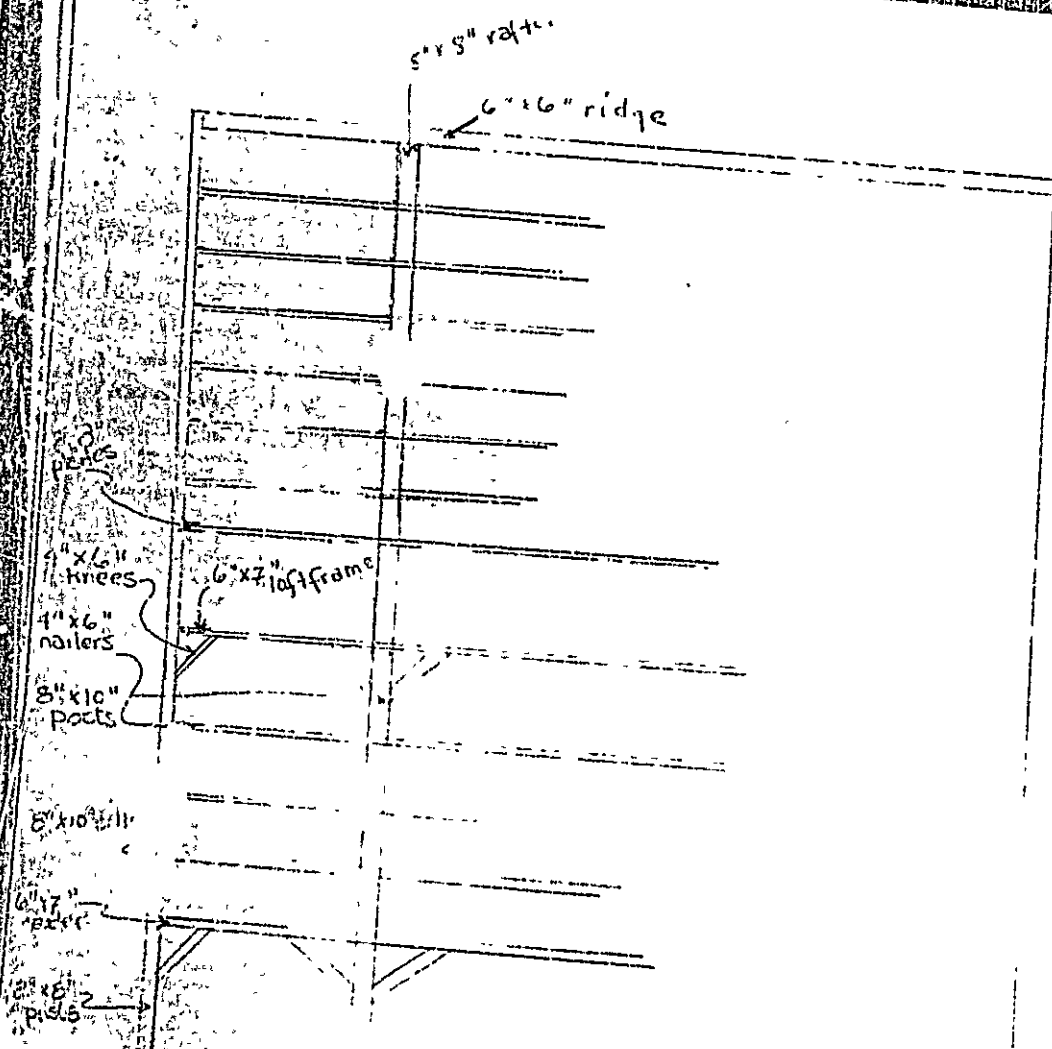
page 3 of 4



RECEIVED

DEC 1 1 1987

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



Page 4 of 4

Materials for accessory building for Ryan Beck

Lot # 109-C-A-33
CLIFF ISLAND

RECEIVED
DEC 1 1 1987

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

PERMIT # 001369 CITY OF PORTLAND BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Roger K. Berle/Terry Real Estate Trust
 Address: PO Box 34, Cliff Island, 04011
 LOCATION OF CONSTRUCTION: Cliff Island Avenue, Cliff Island
 CONTRACTOR: _____ SUBCONTRACTORS: 766-2827
 ADDRESS: _____

For Official Use Only	
Date: <u>September 8, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name: _____
Map Co. _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: _____	Permit Expiration: _____
Value: _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$300.00</u>	Building Fee: <u>11/2/88</u>
	Flood Plain Fee: <u>10/14/88</u>

Est. Construction Cost: \$15,000 Type of Use: Minor Site Plan
Constructing new rock
 Building Dimensions: 1 x 1 x 1 Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain: _____

Collage: 50.00 - Flood Plain Re Fee - 10/14/88
 1. Ceiling Joists Size: _____ Spacing: PERMIT ISSUED
 2. Ceiling Stripping Size: _____
 3. Type Ceiling: _____
 4. Insulation Type: _____
 5. Ceiling Height: _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only: _____
 # Of Dwelling Units: _____ # Of New Dwelling Units: _____

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

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

Chimneys: _____
 Type: _____ Number of Fire Places: _____

Floors:
 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 Covering Type: _____ Size: _____
 7. Other Material: _____

Heating: _____
 Type of Heat: _____

Exterior Walls:
 1. Studding Size: _____ Spacing: _____
 2. No. windows: _____
 3. No. Doors: _____
 4. Header Size: _____ Spacing: _____
 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: _____

Electrical: _____
 Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Interior Walls:
 1. Studding Size: _____ Spacing: _____
 2. Header Size: _____ Spacing: _____
 3. Wall Covering Type: _____
 4. Fire Wall if required: _____
 5. Other 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: _____
 3. Must conform to National Electrical Code and State Law.

White Tax Assessor Yellow GPCCG White Tag - CEO © Copyright GPCOG 1987

Zoning: _____
 District: _____ Street Frontage Req: _____ Provided _____
 Require 1 Setback: Front _____ Back _____ Side _____ 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 Exemption: _____
 Other: _____ (For plate)
 Date Approved: _____

Permit Received From: ancy Grossman

Signature of Applicant: [Signature] Date: 8/27/88

Signature of CEO: [Signature] Date: _____

Inspection Dates: _____