

ISLAND AVENUE
109-C-C-1

CLIFF ISLAND



APPLICATION FOR PERMIT

PERMIT ISSUED

APR 7 1976

0229

CITY of PORTLAND

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION

PORTLAND, MAINE, April 5, 1976

ZONING LOCATION _____

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

- 1. Owner's name and address **109C-- Bloc C-- Lot 1-- Island Ave. Cliff Island** Fire District #1 #2
- 2. Lessee's name and address **Norman E. Anderson** Telephone **766-3821**
- 3. Contractor's name and address **owner** Telephone _____
- 4. Architect _____ Telephone _____
- Proposed use of building **dwelling** Plans _____ No. of sheets _____
- Last use _____ Specification _____ No. families _____
- Material _____ No. stories _____ Heat _____ Style of roof _____ Roofing _____
- Other buildings on same lot _____
- Estimated contractual cost \$ **525.** Fees \$ **5.**

FIELD INSPECTOR—Mr. _____
This application is for: _____
Dwelling _____ @ 775-5451
Garage _____ Ext. 234

GENERAL DESCRIPTION

To rebuild an existing porch 7' x 25' x 20' as per plans
10" sonotube - floor timbers 2" x 6" (7' apart)
Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

PERMIT IS TO BE ISSUED TO 1 2 3 4

DETAILS OF NEW WORK

- Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
- Is connection to be made to public sewer? _____ If not, what is proposed for sewage? _____
- Has septic tank notice been sent? _____ Form notice sent? _____
- Height average grade to top of plate _____ Height average grade to highest point of roof _____
- Size, front depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____
- Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
- Kind of roof _____ Rise per foot _____ Roof covering _____ Kind of heat _____ fuel _____
- No. of chimneys _____ Material of chimneys _____ of lining _____ Corner posts _____ Sills _____
- Framing Lumber—Kind _____ Dressed or full size? _____ Size _____ Max. on centers _____
- Size Girder _____ Columns under girders _____ O. C. Bridging in every floor and flat roof span over 8 feet? _____
- Studs (outside walls and carrying partitions) 2x4 16" _____ 2nd _____ 3rd _____ roof _____
- Joists and rafters: 1st floor _____ 2nd _____ 3rd _____ roof _____
- On centers: 1st floor _____ 2nd _____ 3rd _____ roof _____
- Maximum span: 1st floor _____ 2nd _____ 3rd _____ height? _____

IF A GARAGE

No. cars now accommodated on same lot _____ to be accommodated _____ number commercial cars to be accommodated _____
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

MISCELLANEOUS

Will work require disturbing of any tree on a public street? _____
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? **yes**

APPROVALS BY: _____

BUILDING INSPECTION—PLAN EXAMINER _____

ZONING: _____

BUILDING CODE: _____

Fire Dept.: _____

Health Dept.: _____

Others: _____

Signature of Applicant **Norman E. Anderson** Phone # _____
Type Name of above **Norman E. Anderson** Other _____
and Address _____

OFFICE FILE COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 5, 19 91
 Receipt and Permit number 3014

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: Island Ave. Cliff Island 109C-C-1

OWNER'S NAME: Norman Anderson ADDRESS: Same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	<u>15.00</u>
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	<u>15.00</u>
METERS: (number of) <u>1</u> ..	<u>1.00</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 Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ <u>1</u> _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>1</u> ..	<u>2.00</u>
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (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: 18.00

INSPECTION:
 Will be ready on June 10, 1991, 19; or Will Call _____
CONTRACTOR'S NAME: Seabee Electric
ADDRESS: 200 Anderson St. Portland, Maine 04101
TEL: 774-4880
MASTER LICENSE NO.: 3014 **SIGNATURE OF CONTRACTOR:** [Signature]
LIMITED LICENSE NO.: _____

INSPECTOR'S COPY -- WHITE
 OFFICE COPY -- CANARY
 CONTRACTOR'S COPY -- GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 3014

Location 15140 9 Ave

Owner NORMAN ANDERSON

Date of Permit 5-5-91

Final Inspection 6-11-91

By Inspector S. P. [Signature]

Permit Application Register Page No. 109

INSPECTIONS: Service 6-11-91 by S.B.

Service called in 6-11-91

Closing-in _____ by _____

PROGRESS INSPECTIONS:

_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:	REMARKS:

[Faint, mostly illegible text and markings, possibly bleed-through or additional notes.]

MIT APPLICATION Fee \$30 Zone _____ Map # _____ Lot# _____

ny form.

21
19
ard

For Official Use Only

Date 11/3/92 Subdivision: _____ Name _____
 Inside Fire Limits _____ Lot _____
 Bldg. Code _____ Ownership: _____ Public _____
 Time Limit _____ Private _____
 Estimated Cost: 2000

fish-house
fish-house

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ 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) _____

ite structure

HISTORIC PRESERVATION

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

Roof:
 1. Truss or Rafter Size: _____ Sparancher: _____ Approved.
 2. Sheathing Type: _____ Sire: _____ Approved with Conditions.
 3. Roof Covering Type: _____

oped.

to submitted
O.C.

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: 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 _____ Sq. are Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By: Louise E. Chase

Signature of Applicant: Norman E. Anderson Date: Nov 3, 1992

CEO's District: _____

CONTINUED TO REVERSE SIDE

Inventory Tag - CEO

ISOR

090576 090576

Permit # 090576 City of Portland **BUILDING PERMIT APPLICATION** Fee \$30 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Norman E. Anderson Phone # 765-3421
 Address: Box 24- Cliff Island, ME 04079
 LOCATION OF CONSTRUCTION: Island Ave - Cliff Island
 Contractor _____ Subj _____
 Address _____ Phone # _____
 Est. Construction Cost: 2100 Proposed Use: 1-fam w fish-house
 Past Use 1-fam w fish-house
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # of Floors _____ # of Rooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: MOVE fish-house 36 ft; elevate structure
09C-c-1,2 & build addition to fish-house
 Foundations: 8'x14'

Date: <u>7/7/93</u> Inset Fire Limits _____ Bid Code _____ Title Limit _____ Estimated Cost: <u>2000</u>		PERMIT ISSUED For Official Use Only Subdiv: _____ Name: <u>J.A. 8/1993</u> Loc: _____ Ownership: _____ CITY OF PORTLAND	
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: <u>(Explains)</u>	Street Frontage Provided: _____ Provided Setbacks: Front _____ Back _____ Side _____ Side _____ Ceiling: 1. Ceiling Joists Size: _____ 2. Ceiling Strapping Size _____ Spacing _____ 3. Type Ceiling: _____ 4. Insulation Type _____ Size _____ 5. Ceiling Height: _____ Roof: 1. Truss or Rafter Size _____ Span _____ 2. Sheathing Type _____ Size _____ 3. Roof Covering Type _____ 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 _____ Yes _____ No _____ 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.		

1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____
 Floors:
 1. Sill Size _____ Sills must be anchored.
 2. Girder Size _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joist Size: _____
 5. Bridging Type _____ Spacing 16" O.C.
 6. Floor Sheathing Type _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____
 5. Bracing: Yes _____ No _____ (par. 5)
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____
 10. Machinery Materials _____
 11. Metal Materials _____
 Weather-Exposure _____

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

Permit Received By _____
 Signature of Applicant _____ Date _____
 Signature of CEO _____ Date _____
 Inspection Dates _____

White Tax Assessor Yellow-GPCOG

White Tag - CEO [Signature]