

9-61 Dartmouth St.
Sec. 487-505 + 517-535 Forest Ave.

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland

Street: 1000

Subdivision Lot #: 1000

PROPERTY OWNERS NAME

Last: 1000 First: 1000

Applicant Name: 1000

Mailing Address of Owner/Applicant (if different): 1000

PORTLAND PERMIT # 1000 TOWN OF 1000

DATE 1/12/87 FEE \$ 1000 Double Fee Charged 1000

L.P.I. # 1000

Local Plumbing Inspector Signature: 1000

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: 1000 Date: 1000

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: 1000 Date Approved: 1000

PERMIT INFORMATION

This Application is for:

1. ☒ NEW PLUMBING

2. ☐ RELOCATED PLUMBING

JAN 13 1986

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING

2. ☐ MODULAR OR MOBILE HOME

3. ☐ MULTIPLE FAMILY DWELLING

4. ☐ OTHER - SPECIFY: 1000

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER

2. ☐ OIL BURNERMAN

3. ☐ MFG D HOUSING DEALER MECHANIC

4. ☐ PUBLIC UTILITY EMPLOYEE

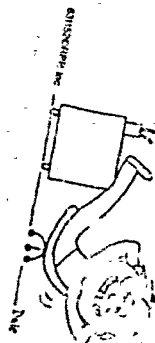
5. ☐ PROPERTY OWNER

LICENSE # 1000

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	OR		Hosebibb Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
HOOK-UP: to an existing subsurface wastewater disposal system			Urinal	3	Sink
			Drinking Fountain		Wash Basin
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc		Clothes Washer
Number of Hook-Ups & Relocations			Grease Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
Hook-Up & Relocation Fee			Bidet		Laundry Tub
			Other: <u>1000</u>		Water Heater
		Fixtures (Subtotal) Column 2		7	Fixtures (Subtotal) Column 1
				6	Fixtures (Subtotal) Column 2
				12	Total Fixtures
				\$ 215	Fixture Fee
				\$ 1000	Hook-Up & Relocation Fee
				\$ 1215	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

IT'S NOT MY JOB.
THIS LITTLE SUCKER'S ALL YOURS.



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

110573

MAY 12 1986

ZONING LOCATION

PORTLAND, MAINE May 7, 1986

To the BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

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:

LOCATION 49. Dartmouth St. - 1st floor. Fire District #1 ☐ #2 ☐ Telephone 871-1411

1. Owner's name and address Peter Gerrity - same - 61 Rackleff St. Telephone not listed.

2. Lessee's name and address Sleep Sofa Etc. Furniture Retailer - same Telephone

3. Contractor's name and address No. of sheets

Proposed use of building retail No. families

Last use vacant No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$

FIELD INSPECTOR Mr. Appeal Fees \$

Base Fee 25.00

Lat. Fee

TOTAL \$

Change of use from vacant to retail on 1st floor only, no alterations or structural changes

Stamp of Special Conditions

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

DETAILS OF NEW WORK

permit pulled

Is any plumbing involved in this work? ☐ Is any electrical work involved in this work? ☒ YES..
Is connection to be made to public sewer? ☐ If not, what is proposed for sewage? ☐
Has septic tank notice been sent? ☐ Form no. 10 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 ☐
No. of chimneys ☐ Material of chimneys ☐ of lining ☐ Kind of heat ☐ fuel ☐
Framing Lumber - Kind ☐ Dressed or full size? ☐ Corner posts ☐ Sills ☐
Size Girder ☐ Columns under girders ☐ Size ☐ Max. on centers ☐
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor ☐ 2nd ☐ 3rd ☐ roof ☐
On centers 1st floor ☐ 2nd ☐ 3rd ☐ roof ☐
Maximum span 1st floor ☐ 2nd ☐ 3rd ☐ roof ☐ height? ☐
If one story building with masonry walls, thickness of walls? ☐

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

APPROVALS BY:

BUILDING INSPECTION - PLAN EXAMINER

ZONING: C. N. J. T. May 7, 1986

BUILDING CODE:

Fire Dept.:

Health Dept.:

Others:

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? ☐

Signature of Applicant

Phone # same

Type Name of above Peter Gerrity

1 ☒ 2 ☐ 3 ☐ 4 ☐

Other

and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

MA MAJ 1986

NOTES

OK on Change of Use

Permit No. 847 573
 Location 144 1/2 Washington St
 Owner John J. Kelly
 Date of Permit 5-7-88
 Approved 5-9-88
 Dwelling Change of Use
 Garage
 Alteration

Mail to: Coastal Computer 487 Forest Ave 04101
 PERMIT # CITY OF Portland BUILDING PERMIT APPLICATION

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

Owner: Peter Gerrity 871-1411
 Address: 61 Rack Jeff St. Ptd 04103
 LOCATION OF CONSTRUCTION 49 Danforth Street
 CONTRACTOR: Leavitt & Parris SUBCONTRACTORS: 883-4184
 ADDRESS: 448 Payne Scar.

Est. Construction Cost: _____ Type of Use: Commercial

Permit Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain erect awning 33'X 4' (2) sq ft. as per plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE _____ sq ft.
 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 _____
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 <u>April 5, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Blkg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration _____
Value/Structure _____	Ownership: Public _____ Private _____
Fee <u>77.80</u>	<u>25.00+52.80</u>

Ceiling: 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling: _____
 4. Insulation Type _____ Size APR 6 1989
 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: Yes _____ No _____

2. No. of Tubs or Showers: _____

3. No. of Flushers: _____

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.

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 Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain): _____

Date Approved: _____

Permit Received By: Deborah Coode

Signature of Applicant: Mad. G. H. S. Date: 4-5-89

Signature of CFO: as agent for owner Date: _____

Inspection Dates: (6) KC

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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PERMIT # **001535**

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Peter G. Smith

Address: 61 Richmond St., Portland, ME 04103

LOCATION OF CONSTRUCTION 405 State St. - Portland, ME

CONTRACTOR: B. White & Co. PAINTS SUBCONTRACTORS: 863-4184

ADDRESS: 440 State Road, Scarborough, ME 04074

Est. Construction Cost: \$25,000 Type of Use: Retail Office

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Erect awning 4'x4'x33' as per attached plans.

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: _____ Size _____ 6" 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 Post: 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 December 22, 1988

Subdivision: Yes / No _____

Inside Fire Limits _____

Name _____

Bldg Code _____

Lot _____

Time Limit _____

Block _____

Estimated Cost: \$25,000

Permit Expiration: _____

Value/Structure _____

Ownership: _____

Fee: \$35.00

Public _____

Private _____

Ceiling:

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

Roof:

1. Truss or Rafter Size _____ Span _____
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 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 2-2 Street Frontage Req. _____ Provided _____

Review Required:

Required Setbacks: Front _____ Back _____ Side _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdiv. _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain) _____

Date Approved 12/22/88

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 12/22/88

Signature of CEO [Signature] Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 25.00
 Subdivision Fee \$
 Site Plan Review Fee \$
 Other Fees \$ 10.00
 (Explain)
 Late Fee \$

Type	Inspection Record	Date
FINAL		1/31/89

COMMENTS

OK 1-31-89

Signature of Applicant

Joe L. Gagey agent for owner Date 1/22/88

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED
TO BE ERECTED ON A BUILDING AT 49 DARTMOUTH ST. PORTLAND
IN PORTLAND, MAINE PETER GERRY being the owner of the premises
at 49 DARTMOUTH ST in Portland, Maine hereby gives consent to the
erection of a certain sign owned by SUE L GIGGEY over the
sidewalk or on the building from said premises as described in application
to the Division of Inspection Services of Portland, Maine for a permit to
cover the erection of said sign:

And in consideration of the issuance of said permit _____,
owner of said premises, in event said sign shall cease to serve the purpose
for which it was erected or shall become dangerous and in event the owner of
said sign shall fail to remove said sign or make it permanently safe in case
the sign still serves the purpose for which it was erected, hereby agrees
for himself or itself, for his heirs, its successors, and his or its
assigns, to completely remove said sign is in such condition and of order
from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and
agreement this 22 day of DEC 1988.

Peter Gerry
Owner's signature

Sue L. Giggey
Lessee's signature

RECEIVED
DEC 22 1988

DEPT OF INSPECTION SERVICES
CITY OF PORTLAND

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

F-177.2

ISSUED BY

United Textile & Supply Company
501 Roosevelt Avenue
Central Falls, R.I. 02862

Date work performed

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR Leavitt & Parris AT 448 Payne Road
CITY Scarborough, STATE Maine 04074

Certification is hereby made that: (Check "a" or "b")

☐ (a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____
Method of application _____

☒ (b) The articles described on the reverse side hereof are made from a flame-resistant fabric registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric used UNITEX Pyrotone 11 Reg. No. F-177.2

The Flame Retardant Process Used Will Not Be Removed By Washing
(will or will not)

Name of Applicator

By

Title

We hereby certify this to be a true copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "original copy" of which has been filed with California State Fire Marshal.

Signed

By

RECEIVED

DEC 22 1988

DEPT OF BUILDING & SAFETY
FIRE PREVENTION DIVISION

Proposal

Page No. of Page

LEAVITT & PARRIS, INC.
Awnings & Canvas Products
448 Payne Road, P.O. Box 621
SCARBOROUGH, MAINE 04074
(207) 883-4184

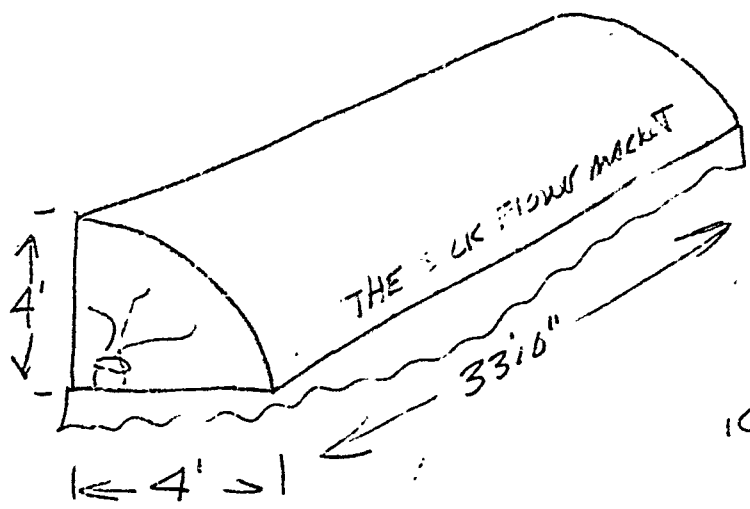
RECEIVED

DEC 22 1988

PROPOSAL SUBMITTED TO <i>Sue Giggey</i>		PHONE	DATE <i>12-27-88</i>
STREET <i>49 Portsmouth St.</i>		JOB NAME	
CITY, STATE AND ZIP CODE <i>Portland, Me.</i>		JOB LOCATION	
ARCHITECT <i>4637</i>	DATE OF F.A.S.	<i>NEIL J. PARRIS</i>	JOB PHONE

We hereby submit specifications and estimates for:

1- Stationary Awning - (complete)



100% galv. welded frame

*white lettering
10" letter*

We propose hereby to furnish material and labor -- complete in accordance with above specifications, for the sum of:

Two Thousand Five Hundred dollars (\$*2500.00*)
Payment to be made as follows:
50% Down: Balance upon Completion

All materials are guaranteed to be as shown in a workmanlike manner according to standard practices. Extra costs will be charged over and above the contract price for delays beyond our control. Our workers are fully covered by insurance.

in a workmanlike manner according to standard practices. Extra costs will be charged over and above the contract price for delays beyond our control. Our workers are fully covered by insurance.

Authorized Signature: *Neil J. Parris*
Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal -- The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: *11-9-88*

Signature: *Sue Giggey*

