

920536

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$30.00 Zone 4.5 Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Savely & Vera Kuperman Phone # 774-3695  
Address: 307 Deering Ave. Portland, 04103  
LOCATION OF CONSTRUCTION duplex 307 Deering Ave.  
Contractor: Capital Const. Sub: \_\_\_\_\_  
Address: 20 Meadow Rue Augusta, Me 04330 Phone # 822-4722  
Est. Construction Cost: \$2000.00 Proposed Use: duplex  
Past Use: duplex  
# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size \_\_\_\_\_  
In Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion to erect bathroom in existing closet/pantry  
as per plan

For Official Use Only  
Date: June 21, 1993 Subdivision: \_\_\_\_\_  
Inside Fire Limits \_\_\_\_\_ Name: JUN 23 1993  
Bldg Code \_\_\_\_\_ Lt: \_\_\_\_\_  
Time Limit: \_\_\_\_\_ Owner: CITY OF PORTLAND  
Estimated Cost: \$2000.00 Private \_\_\_\_\_  
Zoning: \_\_\_\_\_  
Street Frontage Provided: 14-436  
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) \_\_\_\_\_

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: \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_  
Roof:  
1. Truss or Rafter Size \_\_\_\_\_ Span: 00.00 Action: Approved  
2. Sheathing Type \_\_\_\_\_ Size: \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_  
Chimneys:  
Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
Henting:  
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: \_\_\_\_\_  
3. Must conform to \_\_\_\_\_ National Electrical Code and \_\_\_\_\_

PERMIT ISSUED WITH LETTER  
Signature of CEO: Vera Kuperman Date: 6/21/93  
Inspection Dates: \_\_\_\_\_  
White-Tax Assessor \_\_\_\_\_ Yellow-GPCOG \_\_\_\_\_ White Tag-CEO \_\_\_\_\_

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PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ 30,00			
Subdivision Fee \$ _____			
Site Plan Review Fee \$ _____			
Other Fees \$ _____			
(Explain) _____			
Late Fee \$ _____			
	P-6-83		

COMMENTS

*Work completed didn't call for  
final inspection on*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_