

192-194 ASHMOPT STREET

Full cut 182008 - Half cut 182009 - Third cut 182010 - Sixth cut 182011





FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

0814

PERMIT ISSUED

SEP 14 1977

Portland, Maine, Sept. 14, 1977

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 194 Ashmont St. Use of Building 2 family No. Stories New Building Existing "
Name and address of owner of appliance Marjorie Fecoraro
Installer's name and address Knight - Gale -890 Main St. So. Windham Telephone 892-6753

General Description of Work

To install boiler - replacement

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no
If so, how protected? Kind of fuel? # 2 fuel oil
Minimum distance to burnable material, from top of appliance or casing top of furnace 5 ft.
From top of smoke pipe 2 ft From front of appliance 2 ft From sides or back of appliance 4 ft
Size of chimney flue 8 in Other connections to same flue no yes
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Wayne -gun Labelled by underwriters' laboratories? yes
Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe 1 1/2
Location of oil storage basement Number and capacity of tanks 1-275 gal.
Low water shut off yes Make McDonald Miller No
Will all tanks be more than five feet from any flame? yes How many tanks enclosed? none
Total capacity of any existing storage tanks for furnace burners 275 gal.

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 5.00

APPROVED:

Handwritten signature and date 9/14/77

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

CS 300

INSPECTION COPY

Signature of Installer

Handwritten signature of installer Kenneth S. Parker

CERTIFICATE OF APPROVAL

FOR INTERNAL PLUMBING FOR THE TOWN/CITY OF _____

OWNER MARJORIE D. [unclear]

ADDRESS 1011 BROWN ST., MAINE
Location where plumbing was done and inspected

Plumbing Installed by R. MICHAEL - GALE (APL SERVICE)

Cert. of App. Number

No 7475 IC

SEP 20 1977
Month Day Year

SEP 20 1977
Month Day Year

9-14-77
Date Permit Issued

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING REGULATIONS.

Signature of LPI _____

State Office Use Only
 Date Received

ORIGINAL—To be sent to: Department of Human Services
 Division of Health Engineering 221 State Street/ Augusta, Maine 04333

INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF _____

Town/City Code 04610 LPI Number 1123 License Number 3003
Master Plumber

Date Issued 9/14/77 PERMIT NUMBER **No 7475 IP**
Month Day Year

Address of where Plumbing is done

St./Lot Number 1111 ASUBWAY ST.
Street, Road Name/Subdivision

Name of Owner

Last Name DECARATIA F.I. M.I. M
Mailing Address

- Code Issued
- 1. Owner
 - 2. Licensed Master Plumber
 - 3. Licensed Oil Burnerman
 - 4. Employees of Public Utilities

- Type of Construction
- 1. New
 - 2. Remodeling
 - 3. Addition
 - 4. Remodeling & Addition
 - 5. Replacement of Hot Water Heater
 - 6. Hook-up of Mobile Home
 - 7. Minor Change
 - 8. Other (Specify) _____
- Plumbing to Serve
- 1. Single (Res)
 - 2. Multi-Fam (Res)
 - 3. Mobile Home
 - 4. Mobile Home without Seal
 - 5. Commercial
 - 6. School
 - 7. Other (Specify) _____

SCHEDULE OF "FEES"
(See Sect. 1.12 of the Part I Code)

1-10 Fixtures	\$2.00 each
11-20 Fixtures	\$1.00 each
21 Fixtures on up	\$.50 each
Hook-ups	\$2.00 each

Note: Hotwater Heater (tank or tankless) is considered a fixture!

Fixture	#	Fixture	#	Fixture	#
Sinks		Showers		Hot Water Heaters	1
Toilets		Urinals		Floor Drains	
Bathtubs		Clothes Washers		Other	
Lavatories		Dish-Washers		Hook-ups	

SEP 20 1977
ERNOLO R. GOODWIN
 Chief Plumbing Inspector

Quantity Fee
 Fixtures 17 2.00
 Hook-ups 1 2.00
 Administrative fee 300
 Total or Double Fee 340

STATE OFFICE USE ONLY

Date Received _____
 Receipt Number _____ Money Received \$ _____
 Administrative Code

This "Internal Plumbing Permit" is invalid if work is not commenced within six(6) months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained.
 Original—To be sent to: Department of Human Services, Division of Health Engineering 221 State Street, Augusta, Maine 04333



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date Sept. 14, 19 77
 Receipt and Permit number A03198

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: 194 Ashmont St.
 OWNER'S NAME: Marjorie Pacoraro ADDRESS: same

OUTLETS: (number of)
 Lights _____
 Receptacles _____
 Switches _____
 Plugmold _____ (number of feet)
 TOTAL _____ FEES _____

FIXTURES: (number of)
 Incandescent _____
 Fluorescent _____ (Do not include strip fluorescent)
 TOTAL _____
 Strip Fluorescent, in feet _____

SERVICES:
 Permanent, total amperes _____
 Temporary _____

METERS: (number of) _____
 MOTORS: (number of)
 Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING:
 Oil or Gas (number of units) X _____
 Electric (number of rooms) _____ 3.00

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 _____
 Water Heaters _____
 Disposals _____
 Dishwashers _____
 Compactors _____
 Others (denote) _____
 TOTAL _____

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: 3.00

INSPECTION:
 Will be ready on 9-16, 19 77 or Will Call _____
 CONTRACTOR'S NAME: Knight-Gale
 ADDRESS: 890 Main St.
 TEL.: So. Windham, Maine

MASTER LICENSE NO.: on file
 LIMITED LICENSE NO.: 0073
 SIGNATURE OF CONTRACTOR: [Signature]
 INSPECTOR'S COPY



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, Nov 8, 1954

PERMIT ISSUED

01981 NOV 8 1954

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 194 Ashmont St. Use of Building 2-family dwelling No. Stories Not Building Existing Name and address of owner of appliance A. Albert Kerrby, 40 Fowland St. Installer's name and address Community Oil Co., 204 Kennebec St. Telephone 2-7451

General Description of Work

To install 2 oil burning equipment in connection with existing steam heating systems (conversion)

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Kind of fuel? Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Bill and Sunday Labeled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Size of vent pipe 1 1/2" 1 1/2" Location of oil storage basement Number and capacity of tanks 1-275 gal 1-275 gal Low water shut off yes Make Watts No 89/2 Will all tanks be more than five feet from any flame? yes How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners none

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

[Empty lines for miscellaneous information]

Amount of fee enclosed? 2.50 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED: [Signature]

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

Community Oil Co.

Signature of Installer W. William W. [Signature]

INSPECTION COPY

C17-154-V-MARES



APPLICATION FOR PERMIT

Permit No. _____

Class of Building or Type of Structure Third Class

Portland, Maine, April 23, 1929

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect ~~alter~~ install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 194 Ashmont Street Ward 5 Within Fire Limits? No Dist. No. _____
 Telephone F 494 W
 Owner's or Lessee's name and address J. W. Haggatt, 43 Saunders St. Telephone _____
 Contractor's name and address E. L. Sharpe, 55 Fessenden St. Telephone _____
 Architect's name and address _____ No. families _____
 Proposed use of building 2 car garage
 Other buildings on same lot 2 family dwelling house

Description of Present Building to be Altered
 Material _____ No. stories _____ Heat _____ Style of roof _____ Roofing _____
 Last use _____ No. families _____

General Description of New Work

To erect 2 car frame garage

Details of New Work

Size, front 18' depth 20' No. stories 1 Height average grade to top of plate 9'
 Height average grade to highest point of roof 15'
 To be erected on solid or filled land? solid earth or rock? earth
 Material of foundation concrete wall Thickness, top _____ bottom _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of roof hip Roof covering Asph. shingles Class C Und. Lab. of lining _____
 No. of chimneys no Material of chimneys _____
 Kind of heat no Type of fuel _____ Distance, heater to chimney _____
 If oil burner, name and model _____
 Capacity and location of oil tanks _____
 Is gas fitting involved? no Size of service _____
 Corner posts 4x4 Sills 4x4 Girt or ledger board? _____ Size _____ Max. on centers _____
 Material columns under girders _____
 Studs (outside walls and carrying partitions) 2x1-16" O. C. Girders 6x8 or larger. Bridging in every " or and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
 Joists and rafters: 1st floor Glinder, 2nd _____, 3rd _____, roof 2x4
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof 20"
 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 none, to be accommodated 2
 Total number commercial cars to be accommodated none
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? no

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
 Plans filed as part of this application? yes No. sheets 1 Fee \$.75
 Estimated cost \$ 400.
 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

Signature of owner

J. W. Haggatt

INSPECTION COPY

William P. Scarborough

7056

STATEMENT ACCOMPANYING APPLICATION FOR BUILDING PERMIT
for 2 car frame garage
at 194 Ashmont Street

1. In whose name is the title to the property now recorded? J. W. Haggitt
2. Are the boundaries of the property in the vicinity of the proposed work shown clearly on the ground, and how? Yes
3. Is the outline of the proposed work now staked out upon the ground? No If not, will you notify the Inspection Office when the work is staked out and before any of the work is commenced? Yes
4. Do you assume full responsibility for the correctness of the location plan or statement of location filed with this application, and does it show the complete outline of the proposed work on the ground, including bay windows, porches and other projections? Yes
5. Do you assume full responsibility for the correctness of all statements in the application concerning the sizes, design and use of the proposed building? Yes
6. Do you understand that in case changes are proposed in the location of the work or in any of the details specified in the application that a revised plan and application must be submitted to this Office before the changes are made? _____

J. W. Haggitt

City of Portland, Maine
Fire Department

Mr. Mark Turski
194 Ashmont Street
Portland, Maine

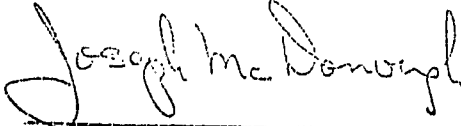
Re: Fire @ 194 Ashmont Street

Dear Sir:

On Nov. 19, 1984 a fire occurred in the building listed above, of which you are reported to be the owner ().

If permanent repair work is required for this building, you must obtain a permit from the Building & Inspection Dept. in City Hall before starting such work.

Very Truly Yours,



Chief
Portland Fire Department

cc: Building & Inspection Dept.
Corporation Counsel
Health Dept. (Housing Div.)
City Assessor's (Mr. Lucci)

The fire started by heat conduction in the partition at the rear of a fireplace and traveled to the second and third floors.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Dec 20, 1984
 Receipt and Permit number 002453

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: 192-219 Ashmont Street - 1st. & 2nd. fl.
 OWNER'S NAME: _____ ADDRESS: _____

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-30 3.00

FIXTURES: (number of) Incandescent X Fluorescent _____ (not strip) TOTAL 1-10 3.00
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

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 _____ Impactors _____
 Fans _____ (denote) _____
 TOTAL _____

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 X 3.00
 Emergency Lights, battery _____
 Emergency Generators _____

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b)
 TOTAL AMOUNT DUE: 9.00

INSPECTION: READY FOR INSP. TODAY
 Will be ready on 12-20, 1984 or Will Call _____

CONTRACTOR'S NAME: Mike Floridino
 ADDRESS: _____

TEL: 772-3136
 MASTER LICENSE NO.: 04234 SIGNATURE OF CONTRACTOR: [Signature]

LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date February 22, 1985
 Receipt and Permit number 00396

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: 299 Ashmont Street
 OWNER'S NAME: Mark Tursky 172-174 ADDRESS: same

OUTLETS:
 Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES:
 Overhead Underground _____ Temporary _____ TOTAL amperes 100 3.00
 METERS: (number of) 1 _____ .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 (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 DOUBLE FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b)
 TOTAL AMOUNT DUE: 5.00 min.

INSPECTION:
 Will be ready on done, 1985; or Will Call _____
 CONTRACTOR'S NAME: Mike Floridino
 ADDRESS: 35 Lawrence Avenue
 TEL.: _____
 MASTER LICENSE NO.: 04234 SIGNATURE OF CONTRACTOR: Mike Floridino
 LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Sept. 24, 19 84

Receipt and Permit number C-05463

C 05464

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: 194 Ashmont St. - 3rd floor

OWNER'S NAME: Mark Turski ADDRESS: lives there

FEES

OUTLETS:

Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-30 3.00

FIXTURES: (number of)

Incandescent _____ Flourescent _____ (not strip) TOTAL _____

Strip Flourescent _____ ft.

SERVICES:

Overhead^x _____ Underground _____ Temporary _____ TOTAL ampercs¹⁰⁰ .. 22 3.00

METERS: (number of) 1

..... .50

MOTORS: (number of)

Fractional _____

1 HP or over _____

RESIDENTIAL HEATING:

Oil or Gas (number of units) _____

Electric (number of rooms) 2 3.00

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 (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 _____

INSTALLATION FEE DUE:

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:

FOR REMOVAL OF A "STOP ORDER" (304-16.b)

TOTAL AMOUNT DUE: 9.50

INSPECTION:

Will be ready on _____, 19__; or Will Call _____

CONTRACTOR'S NAME: Robert's Elec

ADDRESS: 116 Munjoy St.

TEL.: 773-8053

MASTER LICENSE NO.: 4230

SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY -- CANARY

CONTRACTOR'S COPY — GREEN

PERMIT # 684 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Josephine Diggs

Address: 191 Ashmont Street, Portland, Me

LOCATION OF CONSTRUCTION: 192-194 Ashmont St., Portland

CONTRACTOR: C. A. Monsell and Co. SUBCONTRACTORS: 774-2125

ADDRESS: 23 Glenwood Ave., Portland, Me 04103

Est. Construction Cost: \$23,000 Type of Use: 2 family

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: Remodeling 2 kitchens, extending a deck per 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: _____

Floors:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joist 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 _____ 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 _____

Interior Walls:

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

For Official Use Only	
Date <u>June 10, 1988</u>	Subdivision Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$23,000</u>	Permit Expiration _____
Value/Structure _____	Ownership _____ Public _____ Private _____
Fee: <u>\$185.00</u>	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size: _____ Spanning JUN 17 1988
3. Type Ceilings: _____
4. Insulation Type: _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter 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 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 _____ Street Frontage Pct _____ Provided _____

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 Nancy L. Dzema

Signature of Applicant Cathy A. Monsell Date 6/10/88

Signature of CEO _____ Date _____

Inspection Dates _____



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

November 15, 1984

Mark Turski
194 Ashmont
Portland, Me

Mr. Turski,

This office has received numerous complaints from various neighbors stating that you are in the process of converting your building from a two family dwelling to a three family.

An inspection was done on 11/15/84 and the complaints were found to be not valid. This letter is to inform/remind you that your building is located in a R-3 Zone which means that only one & two family dwellings are allowed.

If you have any questions, please feel free to call me.

Fred Williams

775-5451 ext. 377



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Sept. 6 1988
 Receipt and Permit number 29533

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 Electric Code and the following specifications:

LOCATION OF WORK: 194 Ashmont St.
 OWNER'S NAME: Jo Diggs ADDRESS: Ashmont St.

	FEES
OUTLETS:	
Receptacles <u>x</u> Switches <u>x</u> Plugmold _____ ft. TOTAL <u>1-30</u>	3.00
FIXTURES: (number of)	
Incandescent <u>2</u> Fluorescent <u>2</u> (not strip) TOTAL <u>1-10</u>	3.00
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of)	
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 <u>1</u> _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>1</u>	1.50
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 _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE: _____	7.50

INSPECTION: MORNING
 Will be ready on 9/8, 1988; or Will Call _____
CONTRACTOR'S NAME: Ronald Laughton
ADDRESS: P.O. Box 1297, Scar., ME
TEL.: 883-5858
MASTER LICENSE NO.: 3030 **SIGNATURE OF CONTRACTOR:** Ronald Laughton
LIMITED LICENSE NO.: _____

902057

Permit # _____ 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: Mark F. Weisman Phone # 770-2044
 Address: 184 Ashmont St; Ptd, ME 04103
 LOCATION OF CONSTRUCTION 184 Ashmont St.
 Contractor: u/k Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: 5,000 Proposed Use: 1-fam w renovations Zoning: R-5
 Past Use: 1-fam
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Interior renovations - move bathroom

For Official Use Only **PERMIT ISSUED**
 Date 10/19/90 Subdivision: _____ Name _____
 Inside Fire Limits _____ Lot OCT 23 1990
 Bldg Code _____ Ownership: _____ Public _____
 Time Limit _____ Estimated Cost 5000 City Of Portland
 Street Frontage Provided: _____
 Provided 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) OK WSD 10-23-90

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. Siding 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: _____ Not in District or Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does it require review?
 3. Type Ceilings: _____ Requires Review
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved
 2. Sheathing Type _____ Size _____ Approved with Conditions
 3. Roof Covering Type _____ Denied

Chimneys:
 Type: _____ Number of Fire Places _____ Date: 10/19/90
 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: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Sue A. Jerome Date 10/19/90

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO 9 Copyright GPCOG 1988 M.A. Rowe

PLUMBING APPLICATION

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

PROPERTY ADDRESS		PD: LAND 4029 TOWN COPY Date Issued: 10, 19, 90 \$ 115.00 <input type="checkbox"/> Double Fee Charged L.P.I. # 01221 Local Plumbing Inspector Signature: <i>[Signature]</i>
Town Or Plantation	Portland	
Street Subdivision Lot #	184 Ashmont St	
PROPERTY OWNERS NAME		
Last: <i>Wrightman</i> First: <i>Mark</i>	Applicant Name: <i>Sue A. Jerome (wife)</i>	
Mailing Address of Owner/Applicant (If Different)	<i>same</i>	
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: <i>Sue A. Jerome</i> Date: <i>10-19-90</i>		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: _____ Date Approved: <i>OCT 31 1990</i>

PERMIT INFORMATION		
This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING 01 22 1990	Type Of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____

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 HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Wate. Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
\$		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total) \$ 15.00

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 184 Ashmont St

PROPERTY OWNERS NAME

Last: Wrisman First: Mark

Applicant Name: Sue A. Jerome (wife)

Mailing Address of Owner/Applicant (If Different): same

PORTLAND TOWN COPY 4029

Date Recd: 10/19/90 Fee Charged: \$ 15.00 Double Fee:

Local Plumbing Inspector Signature: [Signature] L.P.I. # 61122

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: Sue A. Jerome Date: 10-19-90

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: [Signature] Date Approved: OCT 31 1990

PERMIT INFORMATION

This Application is for: 1. NEW PLUMBING 2. RELOCATED PLUMBING

Type Of Structure To Be Served: 1. SINGLE FAMILY DWELLING 2. MODULAR OR MOBILE HOME 3. MULTIPLE FAMILY DWELLING 4. OTHER - SPECIFY _____

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 # _____

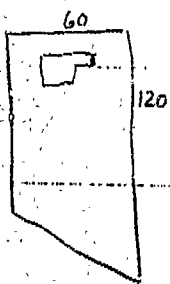
Hook-Up & Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal	2	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Hook-Up & Relocation Fee
				\$ 15.00 Permit Fee (Total)

TOWN COPY

OCT-12-1994 08:34

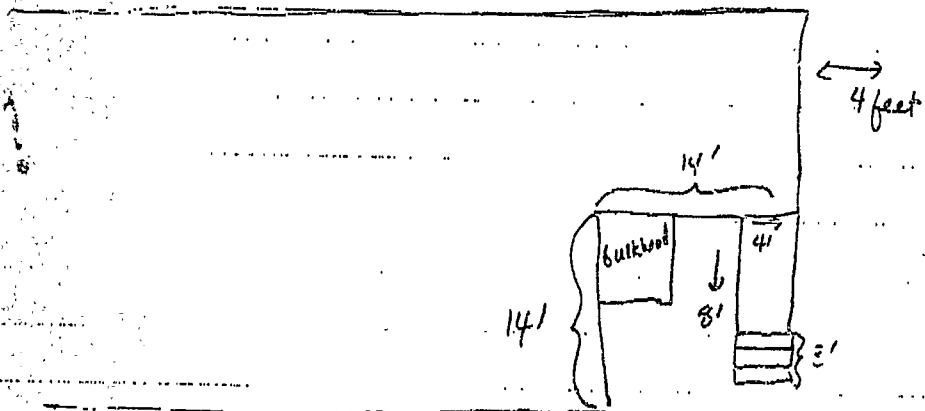
WORKER'S COMP PTL

207 822 0798 P.01



Sue Jerome 184 Ashmont St
822-0840

124-A-009



Existing stoop + steps = 11 feet

Deck would fill in the
ell at 14x14

please check off the appropriate description

FOUNDATION Frost Wall, min 4' below grade.
8" thick
 Sono Tube, 4' below grade.
6" min. on footing, hard pan or
bedrock.
 Other

SILL Size 2x8 rim joints and headers

SPAN OF SILL 41 Distance between foundation supports

JOISTS SPAN _____

JOISTS SIZE 2 x 6 2 x 8 2 x 10

DISTANCE BETWEEN JOISTS 16" O.C. 24" O.C. other

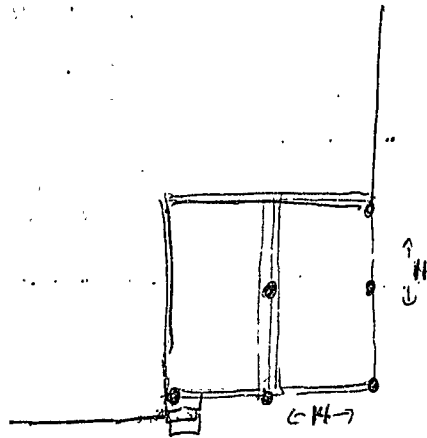
DECKING 5/4 other explain

GUARD HEIGHT 32" 36" 42"

DISTANCE BETWEEN BALUSTER 4" spacing between

STAIR CONSTRUCTION minimum 9" tread
maximum 8 1/4" rise

please use space below for drawing of deck with measurements.

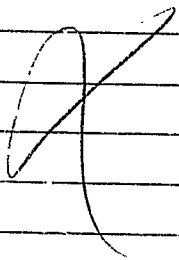


bid @ \$3000

COMMENTS

1/13/95 Three steps to deck. Need hand rail.

A Lowe



Inspection Record		Date
Type		
Foundation:	not called	
Framing:	OK	
Plumbing:	N/A	
Final:	OK A Lowe	1/13/95
Other:		

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 184 Ashmont St		Owner: Suzanne Jerome		Phone: 822-0840		Permit No.: 041128	
Owner Address: 5AA Portland, ME 04103		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Marie Gagne		Address:		Phone:		Permit Issued: Mary Gresik	
Past Use: 1-fam		Proposed Use: 1-fam w/deck		COST OF WORK: 3,000 \$ 3,000.		PERMIT FEE: \$ 35.00	
Proposed Project Description: Construct deck as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group 13 Type: 5B 17008-13		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED OCT 18 1994 CITY OF PORTLAND </div>	
		Signature:		Signature:			
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____			

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

Zoning Approval:

Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: 10/11/94

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: Suzanne Jerome ADDRESS: DATE: 13 Oct 94 PHONE: 822-0840

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 6
M. Brown