

29-31 CLIFTON STREET

STANDARD

col 6020H - Red 6020H - Blue 6020H - Green 6020H - Yellow 6020H



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland September 19, 1946

PERMIT ISSUED 01802 SEP 20 1946

To the INSPECTOR OF BUILDINGS, etc

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

Location 29 Clifton Street Use of Building Dwelling No. Stories 2 New Building Existing " Name and address of owner of appliance Mellan G. Calderwood, 29 Clifton Street Installer's name and address Harris Oil Co., 17 Main St., South Portland Telephone 2-8304

General Description of Work

To install steam boiler and oil burning unit in place of existing steam boiler

NOTIFICATION BEFORE LATHING OR CLOSING IS WAIVED

IF HEATER, OR POWER BOILER

CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED

Location of appliance or source of heat Cellar Type of floor beneath appliance Cement Kind of fuel oil. If wood, how protected? Minimum distance to wood or combustible material, from top of appliance or casing top of furnace 20" From top of smoke pipe 2' From front of appliance 4' From sides or back of appliance 5' Size of chimney flue 8x12 Other connections to same flue none Rated maximum demand per hour

IF OIL BURNER

Name and type of burner General Electric Model LA-32 Labelled by underwriters' laboratories? yes Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? Bottom Top Type of floor beneath burner Cement Location of oil storage Cellar Number and capacity of tanks 1-275 gallon If two 275-gallon tanks will three-way valve be provided? Will all tanks be more than five feet from any flame? yes How many tanks fire proofed?

IF COOKING APPLIANCE

Location of appliance Kind of fuel Type of floor beneath appliance If wood, how protected? Minimum distance to wood or 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? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? \$3.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:

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

Harris Oil Company Signature of Installer By J. C. Crawford

INSPECTION COPY

Permit No. 46/1802

Location: 29 Clifton Street

Owner Mellon G. Calderwood

Date of permit 9/20/46

Approved F. G. 17 Jms

NOTES

- 1 Fill Pipe
- 2 Vent Pipe
- 3 Kind of Heat Steam
- 4 Burner Rigidity & Supports
- 5 Name & Label
- 6 Stack Control
- 7 High Limit Control
- 8 Access Control
- 9 Piping Support & Protection
- 10 Valves in Supply Line Three only
- 11 Capacity of Tanks
- 12 Tank Rigidity & Supports
- 13 Tank Dimensions
- 14 Oil Data
- 15 Instruction Card
- 20

10-16-46
What is the fire
value of burner?
Jms



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Jan. 27 19 76
 Receipt and Permit number A 11820

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: 29 Clifton St.
 OWNER'S NAME: Tom Cook ADDRESS: same

OUTLETS: (number of)
 Lights 8 FEES
 Receptacles _____
 Switches _____
 Plugmold _____ (number of feet) 3.00
TOTAL 8

FIXTURES: (number of)
 Incandescent _____
 Fluorescent _____ (Do not include strip fluorescent)
TOTAL

SERVICES:
 Permanent, total amperes _____
 Temporary _____

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 (total number of 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 _____
 Signs _____
 Fire/Burglar Alarms _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs to fire _____
 Heavy Duty, 220v outlets _____
 Emergency Lights, battery _____
 Emergency Generators _____ 3.00

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b)
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9)
TOTAL AMOUNT DUE: 3.00

INSPECTION:
 Will be ready on _____, 19____; or Will Call

CONTRACTOR'S NAME: Bailey & Pickwell, Inc.
 ADDRESS: 11 Allen Ave. Ext. Falmouth
 TEL.: 797-8633

MASTER LICENSE NO.: 3312 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY

Permit # 5 City of Portland BUILDING PERMIT APPLICATION Fee \$170. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Karen Dreyfuss Phone # 774-0972
 Address: 29 Clifton St- Portland, ME
 LOCATION OF CONSTRUCTION 29 Clifton St.
 Contractor: Rainbow Construction sub: _____
 Address: P O Box 894 - Portland, ME 04104 Phone # 799-3051
 Est. Construction Cost: \$30,000. Proposed Use: single-family home
 Past Use: single-family home
 # 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 renovation - expand & remodel existing kitchen & add a deck

For Official Use Only

Date 2/8/90 Subdivision _____
 Inside Fire Limits _____
 Build Code _____
 Time Limit _____
 Estimated Cost: \$30,000
 Ownership: _____ Public _____
PERMIT ISSUED
FEB 14 1990
 City Of Portland

Zoning: R-2
 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) DK W/A 2-9-90

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. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ pan(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 Size _____ 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 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 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 _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By _____
PERMIT ISSUED
WITH HOLDING
CRAG COOPER

Signature of Applicant Craig Cooper Date 2/8/90

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Ass. for Yellow PCOC White Tag-CEO

9 Copyright © PCOG 1988
 M.M. Row

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland ME

Street Subdivision Lot #: 29 Clifton St.

PROPERTY OWNERS NAME

Last: Dreyfus First: Karren

Applicant Name: Wm. Harmon RTH

Mailing Address of Owner/Applicant (if different): 106 Mt Rd Apt 2 Portland ME

Caution: Permit Required

PORTLAND 3843 TOWN COPY

Date Permit Issued: 4/20/90

Local Plumbing Inspector Signature: _____ L.P.I. # _____

Double Fee Charged

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: Wm. Harmon Date: 4/20/90

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: _____ Date Approved: APR 23 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 # 121713

Hook-Up & Piping, Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system</p>		Hutchibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Total Fixtures	
			Fixture Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Total Fee: \$ 6.00

TOWN COPY

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee 117. Zone _____ Map # _____ Lot# _____

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

Owner: Karen Brevfuss Phone # 774-8372
 Address: 22 Clifton St- Portland, ME
 LOCATION OF CONSTRUCTION 29 Clifton St.
 Contractor: Rainbow Construction Sub: _____
 Address: P O Box 994 - Portland, ME Phone # 799-3051
 Est. Construction Cost: \$30,000. Proposed Use: single-family home
 Past Use: single-family home
 # 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: renovation - expand & remodel existing kitchen
add a deck

For Official Use Only
 Date: 2/8/90 Subdivisor: _____
 Inside Ptn Limits: _____ Name: _____
 Bldg Code: _____ **PERMIT ISSUED**
 Time Limit: _____ Ownership: _____
 Estimated Cost: \$30,000 **FL3-14-90**
 Zoning: R-3 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 _____ Subdivisor _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain): DE W/HA - 2-9-90

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. Girders 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 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 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 Chase

Signature of Applicant: _____ Date: 2/9/90

Signature of CEO: _____

Inspection Dates: _____

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

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PLOT PLAN

N
↑

FEES (Breakdown From Front)
Base Fee \$ 170.
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS 2/22/90 foundation pour ok. AC
1/10/91 OK AC.

Signature of Applicant

Craig Cooper

Date

2/10/90

BUILDING PERMIT REPORT

ADDRESS: 29 Clifton ST DATE: 14 Feb/90
REASON FOR PERMIT: Expand; remodel Existing Kitchen;
add deck
BUILDING OWNER: KAREN DIRY FUS
CONTRACTOR: RAINBOW CONSTRUCTION
PERMIT APPLICANT: Contractor
APPROVED: *1 *2 *9 DENIED: _____

CONDITION OF APPROVAL OR DENIAL:

- *1.) Before concrete for foundation is placed, approvals from Public-Works and Inspection Services must be obtained.
- *2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

*9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,


P. Samuel-Hoffman
Chief of Inspection Services

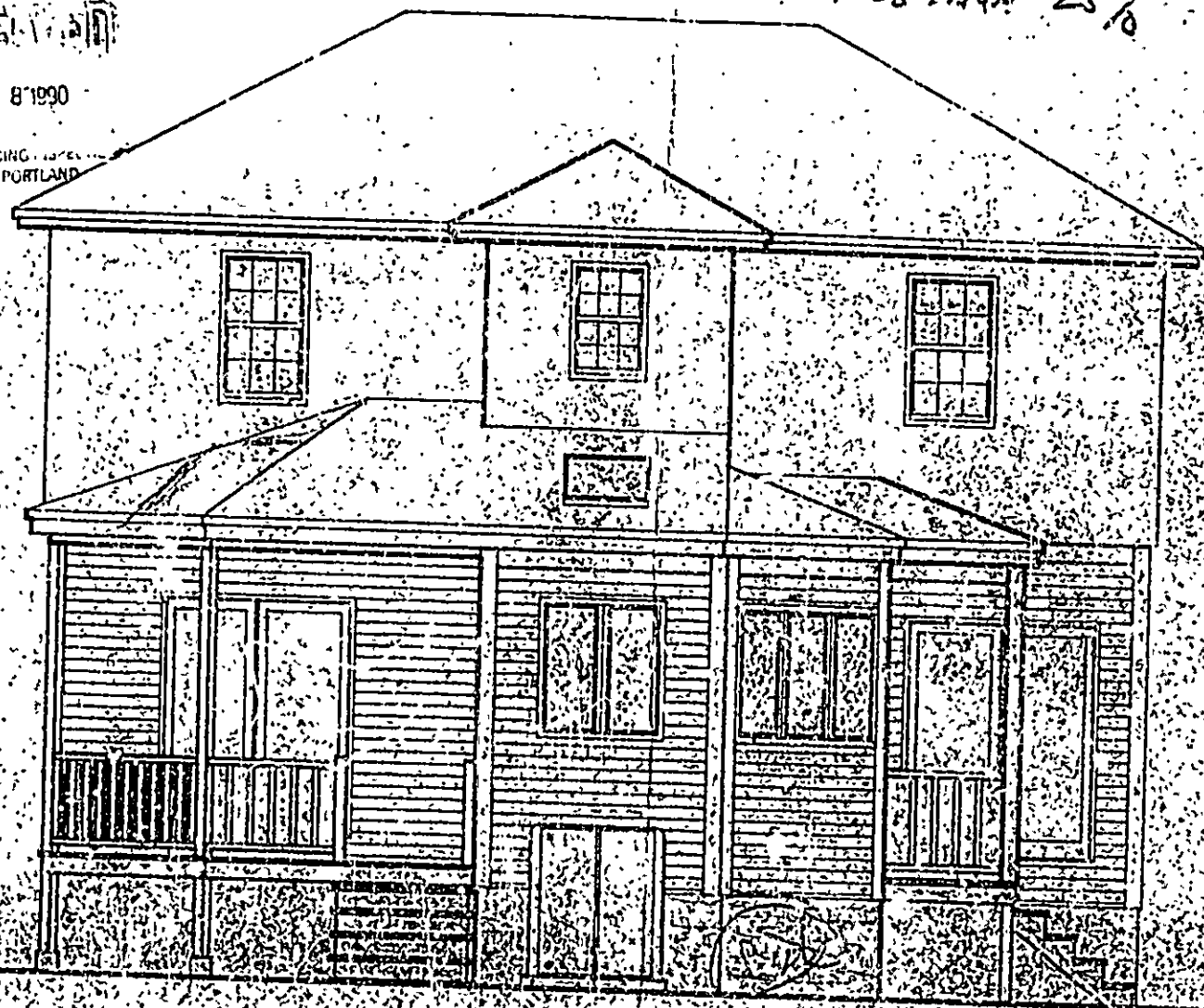
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11/16/88

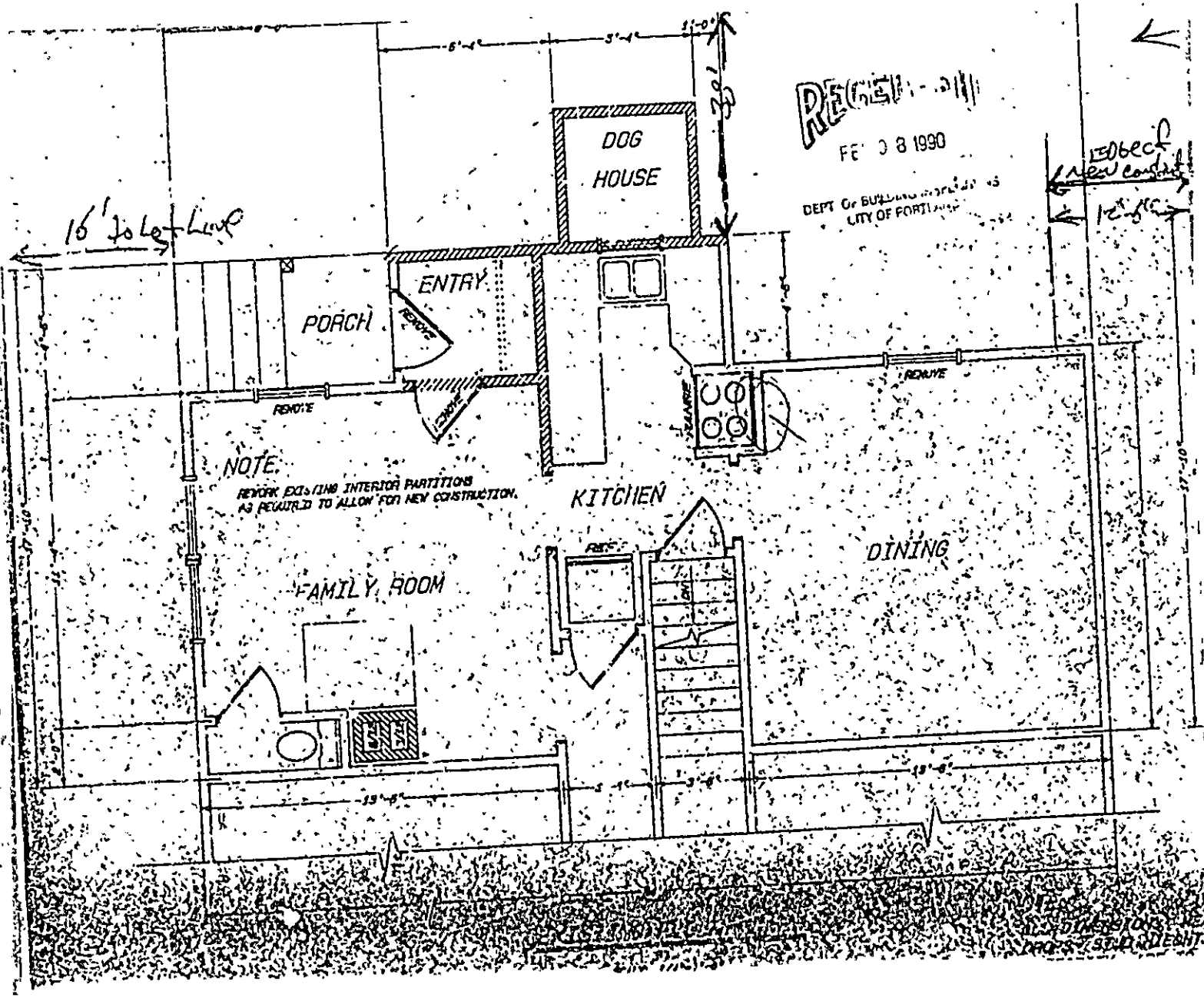
29 Clayton St total lot size 5500 sq ft
lot coverage less than 25%

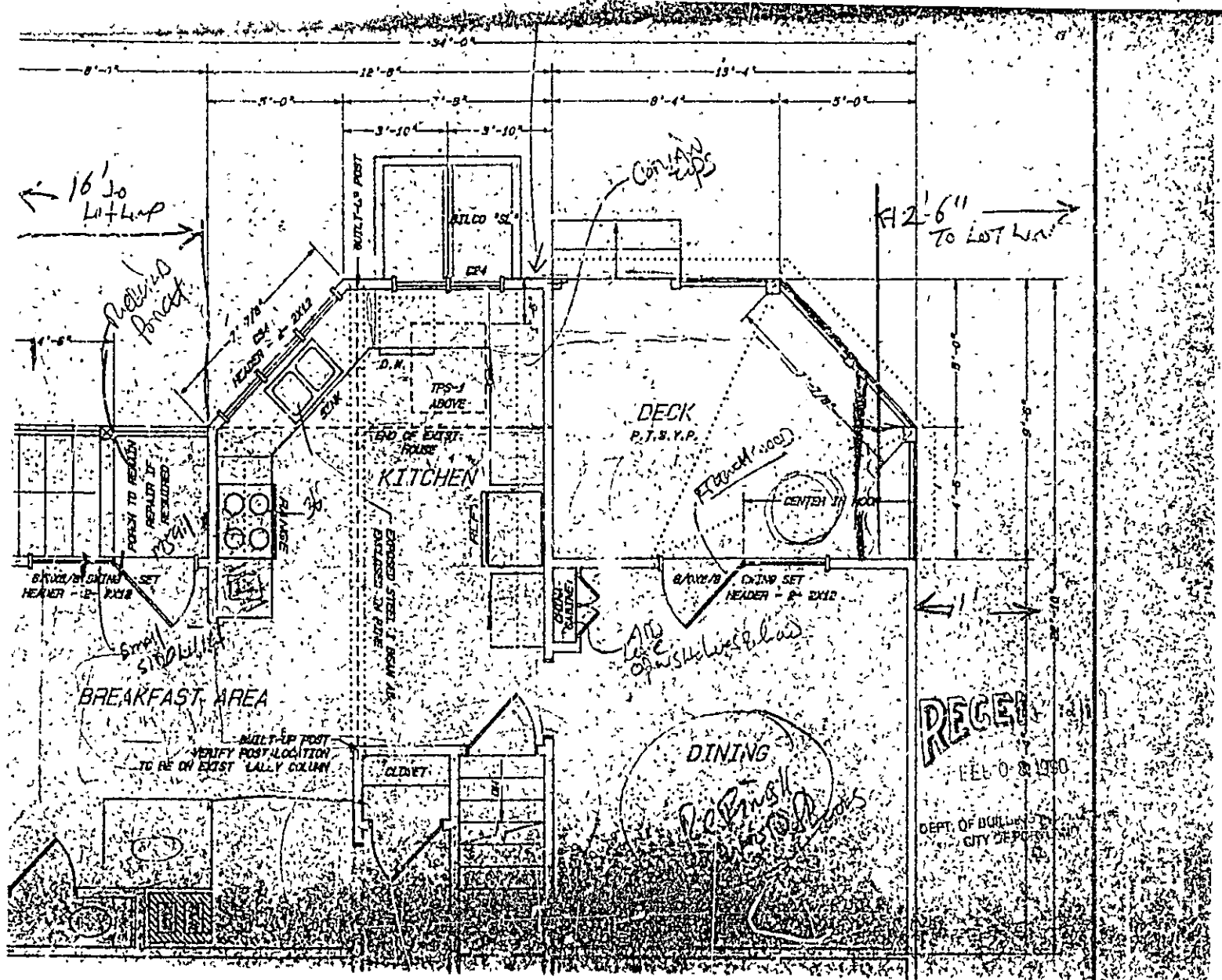
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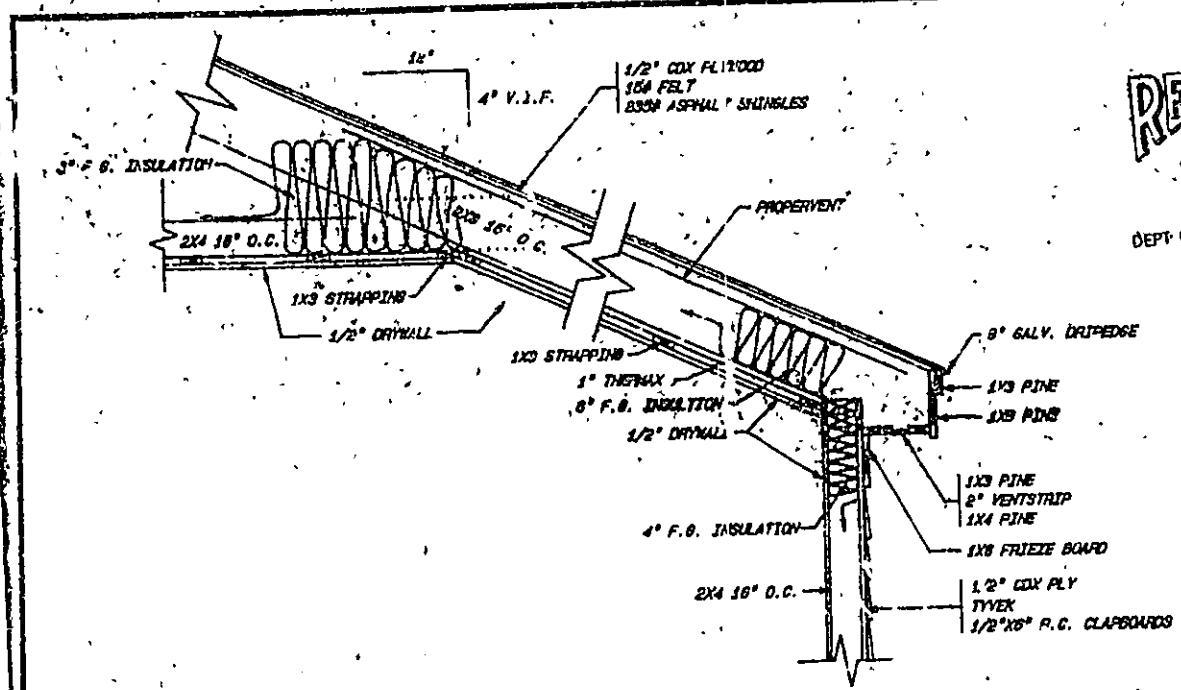
FEB 0 8 1890

DEPT. OF BUILDING
CITY OF PORTLAND









RECEIVED
 FEB 03 1990

DEPT. OF BUILDING INSPECTIONS
 CITY OF PORTLAND

SOFFIT DETAIL

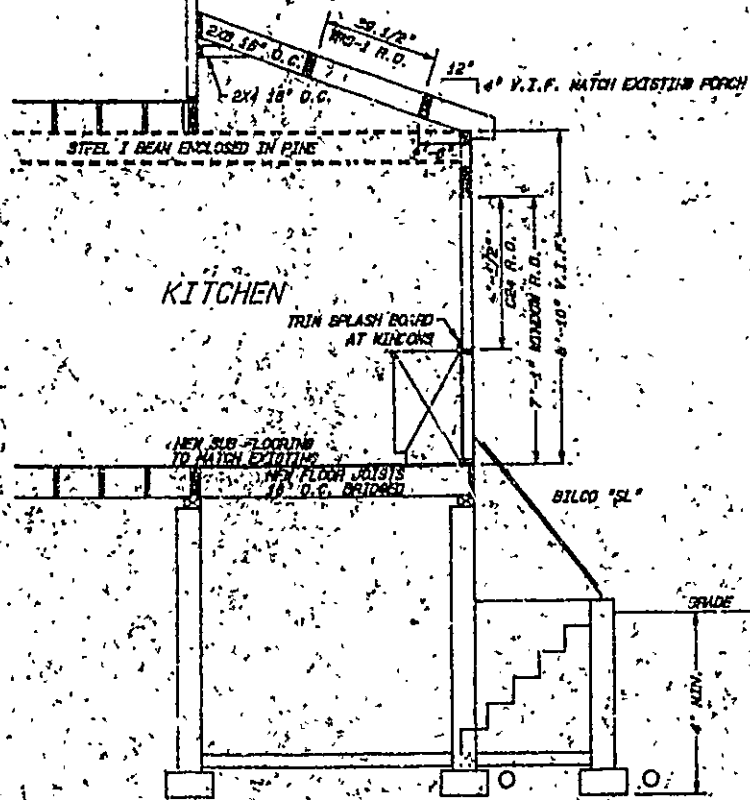
SCALE 3/4"=1'-0"

EXHIBIT 1111

EXISTING NEW

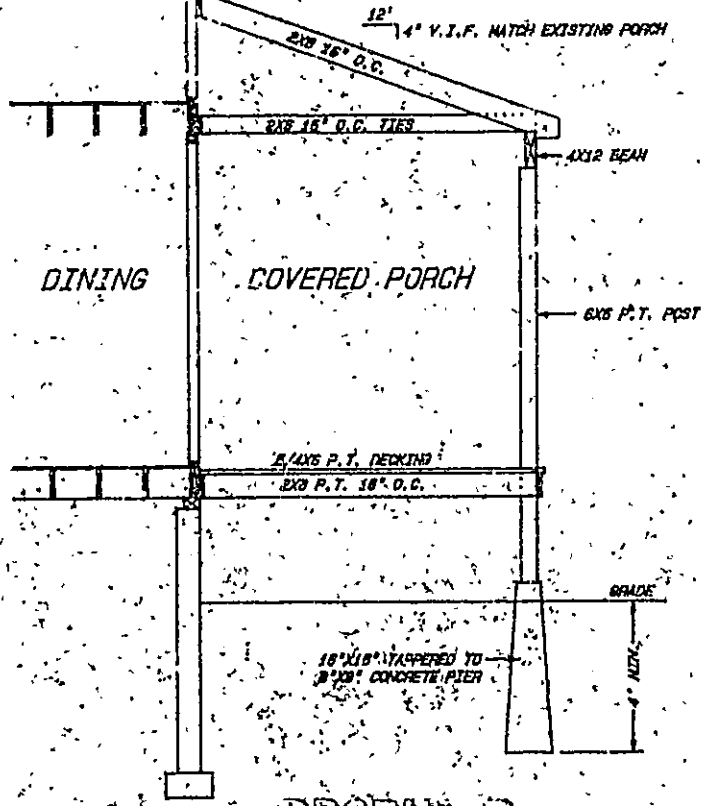
NOTE:

REWORK EXISTING PORCH ROOF SYSTEM AS REQUIRED TO ALLOW FOR PROPER CONSTRUCTION OF THE NEW ROOF SYSTEM.



EXISTING NEW

RELOCATE EXISTING WINDOW IF REQUIRED TO ALLOW FOR NEW ROOF SYSTEM



FRAMING SECTION

SCALE 3/4" = 1'-0"

NOTE:

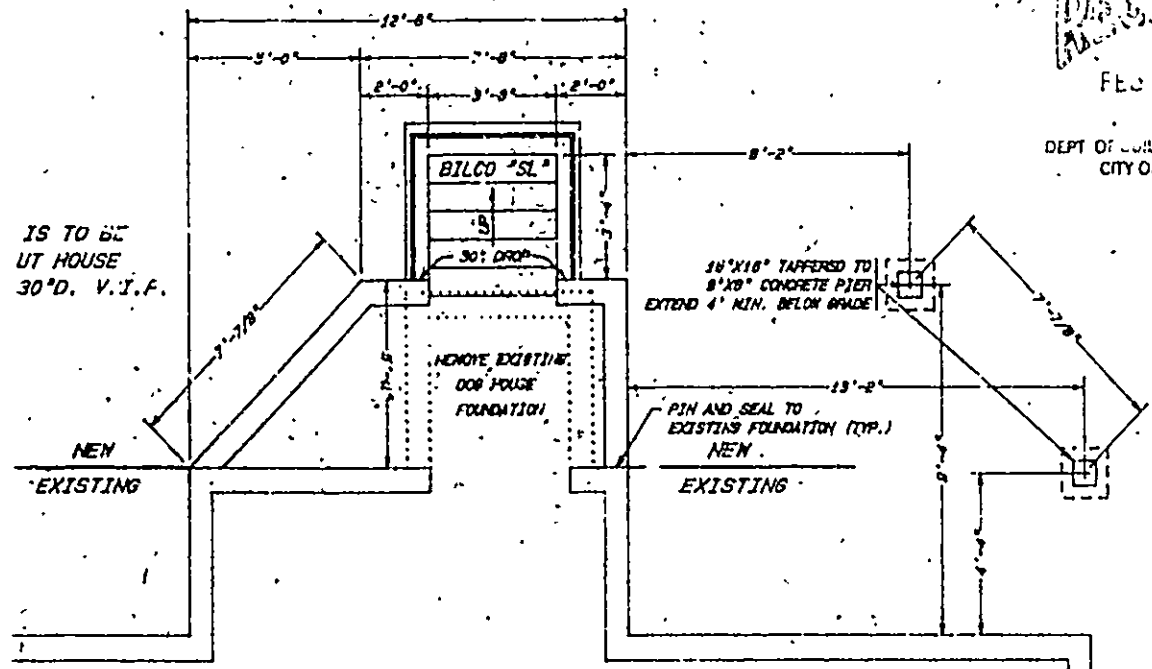
RECEIVED

FBI - 0 84990

DEPT. OF JUSTICE

DESIGNED BY
 FEB 0 97.30

DEPT OF BUILDINGS
 CITY OF PORTLAND



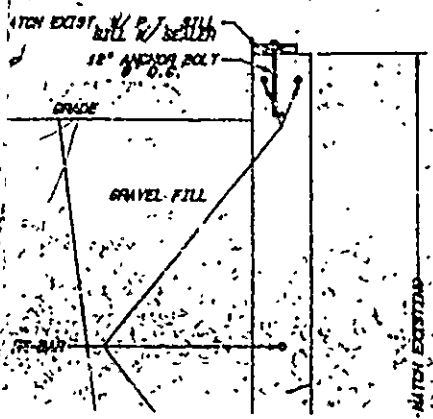
IS TO BE
 UT HOUSE
 30°D. V.J.F.

18"X18" TAFFERED TO
 8"X8" CONCRETE PIER
 EXTEND 4" MIN. BELOW GRADE

REMOVE EXISTING
 DOG HOUSE
 FOUNDATION

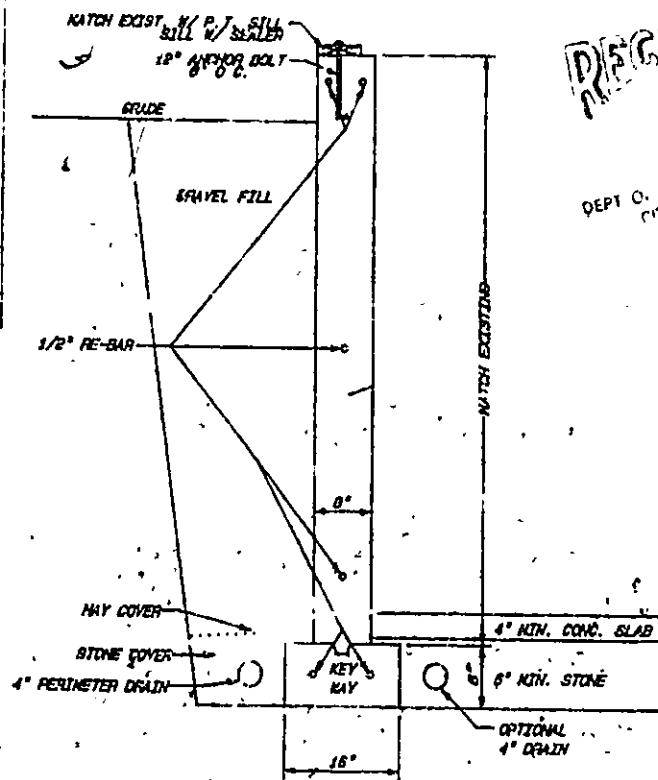
PIN AND SEAL TO
 EXISTING FOUNDATION (TYP.)
 NEW

EXISTING



WOOD FRAMING NOTES:

1. STRUCTURAL LUMBER NO. 2 SORUCE, PINE, FIR OR BETTER
2. DESIGN CODES: NATIONAL DESIGN SPECIFICATIONS FOR WOOD CONSTRUCTION BY THE NATIONAL FOREST PRODUCTS ASSOCIATION
3. FASTENERS: SOAKLY WITH RECOMMENDED FASTENING SCHEDULE OF THE DOCA BASIC BUILDING CODE BOOK, UNLESS SHOWN OTHERWISE ON THE DRAWINGS
4. NAILING REQUIREMENTS FOR PLYWOOD FLOOR DECKS, ROOF DECK AND SHEATHING: PROVIDE 8D NAILS AS FOLLOWS, UNLESS SHOWN OTHERWISE



FOUNDATION DETAIL

SCALE: 1/2" = 1'-0"

REGEN

DEPT. OF
CITY

WOOD FRAMING NOTES:

1. STRUCTURAL LUMBER: NO. 2 SPRUCE, PINE, FIR OR BETTER
DESIGN CODE: NATIONAL DESIGN SPECIFICATIONS FOR WOOD
CONSTRUCTION BY THE NATIONAL FOREST PRODUCTS ASSOCIATION.
2. FASTENERS: COMPLY WITH RECOMMENDED FASTENING SCHEDULE
OF THE BOCA BASIC BUILDING CODE 1987, UNLESS SHOWN
OTHERWISE ON THE DRAWINGS.
3. NAILING REQUIREMENTS FOR PLYWOOD FLOOR DECKS, ROOF DECK
AND SHEATHING: PROVIDE 80 NAILS AS FOLLOWS, UNLESS SHOWN
OTHERWISE:
5" O.C.: ALONG ALL PANEL EDGES
12" O.C.: ALONG INTERMEDIATE MEMBERS FOR ROOF AND
WALLS
10" O.C.: ALONG INTERMEDIATE MEMBERS FOR FLOORS
4. SPIKE TOGETHER ALL FINISHING MEMBERS WHICH ARE BUILT-UP
WITH 120 NAILS @ 18" O.C. TOP AND BOTTOM.
5. PROVIDE GALVANIZED METAL JOIST HANGERS AT FLUSH FRAMED
CONNECTIONS. IF SIZES ARE NOT SHOWN ON PLANS, PROVIDE
HANGERS EQUAL TO JOHNSON UNLS OR EQUIV.
6. PROVIDE 2" x 4" JOIST HANGERS OVER ALL OPENINGS IN BEARING WALLS UNLESS
SHOWN OTHERWISE.
7. PROVIDE DOUBLE TOP PLATE IN ALL EXTERIOR WALLS AND ALL
BEARING WALLS. STAGGER TOP PLATE SPLICES IN EXTERIOR WALLS
4'-0" AND PROVIDE AT LEAST 6" x 100 NAILS PER SPLICE.
8. PROVIDE PRESSURE TREATED LUMBER FOR ALL LUMBER IN CONTACT
WITH MASONRY OR CONCRETE.
9. PROVIDE END OF 2x STUDS AT THE ENDS OF ALL BUILT-UP 2x
BEAMS, UNLESS SHOWN OTHERWISE.
10. ROOF AND WALL SHEATHING: 5/8" PLYWOOD SHEATHING, EXTERIOR OR
STRUCTURALLY OR 1/2" RATED SHEATHING, EXTERIOR.
5'-0" x 12'-0" x 1/2" PLYWOOD 32/18
WALLS: 1/2"
11. INSTALL GRENITS WITH GRAIN DIRECTION PERPENDICULAR
TO SUPPORTING MEMBERS.
12. POSTS AT CORNERS OF EXTERIOR WALLS, PROVIDE 6x6 POST
OR 3- 2x6 KIDNEY.
13. PROVIDE FULL DEPTH BLOCKING AT ENDS AND INTERMEDIATE SUPPORTS
OF ALL WALLS AND PARTS WHERE JOISTS AND
PARTS FRAME OVER EACH OTHER.
14. PROVIDE FULL DEPTH BLOCKING AT ENDS AND INTERMEDIATE SUPPORTS
OF ALL WALLS AND PARTS WHERE JOISTS AND
PARTS FRAME OVER EACH OTHER.

29 Clifton
St.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 4/18/90, 19
 Receipt and Permit number 01238

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: 29 Clifton St.
 OWNER'S NAME: Carcn Bryfuss ADDRESS: 29 Clifton

OUTLETS: FEES

Receptacles 20x Switches 8 Plugmold _____ ft. TOTAL 28 3.00

FIXTURES: (number of)

Incandescent 5 Fluorescent _____ (not strip) TOTAL 5 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) 1 1.00

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 _____

Cook Tops _____

Wall Ovens _____

Dryers _____

Fans _____

Water Heaters _____

Disposals 1

Dishwashers 1

Compactors _____

Others (denote) _____

TOTAL 2 3.00

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: 10.00

INSPECTION:

Will be ready on 4/19/- AM, 19; or Will Call _____

CONTRACTOR'S NAME: Robert Bradley

ADDRESS: Cousin Isl; Yarmouth, ME

TEL: 773-0147

MASTER LICENSE NO.: #03134 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS -

Permit Number 01238

Location 29 Cliff Street

Owner Carroll Deary Russ

Date of Permit 4-18-90

Final Inspection 7-30-90

By Inspector CRD

Permit Application Register Reg. No. 87

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 4-19-90 by SB

PROGRESS INSPECTIONS: _____ / _____ / _____

____	____	____
____	____	____
____	____	____
____	____	____

DATE:	REMARKS:

THOMAS



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 8 Nov 94, 1F
 Receipt and Permit number 8675

To the **EF 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: 29 Clifton St

OWNER'S NAME: Dryfus ADDRESS _____

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

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

SERVICES: Upgrade from 100 - 200
 Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ 15.00

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 _____ 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 _____ INSTALLATION FEE DUE _____
 FOR REMOVAL OF A "STOP ORDER" (29A-18 b) _____ DOUBLE FEE DUE _____
 TOTAL AMOUNT DUE _____ 15.00

INSPECTION
 Will be ready on _____, 19____, or Will Call _____ xx
 CONTRACTOR'S NAME: Lotfey Elec
 ADDRESS: 45 Hillside Ptld
 TEL: 773-3400
 MASTER LICENSE NO. 8675 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — C. NARY
 CONTRACTOR'S COPY — GREEN

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

Location of Construction: 29 Clifton St		Owner: Caryn Dryfus		Phone: 774-9534		Permit No: 950111	
* Owner Address: 29 Clifton St- Ptd, ME 04101		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Small Jobs Unlimited		Address: 235 North St- Saco, ME 04072		Phone:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: FEB - 7 1995 </div>	
Past Use: 1-fam dwlg		Proposed Use: 1-fam w inter renov		COST OF WORK: \$ 8000		PERMIT FEE: \$ 60	
Proposed Project Description: interior renovations - bathroom		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 43 Type: 2B Signature: <i>[Signature]</i>	
Permit Taken By: L Chase		Date Applied For: 2/2/95		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.

PERMIT ISSUED WITH LETTER

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: *Maureen Giger* ADDRESS: 235 North St. Saco DATE: 2-2-95 PHONE: 204-6680

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

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

Zone: R-3 CBL: 126-EN
 Zoning Approval: OK - to remain in family
 Special Zone or Review: 2615
 Shoreland
 Welland
 Flood Zone
 Subdivision
 Site Plan 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: 2/6/95
[Signature]

CEO DISTRICT G
 MR. ROWE

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 374-8716

Location of Construction: 29 Clifton St	Owner: Carva Jervus	Phone: 773-7533	Permit # 950111
Owner Address: 29 Clifton St - Portland, ME 04101	Leasee/Buyer's Name:	Phone:	Business Name:

Contractor Name: Small Jobs Unlimited	Address: 375 Congress St - Portland, ME 04101	Phone:
--	--	--------

Past Use: 1-fam agic	Proposed Use: 1-fam 4 later renov	COST OF WORK: \$ 7777	PERMIT FEE: \$ 17
Proposed Project Description: Interior renovations - bathroom		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group A Type 5B Signature: [Signature]

PERMIT ISSUED
FEB - 7 1995
CITY OF PORTLAND

Permit Taken By: L Chase	Date Applied For: 7/2/95	Signature:	Date:
-----------------------------	-----------------------------	------------	-------

Zoning: 3 CBL: []

Zoning Approval: []

Special Zone or Review: []

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor minor minor

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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.

PERMIT ISSUED WITH LETTER

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

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, 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. If a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enforce all areas covered by such permit or any reasonable effort to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: _____ ADDRESS: _____ DATE: _____ PHONE: _____

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

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

CEO DISTRICT []
[Signature]

COMMENTS

	Type	Inspection Record	Date
Foundation:			
Framing:	OK	G.R.	2/14/95
Plumbing:	OK	GR	2/14/95
Final:	OK	G. Rowe.	3/25/95
Other:			

14-288-1000

Inspection Services
P. Samuel Hoffes
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 7, 1995

RE: 29 Clifton Street

Ms. Caryn Dryfus
29 Clifton St.
Portland, ME 04101

Dear Ms. Dryfus,

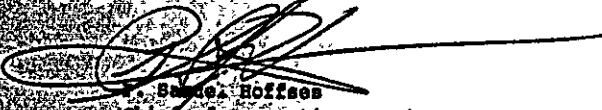
Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirement: This permit does not preclude the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy can be issued until all requirements of this letter are met.

This permit is being issued with the understanding that this structure remains a single family dwelling.

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

Sincerely,

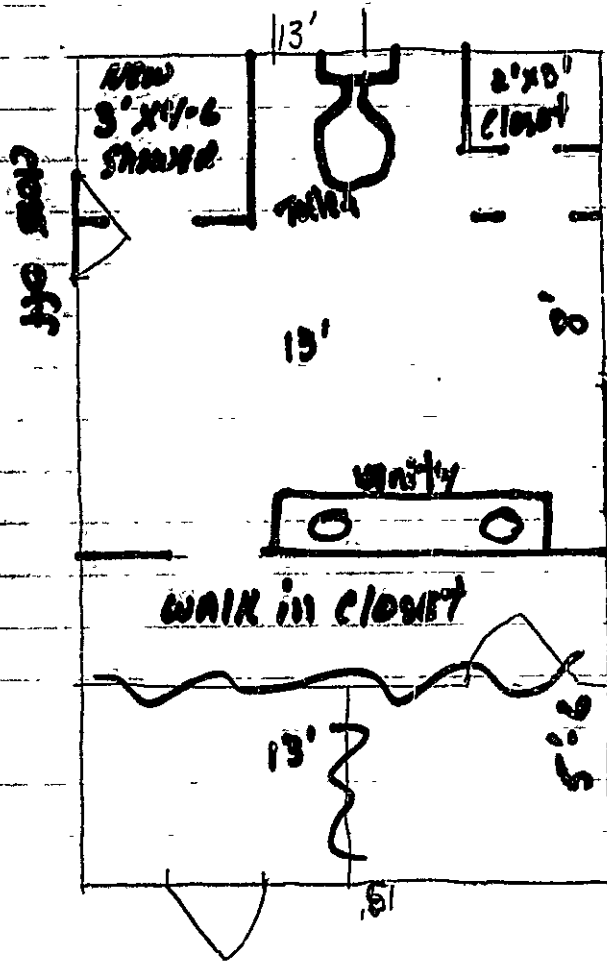

P. Samuel Hoffes
Chief of Inspection Services

/el

Back house

LEED - S JUNK

existing 3' x 2' window



existing 3' x 4' window
 side of house
 smaller window match
 same with other side

Pencil is existing
 " is change

Carlyn Kuyfas
 MARK WHITNEY
 29 Clifton St.
 774-9534

PLUMBING APPLICATION

PROPERTY ADDRESS

Own Or Plantation: Part Home Mo

Street Subdivision Lot #: 29 Clifton St

PROPERTY OWNERS NAME

Last: Oryfus First: Karen

Applicant Name: Jim Gordon PPH

Mailing Address of Owner/Applicant (if Different): 185 Granite St Biddeford Mo

6

DATE AND 5320 TOWN COPY

Date Permit Issued: 2.15.95 FEE: 20 Double Fee Charged:

L.P.L. # 6124

Local Plumbing Inspector Signature: _____

Owner/Applicant Statement 0-1005

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

Signature of Owner/Applicant: James W. Gordon Date: 1/31/95

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: A. Rowe Date Approved: 2-25-95

PERMIT FORMAT

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER — SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER / MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 05993

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	2	Wash Basin
OR TRANSFER FEE (\$5.00)		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
	1	Other: <u>Skull Washer</u>		Water Heater
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			5	Total Fixtures
			\$ 4	Fixtures Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ 20	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE