

12-14 CODMAN STREET

SHAW-WALKER

Full cut #820R - Half cut #9202R - Third cut #8203R - Fine cut #9205R



Location, ownership and detail must be correct, complete and legible. Separate application required for every building. Plans must be filed with this application.

## APPLICATION FOR PERMIT TO BUILD (3D CLASS BUILDING)

Portland, Me., December 6, 1919 19

TO THE  
INSPECTOR OF BUILDINGS

The undersigned hereby applies for a permit to build, according to the following Specifications:—

Plans must be submitted in duplicate, one set to be filed with the Department and the duplicate set thereof (bearing the approval of the Inspector of Buildings) shall be kept on the work and exhibited on demand.

Location 12-14 12 Codman Street Wd. 8

Name of owner is? Christian G Kragelund Address 22 Monument Square

Name of mechanic is? Morris Brown " 5 Walton Street

Name of architect is? \_\_\_\_\_ " \_\_\_\_\_

Proposed occupancy of building (purpose)? dwelling

If a dwelling or tenement house, for how many families? 1

Are there to be stores in lower story? \_\_\_\_\_ No. \_\_\_\_\_

Size of lot, No. of feet front? \_\_\_\_\_; No. of feet rear? \_\_\_\_\_; No. of feet deep? \_\_\_\_\_

Size of building, No. of feet front? 26ft; No. of feet rear? 26ft; No. of feet deep? 40ft

No. of stories, front? 1; rear? \_\_\_\_\_

No. of feet in height from the mean grade of street to the highest part of the roof? 24ft

Distance from lot lines, front? \_\_\_\_\_ feet; side? \_\_\_\_\_ feet; side? \_\_\_\_\_ feet; rear? \_\_\_\_\_ feet

Firestop to be used? yes

Will the building be erected on solid or filled land? \_\_\_\_\_

Will the foundation be laid on earth, rock or piles? \_\_\_\_\_

If on piles, No. of rows? \_\_\_\_\_ distance on centres? \_\_\_\_\_ length of? \_\_\_\_\_

Diameter, top of? \_\_\_\_\_ diameter bottom of? \_\_\_\_\_

Size of posts? 4x6 Studding 2x4 16 O C Sills 4x8 Roof Rafters 2x6 24 O C Girder 6x8

" girts? 4x4

" floor timbers? 1st floor 2x8, 2d \_\_\_\_\_, 3d \_\_\_\_\_, 4th \_\_\_\_\_

O. C. " " " 16, " \_\_\_\_\_, " \_\_\_\_\_, " \_\_\_\_\_

Span " " " not over 16 ft., " \_\_\_\_\_, " \_\_\_\_\_, " \_\_\_\_\_

Braces, how put in? \_\_\_\_\_

Building, how framed? \_\_\_\_\_

Material of foundation? concrete thickness of? 18in laid with mortar? yes

Underpinning, material of? brick height of? 3ft thickness of? 8in

Will the roof be flat, pitch, mansard, or hip? pitch Material of roofing? asphalt

Will the building be heated by steam, furnaces, stoves or grates? furnace Will the flues be lined? yes

Will the building conform to the requirements of the law? yes

No. of brick walls? \_\_\_\_\_ and where placed? \_\_\_\_\_

Means of egress? \_\_\_\_\_

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK.

If the building is to be occupied as a Tenement House, give the following particulars:

What is the height of cellar or basement? \_\_\_\_\_

What will be the clear height of first story? \_\_\_\_\_ second? \_\_\_\_\_ third? \_\_\_\_\_

State what means of egress is to be provided? \_\_\_\_\_

\_\_\_\_\_ Scuttle and stepladder to roof? \_\_\_\_\_

Estimated Cost,  
\$ 4500.

Signature of owner or authorized representative,

*Christian G Kragelund*

Address, \_\_\_\_\_

Plans submitted? \_\_\_\_\_ Received by? \_\_\_\_\_



**PLUMBING APPLICATION**

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

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND

Street Subdivision Lot: 19 CORMAN ST

**PROPERTY OWNERS NAME**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: LUKAS PLUMBING

Mailing Address of Owner/Applicant (if Different): 158 J SCHUB ST

PORTLAND PERMIT # 1,129 TOWN COPY

Fee: 6.27 \$

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 understanding. If any falsification is proven for the Local Plumbing Inspector to deny a permit.

Signature of Owner/Applicant: Robert J. Conners Date: 6-23-81

**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: JUN 23 1981

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1 <input type="checkbox"/> NEW PLUMBING	1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1 <input checked="" type="checkbox"/> MASTER PLUMBER
2 <input checked="" type="checkbox"/> RELOCATED PLUMBING	2 <input type="checkbox"/> MODULAR OR MOBILE HOME	2 <input type="checkbox"/> OIL BURNERMAN
	3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3 <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4 <input type="checkbox"/> OTHER - SPECIFY _____	4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5 <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>1,156,81</u>

Number	Hook-Ups And 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 / Silcock	/	Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	/	Wash Basin
			Indirect Waste	/	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
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
				3	Fixtures (Subtotal) Column 2
					Total Fixtures
				\$ 1.	
				\$ 3.	
				\$ 4.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date May 14, 19 85  
 Receipt and Permit number D00214

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: 14 Codman St.  
 OWNER'S NAME: Janice Hugo ADDRESS: 12 Codman St.

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL <u>31-60</u>	FEEES 5.00
FIXTURES: (number of)	Incandescent <u>X</u>	Flourescen _____	(not strip) TOTAL <u>1-10</u>		3.00
	Strip Flourescen _____	ft. _____			
SERVICES:	Overhead <u>X</u>	Underground _____	Temporary _____	TOTAL amperes <u>100</u>	2.00
METERS: (number of)	<u>1</u>				.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 _____	Cook Tops _____	Wall Ovens _____	Dryers _____	Fans _____
	Water Heaters _____	Disposals _____	Dishwashers _____	Compactors _____	Others (denote) _____
	TOTAL _____				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 _____

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: 13.00

INSPECTION: Will be ready on \_\_\_\_\_, 19 \_\_\_\_; or Will Call X  
 CONTRACTOR'S NAME: Thomas Maiorano  
 ADDRESS: 98 Portland St.  
 TEL.: \_\_\_\_\_  
 MASTER LICENSE NO.: 4485 SIGNATURE OF CONTRACTOR: Thomas Maiorano  
 LIMITED LICENSE NO.: \_\_\_\_\_

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

