

58-60 CLINTON STREET

SHAW-WALKER

Full cut #920R - Half cut #920R - Third cut #9203R - 7th cut #9203R

PERMIT TO INSTALL PLUMBING

Date Issued **12-8-72**
 Portland Plumbing Inspector
 By **ERNOULD R. GOODWIN**

App. First Insp.

Date

By

App. Final Insp.

Date **12-13-72**

By *[Signature]*

- Type of Bldg.**
- Commercial
 - Residential
 - Single
 - Multi Family
 - New Construction
 - Remodeling

Address 50 Clinton St.		PERMIT NUMBER 944	
Installation For: Single			
Owner of Bldg: Erica M. Terquist			
Owner's Address: Same			
Plumber: Northern Utilities		Date: 12-8-72	
NEW	REPL.	NO.	FEE
		8 Temple St.	
		SINKS	
		LAVATORIES	
		TOILETS	
		BATH TUBS	
		SHOWERS	
		DRAINS FLOOR SURFACE	
		1 HOT WATER TANKS	2.00
		TANKLESS WATER HEATERS	
		GARBAGE DISPOSALS	
		SEPTIC TANKS	
		HOUSE SEWERS	
		ROOF LEADERS	
		AUTOMATIC WASHERS	
		DISHWASHERS	
		OTHER	
TOTAL			2.00

Building and Inspection Services Dept.: Plumbing Inspection



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, August 3, 1967

PERMIT ISSUED

00716 AUG 4 1967

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 60 Clinton Street Use of Building Dwelling No. Stories 2 Building Existing Name and address of owner of appliance Edward Tornquist, 60 Clinton St. Installer's name and address Portland Gas Light Co., 5 Temple St. Telephone 772-8321

General Description of Work

To install gas-fired C215-WL5 Ackerman steam boiler in place of coal-fired steam boiler.

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no Kind of fuel? Gas Minimum distance to burnable material, from top of appliance or casing top of furnace 2' From top of smoke pipe 9' From front of appliance 4' From sides or back of appliance 3' Size of chimney flue 6x12 Other connections to same flue water heater If gas fired, how vented? to chimney 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 Labelled by underwriters' laboratories? Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? Type of floor beneath burner Size of vent pipe Location of oil storage Number and capacity of tanks Low water shut off Make No. Will all tanks be more than five feet from any flame? How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners

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 smoke pipe 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

Automatic shutoff

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., \$1.00 additional for each additional heater, etc., in same building at same time.)

APPROVED: OK 8-3-67 JAR

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

Portland Gas Light Co.

Signature of Installer BY: C. Leighton

CS 300

INSPECTION COPY

PERMIT NUMBER **10028**

DATE ISSUED **4/25/61**
 PORTLAND PLUMBING INSPECTOR

By **J. P. Walsh**

APPROVED FIRST INSPECTION

Date **Apr. 25-1961**

By **JOSEPH P. WELCH**

APPROVED FINAL INSPECTION

Date **Apr. 26-1961**

By **JOSEPH P. WELCH**

- TYPE OF BUILDING
- COMMERCIAL
 - RESIDENTIAL
 - SINGLE
 - MULTI FAMILY
 - NEW CONSTRUCTION
 - REMODELING

SM 12-53 PORTLAND HEALTH DEPT.
 REMODELING PORTLAND HEALTH DEPT.
 SM 12-53

PERMIT TO INSTALL PLUMBING

Address: **60 Clinton Street**

Installation For: **Edward Tornquist**

Owner of Bldg.: **Edward Tornquist**

Owner's Address: **60 Clinton Street**

Plumber: **George T. Boyd** Date: **4/25/61**

NEW	REPL	PROPOSED INSTALLATIONS	NUMBER	TEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS	3	
		GARBAGE GRINDERS		
		SEPTIC TANKS		
	1	HOUSE SEWERS	1	\$ 2.00
		ROOF LEADERS (conn. to house drain)		
			1	\$ 2.00
			Total	

PORTLAND HEALTH DEPT. PLUMBING INSPECTION **Total** **1 4.00**

PORTLAND HEALTH DEPT. PLUMBING INSPECTION **Total**

PERMIT NUMBER **7218**

PERMIT TO INSTALL PLUMBING

Address: 60 Clinton Street

Date Issued: 11/25/59
PORTLAND PLUMBING INSPECTOR

Installation For:

Owner of Bldg.: Carl Tamplin

Owner's Address: ed. 2. 00 00

By: [Signature]
APPROVED FIRST INSPECTION

Plumber: Geo Klump Date: 11/25/59

Date: [Signature]

By: [Signature]
APPROVED FINAL INSPECTION

Date: 11.25

- TYPE OF BUILDING
- COMMERCIAL
- RESIDENTIAL
- SINGLE
- MULTI FAMILY
- NEW CONSTRUCTION
- REMODELING

NEW	REP'L	PROPOSED INSTALLATIONS	NUMBER	FEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS		
	1	HOT WATER TANKS	3	1.100
		TANKLESS WATER HEATERS		
		GARBAGE GRINDERS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS (conn. to house drain)		
			Total	1.100



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., April 24, 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.

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK.

Location 25 Clinton St Address 25 Clinton St Wd. 6

Name of owner is? T. T. Osgood

Name of mechanic is? Osgood

Name of architect is? _____

Proposed occupancy of building (purpose)? private storage

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

Are there to be stores in lower story? No

Size of lot, No. of feet front? 47ft; No. of feet rear? _____; No. of feet deep? 108ft

Size of building, No. of feet front? 37ft; No. of feet rear? _____; No. of feet deep? 20ft

No. of stories, front? 1; rear? _____

No. of feet in height from the mean grade of street to the highest part of the roof? 12ft

Distance from lot lines, front? 4ft feet; side? 5ft feet; side? 20ft feet; rear? 25ft feet

Firestop to be used? 12 ft from any building

Will the building be erected on solid or filled land? asphalt

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? _____

“ girts? _____

“ floor timbers? 1st floor wood, 2d _____, 3d _____, 4th _____

O. C. “ “ “ “ earth “ “ “ “

Span “ “ “ “ _____

Braces, how put in? _____

Roofing, how framed? _____

Material of foundation? posts thickness of? _____ laid with mortar? _____

Underpinning, material of? _____ height of? _____ thickness of? _____

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? _____ Will the flues be lined? _____

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

No. of brick walls? _____ and where placed? _____

Means of egress? _____

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, \$ 400.00

Signature of owner or authorized representative, T. T. Osgood

Address, 25 Clinton St.

Plans submitted? _____

Received by? _____

191₉

No. 5326

**APPLICATION FOR
PERMIT TO BUILD 3d CLASS BUILDING**

No. ⁶⁰ LOCATION
56 Clinton St

5028
Ward 5 *lot*
West
Flower

Inspector.

CONDITIONS

PERMIT GRANTED

April 24, 1919 101

Permit filled out by _____

Permit number _____

Plan number _____

FINAL REPORT

101

Has the work been completed in accordance with
this application and plans filed and approved?

Law been violated? _____

Nature of violation? _____

Violation removed when? _____ 101

Estimated cost of building, etc., \$ _____

Building Inspector.

APPROVAL OF PLANS

Supervisor of Plans

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 for Alterations, etc.

Portland, April 24, 1919

To the
 INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following-described building:—

Location 56 Clinton St Ward, 9 in fire-limits? no
 Name of Owner or Lessee, F. S. Osgood Address 56 Clinton St
 " " Contractor, OWNER
 " " Architect, _____
 Material of Building is wood Style of Roof, pitch Material of Roofing, shingles
 Size of Building is 45ft feet long; 35ft feet wide. No. of Stories, 2 1/2
 Cellar Wall is constructed of stone is _____ inches wide on bottom and batters to _____ inches on top.
 Underpinning is brick is _____ inches thick; is _____ feet in height.
 Height of Building, 35ft Wall, if Brick; 1st, _____ 2d, _____ 3d, _____ 4th, _____ 5th, _____
 What was Building last used for? dwelling No. of Families? _____
 What will Building now be used for? same Estimated Cost, \$ 60.00

Description of Present Bldg. NOT RECORDED

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

DETAIL OF PROPOSED WORK

Build piazza 6x8 in rear of the house
to comply with the building ordinance

IF EXTENDED ON ANY SIDE

Size of Extension, No. of feet long? _____; No. of feet wide? _____; No. of feet high above sidewalk? _____
 No. of Stories high? _____; Style of Roof? _____; Material of Roofing? _____
 Of what material will the Extension be built _____ Four _____
 If of Brick, what will be the thickness of External Walls? _____ inches; and Party Walls _____ inches.
 How will the extension be occupied? _____ How connected with Main Building? _____

WHEN MOVED, RAISED OR BUILT UPON

No. of Stories in height when Moved, Raised or Built upon? _____ Proposed Foundations _____
 No. of feet high from level of ground to highest part of Roof to be? _____
 How many feet will the External Walls be increased in height? _____ Party Walls _____

IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED

Will an opening be made in the Party or External Walls? _____ in _____ Story.
 Size of the opening? _____ How protected? _____
 How will the remaining portion of the wall be supported? _____

Signature of Owner or
 Authorized Representative

F. S. Osgood
56 Clinton St

Address

576 Clinton St.
58-60

FINAL REPORT

..... 191 ...
Has the work been completed in accordance with this application and plans filed and approved?

.....
Law been violated? Doc. No. of 191 ...

Nature of violation?

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..... 191 ...
Violation removed, when?

Estimated cost of alterations, etc., \$.....

.....
Inspector of Buildings

PERMIT GRANTED

..... 191 ...
Permit filled out by
Permit number
Location

.....

RECEIVED

.....



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 for Alterations, etc.

Portland, 12-19- 1913

To the
 INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following-described building:—

Location, Clinton St
 Name of owner is? Leggett & Co Address, Public St.
 Name of mechanic is? Wood & Webster "
 Name of architect is? "
 Material of building is? Wood Style of roof? Hip Material of roofing? Shingled
 Description of Present Bldg. Size of building, feet front? _____ ; feet rear? _____ ; feet deep? _____ ; No. of stories? _____
 Size of L, feet long? _____ ; feet wide? _____ feet high? _____ ; No. of storeys? _____ ; roof? _____
 No. of feet in height from sidewalk to highest point of roof? _____ Material of foundation? _____
 Thickness of external walls? _____ Party walls? _____ Distance from line of street? _____ Width of street? _____
 What was the building last used for? _____ How many families? _____ Number of stores? _____
 Nature of egress? _____ Size of lot front? _____ ; rear? _____ ; deep? _____
 Building to be occupied for Dwelling after alteration. Estimated cost? 700

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK.

DETAIL OF PROPOSED WORK.

To build addition

IF EXTENDED ON ANY SIDE.

Size of extension, No. of feet long? 25 ; No. of feet wide? 14 , No. of feet high above sidewalk? _____
 No. of stories high? 2 ; style of roof? Hip ; material of roofing? Shingled
 Of what material will the extension be built? wood Foundation? concrete blocks
 If of brick, what will be the thickness of external walls? _____ inches; and party walls _____ inches.
 How will the extension be occupied? _____ How connected with main building? _____
 Distance from lot lines:— Front? _____ ; side? _____ ; side? _____ ; rear? _____

WHEN MOVED, RAISED OR BUILT UPON.

Number of stories in height when moved, raised or built upon? _____ Proposed foundations? _____
 Number of feet high from level of ground to highest part of roof to be? _____
 Distance back from line of street? _____ Distances from lot lines when moved? _____
 Distance from next buildings when moved? _____ ; front? _____ ; side? _____ ; side? _____ ; rear? _____
 How many feet will the external walls be increased in height? _____ Party walls? _____

IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED.

Will an opening be made in the party or external walls? _____ in _____ story.
 Size of the opening? _____ How protected? _____
 How will the remaining portion of the wall be supported? _____

Signature of owner or authorized representative,

Wood & Webster

Address,

145 - Opera St

Clinton St.

58-60

Design
3058

FINAL REPORT.

191

Has the work been completed in accordance with this application and plans filed and approved?

Law been violated? Doc. No. of 191

Nature of violation?

PERMIT GRANTED.

12-19-1918

Permit filled out by

Permit number

Location *Clinton St.*

Violation removed when? 191

Estimated cost of alterations, etc., \$

Inspector of Buildings

60-10-1918

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 263-3826

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND**

Street: **W. CLIFTON ST**

Subdivision Lot #: **11**

PROPERTY OWNER'S NAME:

Last: **KRANICH** First: **ANNE**

Applicant Name: **SCRIBNER IVINS**

Mailing Address of Owner/Applicant (if different): **PORTLAND ME**

PORTLAND PERMIT # **696** TOWN COPY

Date: **10-11-84**

Fee: **100.00**

L.P.I. #

Inspector Signature: *[Signature]*

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: *[Signature]* Date: **10-11-84**

Caution: Inspection Required

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

Inspector Signature: *[Signature]* Date Approved: **10-11-1984**

PERMIT INFORMATION

This Application is for: 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 1. <input 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"/> JOURNFRMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # 111111
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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.		Hosebib / Sillcock		Bathub (and Shower)	
			Floor Drain		Shower (Separate)	
			Urinal		Sink	
		HOOK-UP: to an existing in-surface 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		Fixtures (Subtotal) Column 1	
					Fixtures (Subtotal) Column 2	
					Total Fixtures	
				\$		
				\$		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date January 23, 1989, 19
 Receipt and Permit number 29977

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: 60 Ginton St.
 OWNER'S NAME: Bruce Turnquist ADDRESS: _____

OUTLETS:	FEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Flourescent _____ (not strip) TOTAL _____	
Strip Flourescent _____ ft. _____	
SERVICES:	
Overhead <u>XX</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	<u>3.00</u>
METERS (number of) <u>1</u> ..	<u>50</u>
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 _____	
	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: <u>5.00</u>

INSPECTION:

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

CONTRACTOR'S NAME: Burleigh Elec.
 ADDRESS: Falmouth Foreside
 TEL: 781-2495

MASTER LICENSE NO.: 4870 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS —

INSPECTIONS Service 100 amp by [Signature]
Service called in 2/1/89
Closing-in _____ by _____
PROGRESS INSPECTIONS: 2/1/89, 2/1/89

Permit Number 29977
Location [Signature]
Owner [Signature]
Date of Permit 1/29/89
Final Inspection 2/1/89
By Inspector [Signature]
Permit Application Register Page No. 54

DATE:	REMARKS:

CODE COMPLIANCE COMPLETED
DATE 2/2/89

NOTARY PUBLIC
STATE OF CALIFORNIA
COMM. NO. _____
EXPIRES _____
NOTARY PUBLIC'S SIGNATURE _____
NOTARY PUBLIC'S NAME _____