

31-38 BERKELEY STREET

SHAW-WALKER

REPLACEMENT # 92035, 92036, 92037, 92038, 92039, 92040, 92041, 92042, 92043, 92044, 92045, 92046, 92047, 92048, 92049, 92050, 92051, 92052, 92053, 92054, 92055, 92056, 92057, 92058, 92059, 92060, 92061, 92062, 92063, 92064, 92065, 92066, 92067, 92068, 92069, 92070, 92071, 92072, 92073, 92074, 92075, 92076, 92077, 92078, 92079, 92080, 92081, 92082, 92083, 92084, 92085, 92086, 92087, 92088, 92089, 92090, 92091, 92092, 92093, 92094, 92095, 92096, 92097, 92098, 92099, 92100



FILL IN COMPLETELY AND SIGN WITH INK

PERMIT ISSUED
Permit No. 0843

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, June 9, 1937

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 ³¹⁻⁵⁵ Berkeley St., Portland Use of Building Dwelling No. Stories 2
Name and address of owner Mr. Byron Mitchell Ward 8
Contractor's name and address Randall & McAllister, Portland, Me. Telephone 2-2941

General Description of Work

To install Timken Silent Automatic Burner and Steam Heating Plant

CERTIFICATE OF GOOD PRACTICE
REQUIREMENT IS WAIVED

NOTIFICATION REGARDING LAYERS
OR CERTAIN IS WAIVED

IF HEATER, POWER BOILER OR COOKING DEVICE

Is heater or source of heat to be in cellar? Cellar If not, which story _____ Kind of Fuel Oil
Material of supports of heater or equipment (concrete floor or what kind) Concrete
Minimum distance to wood or combustible material, from top of boiler or casing top of furnace, height 20"
from top of smoke pipe 24" from front of heater height 4' from sides or back of heater height 3'
Size of chimney flue 10 x 12 Other connections to same flue stove

IF OIL BURNER

Name and type of burner TSA-Rotary Labeled and approved by Underwriters' Laboratories? yes
Will operator be always in attendance? _____ Type of oil feed (gravity or pressure) Gravity
Location oil storage Cellar No. and capacity of tanks 1-275
Will all tanks be more than seven feet from any flame? yes How many tanks fireproofed? _____

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

Signature of contractor

Randall & McAllister

INSPECTION COPY

9538B

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER 0136

Date Issued **3-1-73**
 Portland Plumbing Inspector
 By **ERNOLD R. GOODWIN**

Date **3-1-73**
 App. First Insp. **ERNOLD R. GOODWIN, R.S.**
 By **ERNOLD R. GOODWIN, R.S.**
 Date **3-1-73**
 App. Final Insp. **ERNOLD R. GOODWIN, R.S.**
 By **ERNOLD R. GOODWIN, R.S.**

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

Address **31 Berkeley St.**
 Installation For **Single**
 Owner of Bldg **David B. Hopkinson**
 Owner's Address: **Same** Date: **3-1-73**
 Plumber: **Wilbur F. Blake, Inc.** NO. FEE

NEW	REPL		NO.	FEE
		SINKS		2.00
	1	LAVATORIES		2.00
	1	TOILETS		2.00
	1	BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
			TOTAL	6.00

Building and Inspection Services Dept.: Plumbing Inspection

STATEMENT ACCOMPANYING APPLICATION FOR BUILDING PERMIT
for one family dwelling house.

at 30-Berkeley Street Date 4/26/37

1. In whose name in the title of the property now recorded? Byron L. Mitchell
2. Are the boundaries of the property in the vicinity of the proposed work shown clearly on the ground, and how? wood stakes yes
3. Is the outline of the proposed work now staked out upon the ground? yes If not, will you notify the Inspection Office when the work is staked out and before any of the work is commenced? _____
4. What is to be maximum projection or overhang of eaves or drip? Gar. 4" Dwg. 10"
5. 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
6. 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.
7. 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? yes

James H. Jackson



RESIDENCE ZONE
APPLICATION FOR PERMIT Permit No. 0000

Class of Building or Type of Structure Third Class
 Portland, Maine, April 26, 1937 APR 27 1937

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 31-23 30 Berkeley Street Ward 8 Within Fire Limits? no Dist. No. _____
 Owner's or Lessee's name and address Byron L. Mitchell, 305 Woodford St. Telephone _____
 Contractor's name and address J. H. Jackson, 25 Abbott St. Telephone 4-3396
 Architect _____ Plans filed yes No. of sheets 1
 Proposed use of building dwelling house with 1 car garage attached No. families 1
 Other buildings on same lot _____
 Estimated cost \$ 4,000. Gas Fee \$ 1.50
Gas .25 \$2.00

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 one family dwelling house with 1 car garage attached.
 The inside of the garage, will be covered, here required by law, with metal lath and plaster

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

hemlock dressed Height average grade to top of plate 18'
 Size, front 35'6" depth 24'6" No. stories 2 Height average grade to highest point of roof 28'
 To be erected on solid or filled land? solid earth or rock? earth
 Material of foundation concrete concrete trench wall under garage Thickness, top 10" bottom 12"
 Material of underpinning brick Height 17 1/2" Thickness 8"
 Kind of Roof pitch outside Rise per foot 8" Roof covering Asphalt roofing Class C Und. Lab.
 No. of chimneys 1 Material of chimneys brick of lining tile
 Kind of heat steam Type of fuel oil Is gas fitting involved? yes
 Corner posts 4x8 Sills 4x8 Girt or ledger board? girt Size 2-2x4
 Material columns under girders iron columns Size 4" Max. on centers 8'
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section. stairs
 Joists and rafters: 1st floor 2x8, 2nd 2x8, 3rd 2x8 unf, roof 2x8
 On centers: 1st floor 16", 2nd 16", 3rd 20" 18", roof 2'
 Maximum span: 1st floor 14', 2nd 14', 3rd 12', roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot none, to be accommodated 1
 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
 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 Byron L. Mitchell

INSPECTION COPY
 Signature of owner By J. H. Jackson
 Signature of Inspector Olin T. Hubbard 476
476
41740

Ward 8 Permit No. 371535

Location 30 Berkeley St.

Owner Benjamin L. Mitchell

Date of permit 4/27/37

Notif. closing-in 6/15/37 - 7:15 AM

Insp. closing-in 6/15/37 - G.T.

Final Notif.

Final Inspn. 8/12/37 - O.K.

✓ Cert. of Occupancy issued 8/12/37

NOTES

4/26/37 - Excavation as shown by batter boards - O.K. - A.D.

5/1/37 - Excavation as shown - O.K. - A.D.

5/10/37 - Same - O.K. - A.D.

5/17/37 - No work being done - O.K. - A.D.

Excavation about corner - O.K. - A.D.

5/24/37 - Shoring for foundation wall - O.K. - A.D.

5/29/37 - Foundation laid - O.K. - A.D.

6/3/37 - Foundation poured - O.K. - A.D.

6/10/37 - Work progressing - O.K. - A.D.

6/15/37 - Bridging at nailed wooden ends

paper-hung interior walls
1st fl. Check on walling
of timber in cellar
Check on 1st fl. floor in
attic - O.K.

General Inspector

Permit

31 Berkeley Street 131-I-3

DRG-CTR 1



HAW WALKER

DEERING CENTER 
Neighborhood Conservation Program

478 Stevens Avenue / Post Office Box 683
Portland, Maine 04104

December 16, 1970 Telephone 773-1773 773-1774

Mr. David Hopkinson
31 Berkeley Street
Portland, Maine

Re: 31 Berkeley Street

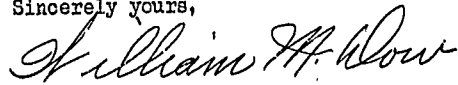
Dear Mr. Hopkinson:

Your property has been surveyed by the Portland Housing Division and has met Minimum Code Standards. Congratulations are extended to you for the general condition of your property. Many people in the area are making improvements in their property even though they meet the requirements of ordinance relating to housing conditions. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Other services are available through the site office for further improvements to your property. Should you want advice on landscaping, structural changes, plans, and financing, please call 773-1773 or 773-1774.

If we can be of further help, please feel free to call on us. Thank you for your interest in the program and your cooperation in making Deering Center a more beautiful residential area.

Sincerely yours,



William M. Dow
Director of Code Enforcement

WMD:mzm

This program is sponsored by the City of Portland in cooperation with the Federal Department of Housing and Urban Development

Photos yes no Date 12-13-70

Proj. No. C.I. Living Ctr Ass'rs Zone Zone Viol

Stories 2 1 0 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Com. Units Rmg Units Dwl. Units 1

LOCATION <u>21 Berkeley St</u>	COMP
OWNER AGENT	PEND
OWNER AGENT <u>David Robinson</u>	
OWNER AGENT	
OWNER AGENT	VTS

Occupants	Information				Occupancy				Facilities				Violations			
	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K. SK	H.W.	CK'G		
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																

STRUCTURE SCHEDULE STRUCTURE RATING Std

<p>YARD</p> <p><input checked="" type="checkbox"/> GARBAGE & RUBBISH</p> <p><input checked="" type="checkbox"/> CONTAINERS COMPLY</p> <p><input checked="" type="checkbox"/> DRAINAGE</p> <p><input checked="" type="checkbox"/> ZONE VIOL.</p> <p>STRUCTURE EXTERIOR</p> <p><input checked="" type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input checked="" type="checkbox"/> FOUNDATION</p> <p><input checked="" type="checkbox"/> WALLS</p> <p><input checked="" type="checkbox"/> WINDOWS, DOORS</p> <p><input checked="" type="checkbox"/> ROOF, DRAINS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS</p> <p>INFESTATION</p> <p><input checked="" type="checkbox"/> RATS <input type="checkbox"/> R1 <input type="checkbox"/> O1 <input type="checkbox"/> E</p> <p><input checked="" type="checkbox"/> OTHER (SPECIFY)</p> <p>EGRESS</p> <p><input checked="" type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> OBST'N</p>	<p>STRUCTURE INTERIOR</p> <p><input checked="" type="checkbox"/> ALL. OBST'N</p> <p><input checked="" type="checkbox"/> WALL. LIGHTING</p> <p><input checked="" type="checkbox"/> WALL. FLOOR WALLS CEILING</p> <p><input checked="" type="checkbox"/> STAIRWAYS</p> <p><input checked="" type="checkbox"/> WINDOWS, AIRSHFT</p> <p><input checked="" type="checkbox"/> ELECT. WIRING</p> <p>HEATING CENTRAL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STACKS FLUES, VENTS</p> <p><input checked="" type="checkbox"/> CHIMNEY</p> <p><input checked="" type="checkbox"/> EQUIPMENT, REPAIR</p> <p>PLUMBING</p> <p><input checked="" type="checkbox"/> SUPPLY LINE</p> <p><input checked="" type="checkbox"/> WASTE LINE</p> <p>BASEMENT</p> <p><input checked="" type="checkbox"/> GEN'L SANIT'M</p> <p><input checked="" type="checkbox"/> DAMPNSS R1 <input type="checkbox"/> O <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> STAIRS</p> <p><input checked="" type="checkbox"/> LIGHTING</p> <p>BASE DWL. UNIT</p> <p><input checked="" type="checkbox"/> MIN 7' - 3"</p> <p><input checked="" type="checkbox"/> DAMPNSS R1 <input type="checkbox"/> O <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> WINDOW 1/12 X 8'</p> <p><input checked="" type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PROHIBITED COMB'N USE</p> <p><input checked="" type="checkbox"/> ASSOC. USE HAZARD</p> <p><input checked="" type="checkbox"/> HAZARDOUS VENTS</p>
---	--

Remarks _____

Portland Health Dept.

CS-8

Inspector AD

Idn:69

DWELLING UNIT

Location 31 Berkeley St Inspector DBJ Date 12-16-70
D. Location _____ Project Name/No. 18 Photos _____ Yes _____ No _____
Occupant Nancy Johnson Allowed 9

Rent	Fur...	Wkly. Inc.	Rooms	Bath	Flush	Lavatory	Hot Wat	Cooking	Dual Egress	Heat
			6	1	1	1	1	1/2	1	1/10

KITCHEN	CODE	BATHROOM	CODE
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)
<input checked="" type="checkbox"/> Windows - loose, broken glass, glaze	3(c)	<input checked="" type="checkbox"/> Window - loose, broken glass, glaze	3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, dam., bkd.	3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, dam., buckled	3(b)
<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.	3(b)	<input checked="" type="checkbox"/> Door - lock - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Counter/Stor. Space <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	----	<input checked="" type="checkbox"/> Toilet - Tnk - brkn, loose, leaks - Seat, l'se, crkd.	6(a)
<input checked="" type="checkbox"/> Sink - chipped, cracked, caulk	6(a)	<input checked="" type="checkbox"/> Lavatory - chipped, crked, caulk, Trap leaks	6(a)
<input checked="" type="checkbox"/> Range Space - improper stack, flue vent	3(e)	<input checked="" type="checkbox"/> Bathtub/Shower - leaks, cross con., caulk	6(a)
<input checked="" type="checkbox"/> Refrigerator Space <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	----	<input checked="" type="checkbox"/> Ventilation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7
<input checked="" type="checkbox"/> Plumbing (a)		<input checked="" type="checkbox"/> Plumbing (b)	
<input checked="" type="checkbox"/> Electrical (a)		<input checked="" type="checkbox"/> Electrical (b)	
<input checked="" type="checkbox"/> Sanitation (a)		<input checked="" type="checkbox"/> Sanitation (b)	

LIVING ROOM	CODE	DINING ROOM	CODE
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Wal	3(b)	<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)
<input checked="" type="checkbox"/> Windows - loose, broken, glaze	3(c)	<input checked="" type="checkbox"/> Windows - loose, broken, glaze	3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)	<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)
<input checked="" type="checkbox"/> Floor - loose, worn, damaged	3(b)	<input checked="" type="checkbox"/> Floor - loose, worn, damaged	3(b)
<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.	3(b)	<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Electrical (c)		<input checked="" type="checkbox"/> Electrical (d)	
<input checked="" type="checkbox"/> Sanitation (c)		<input checked="" type="checkbox"/> Sanitation (d)	

Bed Rooms and/or Other Rooms	CODE
<input checked="" type="checkbox"/> Plaster - L, C, M - Ceiling/Walls	3(b)
<input checked="" type="checkbox"/> Windows - loose, broken, glaze	3(c)
<input checked="" type="checkbox"/> Sash/Frames - broken, missing, worn	3(c)
<input checked="" type="checkbox"/> Floors - loose, worn, damaged	3(b)
<input checked="" type="checkbox"/> Doors - knobs - missing - Panels/Frames dam.	3(b)
<input checked="" type="checkbox"/> Electrical (e)	
<input checked="" type="checkbox"/> Sanitation (e)	
<input checked="" type="checkbox"/> Clothes Closet <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Plumbing <input checked="" type="checkbox"/>	Electrical <input checked="" type="checkbox"/>	Sanitation - Vermin <input type="checkbox"/> O <input type="checkbox"/> R
--	--	---

REMARKS: