

Separate applia Jocation, ownership, and detail must be correct, complete and legible.

APPLICATION FOR PERMIT TO BUILD A PRIVATE GARAGE

Portland, Me., ... 1924... 10

INSPECTOR OF BUILDINGS

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

Specification	915 Ward
	Fire Districts
Ocation 75 Alba Street; Name of owner is? Orner	Address73Albe6-1990
ocation 13 is william Henry	e gurage for
Name of owner is	e garage for
Name of mechanic is	o garage for
and of Millium VI	
core only, and no space to be tell	ruct windows of adjoining por
Proposes occupancy of sales cars only, and no space to be let. Not nearer than two feet from any lot line, will not obstance that two feet from any lot line, will not obstance that the beautiful for the left in garage.	of feet deep ? 18f. twentie
A Dereno fire extinguisher to be and the No. of	foot rear f
Size of building, No. of feet front?121.4,	feet rear ?
C stories	the highest part of
No. of section height from the mean grade of street to	Material of roofing? ARPHALT
No. of feet in a cinder	Material of roofing?
Will the roof be flat, pitch, mansard, or hip?	No stoves to be used.
Will the root be may Park no Will the fly	ies be fined.
Will there be a common to the requirements of the	awl.yes yes
Will the building contorn to	rrounding bundings in no.
regal the building be as go	died for a permit to
Have you or any person	AND ADDRESS OF THE PARTY OF THE
Tf so, state the particulars	***************************************

	The state of the s
***************************************	••••
- Assetting the second	
Polimated Cost,	22/6/13-20
Patimuted Cost,	2 Carried La Carried

Signature of owner or author-ized representatative,

\$ 150.

811W

Final Inspn. 10/8/800 Insp. closing-in Location ANS COV-d Notif. closing-in Final Notif. Date of permit



(R) GENERAL RESIDENCE ZONE APPLICATION FOR PERMIT

Permit	No
	Step Sign
ч	\$ 50° C

C	lass of Building or				\$ 05
	,		tland, Maine, Ju	ly 22 ₀ 1930	
To the INSPECTOR OF	i i			,	
The undersignd her accordance with the Laws any, submitted herewith a	eby applies for a perm of the State of Maine, and the following specifi	it to-evect alter ine the Building Code ications:	the following be of the City of Portle	uilding st ructure equ and, plans and specifi	pment in cations, if
Location 75 Alba Str	ect	Ward	_Within Fire Limits	s? <u>ne</u> Dist. No),
Owner's on Losses's name					
Contractor's name and add		•		-	
Architect's name and addre					
Proposed use of building_					
Other buildings on same I	ot 1-dar garage		· .	•	
			ng to be Altered		
Material WORA No.	stories 10 Heat	Style o	of roof	Roofing	
Last usedwelling h	entr qu		,	No familia	*
	General .	Description of N	Very Work		
Ma mit roof aren	existing platform	At a file and an	unlane with class	OR CLOSING IN I	Opp
TO DUE TOOL OVER	extracting brancoum	C. M. O. WILL AU	OTOME STAIL STOR	Con Carlot	S WAIVED
	*			GERTIFICATE O REQUIREMENT)r
				REQUIREMENT	S WA
A contract of the contract of					- WIN
	De	etails of New W	/ork	1	
Size, front d	lepthNo. s	toriesHeigh	t average grade to his	ghest point of roof	1
To be erected on solid or i	filled fand?		earth or rock?		
Material of foundation		_Thickness,, top		bottom	
Material of underpinning		Height		Thickness	
Kind of roof	extension or d.	Roof cor	vering Ago deal to roo	fing Class C Und	Lab.
No. of chimneys	Material of chimne	ys		_of lining	
Kind of heat					
If oil burner, name and m					
Capacity and location of o					
Is gas fitting involved?					
Corner posts					
Material columns under g					
Studs (outside walls and					
span over 8 feet. Sills an	id corner posts all one p	iece in cross section	·		
Joists and rafters:	1st floor 2=6	, 2nd	, 3rd	, roof 2x6	
On centers:	1st floor 15"	, 2nd	, 3rd	, roof _/_8	···
Maximum span:	1st floor 8	, 2nd	, 3rd	, roof _81	
If one story building with	masonry walls, thicknes	ss of walls?		height?	
, ,		If a Garage			
No. cars now accommoda	ted on same lot		, to be accommod	ated	
Total number commercial	cars to be accommodated	d		****	
Will automobile repairing					
witt automobile repairing	Le done other than inn	Miscellaneou			
Will above work require 1	romanni en distrebine et				
Will above work require i	emoval or disturbing of	any snaue tree on a	No chaste	1	
Plans filed as part of this	application (TAO, SUCCES	Fee \$	RΛ
Estimated cost \$ 60.				•	
Will there be in charge of	I the above work a perso	on competent to see	that the State and Cit	ly requirements pertait	ang mere
are observed 7 69		12	ω		

INSPECTION COPY

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Mary Control the state of the s And the series of the series o CARRY SATTLE BOOK & STAR

For α , α ,

* *1

(R) GENERAL RESIDENCE ZONE APPLICATION FOR PERMIT

PERMIT ISSUED 0503

Class of Building or Type of Structure Third Class

MAY 8 1837 ...

	1	Portland	l, Maine, May	8, 1933
o the INSPECTOR OF B	UILDINGS, PORTLANI	D, ME.	,	to a company a feature
cordance with the Laws	of the State of Maine,	feations	ite dity by I or sign	ilding st ructure equipment in nd, plans and specifications, if
ocation 73 Alba Stres	<u>rb ' ' '</u>	Ward9W	ithin Fire Limits	? no Dist. No.
owner's or Lessee's name a	nd address W. J. I	enry 73 Alba Stre	05 .	Telephone 470-3K
وفور وأرب والمراجع	Religh Jackson	71 Alba St.		Telephone
and he had a second and and	100			
	1			"Mr. families
Other buildings on same lot	One Camily dwell	ing house	t	
Plans filed as part of this ap	polication? yes		_No. of sheets	
Estimated cost \$		* ,	∀	Fce \$
	Description o	f Present Building	to be Altered	
Material wood No. s	stories 1 Heat	Style of r	oof	Roofing
Last use 1-car garage				No. families
relocate 1-car gar	• •			MOTESCATION BEFORE LATHER CENTIFICATE OF OCCUPANCY OUT SEPARATELY BY WAIVED OUT SEPARATELY by and in the name of
		at a file of the same and the suite	siah ie to ho taken e	out separately by and in the name of
It is und stood that this permitte heating contractor.	it does not include installa	ntion of heating apparatus wi	de la competancia	one separately by and it the manner
		Details of New Wor	verage grade to to	r of plate
Size front 121	epth 181 No.	storiesHeight av	verage grade to hi	gliest point of roof
To be areated on solid or f	Siled land?		arth or rock?	
Muscial of foundation Co	encrete plers	Thickness, top	} !	bottom
Material of underninning				_Thickness
Vivi of Poof	Rise per for	otRoof cover	ing	
No of chimneys	Material of chim	nicys		_of lining
Wind of hant		Type of fuel	Is gas	fitting involved?
Common angle	Sille Gir	t or ledger board?		_Size
Metarial columns under o	irders	Size	Max	c, on centers
Chule (outside walls and	carrying partitions) 2	x4-16" O. C. Girders 6:	c8 or larger. Bri	dging in every floor and flat roo
span over 8 leet. Sills a	nd corner posts an one	piece in cross section.		
Joists and rafters:				, roof
On centers:				, roof
Maximum span:	1st floor	, 2nd	, ərd	, roof
If one story building wit	h masonry walls, thick			height?
	_	If a Garage		
No. cars now accommoda	ited on same lot		to be accommodat	cd 1
Total number commercial	l cars to be accommoda	ted none		
Will automobile repairin	g be done other than t	minor repairs to cars habi Miscellaneous	tually stored in th	e proposed building?no
Will above work require	removal or disturbing	of any shade tree on a p	ublic street?n	
Will there be in charge	of the above work a po	erson competent to see the	nt the State and Ç	ity requirements pertaining there
are observed 1. 368	J Signature	of owner ville	in (Denry
MARKSTIAN CORP. X	Kuvom		U	(
· m gr	OF HRE DEPT.			

STATEMENT ACCOMPANYING APPLICATION FOR BUHLDING PERMIT

for COORDING TO THE TOTAL STATE OF THE PROPERTY

at 73 alta States Date Large -/933.

In 1 are the boundaries of the property in the viginity of the proposed work shown clearly on the ground, and how?

Is the outline of the proposed work now staked out upon the ground? Lo If not, will you notify the Inspection Office when the work is staked out and before any of the work is commenced?

What is to be maximum projection or overhung of eaves or drip? Saure and result in the 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?

Do you assume full responsibility for the correctness of all statements in the application concerning the sizes, design and use of the proposed building?

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?

Localization flowers.

Date of the proposed work on the ground, including bay windows, porches and other projections?

Localization flowers.

Localization flowers.

Statement of location flowers.

Localization flowers.

Localization



FILL IN AND BIGN WITH INK

Venuii idduuu O11159 Jul¹³ 1990

CITY of PORTLAND

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, July 10, 1350 To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE 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: New Building Location 71 Alba Sreet Use of Building Dwelling Existing Name and address of owner of appliance ______Loan_Kehon, __Xixxi_102_Exchange_Street__ Installer's name and address A. E. Moody, 479 Auburn S. reet General Description of Work To install oil burning unit with steem hast, replacing warm air heating system IF HEATER, OR POWER BOILER Location of appliance or source of heat. Collect. Type of floor beneath appliance concrete. If wood, how protected?..... Minimum distance to wood or combustible material, from top of appliance or casing top of furnace ____30"____ From top of snioke pipe 20" From front of appliance 0x2: 4! From sides or back of appliance 0x3: 3.1 Size of chimney flue ____Sx12____Other connections to same flue __none__ Rated maximum demand per hour If gas fired, how vented? IF OIL BURNER Labelled by underwriter's laboratories?.....¥ee Name and type of burner _____Petro____ Will operator be always in attendance?......Does oil supply line feed from top or bottom of tank?bottom. Type of floor beneath burner _____concrete Location of oil storage _____cellur___ Number and capacity of tanks1-275...Gel..... If two 275-gallon tanks, will three-way valve be provided?..... Will all tanks be more than five feet from any flame? ______ How many tanks fire proofed? ____ Total capacity of any existing storage tanks for furnace burners _____ none IF COOKING APPLIANCE Location of appliance..... If wood, how protected? Minimum distance to wood or combustible material from top of appliance From front of appliance From top of smokepipeFrom sides and back Other connections to same flue Size of chimney flue Is hood to be provided?......If so, how vented? Rated maximum demand per hour ... If gas fired, how vented? MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION Will there be in charge of the above work a person competent to see that State and City requirements pertaining thereto are observed. _____YOS__

INSPECTION COPY

Signature of Installer

At Woody



FIGL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

NOV 9 1954

CITY of PORTLAND

Portland, Maine,Nov.....8, ...1954.

To the INSPECTOR OF BUILDING	SS, PORTLAND, ME.
The undersigned hereby applies ance with the Laws of Maine, the Build	for a permit to install the following heating, cooking or power equipment in according Code of the City of Portland, and the following specifications:
Name and address of owner of appliant	Use of Building dwelling house No. Stories New Building Existing "Ce William J. Henry, 73 Alba St. Existing "
Installer's name and address Randall	& lacAllister, 84 Conneccial St. Telephone 3-2941
	•
m	General Description of Work
10 install .oif .burning .equipmen	t in connection with existing gravity warm air heating system
	IF HEATER, OR POWER BOILER
Location of appliance	Any burnable material in floor surface or beneath?
it so, now protected?	
Minimum distance to burnable material,	from top of appliance or casing top of furnace
From top of smoke pipe F	rom front of appliance From sides or back of appliance
If one final house (12)	ther connections to same flue
Will professions front at 1	Rated maximum demand per hour
win sufficient fresh air be supplied to the	appliance to insure proper and safe combustion?
	IF OIL BURNER
Name and type of burner	Timken Labelical by underwriters' laboratories? .yes
will operator be always in attendance?	Does oil supply line feed from top or bottom of tople?
Type of floor beneath burner concre	te Size of vent pipe
Location of oil storagebas	exent
Low water shut off	
will all tanks be more than five feet from	any flame?yes How many tanks enclosed?
Total capacity of any existing storage tar	aks for furnace burnersnone
	IF COOKING APPLIANCE
Location of appliance	
11 so, now 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 smokenine
Size of chimney fine Ot	her connections to same flue
Is hood to be provided?	If so, how vented?
If gas fired, how vented?	Rated maximum demand per hour
	OUS EQUIPMENT OR SPECIAL INFORMATION
-	A
	· · · · · ·
Amount of fee enclosed?2.00 (\$2	.00 for one I. ater, etc., 50 cents additional for each additional heater, etc., in same.
building at same time.).	to for one is ater, etc., so cents additional for each additional heater, etc., in same.
o.A.	
119-119-1	
U11:11:1:0/ UT/M	Will there be in charge of the above work a person competent to
<i>, ,</i>	see that the State and City requirements pertaining thereto are
	observed? .yoş
	Pondall & Pohllisher
	Randall & McAllister

INSPECTION COPY

Signature of Installer by:

C17-234-1M-MARK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, May 7, 1959.

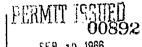
PERMIT ISSUEL MAY / 1956 35 CITY of PORTLAND

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 73 /Lba Street Use of Building Dwelling No. Stories ... Name and address of owner of applianceWilliam.J..Henry, .73.Alba.St.... General Description of Work To installforced.warm.air..heating.system.and.oil.burning.equipment..in.place.of..gravity.warm air heat - oil fired IF HEATER, OR POWER BOILER Lecation of appliancebasement Any burnatie material in floor surface or beneath? no If so, how protected? Minimum distance to burnable material, from top of appliance or casing top of furnace4"...with.shield........ From top of smoke pipe18"..... From front of appliance49....... From sides or back of appliance31....... 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? ... y.es... IF OIL BURNER Name and type of burnerTimken..... Labelled by underwriters' laboratories?yes...... Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? ...bottom....... Location of oil storagebasement........ Number and capacity of tanks1-275..gal. ..existing 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 burnersnone..... IF COOKING APPLIANCE If so, how protected? Height of Legs, if any 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? Forced or gravity? Forced or gravity? If gas fired, how vented? MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same Will there be in charge of the above work a person competent to see that the State and City requirements pertaining theret Randall & McAllister

INSPECTION COPY

Signature of Installer BI: January

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CITY of PORTLAND





APPLICATION FOR PERMIT

Class of Building or Type of Structure September 16 1966

Portland, Maine, ..

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structur	e equipment
in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland	l, plans and
specifications, if any, submitted herewith and the following specifications:	***

specifications, if any, submitted herewith and this joilown	ng specifications:		*·*	
Location 71 Alba Street		Fire Limits?	Dist. No	************
Owner's name and address Robert Beverago,	71 Alba Street		Telephone	
Lessee's name and address			Telephone	
Contractor's name and address Joseph Moran,	1175 Broadway, So.	Portland	Telephone 774-4	4473.
Architect				
Proposed use of building2 car	garage	***************************************	. No. families	- CHI
Proposed use of building2 car			No. families	APAN.
Material Heat	Style of roof	*	Roofing	
Material	dwelling	***************************************		MAN A
Estimated cost \$		i i	Fee \$ 2.00	

General Description of New Work

To construct 4" reinforced concrete slab founation for future garage.

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. PERMIT TO BE ISSUED TO Moran

Details of New Work

is any plumbing involved in	this work?Is any electrical work involved in this work?Is
s connection to be made to	public sewer? If not, what is proposed for sewage?
Has septic tank notice been	sent?Form notice sent?
Height average grade to top	of plate Height average grade to highest point of roof
Size, front depth	
Material of foundation	Thickness, top bottom cellar
Kind of roof	Rise per footRoof covering
No. of chimneys	Material of chimneys of lining Kind of heat iuel
Framing Lumber—Kind	Dressed or full size? Corner posts Sills
Size Girder	Columns under girders Size Max. on centers
Studs (outside walls and car	rying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters:	1st floor, roof, 2nd
On centers:	1st floor, 2nd, 2nd
Maximum span:	1st floor, 2nd, 2nd, 3rd, roof, roof
If one story building with m	asonry walls, thickness of walls?height?height?

If a Garage

No. cars now accommodated on same lot......, to be accommodated......number commercial cars to be accommodated...... Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?.....

APPROVED:

Miscellaneous

Will work require disturbing of any 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

Robert Heverage

CS 301

INSPECTION COPY

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STATEMENT ACCOMPANYING APPLICATION FOR BUILDING PERMIT
TOT COM
11 Aloa Street
9/16/66
2. Are the houndary
clearly on the ground, and band the vicinity of the property
If not, will you notify the Inspection Office when the ground? yes and before any of the work is according to the work is
15 to be maximum projection
5. Do you assume full responsibility 2
complete outline of the proposed work on the ground, including hear or porches and other projections?
6. Do you assume full responsibility for the correctness of all statements in building? 7. Do you assume full responsibility for the correctness of all statements in yes
7. Do you was
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 are made? One yes Yes Yes Yes Yes Yes Yes Yes
Sough the Sa.

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APPLICATION FOR PERMIT

	Class of Buildin		ore-fab		CLAA " SOUR	TY LAT
TATIS VO			. Sopie. 26, 1946			
To the INSPE	CTOR OF BUIL	LDINGS, PORTLAND, M	AINE			· · · · · · · · · · · · · · · · · · ·
in accordance v specifications, i	with the Laws of th if any, submitted h	he State of Maine, the B crewith and the following	ct alter repair demolish inst villing Code and Zoning t g sp. ihcations:	Irainance of t	ne City of Portiana, pur	us ana
T anotion	71 Alba St.		Within F	ire Limits?	Dist. No	0.57
O	and address R	obert Beverage, 7	l Alba St.			
Y essee's name	and address					******
C 4 4 1	and addroca	owner			1 elepnone	
Asabitant			Specifications	Plansy	No. of sheets	2
n	of healtding	2-car pre-fab gar	age		No. tamilies	
1					No. families	
24-4-4-1	Va riori	ee l Heat	Style of roof	***************	Koonng	
Other building	gs on same lot	1 fam. dwelling				
	st \$ 1800.				Fee \$6.00	
		General Des	scription of New We	ork		
To	construct 2-	-car pre-fab frame	garage, 22/x24			
	leader - 4x10					
	Door in gable		. m.	t.		
8	rize of garage	door opening: 1	61x71			
				14*	T)	,
					•	
			3	٥		
Maight navor	aga grade to ton (his work?	ils of New Work	e os highest p	sint of roof	
Fleight avera	221 depth	24 No. stories	solid or filled land	ii solid	earth or rock?ea	rth
Material of	foundation CONC	rete slab -4" Th	ickness, topbot	tom	cellar	
Market at at			Height		Thickness	
Kind of roof	f pitch	Rise per foot5!!	Roof covering	asphalt	ClassCUndLab.	p. u.v
No of chim	nove	Material of chimneys	of lining	Kind o	of heat tuel .	***************************************
Framing lur	mber—Kind h	enlock	Dressed or full si	ze?d	r	
Corner post	_n 4x6 Si	11s 4x6 Girt or	ledger board?		Size	
Girders	Size	Columns undo	er girdersSi	ze	·Max. on centers	······
Studs (outs	ide walls and carr	rying partitions) 2x4-24	" O. C. Bridging in ever	y floor and fl	at roof span over 8 fee	t.
	and rafters:	1st floor concrete	, 2nd	, 3rd	, roof trus	sseq-
On cen		1st floor	, 2nd	, 3rd	, roof	
Maxim	um span:	1st floor	, 2nd	, 3rd	, roof	***************************************
If one story	building with m	asonry walls, thickness	of walls?		height?	
·			If a Garage			
No. cars no	w accommodated	on same lot 2, to he	accommodatednuml repairs to cars habitually	oer commercia	al cars to be accommode	ated. <u>NQ</u>
Will autom	obile repairing be	done other than minor	repairs to care nationally			
PROVED:				Miscella		
	166- GEB		Will work require distu			
in the same of the	d atabatan ana ana ankattakit	akānamiena massausinas	Will there be in charge			
***************************************			ree that the State ar	id City requi	rements pertaining th	ereto are
	m a 18 3 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		observed? <u>yes</u> Robert Beverage			
		100 to	"			
C84 189 BG MAIN	LE PRINTING CO.	By:	Bolest &	7		
	ION CORY	gnature of owner	The The Market was the	urely,	E. K. S.	
INSPECT	ION COPY				1 4	- () pt

CITY OF FORTLAND, MAINE Application for Permit to Install Wires

Application for Permit to instant when
Permit No. 55670
Permit No.
Issued
Portland, Maine 3/30 19.6. 7
o the Gity Electrician, Portland, Maine:
The undersigned hereby applies for a permit to install wires for the purpose of the City of Portland, ric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland,
nd the following specifications: (This form must be completely filled out — Minimum Fee, \$1.00)
traffen Motor
1 111 (All the distribution of the last of the la
Location / 3 Control of Stories Number of Stories Number of Stories Alterations
Number of Families Additions Alterations
Description of Williams
Pipe Cable Metal Molding BX Cable Plug Molding (No. of feet)
Pipe Cable Metal moduling Light Circuits Plug Circuits
No. Light Outlets Plugs Light Circuits Plug Circuits No. Light Outlets Plugs Fluor, or Strip Lighting (No. feet)
FIX THRES: NO
SERVICE: Pipe Gable Gable
METERS: Relocated Volts Starter
phase H.Y
TILINAMI DATE OF THE PARTY OF T
Commercial
Electric Heat (No. of Rooms) Watts Brand Feeds (Size and No.)
APPLIANCES: No. Kanges
Extra Cabinete or Panels
Miscellaneous Watts Transformers Air Conditioners (No. Units) Signs (No. Units)
Will commence 19. Ready to Cold to
Amount of Fee \$ Signed Custom Election
DO NOT WRITE DELOW THIS LINE
SERVICE METER GROUND
3 4 5 . 0
VISITS: 1
REMARKS:
INSPECTED BY (OVER)
(OVER)

PERMIT TO INSTALL PRUMBING PERMIT NUMBER 0245 Address 73 Alba St.
Installation For. single
Owner of Bldg: Gustlin Brown
Owner's Address: Same Owner's Address: Same
Plumber: Northern Wilities
NEW REPL SINKS
LAVATORIES
TOILETS
BATH TUBS
SHOWERS
DRAINS FLOOR SUR
TANKLESS WATER HEATERS
GARBAGE DISPOSALS
SEPTIC TANKS
HOUSE SEWERS
ROOF LEADERS
AUTOMATIC WASHERS
DISHWASHERS
OTHER 4-12-73 | FEE Dale Issued 4-12-73 Portland Plumbing Inspector By ZRNOLD R. GOODWIN App. First Insp. Date Ву 2.00 App. Final insp. Date. Type of Bldg. Ву Commercial
Residential
Single
Multi Family
New Construction
Remodeling 2.00-TOTAL Building and Inspection Services Dept.: Plumbing Inspection

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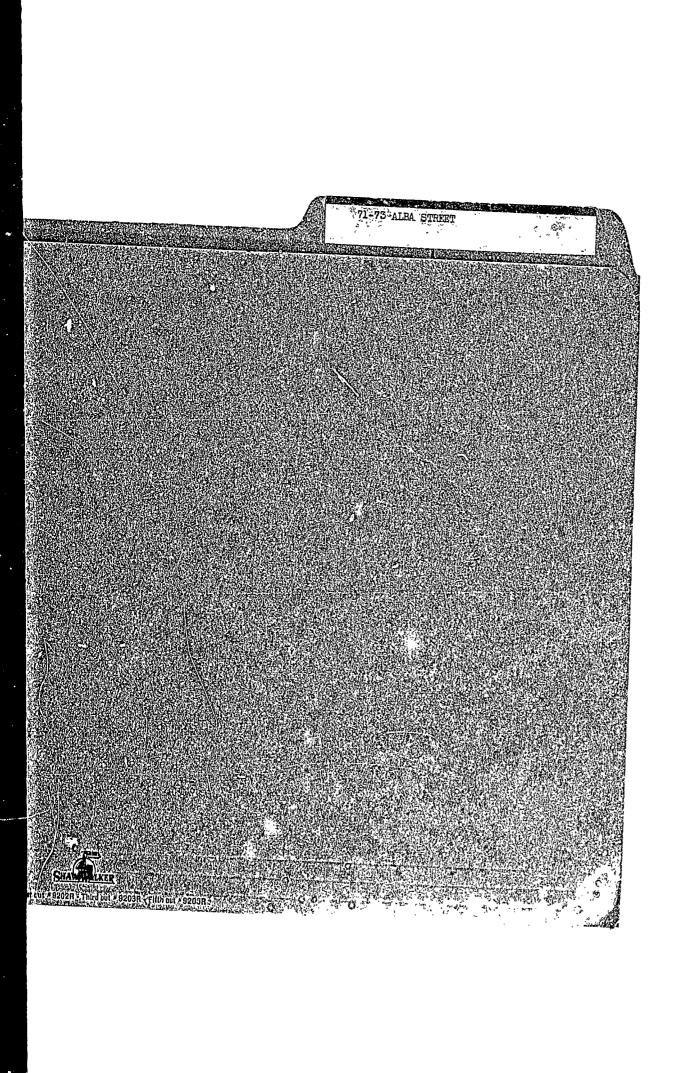
E.

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Inspection Services
Samuel P. Hoffses



Planning and Urban Development Joseph E. Gray Jr. Director

CITY OF PORTLAND

June 8, 1994

Mr. Hugh Khuu 71 Alba Street Portland, Maine 04103

> RE: 71 Alba Street Portland, Maine

Dear Sir,

Your application to extend your deck has been reviewed a permit cannot be issued.

The proposed extended deck does not meet the front yard setback for the R-5 Zone, 20 feet is required, your plan shows 8'. If you bring your receipt to this office, we will process a refund for this permit.

If you have any questions, please give this office a call.

AND IN

Chief of Inspection Services

389 Congress Street · Portland, Maine 04101 · (207) 874-8704

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

No.

PERMIT This is to certify that 7/LEALBER SATE

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification for inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in.

A certificate of occupancy must be procured by owner before this building or part thereof is occupled.

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept.

Appeal Board

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Inspection Services Samuel P. Hoffses Chief ,



Planning and Urban Development Joseph E. Gray Jr. Director

CITY OF PORTLAND

June 8, 1994

Mr. Hugh Khuu 71 Alba Street Portland, Maine 04103

RE: 71 Alba Street Portland, Maine

Dear Sir,

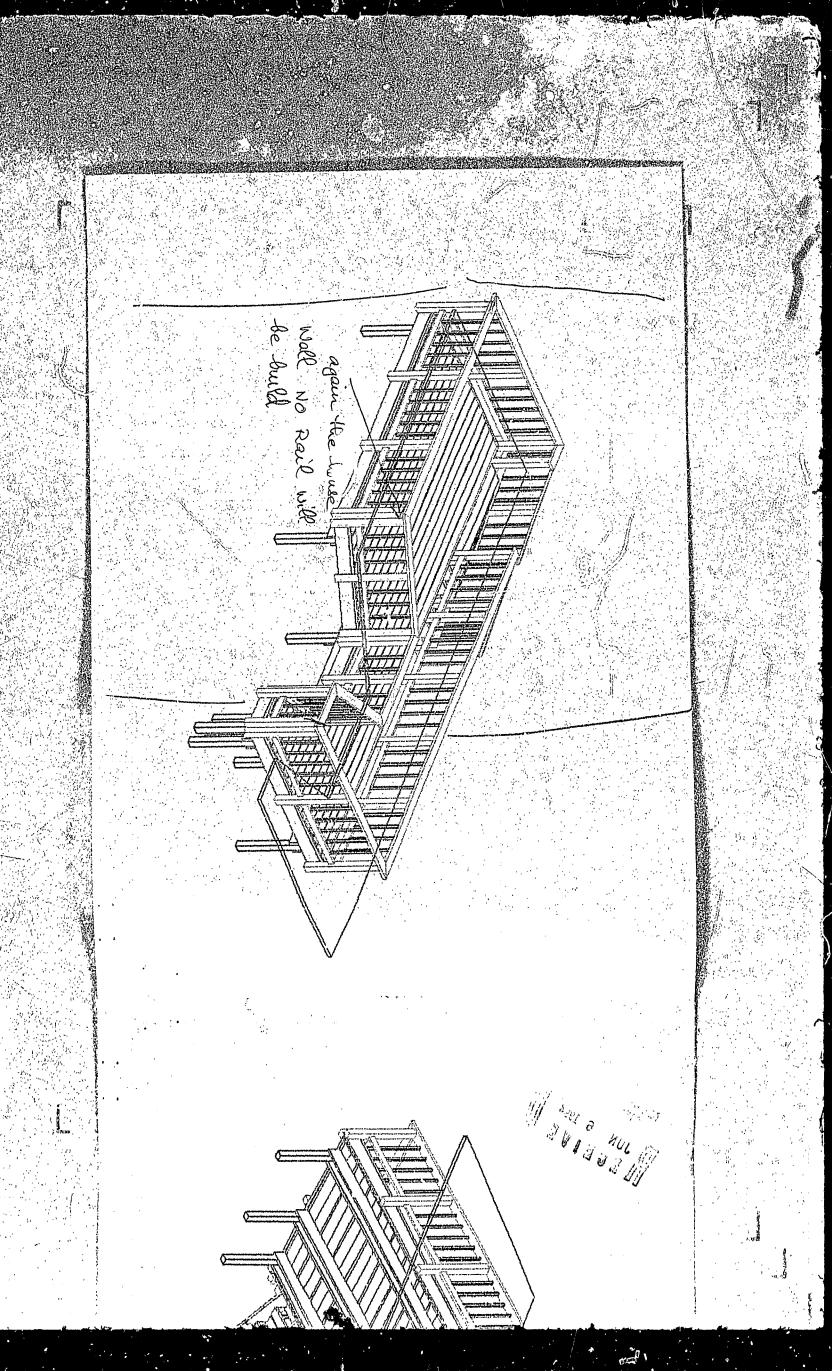
Your application to extend your deck has been reviewed a permit cannot be issued.

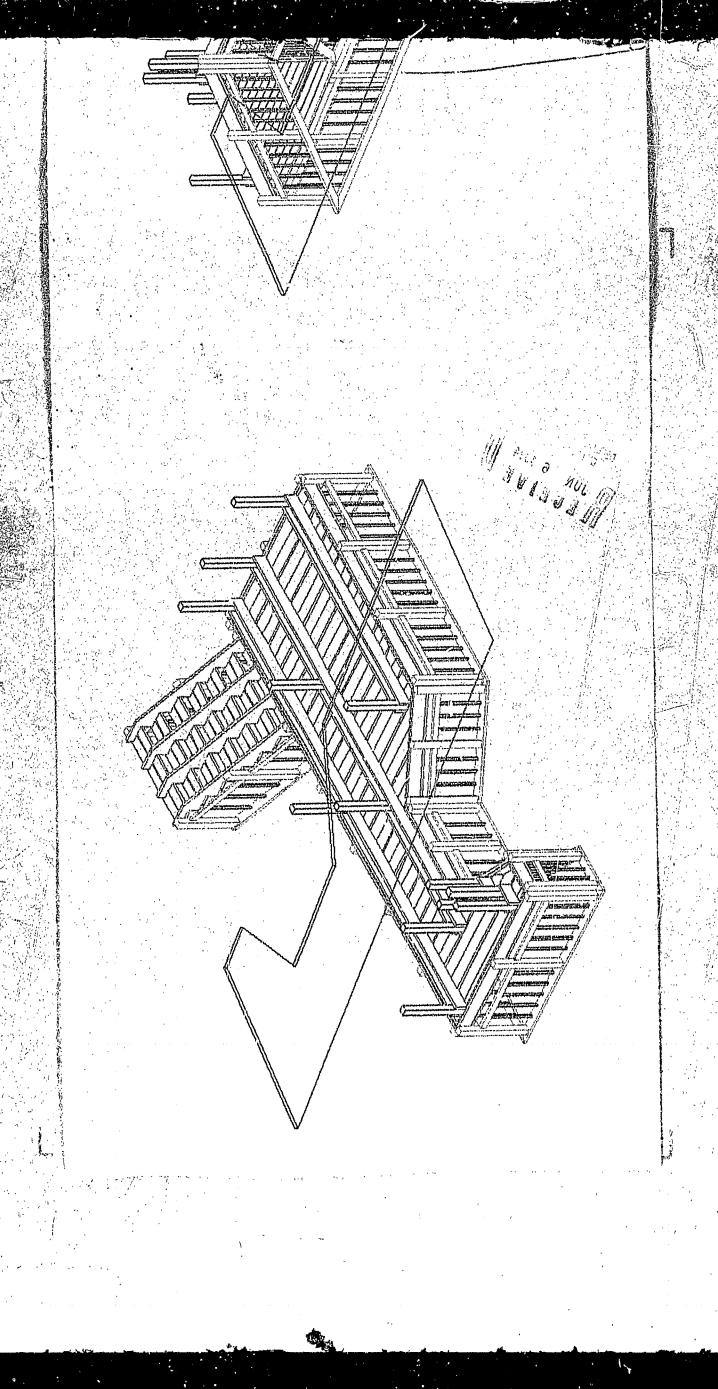
The proposed extended deck does not meet the front yard setback for the R-5 Zone, 20 feet is required, your plan shows 8'. If you bring your receipt to this office, we will process a refund for this permit.

If you have any questions, please give this office a call.

P. Samuel Hoffses Chief of Inspection Services

389 Congress Street · Portland, Maine 04101 · (207) 874-8704





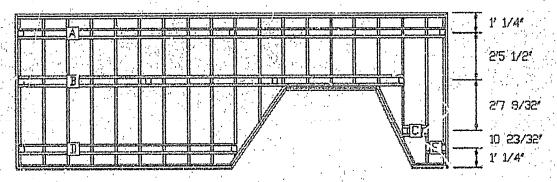
Joists

Set joists on top of beams, 16' center to center.

Be sure to follow the deck construction detail available from your store solesperson.

Note: The design requires knee braces, beam splices and bridging botween joists. Your materials list includes the necessary items. The suggested design is not a finished building plan. You are responsible for all measurements being correct, for verifying that the design (and any substitutions or modifications that you make) neets all local building codes and requirements. To verify that the suggested design and any substitutions or modifications, is consistent with conditions at the construction site review the design with your architect. Also consult your architect for proper construction and use of materials in the structure.

JEAN LAYDUT CUSTONER -- Y Y Y JUATE 06/05/94 REF YYY66666

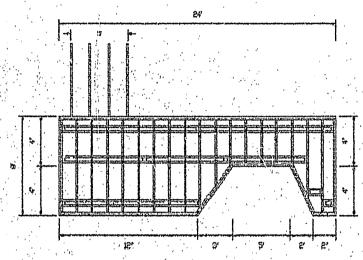


BEAM LABEL	BEAM LENGTH	POST COUNT	POST SPACING
Α	23'9"	3	11'8 3/4"
В	21/5 1/2"	4	7' 21/32"
C.	1'5 1/2"	2	12"
D	12'1 1/2"	2	11'10"
E	1'1"	2	9 1/2"

Post spacing is measured center-to-center.

Depth of post-in-concrete footers --- 24 inches.

PLAN VIEW
CUSTOMER -- Y Y Y
DATE 06/05/94 REF YYY66686



Load and support:

Your deck will support a 56 PSF live Load. Posts have 24" below-ground post support.

Deck and post height:

You selected a height of 48" from the top of decking to level ground. Therefore, the top of the deck support posts will be 39.25" above level ground. Your salesperson can provide information for uneven or sloped ground.

Joists i

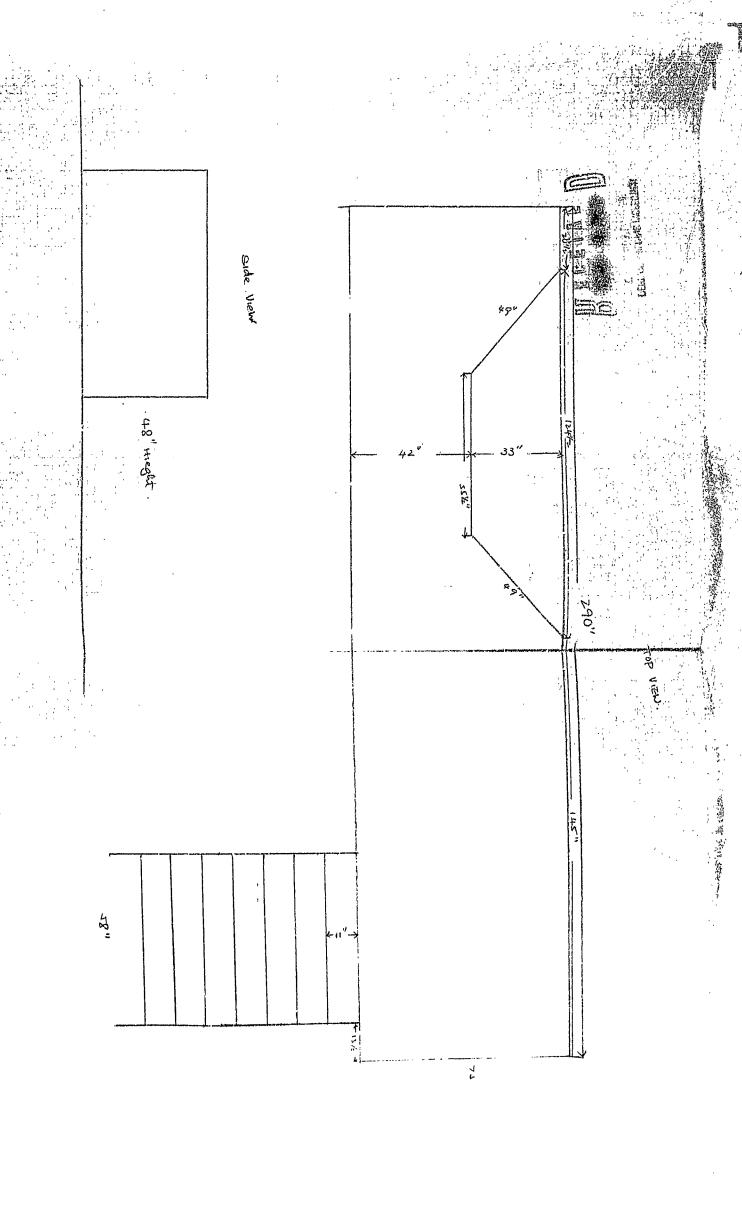
Set joists on top of beams 16' center to center.

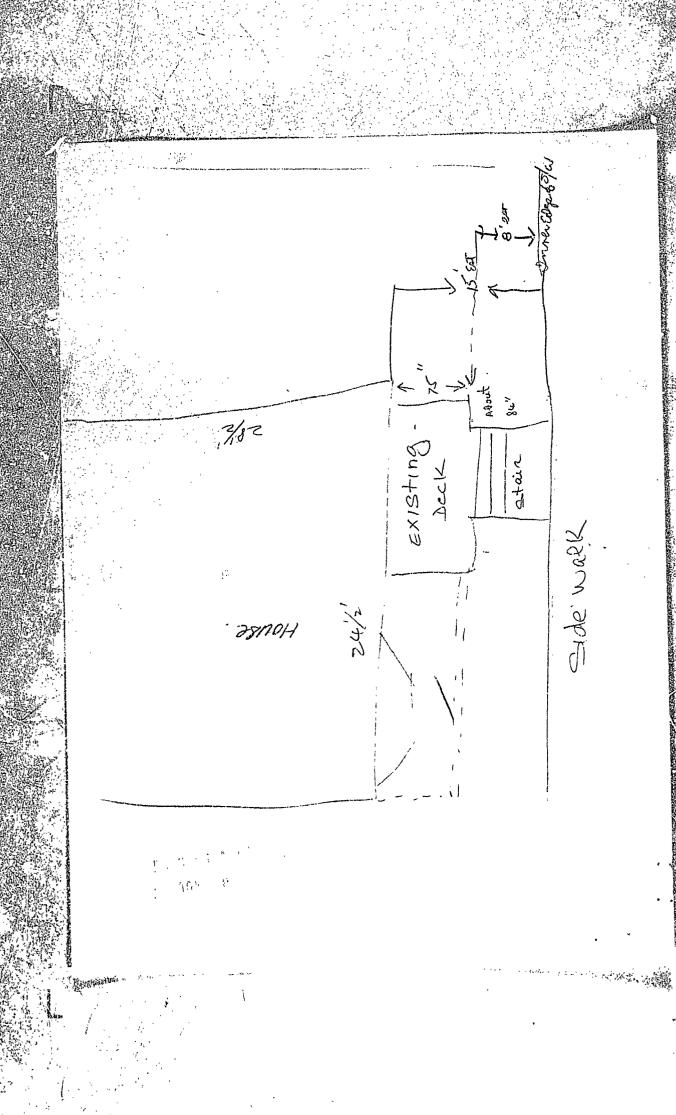
Be sure to follow the deck construction dividil available from your stone salesperson.

Note. The design requires knee braces beam splices and bridging between joists. Your materials list includes the necessary items. The suggested design is not a finished building plan. You are responsible for all measurements being correct, for verifying that the design (and any substitutions or modifications that you make) meets all local building codes and requirements. To verify that the suggested design, and any substitutions or modifications, is consistent with conditions at the construction site review the design with your architect. Also consult your architect for proper construction and use of materials in the structure.

BEAM LAYDUT CUSTORER -- Y Y Y DATE 06/05/94 REF YYY66666

1' 1/4'
2'5 1/





the set out one part which applies to job. Proper plans must accompany form.	ICATION Fee 75.00 Zone map =
Owner: Hung Khuu Phone # 773-2236	For Official Use Only Subdivision:
1 71 Alba St Ptld, ME 04103	1 6 7 1007
LOCATION OF CONSTRUCTION 71 Alba St	Date 6 June 1994 Nome Lot
Contractor_self Sub.:	1 Ride Cole Outper int
Contractor_self Sub.:	Time Limit Private
Address: Phone #	Zoning: Street Frontage Provided: Side Side
Est Construction Cost: 1,400.00 Proposed Use: 1-fam w/ext deck	Zoning: Street Frontage Provided: Provided Setbacks: Front. Back Side Side
Post Use: 1-fam	Provided Setbacks: Front BackBack
# of New Res. Units	Review Required:
Building Dimensions LW Total Sq. Ft	Planning Board Approval: Yes No Date:
# Stories: # Bedrooms Lot Size:	Review Required: Zoning Board Approval: YesNoDate:Planning Board Approval: YesNoDate:
# Stories: # Bedrooms 100 5125.	Shoreland Zoning Yes No Floodplain Yes No Special Exception
Is Proposed Use: Seasonal Condominium Conversion	
Extend deck as per plans	The Property of the Party of th
	Ceiling: 1. Ceiling Joists Size: 2. Ceiling Strapping Size 3. Type Ceilings: Spacing Spacing Does not require review.
134-H-005	1. Ceiling Joists Size: Suscing Suscing
Foundation: 1. Type of Soil:	2. Cetting Strapping Size post story and provided the provided
1. Type of Soil: 2. Set Backs - Front Rear Side(s)	2. Coming Straphing Straph
3. Footings Size: 4. Foundation Size:	
5. Other	Roof: Span Action: Approved with conditi
	5. Ceiling freight: Roof: 1. Truss of Rafter Size 2. Sheathing Type 3. Roof Covering Type Chimneys: Type: Number of Fire Places 5. Ceiling freight: Span Action: Approved Arith Condition Size Chimneys: Type: Number of Fire Places
Floor: 1. Sills Size: Sills must be anchored.	3. Roof Covering Type
1. Sills Size:	Chimneys: Number of Fire Places
1. Silis Size: 2. Girder Size: 3. Latly Column Spating: 4. Joists Size: 5. Bridging Type: 6. Floor Sheathing Type: Size: Size: Size:	Heating:
4. Joists Size: Spicing to O.C.	Heating:
5. Bridging Type: 6. Floor Shoothing Type: Size:	Electrical: Service Entrance Size: Smoke Detector Required Yes No
7. Other Material:	Plumbing:
	1. Approval of soil test if required Yes
Exterior Walls: 1. Studding Size Spacing	2. No. of Tubs or Showers 3. No. of Flushes
2. No. windows	4. No. of Lavatories
3. No. DoorsSpan(e)	5. No. of Other Fixtures
4. Header Sizes	Swimming Poel s: 1. Type: 2. Pool Size: 3. Must conform to National Electrical Code and State Law.
6. Corner Posts Size	2. Pool Size: x Square Footage
7. Insulation Type Size	3. Must conform to National Electrical Code and State Law.
8. Sheathing Type Weather Exposure	Permit Received By Mary Gresik
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	- 101 Medical District 100
	Signature of Applicant
Interior Walls: Spacing Spacing	Hung Khuu CEO: District
Interior Walls: 1. Studding Size Spacing 2. Header Sizes Span(s)	CEO : District
2. Header Sizes 3. Wall Covering Type 4. Fire Wall if required	- CONTRACTOR OF THE PROPERTY O
4, Fire Wall if required	
White - Tax Assessor	Ivory Tag - CEO

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Permit # City of Portland BUILDING PERMIT APPL Please fill out any part which applies to job. Proper plans must accompany form.	ICATION Fee 25.00 Zone Map # Lot#
Öwner Hung Khuu Phone 773-2236	For Official Use Only Date 6 June 1994 Subdivision: Inside Fire Limits Lot Public Ownership: Public
	For Official Use Unity
Address: 71 Alba St Ptld, ME 04103	Date 6 June 1994 Nime
LOCATION OF CONSTRUCTION 71 Alba St	Inside Fire Limits
Contractor self Sub.:	Bidg Code Public
	Time Limit Private
Address: Phone #	Bldg Code Ownership: Public Time Limit Private Estimated Cost
Est. Construction Cost: 1,400.00 Proposed Use: 1-fam w/ext deck	Zoning: //≺ ←/ 1
Past Use: 1-fam	Street Frontage Provided:
# of Existing Res. Units# of New Res. Units	n to no materials
Building Dimensions LW Total Sq. Ft	Zoning Board Approval: YesNoDater
	Planning Board Approval: Yes No Date: Conditional Use: Variance Site Plan Subdivision
# Stories. # Bedrooms Lot Size:	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 Other (Explain)
Is Proposed Use: Seasonal Condominium Conversion	Special Exception
E ain Conversion Extend deck as per plans	Other (Explain)
L am Conversion	Other (Explain) JORIC PRESERVATION
134-H-005	Ceiling: 1. Ceiling Joists Size: 2. Ceiling Strapping Size Spacing Does not require seview.
Foundation:	2. Ceiling Strapping Size Spacing
* T/pe of Soil:	3. Type Ceilings: Size Julies Royle W.
3, Foc ,	3. Type Ceilings: 4. Insulation Type Size Size Size Size Size Size Size Siz
4. Foundation size:	
5. Oth 'r	1. Truss or Rafter Size Span Action: Span Action: Span
Floor:	2. Sheathing Type Size
1. Sills Size: Sills must be anchored.	3. Roof Covering Type
2. Girder Size:	Roof: 1. Truss or Rafter Size 2. Sheathing Type 3. Roof Covering Type Chimneys: Number of Fire Places Steatury Action: Approved Approved Action: Action: Approved Action: Appro
2. Girder Size: 3. Lally Column Spacing: 4. Joists Size: 5. Bridging Type: 6. Floor Sheathing Type: Size: Size:	Heating:
4. Joists Size: Specing 10 U.C.	Heating: Type of Heat:
6. Floor Sheathing Type: Size:	Electrical: Smoke Detector Required YesNo
7. Other Material:	Disphing
	1 Approved of soil tost if required Yes No
Exterior Walls: 1. Studding Size Spacing	2. No. of Tubs or Showers
2. No. windows	3. No. of Flushes
3. No. Doors 4. Header Sizes 5. Bracing: Yes No. Span(s)	4. No. of Lavatories
4. Header Sizes Span(s)	Swimming Pools:
5. Bracing: 108 190.	1. Type:xSquare Footage
7. Insulation Type Size	2. Pool Size: x Square Footage 3. Must conform to National Electrical Code and State Law.
8. Sheathing Type Size	3. Must conform to National Electrical Code and State Daw.
9. Siding Type Weather Exposure	Permit Received By Mary Gresik
6. Gracing: Aus	Signature of Applicant form Shifting Date 6 June 1994
Interior Walls:	Signature of Applicant Date
1 Challes Clas	Aliana Khiiii
2. Header SizesSpan(s)	CEO's District
3. Wall Covering Type	
5. Other Materials	CONTINUED TO REVERSE SIDE
White Tox Aggegor	Ivory Tag - CEO

for a second of

Ivory Tag - CEO

reference references in the reference with a substitute of the little light from the light of th

Location of Construction: 73 Alba St	Owner:	Phone:		
12 UTDS 2C	Anderson, Hele		, , ,	Permit No:
Owner Address:	Leasee/Buyer's Name:	Phone: Business	Name	940796
	Port Resources 85 Gray		04021	Mary Gresik
Contractor Name:	Address:	Phone:		Permit:Issued:
		• • • • • • • • • • • • • • • • • • •	9909	MENINI ISSUE
Past Use:	Proposed Use:		PERMIT FEE:	
		\$	\$ 25.00	AUG -3 %
1-fam	няняякийхиямийхиник		INSPECTION:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
l-fam	Croup-Home.	☐ Denied	Use Group: Type:	799 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	Handicap Family Unit	Signature: LLMre.3	C.	78 1 CBL 119 2 11 00 MD
Proposed Project Description:		Signature: 749143 PEDESTRIAN ACTIVITIE	Signatury:	Zoning Approvat
		Action: Approved		
			ith Conditions:	Special Zone of Reviews:
Change Use		Denied Denied		☐ Shoreland / ☐ Wetland
			—	☐ Flood Zone
		Signature:	Date:	☐ Subdivision
1. This permit application doesn't preclude the	ne Applicant(s) from meeting applicable State	e and Federal rules.	,	☐ Site Plan maj ☐ minor ☐ mm ☐
2. Building permits do not include plumbing				**************************************
	•	-		Zoning Appeal
tion may invalidate a building permit and	rted within six (6) months of the date of issua	ince. False informa-		☐ Miscellaneous
tion may invalidate a bunding permit and	stop alt work			☐ Conditional Use
And American Commencer of the Commencer				☐ Interpretation
			. , ,	☐ Approved☐ Denled
16-37-7-1			-4.5	La Denied
				Historic Preservation
			-	D Noth District or Landmark
				LART Dage May Demutic Dauterit
				Does Not Require Review
				D. Requires Review
inger Pagasan				☐ Requires Review
i de Pagasi La companya da sangaran da sangar				
This has been a second as a se	CERTIFICATION			☐ Requires Review Action: ☐ Appoved
I hereby certify that I am the owner of record of	the named property, or that the proposed yor	k is authorized by the owner of r	ecord and that I have been	☐ Requires Review Action: ☐ Appoved ☐ Approved with Conditions
authorized by the owner to make this application	the named property, or that the proposed vor	or n to all applicable laws of this	invisdiction In addition	☐ Requires Review Action: ☐ Appoved
authorized by the owner to make this application if a permit for work described in the application	the named property, or that the proposed wor on as his authorized agent and I agree to conf on issued, I certify that the code official's auth	or n to all applicable laws of this	invisdiction In addition	☐ Requires Review Action: ☐ Appoved ☐ Approved with Conditions
authorized by the owner to make this application	the named property, or that the proposed wor on as his authorized agent and I agree to conf on issued, I certify that the code official's auth	or n to all applicable laws of this	invisdiction In addition	☐ Requires Review Action: ☐ Appoved ☐ Approved with Conditions
authorized by the owner to make this application if a permit for work described in the application	the named property, or that the proposed wor on as his authorized agent and I agree to conf on issued, I certify that the code official's auth	or n to all applicable laws of this	invisdiction In addition	☐ Requires Review Action: ☐ Appoved ☐ Approved with Conditions
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authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable areas covered by the	the named property, or that the proposed vor on as his authorized agent and I agree to conf in issued, I certify that the code official's authour to enforce the provisions of the code(s	or n to all applicable laws of thi horized representative shall have applicable to such permit 13 July 1994	invisdiction In addition	□ Requires Review Action: □ Appoved □ Approved with Conditions □ Denied Øate:
authorized by the owner to make this application if a permit for work described in the application	the named property, or that the proposed vor on as his authorized agent and I agree to conf in issued, I certify that the code official's authour to enforce the provisions of the code(s	or n to all applicable laws of thi horized representative shall have applicable to such permit 13 July 1994	s jurisdiction. In addition, the authority to enter all	☐ Requires Review Action: ☐ Approved ☐ Approved with Conditions
authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at a such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at any reasonable areas covered by the such permit at a such permit	the named property, or that the proposed vor on as his authorized agent and I agree to confinissued, I certify that the code official's authour to enforce the provisions of the code(s) h ADDRESS:	or n to all applicable laws of thi horized representative shall have applicable to such permit 13 July 1994 DATE:	s jurisdiction. In addition, the authority to enter all	□ Requires Review Action: □ Appoved □ Approved with Conditions □ Denied Øate:

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FORM ADULT FOSTER HOWE OR BOARDING HOMES

ADOLL FOSTER HOME	OR BOARDING HAMES
PLEASE FILL IN AND RETURN TO:	AGENCY USE ONLY Reviewer's initials
Division of Residential Care Bureau of Medical Services State House, Station #11 Augusta, Maire 04333 73 Alba St,	
APPLICATION FOR: BOARDING HOME //	ADULT FOSTER HOME /\sum_/
A. APPLICANT IDENTIFICATION	
Applicant:	
Suzanne, M.	Cobleigh
	Last
Date of Birth: 6-22-60	
Social Security Number: 183-52	7422
Co-Applica t:	
First Middle	Last
Date of Birth:	
Social Security Number:	
# 1	
B. FACILITY IDENTIFICATION	
Name of Facility: 73 Alba Stree	<i>t</i>
Address of Facility: 73 Alba Stra	et Zip Code:
Portland, m	Tel. #:
Directions for Reaching Facility (Plea	use be specific): <u>I-295 to a</u> xit
5B (Congress St.) At Westgate Shape	sing Center, take a right on to
Stevens Ave., Follow Stevens Ave. +	
High School This is Brentwood St. Leland Take first right on to Al Number of beds requested. 2	ba. #7356 on the right.

-1-

Name of Administrator or Person in Charge: Donald N. Morang (If Different From Above) Business address and telephone number of administrator, if different from above: 85 Gray Ld. Cumberland 04021 829-9909 Street Address City or Town Zip Code Telephone Number D. Ownership (If Different From Above), Name and Address of Owner(s): (Individual, Partners, Corporation Name) Port Resources Inc. 85 Gray Ld. Cumberland ME 04021 Identification Number: 01-0367582 (Owner's S.S. \$ OR I.R.S. Identification ?) If corporation, list on separate (attached) sheet, name and address and titles of each officer and director, and those persons owning 10% or more of total stock, specifying percentage ownership. If corporation, indicate if proprietary (), or non-profit (_/). If owner of building, or of any mortgage, deed of trust, note or other obligation secured (in whole or in part) by any of the property or assets of this facility is different from the owners indicated above: i. List on separate (attached) sheet name and address of such person or those persons owning 10% or more of such interest, specifying percentage owned. ii. Attach copy of lease, or other agreement. E. HOUSEHOLD First All Persons Residing in the Home Who Are Not Boarders Name Date of Birth Occupation Relation to Applicant(s) None. Comment on health of each member of household listed giving special emphasis to any physical or mental handicaps of anyone in the household: Femily Physician: Name Address	1	C.	ADMINISTRATOR
Street Address City or Town Zip Code Telephone Number. D. Ownership (If Different From Above), Name and Address of Owner(s): (Individual, Partners, Corporation Name) Port Resources, Inc. 85 bray fl. Cumberland ME 0402 Identification Number: 0)-0307582 [Owner's S.S. \$ OR I.R.S. Identification †) If corporation, list on separate (attached) sheet, name and address and titles of each officer and director, and those persons owning 10% or more of total stock, specifying percentage ownership. If corporation, indicate if proprietary (), or non-profit (_/). If owner of building, or of any mortgage, deed of trust, note or other obligation secured (in whole or in part) by any of the property or assets of this facility is different from the owners indicated above: i. List on separate (attached) sheet name and address of such person or those persons owning 10% or more of such interest, specifying percentage owned. ii. Attach copy of lease, or other agreement. E. HOUSEHOLD List All Persons Residing in the Home Who Are Not Boarders Name Date of Birth Occupation Relation to Applicant(s) None. Comment on health of each member of household listed giving special emphasis to any physical or mental handicaps of anyone in the household:			Name of Administrator or Person in Charge: <u>Donald N. Morang</u> (If Different From Above)
D. GWNEESHIP IDENTIFICATION Ownership (If Different From Above), Name and Address of Owner(s): (Individual, Partners, Corporation Name) Port Resources, Inc. & Stray Rd. Cumberland, IME 84021 Identification Number: 01 - 0367582 (Owner's S.S. \$ OR I.R.S. Identification \$) If corporation, list on separate (attached) sheet, name and address and titles of each officer and director, and those persons owning 10% or more of total stock, specifying percentage ownership. If corporation, indicate if proprietary (), or non-profit (). If owner of building, or of any mortgage, deed of trust, note or other obligation secured (in whole or in part) by any of the property or assets of this facility is different from the owners indicated above: 1. List on separate (attached) sheet name and address of such person or those persons owning 10% or more of such interest, specifying percentage owned. ii. Attach copy of lease, or other agreement. E. HOUSEHGLD List All Persons Residing in the Home Who Are Not Boarders Name Date of Birth Occupation Relation to Applicant(s) None. Comment on health of each member of household listed giving special emphasis to any physical or mental handicaps of anyone in the household: Family Physician:	,		
D. CANEESHIP IDENTIFICATION Ownership (If Different From Above), Name and Address of Owner(s): (Individual, Partners, Corporation Name) Port Resources, Inc. & Strauped Cumbertain ME 64021 Identification Number: 01 - 0367582 (Owner's S.S. \$ OR I.R.S. Identification \$) If corporation, list on separate (attached) sheet, name and address and titles of each officer and director, and those persons owning 10% or more of total stock, specifying percentage ownership. If corporation, indicate if proprietary (), or non-profit (). If owner of building, or of any mortgage, deed of trust, note or other obligation secured (in whole or in part) by any of the property or assets of this facility is different from the owners indicated above: 1. List on separate (attached) sheet name and address of such person or those persons owning 10% or more of such interest, specifying percentage owned. ii. Attach copy of lease, or other agreement. E. HOUSEHGLD List All Persons Residing in the Home Who Are Not Boarders Name Date of Birth Occupation Relation to Applicant(s) None. Comment on health of each member of household listed giving special emphasis to any physical or mental handicaps of anyone in the household: Family Physician:	,		85 Gray Rd. Cumberland 04021 829-9909 Street Address City or Town Zip Code Telephone Number
Ownership (If Different From Above), Name and Address of Owner(s): (Individual, Partners, Corporation Name) Port Resources Inc. & Gray Rd. Cumberland, ME 64621 Identification Number: 01 - 0367582 Identification Number: 01 - 0367582 If corporation, list on separate (attached) sheet, name and address and titles of each officer and director, and those persons owning 10% or more of total stock, specifying percentage ownership. If corporation, indicate if proprietary (), or non-profit (). If owner of building, or of any mortgage, deed of trust, note or other obligation secured (in whole or in part) by any of the property or assets of this facility is different from the owners indicated above: i. List on separate (attached) sheet name and address of such person or those persons owning 10% or more of such interest, specifying percentage owned. ii. Attach copy of lease, or other agreement. E. HOUSEHOLD List All Persons Residing in the Home Who Are Not Boarders Name Date of Birth Occupation Relation to Applicant(s) None. Comment on health of each member of household listed giving special emphasis to any physical or mental handicaps of anyone in the household: Family Physician:		<u> </u>	
(Individual, Partners, Corporation Name) Port Resources, Inc. 85 bray Rd. Cumberland ME 84021 Identification Number: 01-0307582 (Owner's S.S. # OR I.R.S. Identification #) If corporation, list on separate (attached) sheet, name and address and titles of each officer and director, and those persons owning 10% or more of total stock, specifying percentage ownership. If corporation, indicate if proprietary (), or non-profit (). If owner of building, or of any mortgage, deed of trust, note or other obligation secured (in whole or in part) by any of the property or assets of this facility is different from the owners indicated above: i. List on separate (attached) sheet name and address of such person or those persons owning 10% or more of such interest, specifying percentage owned. ii. Attach copy of lease, or other agreement. E. HOUSEHOLD Fist All Persons Residing in the Home Who Are Not Boarders Name Date of Birth Occupation Relation to Applicant(s) None. Comment on health of each member of household listed giving special emphasis to any physical or mental handicaps of anyone in the household: Family Physician:		D.	OWNERSHIP IDENTIFICATION
Identification Number: O) - 0307582 (Owner's S.S. # OR I.R.S. Identification #) If corporation, list on separate (attached) sheet, name and address and titles of each officer and director, and those persons owning 10% or more of total stock, specifying percentage ownership. If corporation, indicate if proprietary (), or non-profit (). If owner of building, or of any mortgage, deed of trust, note or other obligation secured (in whole or in part) by any of the property or assets of this facility is different from the owners indicated above: i. List on separate (attached) sheet name and address of such person or those persons owning 10% or more of such interest, specifying percentage owned. ii. Attach copy of lease, or other agreement. E. ECUSERCID List All Persons Residing in the Home Who Are Not Boarders Name Date of Birth Occupation Relation to Applicant(s) NONC Comment on health of each member of hous/hold listed giving special enghasis to any physical or mental handicaps of anyone in the household: Family Physician:			Ownership (If Different From Above), Name and Address of Owner(s): (Individual, Partners, Corporation Name)
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APPENDIX Al Adult Foster Home Applicants Only

- 1. Why do you want to operate an Adult Foster Home or Boarding Home?
 The mission of Fort Resources is to provide homes and related

 services and support to persons with mental retardation

 and other developmental disabilities.
- 2. Please list any experience, training or education you h e that you feel would help you in caring for dependent adults?

BA in social work and wine years of work experience and training specifically in the area of developmental disabilities.

3. Please indicate the specific types of conditions, problems or behaviors you believe you have the experience, education or training to work with or for whom you have particular skills in dealing with, such as the mentally ill or physically handicapped, the retarded, substance abusers, young adults, the elderly, men or women.

Mental retardation, mental illness, autism, age ranges from 6 to 90, both male and female

Is there anything that you would expect of your residents which would need to be taken into consideration as a condition of admission?

Willingness to follow basic house rules - this home is being developed for 2 young men who have received services from Port Resources for several years.

5. What social or professional services in your area are appropriate for the residents that you intend to admit?

Dink case management, PRI crisis/ respite program medical and psychiatric services

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6. Give the name, address, and telephone number of any agencies that would be willing to help you develop and maintain individual care plans for the residents you intend to admit.

Division of Mental Retardation - 822-6270

Portland MF NAM

7. What training would be helpful to you or your recident care staff in order to provide the best care to the residents you intend to admit?

Pel provides initial orientation to new employers. Which includes home & fire safety, medication administration, nutrition training, and waiver" training, we also offer on-going training and support for staffvand administrations that is both of a general nature as well as specific to the needs of the individuals we provide services to ie, sign-language, sensory integration, CPR, First-Aid certification.



Port Resources, Inc.

85 GRAY ROAD

(207) 829-9909 CUMBERLAND, ME 04021 (207) 829-5671 FAX

July 25, 1994

Bill Giroux Zoning Administrator Room 315
389 Congress Street
Portland, ME 04101

73 Alba St.

Dear Mr. Giroux,

Enclosed you will find the applicable sections of Port Resources application for licensure of an Adult Foster Home. The house, located at 73 Alba Street, is home to two people with mental retardation. The paid staff does not "live-in" but provides support and supervision on a 24 hour basis. All employees of Port Resources receive training in fire safety, first aid and people they provide support to.

If I can provide you with any other information, please feel free to contact me at 829-9909.

incerely,

Gleganni Mableigh Suzanne M. Cobleigh Co-Executive Director

Location of Construction:	Owner: Anderson, Hele			Permit No. 40796
Owner Address:	Leasee/Buyer's Name: Fort Resources 85 Gray		ssName: 04021	Mary Gresik
Contractor Name:	Address:	Phone: 8	29-9909	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE: \$ 25.00	AUG - 3 1994
	Kangzrahkararathanzk	FIRE DEPT. [Approved	<u> </u>	AITY OF BADYLASES
1-fau	Bundian Family Unit	☐ Denied	-	Zone: Cal: 134-11-004
Proposed Project Description:	transition by control of the	Signature: PEDESTRIAN ACTIVITI	Signature: ES DISTRICT (P.U.D.)	Zoning Approval:
	, • `•	Action: Approved Approved	with Conditions:	Special Zone or Reviews:
Change Use	,	Denied	נז	☐ Wetland ☐ Flood Zone
This permit application doesn't preclude the		Signature:	Date:	☐ Subdivision ☐ Site Plan maj☐ minor ☐ mm [
tion may invalidate a building permit and sto	p all work	ance. False informa-		☐ Conditional Use
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I hereby certify that I am the owner of record of the authorized by the owner to make this application.	CERTIFICATION ne named property, or that the proposed was his authorized agent and I agree to co	ork is authorized by the owner onform to all applicable laws of uthorized representative shall	tills juitsdiction, in addition	☐ Interpretation ☐ Approved ☐ Denied Historio Freservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: ☐ Approved ☐ Approved with Conditions ☐ Denied
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Please sketch the floor plan of the facility to scale noting location, size and number of resident bedrooms and other areas designated for resident use, rooms to be occupied by family members or other individuals who are not residents, bathrooms, living and dining areas, and exits.

73 ALBA ST PORTLAND, ME

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APPENDIX B

Please sketch the floor plan of the facility to scale noting location, size and number of resident bedrooms and other areas designated for resident use, rooms to be occupied by family members or other individuals who are not residents, bathrooms, living and dining areas, and exits.

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