

PERMIT # 001469 CITY OF Portland BUILDING PERMIT APPLICATION

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

Owner: Herbert Schwartz
 Address: 85 Clinton St., Portland, 04103

LOCATION OF CONSTRUCTION 85 Clinton Street

CONTRACTOR: Seth Winslow SUBCONTRACTORS: 773-1431

ADDRESS 18 Wadsworth st., Portland, 04103

Est. Construction Cost: \$12,000 Type of Use: single family

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Remodeling garage and adding 4' on the eastern

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE side of house (laundryroom and breezeway)

Residential Buildings Only: # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation: 1. Type of Soil: _____

2. Set Backs - Front _____ Rear _____ Side(s) _____

3. Footings Size: _____

4. Foundation Fizer: _____

5. Other _____

Floor: 1. Sills Size: _____ Sills must be anchored.

2. Girder Size: _____

3. Lally Column Spacing: _____ Size: _____

4. Joists Size: _____ Spacing 16" O.C.

5. Bridging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material: _____

Exterior Walls: 1. Studding Size _____ Spacing _____

2. No. windows _____

3. No. Doors _____

4. Header Sizes _____ Span(s) _____

5. Bracing: Yes _____ No _____

6. Corner Posts Size _____ Size _____

7. Insulation Type _____ Size _____

8. Sheathing Type _____ Size _____

9. Siding Type _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Interior Walls: 1. Studding Size _____ Spacing _____

2. Header Sizes _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

For Official Use Only

Date December 2, 1988 Subdivision: Yes / No _____

Inside Fire Limits _____ Name _____

Blag Code _____ Lot _____

Time Limit _____ Block _____

Estimated Cost: \$12,000 Permit Expiration: _____

Value Structure _____ Ownership: _____ Public _____ Private _____

Fee \$60.00

Ceiling: 1. Ceiling Joists Size: _____

2. Ceiling Strapping Size _____ Spacing _____

3. Type Ceiling: _____

4. Insulation Type _____ Size _____

5. Ceiling Height: _____

Roof: 1. Truss or Rafter Size _____ Span _____

2. Sheathing Type _____

3. Roof Covering Type _____

4. Other _____

Chimneys: Type: _____ Number of Fire Places _____

Heating: Type of Heat: _____

Electrical: Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing: 1. Approval of soil test if required Yes _____ No _____

2. No. of Tubs or Showers _____

3. No. of Flushes _____

4. No. of Lavatories _____

5. No. of Other Fixtures _____

Swimming Pools: 1. Type: _____

2. Pool Size: _____ x _____ Square Footage _____

3. Must conform to National Electrical Code and State Law.

Zoning: District _____ Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other: _____ (Explain) _____

Date Approved _____

Permit Received By Nancy Grossman

Signature of Applicant Seth Winslow Date Dec 2/88

Signature of CEO as agent for board Date _____

Inspection Dates (9) FW

White-Tax Assessor _____ Allow-GPCOG _____ White Tag-CEO _____ © Copyright GPCOG 1987

PERMIT ISSUED

DEC 6 1988

City Of Portland

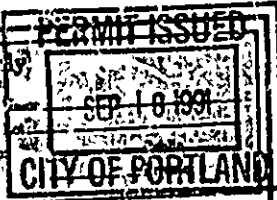
913029 913029

Permit # _____ City of _____ BUILDING PERMIT APPLICATION Fee \$170. Zone _____ Map # _____ Lot# _____

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

Owner: Herbert Scharz Phone # 775-3374
 Address: 0 Clinton St; Pt'd, ME 11102
 LOCATION OF CONSTRUCTION 05 Clinton St.
 Contractor: Sunrise Builders Inc. Sub: 799-4477
 Address: 30x 8096; Pt'd, ME 04104 Phone # _____
 Est. Construction Cost: 30,070. Proposed Use: 10/87 w addition
 Past Use: 1-fam
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion construct addition - 5'2829'

PERMIT ISSUED
 For Official Use (Use)
 Date 9/12/91 Submitter's Name _____
 Inside Fire Limits _____
 Blq. Code _____ Owner's Name _____
 Ties Limit _____
 Estimated Cost 30,000.
 Zoning: R-5
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning: Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: SDN (Explain) 9-17-91



Foundations
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings (Type) _____
 4. Foundation Size: _____
 5. Other _____

Floor
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____ Spacing 16" O.C.
 4. Joists Size: _____ Size: _____
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

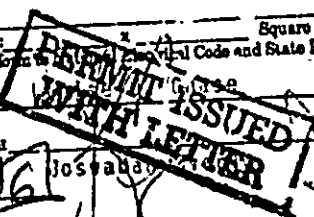
Exterior Walls
 1. Studding Size: _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Size: _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size: _____
 7. Insulation Type: _____ Size _____
 8. Sheathing Type: _____ Size _____
 9. Siding Type: _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls
 1. Studding Size: _____ Spacing _____
 2. Header Size: _____ Span(s) _____
 3. Wall Covering Type: _____
 4. Fire Wall if required: _____
 5. Other Materials: _____

HISTORIC PRESERVATION
 Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____ Not in District nor Landmark
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceiling: _____
 4. Insulation Type: _____ Size _____ Requires Review.
 5. Ceiling Height: _____

Roof
 1. Truss or Rafter Size: _____ Span _____ Action: not approved
 2. Sheathing Type: _____ Size _____
 3. Roof Covering Type: _____
 Chimney: _____ Number of Fire Places _____
 Heating: _____ Type: _____
 Electrical: _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to _____ Code and State Law.

Permit Received By: _____
 Signature of Applicant: _____ Date: 9/12/91
 CEO's District: 16 Jos. V. ...
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO Mr. Mitchell



White - Tax Assessor

PLOT PLAN

Excavation is complete. It appears bulkhead to go in on opposite side of base
 10/8/91 - bulkhead appears to meet 14-120 - J-45 14' away from line only needs 1/2" All set backs

N

FEES (Breakdown From Front)		Inspection Record	Date
		Type	
Base Fee \$	190 -		
Subdivision Fee \$			
Site Plan Review Fee \$			
Other Fees \$			
(Explain)			
Late Fee \$			

COMMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO. 799-4477

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

Inspection Services
Samuel P. Hoffes
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

September 17, 1991

Sunrise Builder Inc.
Box 8096
Portland, ME 04104

Re: 85 Clinton St

Dear Sir:

Your application to construct a 5'x28' addition has been reviewed and a permit is herewith issued subject to the following requirements:

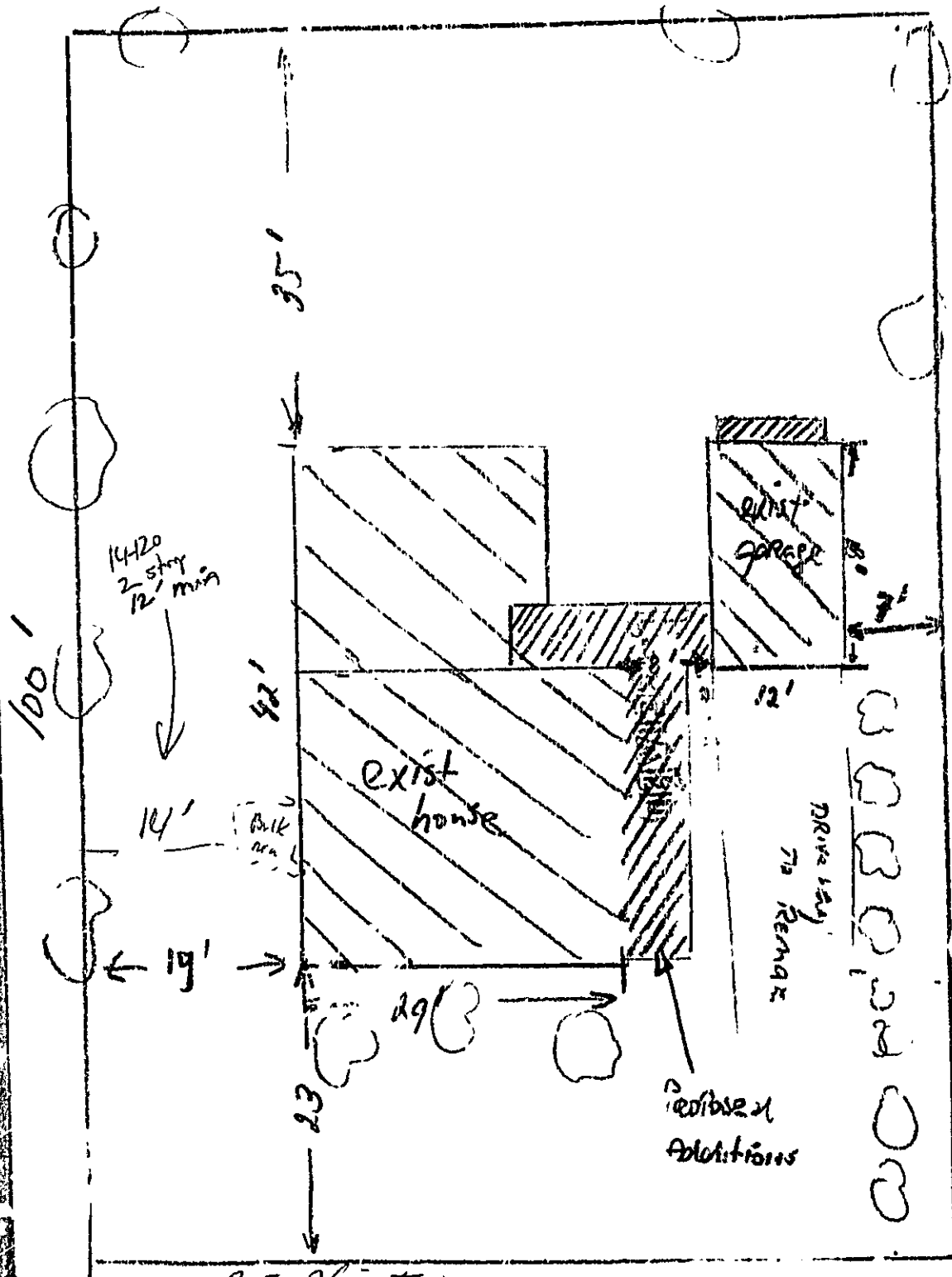
1. Before concrete for foundation is placed, approval from Inspection Services must be obtained.
2. The space between the bottom of the floor joists and the earth under any building shall be provided with a sufficient number of ventilating openings through foundation walls or exterior walls to ensure ample ventilation.

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

Sincerely,

Samuel P. Hoffes
Chief of Inspection Services

75'



85 Clinton

913029

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

Owner: Herbert Scharz Phone # 775-3374
Address: 85 Clinton St; Ptid, ME 04102
LOCATION OF CONSTRUCTION 85 Clinton ST.
Contractor: Sunrise Builders Inc. Sub. 799-3477
Address: Rox 8096; Ptid, ME 04104 Phone #
Est. Construction Cost: 30,000. Proposed Use: 1-fam w addition
Past Use: 1-f:m
of Existing Res. Units # of New Res. Units
Building Dimensions L W Total Sq. Ft.
Stories: # Bedrooms Lot Size:
Is Proposed Use: Seasonal Condominium Conversion
Explain Conversion construct addition - 5'x 28'

For Official Use Only
Date 9/12/91 Subdivision
Inside Fire Limits No
Eidg Code Lo
Time Limit Ownership
Estimated Cost 30,000
Zoning: R-3
Street Frontage Provided:
Provided Setbacks: Front Back Side Side
Review Required:
Zoning Board Approval: Yes No Date
Planning Board Approval: Yes No Date
Conditional Use: Variance Site Plan Subdivision
Shoreland Zoning Yes No Floodplain Yes No
Special Exception
Other DDA 9-17-91

PERMIT ISSUED
SEP 16 1991
CITY OF PORTLAND

HISTORIC PRESERVATION

Foundation:
1. Type of Soil:
2. Set Backs - Front Rear Side(s)
3. Footings Size:
4. Foundation Size:
5. Other

Floors:
1. Sills Size: Sills must be anchored.
2. Girder Size:
3. Lally Column Spacing: Size:
4. Joists Size: Spacing 16" O.C.
5. Bridging Type: Size:
6. Floor Sheathing Type: Size:
7. Other Material:

Exterior Walls:
1. Studding Size Spacing
2. No. windows
3. No. Doors
4. Header Sizes Span(s)
5. Bracing: Yes No
6. Corner Posts Size
7. Insulation Type Size
8. Sheathing Ty Size
9. Siding Type Weather Exposure
10. Masonry Materials
11. Metal Materials

Interior Walls:
1. Studding Size Spacing
2. Header Sizes Span(s)
3. Wall Covering Type
4. Fire Wall if required
5. Other Materials

Ceiling:
1. Ceiling Joists Size:
2. Ceiling Strapping Size Spacing Not in District nor Landmark.
3. Type Ceiling: Does not require ratings.
4. Insulator Type Size Require Ratings
5. Ceiling Height:

Roof:
1. Truss or Rafter Size Span Action: Approved
2. Sheathing Type Size Approved with Conditions
3. Roof Covering Type Date: 9/12/91
Signature: [Signature]

Chimneys:
Type: Number of Fire Places Signature: [Signature]

Heating:
Type of Heat:

Electrical:
Service Entrance Size: Smoke Detector Required Yes No

Plumbing:
1. Approval of soil test if required Yes No
2. No. of Tubs or Showers
3. No. of Sinks
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:
1. Type:
2. Pool Size: x Square Footage
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise G. Chase

Signature of Applicant [Signature] Date 9/12/91

CEO's District 16-3

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO [Signature]

White - Tax Assessor

PERMIT ISSUED WITH LETTER



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 11/25/91, 19__
 Receipt and Permit number 3141

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: 95 Clinton St.
 OWNER'S NAME: Herbert Schwartz ADDRESS: _____

OUTLETS:		FEES
Receptacles	Switches	Plugmold
TOTAL 35		7.00
FIXTURES: (number of)		
Incandescent	Fluorescent	(not strip)
5		5
Strip Fluorescent		1.00
		3.00
SERVICES:		
Overhead	Underground	Temporary
TOTAL amperes		
METERS: (number of)		
MOTORS: (number of)		
Fractional	1 HP. or over	
RESIDENTIAL HEATING:		
Oil or Gas (number of units)	Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler)	Oil or Gas (by separate units)	
Electric Under 20 kva	Over 20 kva	
APPLIANCES: (number of)		
Ranges	Cook Tops	Wall Ovens
Dryers	Fans	Water Heaters
		Disposals
		Dishwashers
		Compactors
		Others (denote)
TOTAL 6	32	Jacuzzi
MISCELLANEOUS: (number of)		
Branch Panels	Transformers	Air Conditioners
		Central Unit
		Separate Units (windows)
Signs 20 sq. ft. and under	Over 21 sq. ft.	
Swimming Pools Above Ground	In Ground	
Fire/Burglar Alarms Residential	Commercial	
Heavy Duty Outlets, 220 Volt (such as welders)	30 amps and under	over 30 amps
Circus, Fairs, etc.	Alterations to wires	Repairs after fire
Emergency Lights, battery	Emergency Generators	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT		INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) ...		DOUBLE FEE DUE:
S. Sorglund 874-8300 x 9700		TOTAL AMOUNT DUE:
		23.00

INSPECTION: Will be ready on _____, 19__, or Will Call
 CONTRACTOR'S NAME: Coastal Const.
 ADDRESS: RED 2, Box 203- North Berwick 03906
 TEL: 546-7246
 MASTER LICENSE NO.: Richard Hamlyn SIGNATURE OF CONTRACTOR:
 JMWYER LICENSE NO.: #13141

1-800
 222
 5942

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

