

**APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE**  
 Please insert N/A (not applicable) for any item not pertaining to your request.

**I. GENERAL INFORMATION**

Location/address of construction 965 Forest Avenue  
 Owner or lessee's name Delta Realty Co. Tel. 797-8550  
 Address same

Contractor's name Arthur Girard Tel. \_\_\_\_\_  
 Address same

Subcontractors: \_\_\_\_\_  
**PERMIT IS** **CD**  
**MAY 29 1987**  
**City Of Portland**

INSTRUMENT NO.	_____
LOT NO.	_____
SECTION	_____
DATE RECORDED	_____

PROPOSED USE	_____
PAST USE	_____
OWNERSHIP	_____

**VI. DESCRIPTION OF WORK:**

to construct 1 story ~~building~~ addition to side of building 40 x 68 as per plans

**VII. BUILDING DIMENSIONS:** length \_\_\_\_\_ width \_\_\_\_\_ square footage \_\_\_\_\_ height \_\_\_\_\_ #stories \_\_\_\_\_

RESIDENTIAL BUILDINGS ONLY	BEDROOMS _____	BATHS _____	KITCHENS _____
NEW DWELLING UNITS WITH	_____	_____	_____
EXISTING DWELLING UNITS WITH	_____	_____	_____

**XII. SIGNATURE OF APPLICANT:** James V. Collins DATE May 27 1987

**DO NOT WRITE BELOW THIS LINE**

<b>XIII. ZONING:</b>	<b>XIV. OFFICE USE:</b>
DISTRICT <u>I-2</u> STREET FRONTAGE _____	TAX MAP _____
SETBACKS: front _____ back _____ side _____ side _____	LOT _____
ZONING BOARD APPROVAL: no <input type="checkbox"/> yes <input type="checkbox"/> (date) _____	VALUE/STRUCTURE _____
PLANNING BOARD APPROVAL: no <input type="checkbox"/> yes <input type="checkbox"/> (date) _____	PERMIT EXPIRATION _____

**XV. CONDITIONAL USE:** variance \_\_\_\_\_ site plan \_\_\_\_\_ subdivisor \_\_\_\_\_ shore and floodplain mgmt \_\_\_\_\_  
 special exception \_\_\_\_\_ other \_\_\_\_\_ (explain) \_\_\_\_\_

**XVI. SIGNATURE OF FIELD INSPECTOR (CEO):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**XVII. FEES:**

base fee	_____
subdivision fee	_____
site plan review fee	_____
other fees	_____
late fee	_____
<b>TOTAL</b>	<b>\$270.00</b>

**XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:**  
*O.K. J.S. Turner May 27 1987*  
*Fee transferred from permit paid for but not issued.*  
*James V. Collins, Lic.*

1 WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8 CHIMNEY • flues • fireplaces
2 SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type _____	material _____
3. HEAT type _____ fuel _____	9 FRAMING floor joists
4. FOUNDATION type _____	size _____ max on centers _____
thickness _____ footing _____	ceiling joists _____
5. ROOF type _____ pitch _____	rafters _____
covering _____ load _____	studs _____
6 PLUMBING • tubs _____ • showers _____	wall studs _____
• lavatories _____ • laundry tubs _____	10 if 1-story building w/ masonry walls
• flushes _____ • other _____	wall thickness _____ height _____
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	11. BEDROOM WINDOWS
7. ELECTRICAL service entrance size _____	height _____ width _____ sill height _____
• smoke detectors _____	egress window? <input type="checkbox"/> yes <input type="checkbox"/> no
NUMBER OF OFF-STREET PARKING SPACES:	
enclosed _____ outdoor _____	

**PLOT PLAN/DETAILS OF WORK ON REVERSE**

Pink - Tax Assessor  
 Gold - GPO

*James V. Collins*

WORK DONE

WITHOUT BENEFIT OF A...

INSPECTION

1921

800

APPLICANT FILL OUT I - XVIII AND DETAILS OF WORK ON REVERSE  
 Please insert N/A (not applicable) for any item not pertaining to your request

**I. GENERAL INFORMATION**  
 Location/address of construction: 365 Forest Avenue  
 Owner or lessee's name: Della Quality Co. Tel: 797-8530  
 Address: same

Contractor's name: Arthur Girard Tel: \_\_\_\_\_  
 Address: same

**PERMIT ISSUED**

Subcontractors: \_\_\_\_\_  
 MAY 29 1987

City Of Portland

III. NEW SUBDIVISION OR EXISTING LOT REFERENCES	
Name	
Lot	
Block	
Block/Map Reg./date	
Date recorded	

PROPOSED USE	CODE	Other: explain	Seasonal	Room	Apartment
EXIST USE					
OWNERSHIP	Public (Federal, State, Local Government)		PRIVATE (Individual, Corp, Nonprofit)		

**VI. DESCRIPTION OF WORK:**  
 to construct 1 story building addition to side of building 40 x 68 as per plans

**VII. BUILDING DIMENSIONS:** length \_\_\_\_\_ width \_\_\_\_\_ square footage \_\_\_\_\_ height \_\_\_\_\_ stories \_\_\_\_\_

VIII. FEES / CONSTRUCTION COST		IX. AGR. SQ. FT. OF LAND		BUILDING	
RESIDENTIAL BUILDINGS ONLY		BEDROOMS		XI. RESIDENTIAL UNITS	
NEW DWELLING UNITS WITH	BDR	2 BDRMS	3 BDRMS	NEW DWELLINGS	
EXISTING DWELLING UNITS WITH				EXISTING DWELLINGS	
XII. SIGNATURE OF APPLICANT				DATE	

**XIII. ZONING:** DO NOT WRITE BELOW THIS LINE  
 DISTRICT \_\_\_\_\_ STREET FRONTAGE \_\_\_\_\_  
 SETBACKS: front \_\_\_\_\_ back \_\_\_\_\_ side \_\_\_\_\_ side \_\_\_\_\_  
 ZONING BOARD APPROVAL: no  yes  (date) \_\_\_\_\_  
 PLANNING BOARD APPROVAL: no  yes  (date) \_\_\_\_\_

**XV. CONDITIONAL USE:** variance \_\_\_\_\_ site plan \_\_\_\_\_ subdivision \_\_\_\_\_ shore and floodplain mgmt \_\_\_\_\_  
 special exception \_\_\_\_\_ other \_\_\_\_\_ (explain) \_\_\_\_\_

**XVI. SIGNATURE OF FIELD INSPECTOR (CEO)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**XVII. FEES:**  
 base fee \_\_\_\_\_  
 subdivision fee \_\_\_\_\_  
 site plan review fee \_\_\_\_\_  
 other fees \_\_\_\_\_  
 late fee \_\_\_\_\_  
**TOTAL \$270.00**

**XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:**  
 Fee transferred from permit paid for but not issued.

1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8. CHIMNEY * flues * fireplaces material	PLOT PLAN/DETAILS OF WORK ON REVERSE  Pink - Tax Assessor Gold - GPCOG
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	9. FRAMING: floor joists	
3. HEAT type _____ fuel _____	size _____ max. on centers _____	
4. FOUNDATION type _____ thickness _____ footing _____	ceiling joists _____	
5. ROOF type _____ pitch _____ covering _____ load _____	rafters _____	
6. PLUMBING * tubs * showers * lavatories * laundry tubs * flushes * other	studs _____	
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	wall studs _____	
7. ELECTRICAL service entrance size _____ * smoke detectors _____	10. If 1-story building w/ masonry walls: wall thickness _____ height _____	
NUMBER OF OFF-STREET PARKING SPACES: enclosed _____ outdoors _____	11. BEDROOM WINDOWS height _____ width _____ sill height _____ egress window? <input type="checkbox"/> yes <input type="checkbox"/> no	