



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Oct. 7, 19 83
 Receipt and Permit number B 19143

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: 162 Canco Road
 OWNER'S NAME: Central Maine Power Co. ADDRESS: same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) Incandescent _____ Fluorescent <u>8</u> (not strip) TOTAL <u>8</u> ✓	3.00
Strip Fluorescent _____ ft.	
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 kws _____ Over 20 kws _____	
APPLIANCES: (number of) Ranges _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____	
Fans _____	
Water Heaters _____	
Disposals _____	
Dishwashers _____	
Compactors _____	
Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of) Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:	3.00
	TOTAL AMOUNT DUE: 5.00
	mln

INSPECTION: Will be ready on _____, 19____; or Will Call _____
 CONTRACTOR'S NAME: Aladdin Electric
 ADDRESS: 631 Forest Avenue
 TEL.: _____
 MASTER LICENSE NO.: on file SIGNATURE OF CONTRACTOR: Aladdin Electric
 LIMITED LICENSE NO.: _____ D. Q. B.

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

ELECTRICAL INSTALLATIONS—

Permit Number 19143
Location 162 Canco Rd
Owner C m P Co.
Date of Permit 10-7-83
Final Inspection 12-29-83
By Inspector Abby
Permit Application Register Page No 11

INSPECTIONS Service _____ by _____
Service called in _____ by _____
Closing-in 10-11-83
12-29-83

PROGRESS INSPECTIONS

CODE
COMPLIANCE
COMPLETED
DATE 12-29-83

DATE: _____ REMARKS: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 25, 19 84
 Receipt and Permit number B 21732

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: 162 Canco Road
 OWNER'S NAME: Central Me. Power ADDRESS: same

3700
 RECEIVED
 DEPT. OF BUILDING INSPECTIONS SERVICES
 FEES
 5.00

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METFRS: (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: 5.00
 Oil or Gas (by a main boiler) ~~not~~ _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of)

Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of)

Branch Panels _____

Transformers _____

Air Conditioners Central Unit _____
 Separate Units (windows) _____

Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____

Swimming Pools Above Ground _____
 In Ground _____

Fire/Burglar Alarms Residential _____
 Commercial _____

Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____

Circus, Fairs, etc. _____

Alterations to wires _____

Repairs after fire _____

Emergency Lights, battery _____

Emergency Generators _____

INSTALLATION FEE DUE: _____
 ORIGINAL PERMIT _____ DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____ TOTAL AMOUNT DUE: 5.00

INSPECTION: Will be ready on _____, 19____; or Will Call _____

CONTRACTOR'S NAME: Mechanical Services Inc.

ADDRESS: 400 Presumpscot St.

TEL.: _____ SIGNATURE OF CONTRACTOR: _____

MASTER LICENSE NO.: 02841 - burner #

LIMITED LICENSE NO.: _____

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

PLUMBING APPLICATION

712-7411
 By *[Signature]*

Department of Human Services
 Division of Health Engineering
 (207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: 162 CANCO RD.

PROPERTY OWNERS NAME

First: CENTRAL ME POWER

Applicant Name: CLAUDE AUDET

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

PORTLAND PERMIT # 615 TOWN COPY

Permit Fee: 68.29.84 \$

[Signature] L.P.I. # _____

Double Fee Charged

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature] SEP 21 1984
 Signature of Owner/Applicant Date

Caution: Inspection Required

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

[Signature] SEP 24 1984
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING
 2. RELOCATED PLUMBING
AUG 30 1984

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER - SPECIFY: single

Plumbing To Be Installed By:

1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D. HOUSING DEALER/MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # 102510

SEP 10 1984

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Silcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
	Hook-Up Fee		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
				3	Fixtures (Subtotal) Column 2
				3	Total Fixtures
				\$ 4.	Fixture Fee
				\$	Hook-Up Fee
				\$ 0.	Permit Fee
				\$	Total

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

Q

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

0.10.64

AUG 30 1964

ZONING LOCATION PORTLAND, MAINE

August 29, 1964

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

CITY of PORTLAND

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 152 Canal Road -

1. Owner's name and address Central Maine Power - same Fire District #1 772-7411 Telephone

2. Lessee's name and address Telephone

3. Contractor's name and address F. P. & C. H. Murray - Box 2530 So. Port Telephone 799-8136

Proposed use of building POWER CO. No. of sheets

Last use same No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 3,000

FIELD INSPECTOR—Mr. Appeal Fees \$

@ 775-5451

Base Fee \$ 15.00

Late Fee \$ 25.00

TOTAL \$ 25.00

interior

To make alterations to existing building making machine shop into ladies bath, and constructing 15'4" x 7'4" room to be used for machine shop as per plans, 3 sheets of plans.

Stamp of Special Conditions

send permit to Gary Kenny - Edison Drive Augusta, Me. 04316

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is 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 No. stories solid or filled lard? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor, 2nd, 3rd, roof
On centers: 1st floor, 2nd, 3rd, roof
Maximum span: 1st floor, 2nd, 3rd, roof
If one story building with masonry walls, thickness of walls? 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?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any trees on a public street?
ZONING: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

Signature of Applicant Gary A. Kenny Phone # 623-3521 ext 2747

Type Name of above Maine Power 1 2 3 4

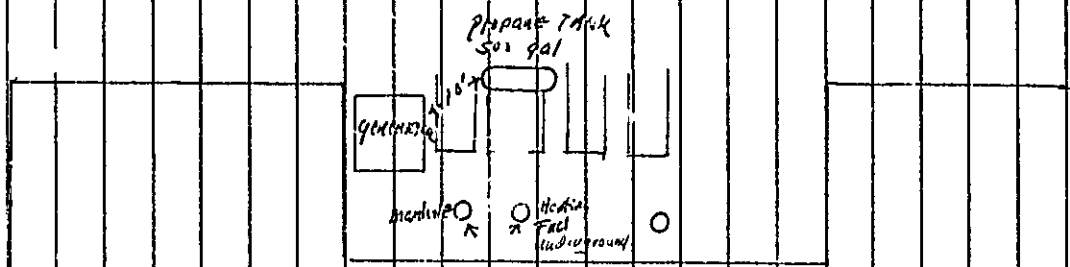
Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

CENTRAL MAINE POWER CO
162 CAUGO RD PORTLAND ME



C M P
162 CAUGO RD

RECEIVED
JAN - 5 1982
DEPT. OF BLDG. INSP.
CITY OF PORTLAND

CAUGO RD

SUBURBAN PROPANE GAS
Thompson's Point
PORTLAND ME
774-0387

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 0009

JAN 6 1984

B.O.C.A. TYPE OF CONSTRUCTION PORTLAND, MAINE Jan. 5, 1984

CITY of PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 162. Canco Road Fire District #1 #2
1. Owner's name and address Central Maine Power - same Telephone 775-1611
2. Lessee's name and address Telephone
3. Contractor's name and address Suburban Propane Gas - Thompsons Pt. Telephone 774-0387

Proposed use of building No. of sheets
Last use No. families
Material No. stories Heat Style of roof Roofing

Other buildings on same lot
Estimated contractual cost \$ Appeal Fees \$

FIELD INSPECTOR-M 775-5451 Base Fee 25.00

Late Fee
TOTAL \$ 25.00

To set 1 500 gal propane gas tank to be used for stand by generator as per plans. 1 sheet of plans.

send permit to # 3 04102

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanical's.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
is 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 No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? 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?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION-PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING: Will there be in charge of the above work a person competent
BUILDING CODE: to see that the State and City requirements pertaining thereto
Fire Dept: are observed?
Health Dept:
Others:

Signature of Applicant Dwight E. Smith Phone # same
Type Name of above Dwight Smith for Suburban Propane Gas Co. 1 2 3 4
Other and Address



MR. WILLIAMS

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

Permit No. 84/09
Location 162 Langer Road
Owner C. M. G.
Date of permit 1-5-84
Approved 1-6-84
Dwelling
Garage
Alteration program gas tanks

NOTES
29 JANIS INSTALLED

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

712-7411
Steve

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: 1162 CAYLOR RD.

PROPERTY OWNERS NAME

Last: CENTRAL ME POWER First: _____

Applicant Name: CLAUDE - AUDET

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

PORTLAND PERMIT # 615 TOWN COPY

Permit Fee: 8,29.84 \$ _____ FEE or Double Fee Charged

L.P.I. # _____

Franklin Goodman

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Franklin Goodman
Signature of Owner/Applicant Date: 8/29/84

Caution: Inspection Required

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

Franklin Goodman
Local Plumbing Inspector Signature Date Approved: SEP 24 1984

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING
AUG 30 1984

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY: _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # 102030

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspldor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
				3	Fixtures (Subtotal) Column 2
					Total Fixtures
				\$ 9.	Fixture Fee
				\$	Hook-Up Fee
				\$	Permit Fee (Total)

TOWN COPY

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

10

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 0.10.64
August 29, 1984
ZONING LOCATION PORTLAND, MAINE

AUG 30 1984

CITY OF PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 162 Canco Road - Central Maine Power - dam
1. Owner's name and address Telephone
2. Lessee's name and address Telephone
3. Contractor's name and address F. P. & C. H. Murray - Box 2530 80, Port Telephone 799-8136
Proposed use of building POWER CO. No. of sheets
Last use DAM No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 3,000

FIELD INSPECTOR—Mr @ 775-5451
Appeal Fees \$
Base Fee 25.00
Late Fee
TOTAL \$ 25.00

interior
To make alterations to existing building making machine shop into ladies bath, and constructing 15'0" x 7'4" room to be used for machine shop as per plans. 3 sheets of plans.
Send permit to Gary Koway - Edison Drive Augusta, Me. 04336

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? yes
Is any electrical work involved in this work? yes
A connection to be made to public sewer? If not, what is proposed for sewerage?
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 No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? 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?

APPROVALS BY: DATE MISCELLANEOUS TO
BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING
BUILDING CODE: 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
Fire Dept.:
Health Dept.:
Others:

623-3521 ext 2747

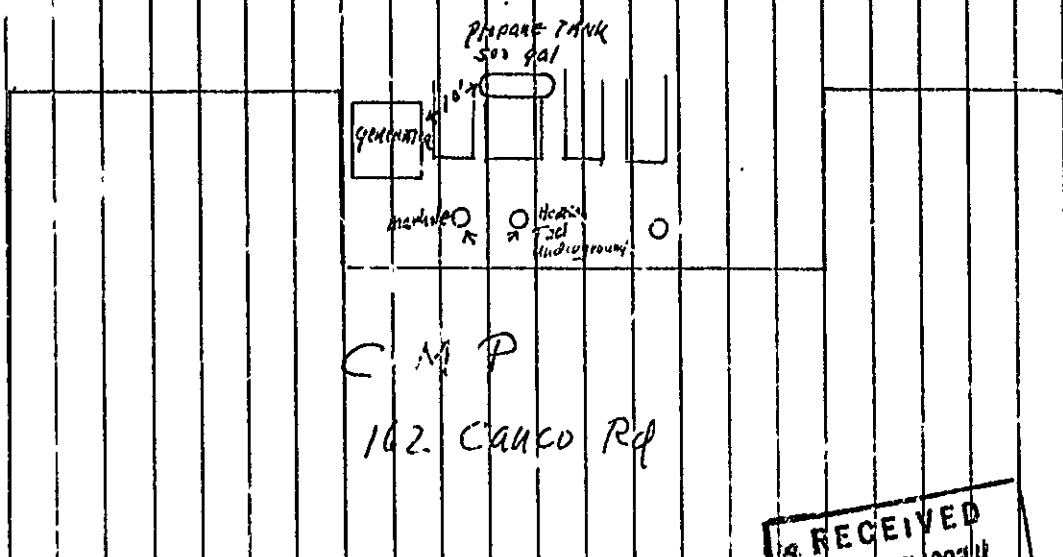
Signature of Applicant Gary A. Koway
Type Name of above Gary Koway
Maine Power
Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

CENTRAL MAINE POWER CO
162 CANCO RD PORTLAND ME



C M P
162 CANCO RD

RECEIVED
JAN - 5 1982
DEPT. OF BLDG. INSP.
CITY OF PORTLAND

CANCO RD

SUBURBAN PROPANE GAS
THOMPSON'S POINT
PORTLAND ME
744-0387

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 0009

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE Jan. 5, 1984

JAN 6 1984

CITY of PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 162. Cance Road ... Fire District #1 #2

1. Owner's name and address Central Maine Power Co. same Telephone .. 775-7411 ..

2. Lessee name and address Telephone

3. Contractor's name and address Suburban Propane Gas Co. - Thompsons Pt. Telephone .. 774-0387 ..

..... No. of sheets

Proposed use of building No. families

Last use No. families

Material .. No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$..... Appeal Fees \$

FIELD INSPECTOR—Mr. Base Fee 25.00

@ 775-5451

Late Fee

To set 1 500 gal propane gas tank to be used for stand by generator as per plans. 1 sheet of plans.

TOTAL \$ 25.00

send permit to # 3 04102

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?

Is 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 No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing Lumber—Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max. on centers

Studs (on a. walls and carrying partitions) 2x4-15" O C Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor .. , 2nd .. , roof ..

On centers: 1st floor .. , 2nd .. , roof ..

Maximum span: 1st floor .. , 2nd .. , 3rd .. , roof ..

If one story building with masonry walls, thickness of walls? 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?

APPROVALS BY: DATE MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? .. NO.

ZONING.

BUILDING CODE: .. Will there be in charge of the above work a person competent

Fire Dept: ... to see that the State and City requirements pertaining thereto

Health Dept. are observed? .. yes ...

Others.

Signature of Applicant Dwight E. Smith Phone # same

Type Name of above Dwight Smith for Suburban Propane Gas Co. 1 2 3 4

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY



MA Wilblamy

NOTES

79 TANKS INSTALLED *W*

Permit No. 84/19

Location 16th Street - *West*

Owner *E. M. Caper*

Date of permit 1-3-64

Approved 1-6-64

Dwelling

Garage

Alteration *Prepar gas tanks*

[The main body of the form is crossed out with a large diagonal line.]

APPLICATION FOR PERMIT

PERMIT ISSUED

AUG 30 1984

B.O.C.A. USE G.I. JUP
B.O.C.A. TYPE OF CONSTRUCTION 01064
ZONING LOCATION PORTLAND, MAINE August 29, 1984

CITY of PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B O C A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION .. 162, Canal Road .. Fire District #1 [] #2 [] Telephone .. 772-7411

1 Owner's name and address Central Maine Power - same Telephone ..

2 Lessee's name and address Telephone ..

3 Contractor's name and address .. F. P. & C. H. Murray - Box 2530 So. Port Telephone .. 799-8136

Proposed use of building power co. No of sheets ..

Last use same No. families ..

Material No stories Heat Style of roof Roofing ..

Other buildings on same lot ..

Estimated contractual cost \$ 3,000 Appeal Fees \$..

FIELD INSPECTOR - Mr. William S. @ 775-5451 Base Fee \$ 25.00

Late Fee ..

TOTAL \$ 25.00

interior

To make alterations to existing building making machine shop into ladies bath, and constructing 15'4" x 7'4" room to be used for machine shop as per plans. 3 sheets of plans.

Stamp of Special Conditions

send permit to Gary Kenny - Edison Drive Augusta, Me. 04336

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? yes Is any electrical work involved in this work? yes
Is 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 No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? 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?

APPROVALS BY:

DATE

MISCELLANEOUS

BUILDING INSPECTION-PLAN EXAMINER

Will work require disturbing of any tree on a public street? .. NO

ZONING:

BUILDING CODE:

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...

Fire Dept. James P. Collins

Health Dept.:

Others:

Signature of Applicant Gary A. Kenny Phone # 623-3521 ext 2747

Type Name of above Gary Kenny for Central Maine Power 1 [] 2 [] 3 [] 4 []

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

[Signature] Mr. William S.

Permit No. 84/1964

Location 1621 Conner - CD

Owner C M G

Date of permit 8-29-84

Approved 8-29-84

Dwelling

Garage

Alteration to Add

NOTES

WORK COMPLETE TW

~~Empty lined area for notes, crossed out with a large X.~~



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date AUGUST 29, 1984
Receipt and Permit number C. 05297

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: 162 Carco Road
OWNER'S NAME: Central Me. Power ADDRESS: same

2000
3000
3000
3000
3000
3000
3000
3000
3000
3000
3000

OUTLETS:
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-30

FIXTURES: (number of)
Incandescent _____ Fluorescent 4 (not strip) TOTAL 4
Strip Fluorescent _____ ft. _____

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 kws _____ Over 20 kws _____

APPLIANCES: (number of)
Ranges _____ Water Heaters _____
Cook Tops _____ Disposals _____
Wall Ovens _____ Dishwashers _____
Dryers _____ Compactors _____
Fans _____ Others (denote) _____

MISCELLANEOUS: (number of)
Branch Panels _____
Transformers _____
Air Conditioners Central Unit _____
Separate Units (windows) _____
Signs 20 sq. ft. and under _____
Over 20 sq. ft. _____
Swimming Pools Above Ground _____
In Ground _____
Fire/Burglar Alarms Residential _____
Commercial _____
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under xx 1.00
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:
TOTAL AMOUNT DUE: 7.00

INSPECTION:
Will be ready on _____, 19___; or Will Call _____
CONTRACTOR'S NAME: Energy Electric v
ADDRESS: _____
TEL.: _____
MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR:
LIMITED LICENSE NO.: _____ Gary A. Kenney

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

FOR C.M.P.

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: **Portland, Maine**
Street: **162 Canco Road**
Subdivision/Lot #: _____

PROPERTY OWNERS NAME

Central Maine Power
Last: _____ First: _____

Applicant Name: **SCRIBNER & IVERSON INC.**

Mailing Address of Owner/Applicant (if Different):
**P O Box 8779
Portland, Maine 04104**

PORTLAND PERMIT # 3,206 TOWN COPY
Date Permit Issued: **11/28/88** \$ **1,161.00** FEE Double Fee Charged
L.P.I. # **1123**
Local Plumbing Inspector Signature: _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.
[Signature] 11-16-88
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
NOV 28 1988
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <u>business</u>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>0151512</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type Of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			1	Total Fixtures
			\$ 6	Permit Fee
			\$	Hook-Up & Relocation Fee
			\$ 6	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

900691

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$40.00 Zone _____ M. J. _____ Lot# _____

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

Owner: Central Maine Power Phone # 772-2711

Address: Canco Road, Portland, Maine 04103

LOCATION OF CONSTRUCTION Same

Contractor: B. H. Milliken Sub: _____

Address: _____ Phone # 879-1877

Est. Construction Cost: _____ Proposed Use: 2nd floor auditorium

Past Use: _____

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 new drop ceiling extend duct work and sprinkler heads

For Official Use Only PERMIT ISSUED

Date: June 28, 1990 Subdivision: _____
 Name: 900691
 Lot: _____
 Inside Fire Limits: _____ Ownership: City of Portland
 Bldg Code: _____ Public
 Time Limit: _____
 Estimated Cost: 3500.00

Zoning: F-2 Zone
 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 (Explain) OK DON 7-2-90

Foundation: - no plans -
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 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 _____
 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 _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

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.

Permit Received By Latini

Signature of Applicant Brian H. Milliken June 28, 1990

Signature of CEO Brian Milliken

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag -CEO [9] Copy 1988

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$185.00 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job Proper plans must accompany form

Owner N.E. Mutual Life Ins. Phone # _____
 Address _____
 Mail permit: AFTN: Fred Isbister
 LOCATION OF CONSTRUCTION 162 Cannon Road - Central Maine Power Bldg.
 Contractor Littlefield Bros. Sub _____
 Address P.O. Box 211 No. Berwick Phone # 646-3859
 Est. Construction Cost: 33,000 Proposed Use offices/garages, etc Zoning: I-2
 _____ Past Use Offices/garage
 # 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 to construct handicapped access in front of building
two sets of plans submitted

For Official Use Only
 Subdivision: **PERMIT ISSUED**
 Date March 21, 1990 Name _____
 Inside Fire Limits _____ Lot MAR 29 1990
 Bldg Code _____ Ownership: _____
 Time Limit _____
 Estimated Cos \$33,000 City Of Portland
 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 (Explain) OK WDDA = 3-29-90

Foundation:

1. Type of Soil _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Site _____
 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 _____ Joan(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 Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:

1. Ceiling Joists Size _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height _____

Roof:

1. Truss or Rafter _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

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

Permit Received By

Latini

Signature of Applicant

Kathy G. Williams agent CAP

Date 3/21/90

Signature of CEO

Kathy G. Williams
PERMIT ISSUED

Date 3-29-90

Inspection Dates

WITH LETTER



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 22, 1990
 Receipt and Permit number 01406

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: Canco Road
 OWNER'S NAME: Central Maine Power Co. ADDRESS: Canco Road

	FEES
OUTLETS:	
Receptacles _____ Switches <u>10</u> Plugmold _____ ft. TOTAL <u>10</u>	<u>3.00</u>
FIXTURES: (number of)	
Incandescent _____ Flourescent <u>30</u> (not strip) TOTAL <u>30</u>	<u>5.00</u>
Strip Flourescent _____ ft.	
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 kws _____ () 20 kws	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels	
Transformers	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under	
Over 20 sq. ft.	
Swimming Pools Above Ground _____	
In Ground	
Fire/Burglar Alarms Residential _____	
Commercial	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps	
Circus, Fairs, etc.	
Alterations to wires	
Repairs after fire	
Emergency Lights, battery	
Emergency Generators	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	<u>8.00</u>

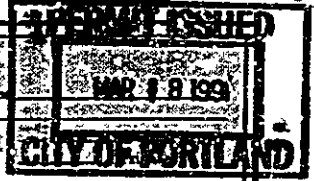
INSPECTION:
 Will be ready on _____, 19__; or Will Call X
 CONTRACTOR'S NAME: B. H. Milliken
 ADDRESS: 200 Anderson St. Portland, Maine 04101
 TEL.: 879-1877
 MASTER LICENSE NO.: 3604 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

912406 Please Call Don White 623-3521 when ready, ext 2712

Permit # City of Portland **BUILDING PERMIT APPLICATION Fee \$30.** Zone Map # Lot#
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Central Maine Power Co. Phone # 623-3521
 Address: Canco Rd; Ptld, ME 04101
 LOCATION OF CONSTRUCTION Canco RD. - 162
 Contact: Space Design Systems 985-3309
 Address: P O Box 126; Kennebunk, ME 04043
 Est. Construction Cost: \$1900. Proposed Use: office bldg w renov Zoning: I-2 Zone
 Past Use: office bldg
 # 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 Interior renovations - partition

For Official Use Only
 Date: 3/11/91
 Inside Fire Limits
 Bldg Code
 Time Limit
 Estimated Cost 1900
 Subdivision
 Name
 Lot
 Ownership
 City of Portland



Foundations:
 1. Type of Soil:
 2. Set Backs - Front Rear Side(s)
 3. Footings Size:
 4. Foundation Size:
 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. Studling 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 Type Size
 9. Siding Type Weather Exposure
 10. Masonry Materials
 11. Metal Materials

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

Ceiling:
 1. Ceiling Joists Size: Not in District nor Laminate
 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: Approved
 2. Sheathing Type Size Approved with Conditions
 3. Roof Covering Type
 Date: 3/11/91
 Signature: [Signature]

Chimneys:
 Type: Number of Fire Places

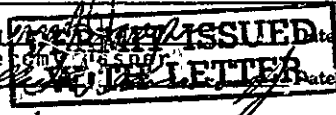
Heating:
 Type of Heat:

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 Features

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

Permit received By Louise E. Chase
 Signature of Applicant [Signature] Date 3/11/91
 Signature of [Signature] Date 3-14-91
 Inspection Dates



90691
 Permit # 90691 City of Portland BUILDING PERMIT APPLICATION Fee \$40.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Central Maine Power Phone # 772-2711
 Address: Canco Road, Portland, Maine 04103
 LOCATION OF CONSTRUCTION Same - Canco Rd
 Contractor: B. H. Milliken Sub: _____
 Address: _____ Phone # 879-1877
 Est. Construction Cost: _____ Proposed Use: 2nd floor auditorium
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion new drop ceiling extend duct work and sprinkler heads

For Official Use
 Date June 28, 1990
 Inside Fire Limits _____
 Bid Code _____
 Time Limit _____
 Estimated Cost 3600.00
 Subdivision Name _____
 Lot 899 9-1000
 Ownership: _____ Public _____
 City Of Portland
 Zoning: _____
 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 OK (Explain) W.D.H. 7-2-90

Foundations:
 1. Type of Soil: _____
 2. Set Backs - Front 1 Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: ai
 5. Other ai
 Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. L column Spacing: _____ Size: _____
 4. Joist 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 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 _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size: 00.00
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 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.
 Permit Received By Latini
 Signature of Applicant Brian H. Milliken Date June 28, 1990
 Signature of CEO _____ Date _____
 Inspection Dates _____

PLOT PLAN

N



FEES (Breakdown From Front)
Base Fee \$ 40.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

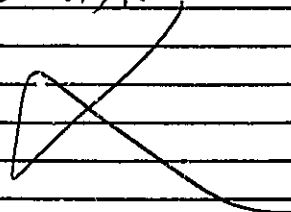
Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

1/10/91 Done, AL



Signature of Applicant Brian H. Milligan

Date June 28, 1990



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date October 11, 19 88
 Receipt and Permit number 29661

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: 162 Canco Road (2nd floor only)
 OWNER'S NAME: Central Maine Power ADDRESS: Sme

	FEES
OUTLETS:	
Receptacles <u>20</u> Switches <u>0</u> Plugmold <u>120</u> ft. TOTAL <u>140</u>	13.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>100</u> (not strip) TOTAL <u>100</u>	12.00
Strip Fluorescent _____ ft.	
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 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels <u>2</u>	2.00
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amp. and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
	INSTALLATION FEE DUE: _____
	FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
	FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____
	TOTAL AMOUNT DUE: 77.00

INSPECTION:

Will be ready on NOW, 19 88; or Will Call _____

CONTRACTOR'S NAME: Brian H. Milliken

ADDRESS: 249 Middle Road Falmouth, Maine 04105

TEL: 879-1877

MASTER LICENSE NO.: 3604 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 17, 19 89
 Receipt and Permit number 0032

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: CMP, Canco Rd. 162
 OWNER'S NAME: CMP ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
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 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u> _____	1.00
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	5.00
Emergency Generators <u>1</u> _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) 6.00	
TOTAL AMOUNT DUE: _____	

INSPECTION:
 Will be ready on _____, 19 ____; or Will Call X
CONTRACTOR'S NAME: Raymond Stanford
ADDRESS: PO Box 252, Naples, Me 04055
TEL.: 693-3591
MASTER LICENSE NO.: 04498 **SIGNATURE OF CONTRACTOR:** Raymond M. Stanford
LIMITED LICENSE NO.: _____

912400 Please Call Don White 223-3521 when ready, ext 2712
 Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee \$30. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Central Maine Power Co. Phone # 623-3521
 Address: Zanco Rd; Ptld, ME 04101 **912406**
 LOCATION OF CONSTRUCTION CONCORD Rd 162
 Contractor: Space Design Systems Phone # 985-3309
 Address: P O Box 126; Kennebunk, ME Phone # 04043
 Est. Construction Cost: \$1900. Proposed Use: office bldg & renov Zoning: _____
 Past Use: office bldg
 # 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 Interior renovations - partition

For Official Use Only
 Date: 3/11/91 Subdivision: _____
 Inside Fire Limits _____ Name: _____
 Bldg Code _____ Lot: MAR 18 1991
 Time Limit _____ Ownership: _____
 Estimated Cost: \$1900 Public: _____
CITY OF PORTLAND
 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 (Explain) 3-15-91

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

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
Roof:
 1. Truss or Rafter Size _____
 2. Sheathing Type _____
 3. Roof Covering Type _____
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.

PERMIT ISSUED
 MAR 18 1991
CITY OF PORTLAND

HISTORIC PRESERVATION
 Not in District nor Landmark
 Does not require review
 Requires Review
 Action: _____ Approved _____
 Approved with Conditions _____
 Signature: [Signature]

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Permit Received By: Louise E. Chase
 Signature of Applicant: _____ Date: 3/11/91
 Signature of CEO: _____ Date: 3-14-91
 Inspection Dates: _____

1P/11/E White-Tax Assesor Yellow-GPCOG White Tag - CEO [Signature] MR. ROWE © Copyright GPCOG 1988

PLOT PI

N



FEES (Breakdown From Front)

Base Fee \$ 30-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

4/29/91 CFO AO

Signature of Applicant

Date

3/11/91

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

March 15, 1991

RE: 162 Canco Road

Space Design Systems
P.O. Box 126
Kennebunk, Maine 04043

Dear Sir:

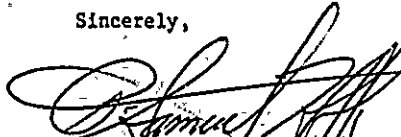
Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. Exits shall be marked in accordance with Section 5-10 of N.F.P.A. 101 Life Safety Code.
2. Emergency lighting shall be provided in accordance with Section 5-9.
3. Portable fire extinguishers shall be provided in accordance with N.F.P.A. #10.

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

Sincerely,

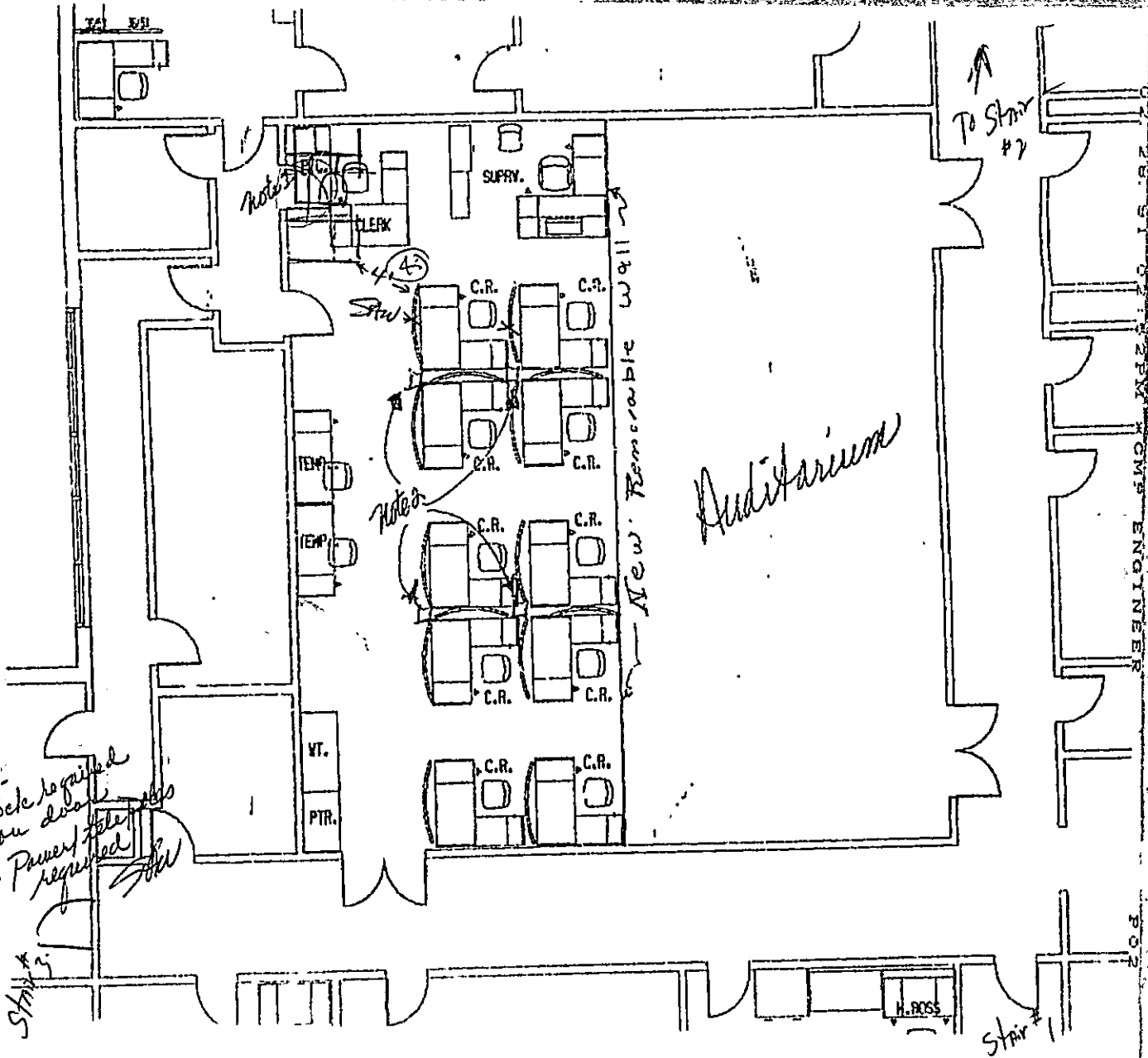


P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. Wallace Garroway, Fire Prevention Bureau

Notes -
 1. Lock to gate & on door
 2. Power to gate required
 [Signature]



ARCHITECT
 CIVIL ENGINEER

302



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 152 Canco Rd.

Issued to Central Maine Power Co

Date of Issue 5/1/91

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 71/2496 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Second floor-partial

APPROVED OCCUPANCY

office space

Limiting Conditions:

This certificate supersedes
certificate issued

Approved

5/1/91

(Date)

Inspector

A. Rowe

[Signature]
Inspector of Building

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee \$185.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner N.R. Mutual Life Ins. Phone # _____
 Address: _____
 Mail permit: ATTN: Fred Isbister
 LOCATION OF CONSTRUCTION 162 Canco Road - Central Maine Power
 Contractor: Littlefield Bros. Sub: _____ Bldg. _____
 Address: P.O. Box 211 No. Berwick Phone # 646-3859
 Est. Construction Cost: 33,000 Proposed Use: offices/garages, etc Zoning: _____
 Past Use: Offices/garage
 # 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 to construct handicapped access in front of building
two sets of plans submitted

For Official Use Only PERMIT ISSUED

Date March 21, 1990 Subdivision: _____ Name: _____
 Inside Fire Limits _____ Lot: MAR 29 1990
 Bldg Code _____ Ownership: _____ Public _____
 Time Limit _____
 Estimated Cost: \$33,000 **City Of Portland**

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 (Explain) OK W.H. 21 = 3-29-90

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

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ 00 281 Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

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.

Permit Received By Latini

Signature of Applicant Kathy Date 3/21/90

Signature of CEO _____

Inspection Dates _____

**PERMIT ISSUED
WITH LETTER**

PLOT PLAN

N



FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	185.00			
Subdivision Fee \$				
Site Plan Review Fee \$				
Other Fees \$				
(Explain)				
Late Fee \$				

COMMENTS

two sets of plans submitted

4/26/91

Done AL

Signature of Applicant

G. L. Williams, CMP

Date

3/21/90



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

March 29, 1990

RE: C.M.P. Company, 162 Canco Road

Mr. Fred Isbister
Central Maine Power Company
162 Canco Road
Portland, Maine 04103

Dear Sir:

Your application to construct a handicapped access has been reviewed and a permit is herewith issued subject to the following requirement:

No certificate of occupancy can be issued until all requirements of this letter are met.

Ramp shall be in accordance with N.F.P.A. 101 Life Safety Code Section 5.2.5 and State laws.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/e1

cc: LT. Wallace Garroway, Fire Prevention Bureau

913268 913268

Permit # 913268 City of Portland BUILDING PERMIT APPLICATION Fee \$20. Zone _____ Map # _____ Lot# _____

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

Owner: Central Maine Power Co Phone # 6334333

Address: 162 Canc Rd' Ptld, ME 04103

LOCATION OF CONSTRUCTION 162 Canc Rd'

Contractor: Portland Pump Co Sub: 83-1317 - cl/pt

Address: Box 1190; Scarborough, ME Phone # 04770

Est. Construction Cost: _____ Proposed Use: maintn. facility

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 REMOVE TWO TANKS

PERMIT ISSUED

For Official Use Only

Date: 11/15/91 Subdivision: _____

Inside Fire Limits: _____ Name: NOV 27 1991

Bldg Code: _____ Ownership: _____

Time Limit: _____

Estimated Cost: _____

CITY OF PORTLAND

Zoning: _____ Street Frontage Provided: _____

tanks _____ 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 (Explain) 11-19-91

Foundation:

1. Type of Soil: _____

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

3. Footings Size: _____

4. Foundation Size: _____

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 _____

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 _____

Ceiling:

1. Ceiling Joists Size: _____ **HISTORIC PRESERVATION**

2. Ceiling Strapping Size _____ Spacing _____ **Not in District nor Landmark**

3. Type Ceilings: _____ **Does not require review**

4. Insulation Type _____ Size _____ **Requires Review**

5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____

2. Sheathing Type _____ Size _____ **Approved**

3. Roof Covering Type _____ **Approved with Conditions**

Chimneys:

Type: _____ Number of Fire Places _____ Date: 11/15/91

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.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date 11/15/91

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

CONTINUED TO REVERSE SIDE [Signature]

Ivory Tag - CEO

White - Tax Assessor

PLOT PLAN

N
▲

FEES (Breakdown From Front)

Base Fee \$ 200
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

12/3/91 OK AN

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.

William A. Brumard
 SIGNATURE OF APPLICANT ADDRESS PHONE NO

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

BUILDING PERMIT REPORT

DATE: 11-25-91

ADDRESS: 162 Canco Rd

REASON FOR PERMIT: Underground Tank Removal Installation

Remove 1-750 gal waste / septic tank or 1-1500 gal fuel oil

BUILDING OWNER: Central Maine Power

CONTRACTOR: Portland Pump Co.

PERMIT APPLICANT: Bill Brunsard

APPROVED: LA DENIED

CONDITION OF APPROVAL OR DENIAL:

- (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691
- ✓ (2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- ✓ (3) Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

Maine Department of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17
Augusta, Maine 04333
Telephone: 207-289-2651
Attn: Tank Removal Notice

File 742-8.2
7/88

NOTICE OF INTENT
TO ABANDON (REMOVE) AN
UNDERGROUND OIL STORAGE FACILITY

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: Central Maine Power Company
Mailing Address: Edison Drive, Augusta, ME Telephone No.: (207) 623-3521
City: Portland State: Maine Zip Code: _____
Contact Person (name, address & telephone no.): Shirley A. Watson, CMP
Edison Drive, Augusta, Maine (207) 626-9620, ext. 3060
Name of Facility: Portland Service Center Registration No.: 7824
Facility Location: 162 Canco Road, Portland, Maine

1. Identify the tanks at this location which are to be removed:

<u>Tank Number</u>	<u>Age of Tank (Years)</u>	<u>Tank Size (Gallons)</u>	<u>Type of Product Most Recently Stored</u>
A. 2	20	750	Waste/Used Oil Lube
B. 3	20	1500	
C.			
D.			

2. Directions to Facility (be specific):

Approx. 1/4 mile south of DEP Office on Canco Rd., same side of the road.

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes ___ No (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: to be named

Certified Tank Installer Certification Number & Name (if applicable):

Professional Firefighter Yes ___ No ___ (Affiliation: _____)

5. Expected date of removal: November, 1991

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: October 23, 1991

Signature of Tank Owner or Operator

David M. Lachance, Supv. Facilities Mgt.
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS PRIOR TO REMOVAL

913283

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$35. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Central Maine Power Phone # _____
 Address: 162 Canco Rd; Ptld, ME 04103
 LOCATION OF CONSTRUCTION 152 Canco Rd.
 Contractor: R H Foster Inc Sub: 947-5336
 Address: 10 Mecaw Rd; Hampden, ME Phone # 01444
 Est. Construction Cost: _____ Proposed Use: maintenance bldg Zoning: OP
 Past Use: _____ w tank _____
 # 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 _____
 Expl'n Conversion Install above-ground storage tank
for waste oil - 1000 gals

For Official Use Only
 Date: 11/20/91 Subdivision _____
 Inside Fire Limits _____ Name: _____
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: _____
 Estimated Cost: _____
 PERMIT ISSUED
 CITY OF PORTLAND

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

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 (Explain) WDM 11-22-91

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

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved
 2. Sheathing Type _____ Size _____ Approved with conditions
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____ Date: 11/20/91
 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 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.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Warren Baldwin Date 11/20/91

CEO's District _____

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO

[6] M. Rowe
FRB 11/20/91

White - Tax Assessor

913283

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$35. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Central Maine Power Phone # _____

Address: 162 Canco Rd, Portland, ME 04103

LOCATION OF CONSTRUCTION 152 Canco Rd, Portland, ME

Contractor: R H Foster Inc Sub: 947-5336

Address: 10 Macaw Rd, Hamden, ME Phone # 04444

Est. Construction Cost: _____ Proposed Use: maintenance bldg

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 Install above-ground storage tank

Foundation: _____

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

White - Tax Assessor

For Official Use Only

Date: 11/20/91 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Pldg Code: _____ Ownership: _____
 Time Limit: _____
 Estimated Cost: _____

PERMIT ISSUED
 DEC - 3 1991
CITY OF PORTLAND

Zoning: OP
 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: WPA - 11-22-91 (Explain)

Ceiling: _____ **HISTORIC PRESERVATION**

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

Roof: _____

1. Truss or Rafter Size _____ Span _____ Action: _____
2. Sheathing Type _____ Size _____ Approved with Conditions.
3. Roof Covering Type _____ Size _____

Chimneys: _____

Type: _____ Number of Fire Places _____ Signature: _____

Heating: _____

Type of Heat: LIHIS ROWER

Electrical: _____

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

Plumbing: _____

1. Approval of soil test if required _____
2. No. of Tubs or Showers _____ Yes _____ No _____
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.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date 11/20/91

CEO's District Warren Baldwin

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO [Signature]
1-113 10011

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 35
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

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 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. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____

PHONE NO. _____

924378

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$225. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Northeast Mutual Ins Co Phone # _____
Address: 501 Boylston St- Boston, MA 02117
LOCATION OF CONSTRUCTION 162 Canco Rd. (Central Maine Power)
Contractor: Consolidated Cont/Bldrs - lessee
Address: _____ Phone # _____
Est. Construction Cost: 41,000 Proposed Use: office bldg w reno Zoning: _____
Past Use: office bldg
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 - interior renovations- 1st floor

For Official Use Only PERMIT ISSUED
Date: 11/19/92 Subdivision: _____
Name: _____
Ins. & Firm Limits: _____
Bldg Code: _____ Ownership: _____
Time Limit: _____
Estimated Cost: 41,000
NOV 25 1992
NEW ORLEANS
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 (Explain) W.D. 21-00-92

Mail Permit: CHP
Foundation: 162 Canco Rd- 04103
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Ceiling: **HISTORIC PRESERVATION**
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____ Not in District or Landmark
3. Type Ceilings: _____ Does not require review
4. Insulation Type _____ Size _____ Requires Review
5. Ceiling Height _____

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: _____

Roof: *********
1. Truss or Rafter Size _____ Span _____ Action: Approved
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
Chimneys: _____ Number of Fire Places _____ Date: 11/19/92
Heating: _____ Type of Heat: _____ Signature: [Signature]

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 Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

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 _____

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

Swimming Pools: **PERMIT ISSUED**
1. Type: _____ Square Footage _____
2. Pool Size: _____
3. Must conform to National Well-Head Code and Standards.
Permit Received By Louise E. Chase

PERMIT ISSUED WITH LETTER

Signature of Applicant [Signature] Date 11-19-92
CEO's District Raymond F. Parent

CONTINUED TO REVERSE SIDE [Signature]
Ivory Tag - CEO

White - Tax Assessor

924378

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$225. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Northeast Mutual Ins Co Phone # _____
Address: 501 Boylston St- Boston, MA 02117
LOCATION OF CONSTRUCTION 152 Canco Rd. - (Central Maine Power)
Contractor: Consolidated Cont/Suprs - lessee
Address: _____ Phone # _____
Est. Construction Cost: 41,000 Proposed Use: office bldg w reno Zoning: _____
Past Use: office bldg
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 - interior renovations- 1st floor

For Official Use Only
Date: 11/19/92 Subdivision: _____
Name: _____
Inside Fire Limits: _____ Lot: _____
Bldg Code: _____ Ownership: _____
Time Limit: _____
Estimated Cost: 41,000
PERMIT ISSUED
NOV 25 1992
CITY OF PORTLAND

Foundation: Mail Permit: CMP
162 Canco Rd- 04103
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
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 _____
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: 2x6 Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

PERMIT ISSUED WITH LETTER

White - Tax Assessor

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: (Explain) 2211-20-92

Ceiling: **HISTORIC PRESERVATION**
1. Ceiling Joists Size: _____ Spacing _____
2. Ceiling Strapping Size _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof: _____
1. Truss or Rafter Size _____ Spacing _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys: _____
Type: _____ Number of Fire Places _____ Date: _____
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 Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools: _____
1. Type: _____
2. Pool Size: _____
3. Must conform to _____
PERMIT ISSUED WITH LETTER

Received By: _____
Signature of Applicant: Raymond F. Parent Date 11-19-92
CEO's District: 6

CONTINUED TO REVERSE SIDE 16 Mr. Rowe
Ivory Tag - CEO

PLOT PLAN

N
↑

FEES (Breakdown From Front)
 Base Fee \$ 225-
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
<i>Completed.</i>	9 / 11 / 93
_____	_____
<i>J. Howe</i>	_____
_____	_____
_____	_____

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.

Raymond F. Gault
 SIGNATURE OF APPLICANT

ADDRESS

023 3024 (PAGER)
 PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.