

PROT PLAN



FEE'S (Breakdown From Front)

Late Fee \$ _____
(Explain) _____
Other Fees \$ 1770.00
Site Plan Review Fee \$ _____
Subdivision Fee \$ _____
Ease Fee \$ 25.00

Inspection Record

| Date | Type |
|------|------|
| | |
| | |
| | |
| | |
| | |

COMMENTS

1/11/84 Don Mc

Date 2-17-84

Signature of Applicant

[Handwritten signature]

PERMIT # 001744 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Ventrex Laboratories, Inc.
 Address: 217 Reed St., Portland, 04103
 LOCATION OF CONSTRUCTION 217 Reed Street
 CONTRACTOR: Consolidated Construction SUBCONTRACTORS: 774-2626
 ADDRESS: PO Box EA 4599, MTS, Portland, 04112
 Est. Construction Cost: \$725,495 Type of Use: Laboratories

Past Use: _____
 Building Dimensions: W Sq Ft # Stories: L Size: _____
 Is Proposed Use: Seasonal Condominium Apartment
 Conversion - Explain: Interior Renovations, installing HVAC equipment

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE adding to the sprinkler system, adding outside
 Residential Buildings Only: _____
 # of Dwelling Units: _____ # of New Dwelling Units: adding four window chimneys

Foundation: constructing new clean room
 1. Type of Soil: 2 sets of construction plans
 2. Set Pads - Front _____ Rear _____ Side(s) submitted
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Floor: _____
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Fully Column Spacing: _____ Spacing: _____
 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 _____ Spacing _____
 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 _____ Spacing _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date: February 17, 1989 Subdivision: Yes / No
 Inside Fire Limits: _____
 Edge Code: _____
 Time Limit: _____
 Estimated Cost: 335,495
 Value Structure: _____
 Fee: 195.00

Permit Expiration: _____
 Ownership: _____
 Public _____
 Private _____

Ceiling: _____
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing MAR 10 1989
 3. Type Ceilings: _____
 4. Insulator Type _____
 5. Ceiling Height: _____

Roof: _____
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 4. Other: _____
 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: 00, 0551

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

Zoning: _____
 Street Frontage Req.: _____ Provided: _____
 required Setbacks: Front _____ Back _____ Side _____

Review Required: _____
 Zoning Board Approval: _____ No _____ Date: _____
 Planning Board Approval: _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain): _____
 Date Approved: OK W. H. A. 3-10-89

Permit Received By: Nancy Grossman
 Signature of Applicant: John A. Whitman Date: 2-17-89
 Signature of CEO: William C. Brown, Jr. Date: 3-6-89

Inspection Dates: _____

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$26.80 Zone Map # Lot #
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: American National Can Phone #
 Address: 217 Read St., Portland, ME 04103
 LOCATION OF CONSTRUCTION 217 Read Street
 Contractor: XXXXXXXXX Sub:
 Address: 9 Thomas Dr., West., ME 04092 Phone # 774-2843
 Est. Construction Cost: Proposed Use warehouse
 Past Use: same
 # 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 erect pole sign, 9 sq. ft., one sheet of plans.

For Official Use Only
 Date: Dec. 21, 1989 Subdivision
 Inside Fire Limits Name
 Bldg Code Lot
 Time Limit Ownership: Public
 Estimated Cost Private
 Zoning: T-2
 Street Frontage Provided:
 Provided Backlot 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 WDA 11-23-89

Foundation: non-illuminated.
 1. Type of Soil:
 2. Set Backs - Front Rear Side(s)
 3. Footing Size:
 4. Foundation Size:
 5. Other:
 Floors:
 1. Sill Size: Sills must be anchored.
 2. Girder Size:
 3. Lally Columns 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 Size Span(s)
 5. Bracing: Yes No
 6. Corner Posts Size
 7. Insulation Type Size
 8. Sheathing Type Size
 9. Siding Type Weather Exposure
 10. Masonry Materials
 11. Metal Materials
 Interior Walls:
 1. Studding Size Spacing
 2. Header Size Span(s)
 3. Wall Covering Type
 4. Fire Wall if required
 5. Other Materials

Ceiling:
 1. Ceiling Joist Size
 2. Ceiling Strapping Size Spacing
 3. Type Ceiling:
 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 Reviewed By Joyce M. Paraldi
 Signature of Applicant
 Signature of CEO Date
 Inspection Dates

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$26.80 _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

| Type | Inspection Record | Date |
|-------|-------------------|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

COMMENTS

1/8/90 OK AR

Signature of Applicant

Andrew J. Bean
as agent of owner

Date

Permit # _____ City of Portland

BUILDING PERMIT APPLICATION Fee \$26880 Zone _____

Map # _____ Lot# _____

Owner: American National Can Phone # _____

Address: 217 Acad St., Portland, ME 04103

LOCATION OF CONSTRUCTION 217 Acad Street

Contractor: Bailey Sign Co. Sub: _____

Address: 3 Ticonds Dr., West., ME 04092 Phone # 774-2847

Est. Construction Cost: _____ Proposed Use: Signage

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: In erect pole sign, 9 sq. ft., on sheet of plans.

Foundation: non-illuminated.

1. Type of Soil: _____

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

3. Footings Size: _____

4. Foundation Size: _____

5. Other: _____

Floors

1. Sill 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 Size _____ Spacing _____

5. Bracing: Yes _____ No _____

6. Corner Posts Size _____

7. Insulation Type: _____ Size _____

8. Sheathing Type: _____ Size _____

9. Siding Type: _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____

2. Header Size _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

For Official Use Only

Date: Dec. 21, 1989 Sub-division: _____

Inside Fire Limits: _____ Name: _____

Bl'g Code: _____ Lot: _____

Fire Limit: _____ Ownership: _____ Public _____ Private _____

Estimated Cost: _____

Zoning: T-2

Street Frontage Provided: _____

Proposed 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): CF WDP 211-23-89

Ceiling:

1. Ceiling Joists Size: _____

2. Ceiling Strapping Size _____ Spacing _____

3. Type Ceilings: _____ Size _____

4. Insulation Type: _____

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 Fixt _____

Swimming Pools:

1. Type: _____

2. Pool Size: _____ x _____ Square Footage _____

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

Permit Received By: Wayne M. Rinaldi

Signature of Applicant: Richard J. ... Date: _____

Signature of CEO: _____ Date: _____

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG

White Tag-CEO

© Copyright GPCOG 1988

W. Rowe