

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(607) 283-5626

**PROPERTY ADDRESS:**

Town or Plantation: PORTLAND MAINE

Street Subdivision Lot #: 9 BARTLETT ST.

**PROPERTY OWNERS NAME:**

Last: CAVALLARO First: FRANK

Applicant Name: MAIETTA D/G + H/R INC

Mailing Address of Owner/Applicant (If Different): 325 BARTLETT ROAD SOUTH PORTLAND MAINE 04106

PORTLAND 9-27-88 PERMIT # 3,089 TOWN COPY

Fee for this permit: \$ 14.00 Double Fee Charged

Local Plumbing Inspector Signature: [Signature] P.I. # 1123

**Owner/Applicant Statement**

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

Signature of Owner/Applicant: [Signature] Date: 9/28/88

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: 9/28/88

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
<u>SEP 28 1988</u>	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY: _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>11108</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hosebibb / Sillcock	2	Bath Tub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b>		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	1	Dish Washer
		Dental Cupidor	1	Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater <u>OFF BOILER</u>
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			15	Total Fixtures
			\$ Hu.	Permit Fee (Town)
			\$	Hook-Up & Relocation Fee
			\$ 40.	Permit Fee (Town)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207)289-3825

**PROPERTY ADDRESS**

Town Or Plantation: Portland  
Street: 9 BARTLETT ST  
Subdivision Lot #:

**PROPERTY OWNERS NAME**

Last: CAVALLARO First: FRANK

Applicant Name: Siming's P/H

Mailing Address of Owner/Applicant (If Different): 1423 Riverside St  
Portland ME

**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 of Owner/Applicant: [Signature] Date: 7/28/88

**Caution: Permit Required**

PORTLAND Date Permit Issued: 8.3.88 PERMIT # 3,122 TOWN COPY FEE Charged: \$ 40

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # \_\_\_\_\_

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: NOV 10 1988

**PERMIT INFORMATION**

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING AUG 5 1988	<b>Type Of Structure To Be Served:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY: _____	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUS'NG DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>125,583</u>
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Hook-Up & Piping Relocation (Maximum of 1 Hook-Up)	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. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
Number of Hook-Ups & Relocations			13	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 2
			15	Fixtures (Subtotal) Column 2
			\$ 40.00	Permit Fee
			\$ 10.00	Hook-Up & Relocation Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 269-3625

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street Subdivision/Lot #: 9 BARTLETT ST

**PROPERTY OWNERS NAME**

Last Applicant Name: CAVALLARI, FRANK

Applicant Name: Signings P.H.

Mailing Address of Owner/Applicant (if Different): 1423 Riverside St Portland ME

**Caution: Permit Required**

STATE COPY

PERMIT # 3,122 FEE \$ 40

Date Permit Issued: 8.3.88

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # \_\_\_\_\_

**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 \_\_\_\_\_

Signature of Owner/Applicant: [Signature] Date: \_\_\_\_\_

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**PERMIT INFORMATION**

This Application is for:

1.  NEW PLUMBING

2.  RELOCATED PLUMBING

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 # 825,683

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1		
	Number	Type of Fixture	Number	Type of Fixture	
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system</p>	2	Hosebibb / Sillcock	1	Bathtub (and Shower)	
		Floor Drain	1	Shower (Separate)	
		Urinal	1	Sink	
		Drinking Fountain	3	Wash Basin	
		Indirect Waste	3	Water Closet (Toilet)	
		Water Treatment Softener, Filter, etc.	1	Clothes Washer	
	<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Grease/Oil Separator	1	Dish Washer
			Dental Cuspidor	1	Garbage Disposal
			Bidet		Laundry Tub
	Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1	
			2	Fixtures (Subtotal) Column 2	
			15	Total Fixtures	
			\$40.00	Fixture Fee	
			\$	Hook-Up & Relocation Fee	
			\$40.00	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

15

001188



FILL IN AND SIGN WITH INK

### APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Sept. 27, 1988  
Portland

Portland, Maine

PERMIT ISSUED  
SEP 27 1988  
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 9 Bartlett St. Use of Building Sin. Pan. No. Stories 1 1/2 New Building  
Name and address of owner of appliance Frank Cavallaro, Portland, Maine Existing "  
Installer's name and address Maietta Plumb. & Heat. Inc. - 32 Stratmore Rd. S. P. 0 Telephone 75

#### General Description of Work

To install Oil fired burner and boiler - New.

#### IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no  
If so, how protected? Kind of fuel? #2 oil  
Minimum distance to burnable material, from top of appliance or casing top of furnace at least 3' all around  
From top of smoke pipe From front of appliance From sides or back of appliance  
Size of chimney flue 8" Other connections to same flue no  
If gas fired, how vented? Rated maximum demand per hour  
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

#### IF OIL BURNER

Name and type of burner Beckett Labeled by underwriters' laboratories? yes  
Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom  
Type of floor beneath burner concrete Size of vent pipe 1 1/4"  
Location of oil storage basement Number and capacity of tanks 1 - 275  
Low water shut off yes Make MacDonald/Miller No.  
Will all tanks be more than five feet from any flame? yes How many tanks enclosed?  
Total capacity of any existing storage tanks for furnace burners 1 - 275

#### IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?  
If so, how protected? Height of Legs, if any  
Skirting at bottom of appliance? Distance to combustible material from top of appliance?  
From front of appliance From sides and back From top of smokepipe  
Size of chimney flue Other connections to same flue  
Is hood to be provided? If so, how vented? Forced or gravity?  
If gas fired, how vented? Rated maximum demand per hour

#### MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 40.00 \$4,200.00 - Est. Cost

APPROVED:  
.....  
.....  
.....

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

Signature of Installer Domenic V. Mouton

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

②lc



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 9 Bartlett Street

Issued to Frank Cavallaro

Date of Issue November 23, 1988

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. 88/811, 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

APPROVED OCCUPANCY

~~XXXXXXXX~~ Entire

Single Family

Limiting Conditions:

A new building permit will be required for any additional work on this structure, including any deck or other protrusion.

This certificate supersedes certificate issued

Approved:

11/23/88  
(Date)

*[Signature]*  
Inspector

*[Signature]*  
Inspector of Buildings

*Rec'd of  
Permit  
Per E. J. Co.  
11/23/88  
1010 1/2 St  
Portland, ME*

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 MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Frank Cavallaro  
 Address: 253 Ludlow St., Portland, ME 04102  
 LOCATION OF CONSTRUCTION 9 Bartlett St., Portland, Me 04102  
 CONTRACTOR: same SUBCONTRACTORS: 734-4685  
 ADDRESS: same

Est. Construction Cost: \$70,000 Type of Use: new single family

Past Use: \_\_\_\_\_  
 Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
 Conversion Explain: Constructing new single family as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE  
 Residential Buildings Only  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

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

Floor:  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Joist 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 \_\_\_\_\_

**For Official Use Only**

Date: June 16, 1988 Subdivision: Yes  No   
 Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Lic \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Block \_\_\_\_\_  
 Estimated Cost: \$70,000 Permit Expiration \_\_\_\_\_  
 Value/Structure \_\_\_\_\_ Ordinance: \_\_\_\_\_ Public \_\_\_\_\_  
 Fee: \$370.00 **PERMIT ISSUED**

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

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:  
 1. Approval of soil test if required: Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures: 00 PAF

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

Zoning:  
 District: R-3 Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain): \_\_\_\_\_  
 Date Approved: June 17, 1988

Permit Received By Nancy L. Dzema

Signature of Applicant \_\_\_\_\_

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_



2 J. M. Carroll

PERMIT # \_\_\_\_\_ CITY OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Frank Cavallaro  
 Address: 253 Ludlow St., Portland, ME 04102  
 LOCATION OF CONSTRUCTION 9 Bartlett St., Portland, Me 04102  
 CONTRACTOR same SUBCONTRACTORS: 773-4685  
 ADDRESS: same  
 Est. Construction Cost: \$70,000 Type of Use: new single family  
 Past Use: \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
 \_\_\_\_\_ Conversion - Explain Constructing new single family as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE  
 Residential Buildings Only:  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

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

For Official Use Only	
Date <u>June 16, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Blgd Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$70,000</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$370.00</u>	_____

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

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Zoning:  
 District \_\_\_\_\_ Street Frontage Req.: \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Permit Received By Nancy L. Dzema

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$25.00 _____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	____/____/____
Site Plan Review Fee \$ _____	_____	_____	____/____/____
Other Fees \$345.00 _____	_____	_____	____/____/____
(Explain) _____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	____/____/____

COMMENTS

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



PERMIT # \_\_\_\_\_ CITY OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Frank Cavallaro  
 Address: 253 Lowell St., Portland, ME 04102  
 LOCATION OF CONSTRUCTION 9 Bartlett St., Portland, Me 04102  
 CONTRACTOR same SUBCONTRACTORS: 773-4685  
 ADDRESS: same

For Official Use Only	
Date: <u>June 16, 1988</u>	Subdivision: <u>Yes / No</u>
Inside Fire Limits: _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>\$70,000</u>	Permit Expiration: _____
Value Structure: _____	Owncshlp: _____ Public _____
Fees: <u>\$370.00</u>	PERMITS: _____

Est. Construction Cost: \$70,000 Type of Use: new single family  
 Past Use: \_\_\_\_\_  
 Building Dimensions: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Is Proposed Use: \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
 Conversion - Exp. constructing new single family as per plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE  
 Residential Buildings Only:  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundation:  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation 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 16" O.C.  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:  
 1. Air test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. Showers \_\_\_\_\_  
 3. No. of \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other \_\_\_\_\_

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

Zoning:  
 District \_\_\_\_\_ Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Permit Received By Nancy L. Dzema

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

**PERMIT # \_\_\_\_\_ CITY OF Portland BUILDING PERMIT APPLICATION**

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Frank Cavallaro  
 Address: 253 Ludlow St., Portland, ME 04102  
 LOCATION OF CONSTRUCTION 9 Bartlett St., Portland, Me 04102  
 CONTRACTOR: same SUBCONTRACTORS: 773-4685  
 ADDRESS: same  
 Est. Construction Cost: \$70,000 Type of Use: new single family  
 Past Use: \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
 \_\_\_\_\_ Conversion - Explain Constructing new single family as per plans

**COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE**  
 Residential Buildings Only:  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

**Foundation:**  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation 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. Insulator Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

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

**For Official Use Only**

Date June 16, 1988 Subdivision: Yes / No \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ No. \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Block \_\_\_\_\_  
 Estimated Cost: \$70,000 Permit Expiration: \_\_\_\_\_  
 Value/Structure \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_  
 Fee: \$370.00 **PERMIT ISSUED**

**Ceiling:** JUNE 8 1988  
 1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_ City of Portland  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_ 00084

**Roof:**  
 1. Truss or Joist Size \_\_\_\_\_ Spun \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

**Chimneys:** Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

**Heating:** Type of Heat: \_\_\_\_\_

**Electrical:** Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:** Yes \_\_\_\_\_ No \_\_\_\_\_

1. Approval of soil test if required
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_
4. No. of Lavatories \_\_\_\_\_
5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools:**

1. Type: \_\_\_\_\_ Square Footage \_\_\_\_\_
2. Pool Size: \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

**Zoning:** District \_\_\_\_\_ Street Frontage Req.: \_\_\_\_\_ Provided \_\_\_\_\_

Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

**Review Required:**

- Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Permit Received By Nancy L. Dzema

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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**APPLICATION FOR PERMIT**  
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
 ELECTRICAL INSTALLATIONS

Date September 30, 19 88  
 Receipt and Permit number 24637

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: 9 Barrett St.  
 OWNER'S NAME: Frank Cavalaro ADDRESS: 253 Ludlow St.

	FEES
<b>CUTLETS:</b>	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>31-60</u> .....	5.00
<b>FIXTURES:</b> (number of)	
Incandescent <u>X</u> Fluorescent _____ (not strip) TOTAL <u>15</u> .....	3.50
Strip Fluorescent _____ ft. ....	
<b>SERVICES:</b>	
Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	3.00
<b>METERS:</b> (number of) <u>1</u> .....	.50
<b>MOTORS:</b> (number of)	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) <u>1</u> .....	3.00
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES:</b> (number of)	
Ranges _____ <u>1</u> _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____ <u>1</u> _____	
Fans _____ <u>1</u> _____	
Water Heaters _____	
Disposals _____ <u>1</u> _____	
Dishwashers _____ <u>1</u> _____	
Compactors _____	
Others (denote) _____	
<b>TOTAL</b> .....	7.50
<b>MISCELLANEOUS:</b> (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: _____	
REMOVAL OF A "STOP ORDER" (304-16.b) .....	
<b>TOTAL AMOUNT DUE:</b> .....	22.50

**SECTION:**  
 Will be ready on Oct. 3, 1988 or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: J. W. Casella  
 ADDRESS: 21 Hodgins Portland  
 TEL: 774-1111  
 MASTER LICENSE NO.: 487 SIGNATURE OF CONTRACTOR: J. W. Casella  
 LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY -- WHITE  
 OFFICE COPY -- CANARY



