

30-36 BANCROFT ST. (lot #158-159)

SHAW-WALKER
15000 • 10000 • 20000 • Third Ave. • Boston • 02108

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

To the City Electrician, Portland, Maine: Permit No. _____
 The undersigned hereby applies for a permit to install wires for the purpose of conducting elec- issued _____, 19...
 tric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland,
 and the following specifications:

(This form must be completely filled out -- Minimum Fee, \$1.00)

Owner's Name and Address **Karl Palmer, 30 Bancroft Street** Tel. _____
 Co. Factor's Name and Address **Ballard Oil & Equipment Co., 1357 Marginal Way**
 Location **30 Bancroft Street** Use of Building **Residence** Number of Stories **2 1/2**
 Number of Families **1** Apartments Stores Alterations
 Description of Wiring: New Work Additions
Wiring of high pressure gun type burner & controls

Pipe Cable Metal Molding EX Cable Plug Molding (No. of feet) _____
 No. Light Outlets _____ Plug Circuits _____
 FIXTURES: No. _____ Fluor. or Strip Lighting (No. feet) _____
 SERVICE: Pipe _____ Undergound _____ No. of Wires _____ Size _____
 METERS: Relocated _____ Added _____ Total No. Meters **3.0** Volts **115** Starter _____
 MOTORS: Number **1** Phase **1** H. P. **1/8** Amps _____ No. Motors _____ Phase _____ H.P. _____
 HEATING UNITS: Domestic (Oil) _____ No. Motors _____ Phase _____ H.P. _____
 Commercial (Oil) _____ No. Motors _____ Phase _____ H.P. _____
 Electric Heat (No. of Rooms) _____

APPLIANCES: No. Ranges _____ Watts _____ Brand Freeds (Size and No.) _____
 Elec. Heaters _____ Watts _____ Extra Cabinets or Panels _____
 Miscellaneous _____ Watts _____ Signs (No. Units) _____
 Transformers _____ Air Conditioners (No. Units) _____ 19 _____ Inspection _____
 Will commence _____ Ready to cover in _____
 Amount of Fee \$ _____

Signed **Ballard Oil & Equipment Co.**

DO NOT WRITE BELOW THIS LINE

SERVICE		METER		GROUP			
VISITS: 1	2	3	4	5	6		
7	8	9	10	11	12		
REMARKS:							

INSPECTED BY *[Signature]*
 (OVER)

LOCATION *BANCROFT ST 30*
 INSPECTION DATE *12/15/71*
 WORK COMPLETED *12/15/71*
 TOTAL NO. INSPECTIONS
 REMARKS:

FEEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1953

WIRING		
1 to 30 Outlets		\$ 2.00
31 to 60 Outlets		3.00
Over 60 Outlets, each Outlet		.05
(Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).		
SERVICES		
Single Phase		2.00
Three Phase		4.00
MOTORS		
Not exceeding 50 H.P.		3.00
Over 50 H.P.		4.00
HEATING UNITS		
Domestic (Oil)		2.00
Commercial (Oil)		4.00
Electric Heat (Each Room)		.75
APPLIANCES		
Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit		1.50
MISCELLANEOUS		
Temporary Service, Single Phase		1.00
Temporary Service, Three Phase		2.00
Circuses, Carnivals, Fairs, etc.		10.00
Meters, relocate		1.00
Distribution Cabinet or Panel, per unit		1.00
Transformers, per unit		2.00
Air Conditioners, per unit		2.00
Signs, per unit		2.00
ADDITIONS		
5 Outlets, or less		1.00
Over 5 Outlets, Regular Wiring Rates		



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, Dec. 7, 1971

PERMIT ISSUED

DEC 9 1971

1542

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 30 Bancroft St. Use of Building 1 fam. No. Stories 2 New Existing Existing
Name and address of owner of appliance Karl Palmer, 30 Bancroft St. Telephone 793-5758
Installer's name and address Ballard Oil & Equip. Co. 135 Marginal Way

General Description of Work

To install Waltham oil burner (replacement) in existing steam boiler

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same flue
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?

IF OIL BURNER

Name and type of burner Waltham Labelled by underwriters' laboratories? yes
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner cement Size of vent pipe 1 1/2
Location of oil storage basement Number and capacity of tanks
Low water shut off yes Make Mc M No. 67
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 275 gal.

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? 4.00 (\$2.00 for one heater, etc., \$1.00 additional for each additional heater, etc., in same building at same time.)

APPROVED:

O.K. E.P. 12/9/71

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

Ballard Oil & Equip. Company

Signature of Installer

By: W.V. Nash

CS 300

INSPECTION COPY

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER **8026**
 Address: **Yak # 90**
 Installation For: **Alfred Westler**
 Owner's Address: **90 Caydonic Street**
 Plumber: **H. H. Wallace**
 Date: **9/21/59**

Date Issued: **Sept. 21, 1959**
 BY: **J. P. Welch**
 PORTLAND PLUMBING INSPECTOR
 APPROVED FIRST INSPECTION
 Date: **Dec 31-59**
 BY: **JOSEPH P. WELCH**
 APPROVED FINAL INSPECTION
 Date: **Apr. 22-60**
 BY: **JOSEPH P. WELCH**
 TYPE OF BUILDING
 COMMERCIAL
 RESIDENTIAL
 SINGLE
 MULTI FAMILY
 NEW CONSTRUCTION
 REMODELING

PROPOSED INSTALLATIONS	NUMBER	FEE
SINKS	1	1.00
LAVATOPIES	1	1.00
TOILETS	1	1.00
BATH TUBS	1	1.00
SHOWERS	1	1.00
DRAINS	1	1.00
HOT WATER TANKS	1	.30
TANKLESS WATER HEATERS	1	
GARBAGE GRINDERS	1	
SEPTIC TANKS	1	
HOUSE SEWERS	1	
ROOF LEADERS (conn. to house drain)	1	
Tray	1	
Total		5.30

PLUMBING INSPECTION
 PORTLAND HEALTH DEPT.

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER **8027**

Address: **105 1/2 50 Dancroft Street**

Date: **Sept. 21, 1959**

Installation For: **Alfred Under**

Owner of Bldg.: **Alfred Under**

Owner's Address: **90 Cascade Street**

Plumber: **W. H. Wallace** Date: **Sept 21/59**

APPROVED FIRST INSPECTION
 Date: **Sept 22-59**
 By: **JOSEPH P. WELCH**

APPROVED FINAL INSPECTION
 Date: **Sept 22-59**
 By: **JOSEPH P. WELCH**

TYPE OF BUILDING
 COMMERCIAL
 RESIDENTIAL
 SINGLE
 MULTI FAMILY
 NEW CONSTRUCTION
 REMODELING

NEW	REP'L	PROPOSED INSTALLATIONS	NUMBER	FEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS	3	
		GARBAGE GRINDERS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS (conn. to house drain)	1	675
			Total	675

5M 12-53 □ PORTLAND HEALTH DEPT. PLUMBING INSPECTION



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, May 9, 1947

00977
MAY 10 1947

293-08

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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 30 Bonnell St. Use of Building Dwelling No. Stories 2 New Building
Name and address of owner of appliance Karl V. Palmer Same Existing "
Installer's name and address Ballard Oil & Equipment, 135 Marginal Way Telephone 2-1981

General Description of Work

To install one fully automatic oil burner for existing steam boiler

IF HEATER, OR POWER BOILER

Location of appliance or source of heat
If wood, how protected?
Minimum distance to wood or combustible material, from top of appliance or casing top of furnace
From top of smoke pipe
Size of chimney flue
If gas fired, how vented?
Type of floor beneath appliance
Kind of fuel
From front of appliance
From sides or back of appliance
Other connections to same flue
Rated maximum demand per hour

IF OIL BURNER

Name and type of burner 1-ECS Labeled by underwriter's laboratories? yes
Will operator be always in attendance
Type of floor beneath burner Basement Does oil supply line feed from top or bottom of tank? bottom
Location of oil storage Basement Number and capacity of tanks 1-275 gal
If two 275-gallon tanks, will three-way valve be provided?
Will all tanks be more than five feet from any flame? yes How many tanks fire proofed? None
Total capacity of any existing storage tanks for furnace burners None

IF COOKING APPLIANCE

Location of appliance
If wood, how protected?
Minimum distance to wood or combustible material from top of appliance
From front of appliance
Size of chimney flue
Is hood to be provided?
If gas fired, how vented?
Kind of fuel
Type of floor beneath appliance
From top of smoke pipe
Other connections to same flue
If so, how vented?
Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:
OK. 5.9.47. I.P.M.

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 Ballard Oil & Equipment
K. V. Palmer

INSPECTION COPY



Location, Ownership and detail must be correct, complete and legible.
 Separate application required for every building.
 Plans must be filed with this application.

Application for Permit for Alterations, etc.

To the
 INSPECTOR OF BUILDINGS:
 Portland, May 5, 1923

(30-3.2) The undersigned applies for a permit to alter the following described building:—
 Location: 141 Bancroft Street Ward 8 in fire-limits? no
 Name of Owner or Lessee: M. W. Lucas Address: 141 Bancroft St
 " Contractor: owner
 " Architect: " " "

Description of Present Bldg.
 Material of Building is: wood Style of Roof: pitch Material of Roofing: asphalt
 Size of Building is: 18ft feet long; 16ft feet wide. No. of Stories: 1
 Collar Wall is constructed of: posts is: inches wide on bottom and batters to: inches on top.
 Underpinning is: is: inches thick; is: feet in height.
 Height of Building: 12ft Wall, if Brick; 1st 2d 3d 4th 5th
 What was Building last used for? private garage (2 cars) No. of families?
 What will Building now be used for? private garage (2 cars)

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

Detail of Proposed Work

Build addition 4x5 with asphalt roof
 all to comply with the building ordinance
 Estimated Cost \$150.

If Extended On Any Side

Size of Extension, No. of feet long: 5ft; No. of feet wide: 4ft; No. of feet high above sidewalk: 12ft
 No. of Stories high: 1; Style of Roof: pitch; Material of Roofing: asphalt
 Of what material will the Extension be built? wood Foundation: concrete
 If of Brick, what will be the thickness of External Walls: inches; and Party Walls: inches.
 How will the extension be occupied? private garage connected with Main Building? joined

When Moved, Raised or Built Upon

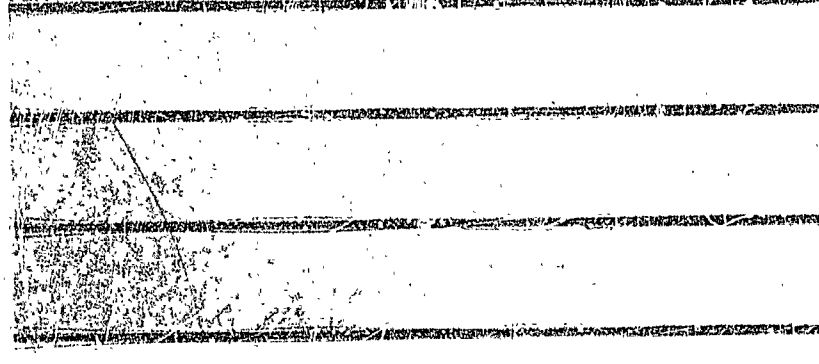
No. of Stories in height when Moved, Raised, or Built upon: Proposed Foundations:
 No. of feet high from level of ground to highest part of Roof to be:
 How many feet will the External Walls be increased in height: Party Walls:

If Any Portion of the External or Party Walls Are Removed

Will an opening be made in the Party or External Walls? in: Story:
 Size of the opening? How protected?
 How will the remaining portion of the wall be supported?

Signature of Owner or Authorized Representative: *M. W. Lucas*
 Address: 141 Bancroft St

30-36 BANCROFT STREET



PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 30 Commercial St.

PROPERTY OWNERS NAME

Last: PALMER First: KARL

Applicant Name: Walter Lewis

Mailing Address of Owner/Applicant (If Different): Waltham Maine

0038 PORTLAND *** 05170 ***

Date Permitted: June 7 1983

Local Plumbing Inspector Signature: [Signature]

FEE: \$ _____ Double Charged

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 deny a Permit.

Signature of Owner/Applicant: Walter Lewis Date: 6-2-83

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: [Signature] Date Approved: JUN 16 1983

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
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
	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>L 1, 4, 5, 01</u>

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 / S. Cock		Bathtub (with 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	2	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
				\$ 6.	Fixture Fee
				\$	Hook-Up Fee
				\$ 6.	Permit Fee (Total)

JUN 7 - 1983

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1 JUN 3 - 1983
HIE - 211 Rev. 4/83

TOWN COPY

PERMIT # 071 CITY OF RELAND BUILDING PERMIT APPLICATION

REHAB KITCHEN

Given out 6/2/88

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

Owner: CHAD OLIVER

Address: 30 BANCROFT STREET

LOCATION OF CONSTRUCTION: SAME - REHAB KITCHEN

CONTRACTOR: SAME SUBCONTRACTORS: STAFFE PITCOEN RAINBOW CARPENTRY

ADDRESS: 351 MARLOWAY WAY

Est. Construction Cost: \$10,500 Type of Use: RESIDENTIAL SINGLE FAMILY

Past Use: _____

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

Is Proposed Use Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: Renovate kitchen as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

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

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

Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Materials: EXIST. WOOD FLOOR TO BE REFINISHED

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 2x4 Spacing 16" O.C.
 2. Header Sizes 2x6 Span(s) 3'-6"
 3. Wall Covering Type 1/2" SHEETROCK
 4. Fire Wall if required _____
 5. Other Materials fiberglass insulation

For Official Use Only

Date: April 5, 1988 Subdivision: Yes _____ No _____
 Tr. Ass. Fee (limits): _____ Name: _____
 Job Code: _____ Lot: _____
 Time Limit: _____ Check: _____
 Estimated Cost: \$10,500 Permit Expiration: _____
 Value Structure: _____ Ownership: _____ Public _____ Private _____
 Fee: _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Spacing Size: _____ Spacing: 16" O.C.
 3. Type Ceiling: PLASTER TO REVEAL
 4. Insulation Type _____ Size _____
 5. Ceiling Height: 9'6" APR 6 1988

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size City of Reiland
 3. Roof Covering Type _____
 4. Other _____

Chimneys:
 Type _____ Number of Fire Places _____

Heating:
 Type of Heat: FURNACE @ TOE PLATE

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

Plumbing:
 1. Approval of _____ if required: Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures: SINK, DISHWASHER, WASHING MACHINE DRYER

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: _____
 Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain): _____
 Date Approved: _____

Permit Received By: Lynne Benoit

Signature of Applicant: [Signature] Date: 3/28/88

Signature of CEO: _____ Date: _____

Inspection Dates: _____

PLUMBING APPLICATION

Department of Public Services
Division of Health Engineering
(207) 873-2500

Type of
Plantation

Street
Subdivision Lot # 30. Bland St

Last Name: Oliver First: Chad

Applicant Name:

Mailing Address of
Owner/Applicant
(If Different)

PORTLAND PERMIT # 2-R16 TOWN COPY

Date Permit Issued: 04/25/88 \$ 91.40 FEE

[Signature] 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 deny a Permit.

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.

Local Plumbing Inspector Signature _____ Date Approving: JUNE - 1988

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 # _____

Hook-Up & Piping Relocation Maximum of 4 Hook-Ups	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>OR</p> <p>HOOK-UP to an existing surface wastewater disposal system</p>		Hosebibb / Sillcock		Bathub (and Shower)
		Floor Drain		Snow (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
		Grease Oil Separator		Dish Washer
		Dental Clinic/idor		Garbage Disposal
		Bidet		Laundry Tub
		Other _____		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
Hook-Up & Relocation Fee				

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PERMIT # 0002 CITY OF PORTLAND BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: CHAD OLIVER

Address: 30 BANCROFT STREET

LOCATION OF CONSTRUCTION SAME - 1st floor

CONTRACTOR: SAME SUBCONTRACTORS: ALAN H. FLEET

ADDRESS: 351 NATHANIAL WAY

Est. Construction Cost: 10,500 Type of Use: RESIDENTIAL - SINGLE FAMILY

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Renovate kitchen 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: PLYWOOD UNDER FLOOR

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 2x4 Spacing 16" O.C.
2. Header Size 2x6 Span(s) 3'-0"
3. Wall Covering Type 1/2" Sheetrock
4. Fire Wall if required _____
5. Other Materials LIBERGAUSS INSULATION

For Official Use Only	
Date: <u>April 5, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit: _____	Block _____
Estimated Cost: <u>10,500</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>12</u>	

Ceiling: **PERMIT ISSUED**

1. Ceiling Joists Size: _____ Spacing _____
2. Ceiling Strapping Size _____
3. Type Ceilings: PLYWOOD **APR 6 1988**
4. Insulation Type _____ Size _____
5. Ceiling Height: 9'-0" **City Of Portland**

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 _____

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 Fronts - 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 OK by Lynne Benoit - April 5, 1988

Permit Received By Lynne Benoit

Signature of Applicant [Signature] Date 3/29/88

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG

White Tag-CEO

© Copyright GPCOG 1987

[Signature]

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 75 - pd 4/5/88 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

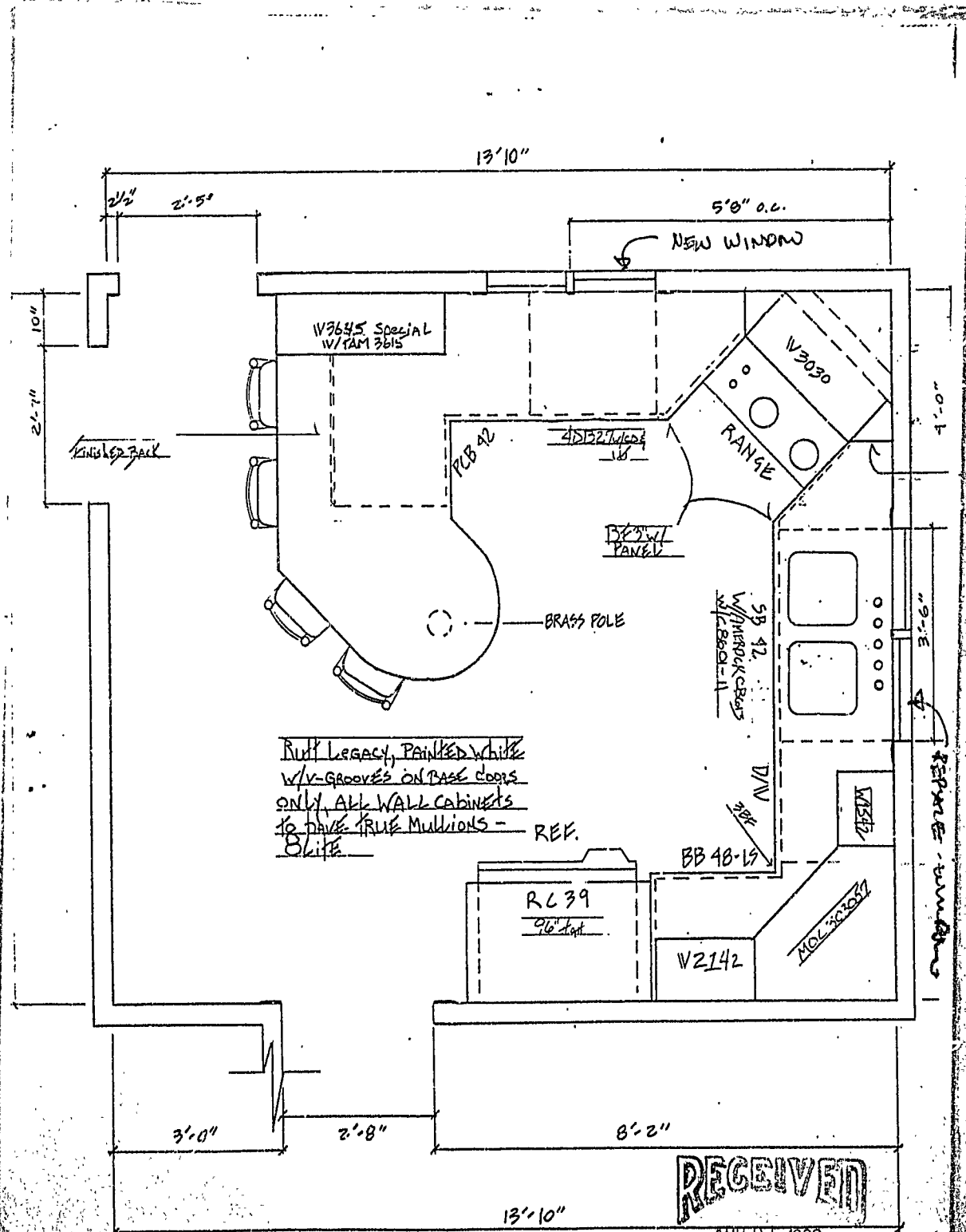
Date

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

COMMENTS

Signature of Applicant Abelle

Date _____



Ruff Legacy, Painted White
 w/ V-grooves on base doors
 ONLY ALL WALL CABINETS
 TO HAVE TRUE Mullions -
 Blite

RECEIVED
 APR 05 1988

DEPT. OF BUILDING & CONSTRUCTION
 CITY OF PORTLAND

PERMIT # 0002 CITY OF PORTLAND BUILDING PERMIT APPLICATION

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

MAP # _____ LOT# _____

Owner: CHAD OLIVER

Address: 30 BANCROFT STREET

LOCATION OF CONSTRUCTION SAME

CONTRACTOR: SAME SUBCONTRACTORS: ALAN... F... G... H...

ADDRESS: 351 N. ...

Est. Construction Cost: 10,500 Type of Use: ...

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Renovate kitchen 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: _____ Spacing 16" O.C.

4. Joists Size: _____

5. Bridging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material: ...

Exterior Walls:

1. Studding Size _____ Spacing _____

2. No. windows _____

3. No. Doors _____

4. Header 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 2x4 Spacing 16" O.C.

2. Header Size 2x6 Span(s) 9'-0"

3. Wall Covering Type ...

4. Fire Wall if required: Fiberglass insulation

5. Other Materials _____

For Official Use Only

Date: APRIL 5, 1988 Subdivision: Yes / No _____

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Block _____

Estimated Cost: 10,500 Permit Expiration: _____

Value Structure _____ Ownership: _____ Public _____ Private _____

Ceilings: **PERMIT ISSUED**

1. Ceiling Joists Size: _____

2. Ceiling Strapping Size _____ Spacing _____

3. Type Ceilings: ... APR 6 1988

4. Insulation Type _____ Size _____

5. Ceiling Height: 9'-0" City of Portland

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 _____

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 _____ 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: OK M. ... APR 5 1988

Permit Received By Lynne Benoit

Signature of Applicant [Signature] Date 3/23/88

Signature of CEO _____ Date _____

Inspection Dates _____

White Tax Assessor

Yellow-GPCOG

White Tag-CEO

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PLOT PLAN

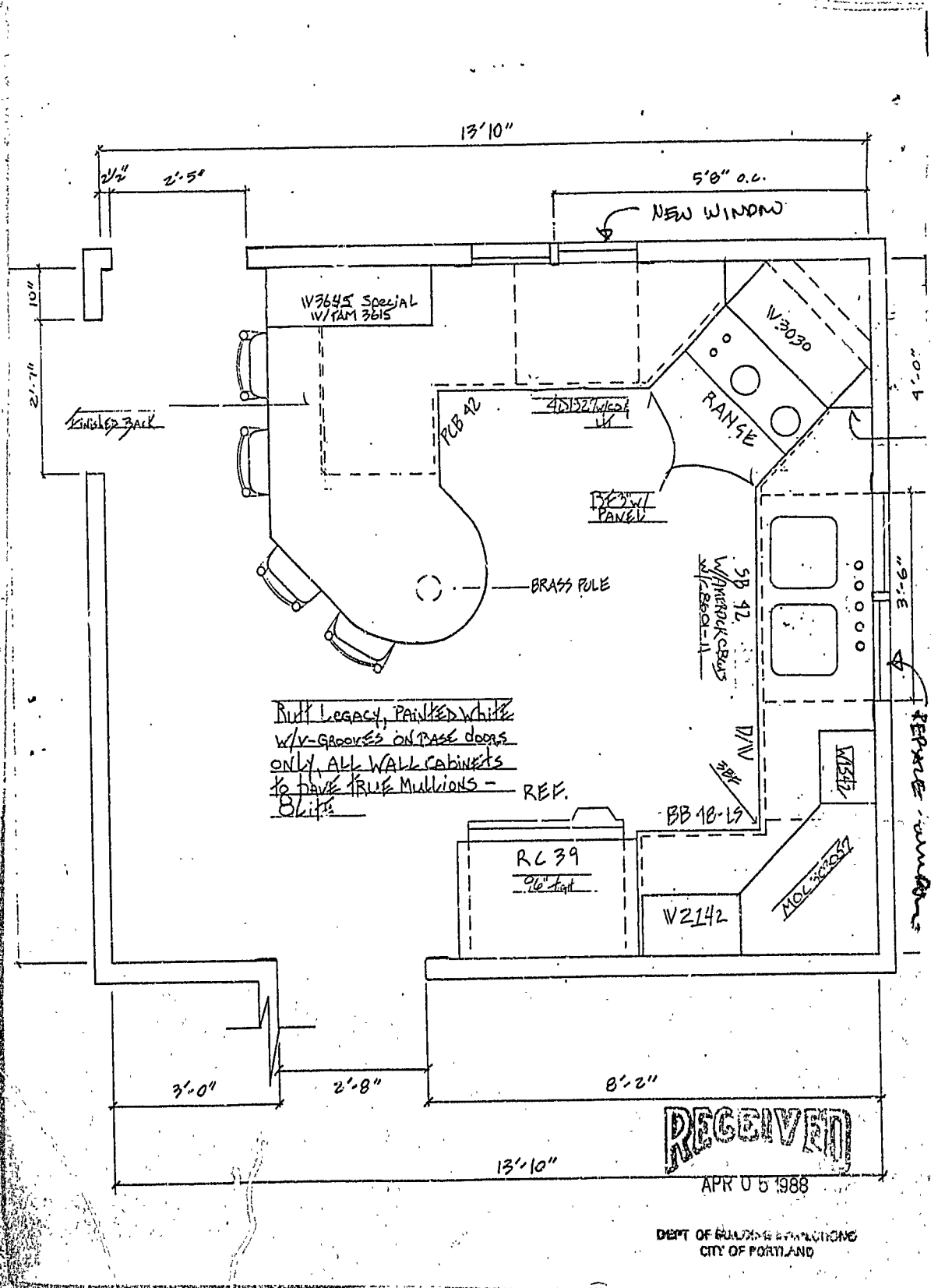


FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$ <u>75 - pd 4/5/88</u>	_____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	_____	____/____/____
Site Plan Review Fee \$ _____	_____	_____	_____	____/____/____
Other Fees \$ _____	_____	_____	_____	____/____/____
(Explain) _____	_____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	_____	____/____/____

COMMENTS

Signature of Applicant *Aballe*

Date _____





APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 21, 1988, 19
 Receipt and Permit number 29263

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: 30 Bancroft Street Portland

OWNER'S NAME: Chad Oliver ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>20</u> (kitchen only)	3.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>200</u>	3.00
METERS: (number of) <u>1</u>	.50
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 _____ <u>1</u> _____ Dishwashers _____ <u>1</u> _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>2</u>	3.00
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: _____	9.50

INSPECTION:
 Will be ready on June 23, 1988, 19__; or Will Call _____
 CONTRACTOR'S NAME: Marino Electric
 ADDRESS: 68 Taft Ave Portland
 TEL.: 774-3129
 MASTER LICENSE NO.: 2290 SIGNATURE OF CONTRACTOR: AK Marino
 LIMITED LICENSE NO.: _____

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