

| Date Issued Cutober 7, 1969 Portland Plumbing Inspector By ERNOLD R. GOODWIN                                                                                                                                       | PERMIT TO INSTALL PLUMBING  Address PERMIT NUMBER Installation For. 2 Bolton 35. (2nd F1) Owner of Bldg.: Owner's Address How Harriet Eurns Plumber: per 1 101 dec 4 Light Co.  NEW REPLY TO A LIGHT CO.  Date: 10/1/67 | 775  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| App. First Insp.  Date /U/8/6/  By WALTER H. WALLACE App. Final Insp.  Date / 0/8/6/  WALTER H. WALLACE App. Final Insp.  Date / 0/8/6/  By WALTER H. WALLACE APPLIED BY WALTER H. WALLACE APPLIED BY 16 INSPECTOR | ISINGS  LAVATORIES  TOILETS  EATH TUBS  SHOWERS  DRAINS FLOOR SURFACE  HOT WATER TANKS                                                                                                                                  | 2,00 |
| Type of Bldg.  Commercial Sesidential Single Multi Family New Construction Remodeling                                                                                                                              | GARBAGE DISPOSALS  SEPTIC TANKS  HOUSE SEWERS  ROOF LEADERS  AUTOMATIC WASHERS  DISHWASHERS  OTHER                                                                                                                      |      |
| Building (                                                                                                                                                                                                         | and Inspection Services Dept.; Plumbing Inspection                                                                                                                                                                      | 2,00 |

## CITY OF PORTLAND, MAINE Application for Permit to Install Wires

|                                                                                                                                                                                                                                                                                                            | ///                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                            | Permit No                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                            | Issued                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                            | 19                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                            | a, Maine                                                                                                                                         |
| The undersigned hereby applies for a permit to instance current, in accordance with the laws of Maine, the End of the following specifications:  (This form must be completely filled on the following specifications:                                                                                     | Fag. \$1.00)                                                                                                                                     |
| Owner's Name and Address Harry Flority                                                                                                                                                                                                                                                                     | c 94 By tradhsel 1254 4                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            | Number of Stories                                                                                                                                |
| Number of Families Apartmeters Addit                                                                                                                                                                                                                                                                       | ions Alterations Z                                                                                                                               |
|                                                                                                                                                                                                                                                                                                            | no Molding (NO. 01 100)                                                                                                                          |
| Dine Cable Metal Molaring                                                                                                                                                                                                                                                                                  | Plug Circuits                                                                                                                                    |
| No. Light Outlets Flugs  FIXTURES: No  SERVICE: Pipe Cable Undergrou  METERS: Relocated Added  MOTORS: Number Phase H. P.  HEATING UNITS: Domestic (Oil) No. M  Commercial (Oil) No. M  Electric Heat (No. of Rooms)  APPLIAN ZS: No. Ranges Watts  Elec. Heaters Watts  Miscellaneous Watts  Transformers | Fluor or Strip Lighting (No. teet)  Motors Phase H.P.  Brand Feeds (Size and No.)  Extra Cabinets or Panels  Signs (No. Units)  19 Inspection 19 |
|                                                                                                                                                                                                                                                                                                            | gned land Spinning                                                                                                                               |
|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |
| DO NOT WRITE BE                                                                                                                                                                                                                                                                                            | LOW THIS LINE                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                            | CROUND                                                                                                                                           |
| SERVICE METER                                                                                                                                                                                                                                                                                              | K                                                                                                                                                |
| VISITS: 1 2 9 9                                                                                                                                                                                                                                                                                            | 10 11 12                                                                                                                                         |
| REMARKS:                                                                                                                                                                                                                                                                                                   | 211                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                            | INSPECTED BY (OVER)                                                                                                                              |
|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |

283

|                              |         |         | 7.55                                   | 257.75  |              |         |                                              |
|------------------------------|---------|---------|----------------------------------------|---------|--------------|---------|----------------------------------------------|
| PERMIT TO INSTALL            | PLUME   | ING     | ************************************** |         | 4            | 4405    | 70                                           |
|                              | Addre   |         | 30 Bolton Street                       |         |              | 1127    |                                              |
| Date   3-26-62               | Install | ation F | charles Burns                          | No. Car | Okakowa P    | ERMIT N | UMBE                                         |
| PORTLAND PLUMBING            | Owner   | of Blo  | g. Charles Burns                       | 43      | V)           |         |                                              |
| INSPECTOR                    | Owner   | 's Add  | ess: 30 Bolton Street                  |         |              |         |                                              |
| By J. P. Welch               | Plumb   | er: Po  | rtland Gas Light Company               | Dete    |              |         |                                              |
| APPROVED FIRST INSPECTION    | NEW     | REP'L   | PROPOSED INSTALLATIONS                 | Date:   | T NUMBER     | 26-62   | _                                            |
|                              |         |         | SINKS                                  |         | NUANBER      | FEE     |                                              |
| Dole 3-29-62                 |         |         | LAVATORIES                             |         | <del> </del> |         | _                                            |
|                              |         |         | TOILETS                                |         |              |         |                                              |
| By of DINE                   |         |         | BATH TUBS                              |         |              |         | _ :                                          |
| APPROVED                     |         |         | SHOWERS                                |         |              |         | _                                            |
| APPROVED FINAL INSPECTION    |         |         | DRAINS                                 |         |              |         |                                              |
| • •                          | 1       |         | HOT WATER TANK                         |         |              | 7       | _                                            |
| Date                         |         |         | TANKLESS WATER HEATERS                 |         |              | \$ 2.00 | <u>)                                    </u> |
| By JOSEPH P. WELCH           |         |         | GARBAGE GRINDERS                       |         |              |         | _                                            |
| By TYPE OF PUMP              |         |         | SEPTIC TANKS                           |         |              |         | - 3                                          |
| TYPE OF BUILDING  COMMERCIAL |         |         | HOUSE SEWERS                           |         |              |         | _ ത                                          |
| RESIDENTIAL                  |         |         | ROOF LEADERS (C.                       |         | 1            |         | _                                            |
| ☐ SINGLE                     |         |         | ROOF LEADERS (Conn. to house drai      | n)      |              |         | _                                            |
| MULTI FAMILY                 |         |         |                                        |         |              |         | _                                            |
| ☐ NEW CONSTRUCTION           |         |         |                                        |         |              |         | -                                            |
| REMODELING                   |         |         |                                        |         |              |         |                                              |
|                              | LAND I  | 4FAITI  | H DEDT BUILDING WAR                    | TOTA    |              | \$ 2 00 | -                                            |

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|                              | Service Control                  |                       |         |                  |                                   |
|------------------------------|----------------------------------|-----------------------|---------|------------------|-----------------------------------|
| •                            | PERMIT TO INSTA                  | LL PLUMBING           |         |                  | 4:0044                            |
|                              | I - I - Il - Il - Il - II - II   | n street              | PERMIT  | NUMBER           | 16611                             |
| Date                         |                                  | lling                 |         |                  | , ,                               |
| Issued 9/20/66               | Owner of Bldg.: Owner's Address: | 30 polton Street      |         |                  |                                   |
| Portland Plumbing Inspector  |                                  |                       | Dat     |                  | 166                               |
| By ERNOLD R. GOODWIN         | NEW REP'L Portland               | - Cas 1450 p delatal  | N N     | o. <b>// 2</b> 0 | FEE                               |
|                              | SINK                             | 5                     |         |                  |                                   |
| App. First Insp.             | LAVA                             | TORIES                |         |                  |                                   |
| Date 9/20/66                 | TOIL                             | ETS                   |         |                  | ,                                 |
| Boll Montgomery              | BATH                             | TURS                  |         |                  |                                   |
| 51 / 7                       |                                  | WERS                  |         |                  |                                   |
| App. Fingl Insp66            | DRAI                             |                       | SURFACE |                  |                                   |
| Date EKNULD R. GOODWIN       | HOT                              | WATER TANKS           |         | 1                | 2.00                              |
| By CHIEF PLUMBING, INSPECTOR | TAN                              | CLESS WATER HEAT      | ERS     |                  | <u> </u>                          |
| DA CHIES PEOMPHE             | GAR                              | BAGE DISPOSALS        |         |                  |                                   |
| Type of Bldg.                |                                  | IC TANKS              |         |                  |                                   |
| ☐ Commercial                 |                                  | SE SEWERS             |         |                  |                                   |
|                              |                                  | F LEADERS             |         |                  | <del></del>                       |
| Single                       |                                  | OMATIC WASHERS        |         |                  | <del></del>                       |
|                              | 1                                | IWASHERS              |         |                  | <del></del>                       |
| ☐ New Construction           | OTH                              | ER                    |         |                  | <del></del>                       |
| Remodeling                   |                                  |                       |         |                  |                                   |
|                              |                                  |                       | TO      | l'AL 1           | 2,00                              |
| Building                     | nd Inspection Service            | B Dept.; Plumbing Ins | pection |                  | i " à 14 Chinnain ar adamain acta |

## STATEMENT ACCOMPANYING APPLICATION FOR BUILDING PERMIT

|    | for addition to existing one car garage at 30 Bolton Street Date 11/13/40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | In whose name is the title of the property now recorded? Mus Buns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2. | and the second s |
| 3. | Is the outline of the proposed work now staked out upon the ground?If not, will you notify the Inspection Office when the work is staked out and before any of the work is commenced?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4, | What is to be maximum projection or overhang of caves or drip?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5. | Do you assume full responsibility for the correctness of the location plan or statement of location filed with this application, and docs it show the complete outline of the proposed work on the ground, including bay windows, porches and other projections?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6. | Do you assume full responsibility for the correctness of all statements in the application concerning the sizes, design and use of the proposed building?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. | Do you understand that in case changes are proposed in the location of the work or in any of the details specified in the application that a revised plan and application must be submitted to this office before the changes are made?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    | a.a. Beny.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | the state of the s |

Memorandum from Department of Building Inspection, Portland, Maine 30 Bolton St. --Addition to garage for Mrs. Hattie Burnes-Jontractor A.A. Berry---11/14/40

To Owner and Builder:

The application states that an extra 2x4 is to be used across the top of the opening to be out in the case wall of the garage. This is not strong enough. If the span of this opening is 12 feet, as is indicated by the location sketch, probably a 6x6 would be the proper size.

do A.Myo. Hattie Burns, 30 Bolton St.

(Signed) Warren McDonald Inspector of Buildings

| (A) APARTMENT HOUSE "PERMIT ISSUED                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION FOR PERMIT                                                                                                                                                                                                                                                                                                                                                         |
| Class of Building or Type of Structure Third Class NOV 14 1940                                                                                                                                                                                                                                                                                                                 |
| Portland, Maine, November 13, 1940                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                |
| The undersigned hereby applies for a permit to exect after install, the following building structure entormous forth the Laure of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted hereafth the Laurent grant forther than the control of the City of Portland, plans and specifications, if any, submitted hereafth |
| Within Fire Limits, no Within Fire Limits, no                                                                                                                                                                                                                                                                                                                                  |
| The Harts a Burne, 30 Boltes Sta Telephone                                                                                                                                                                                                                                                                                                                                     |
| Owner's name and address A. A. Berry 113 Sterens Aymans Telephone no  Plans filed No. of sheets                                                                                                                                                                                                                                                                                |
| Architect                                                                                                                                                                                                                                                                                                                                                                      |
| Proposed use of building a car garage                                                                                                                                                                                                                                                                                                                                          |
| Other buildings on same temement house Fee \$25                                                                                                                                                                                                                                                                                                                                |
| Description of Present Building to be Altered                                                                                                                                                                                                                                                                                                                                  |
| Melorial search No stories 1 Heat none Style of roof. htp Roofing cornell strategy                                                                                                                                                                                                                                                                                             |
| Last use                                                                                                                                                                                                                                                                                                                                                                       |
| General Description of New Work                                                                                                                                                                                                                                                                                                                                                |
| To build one story frome addition 2' x 12' on rear of existing building                                                                                                                                                                                                                                                                                                        |

To put in new 2x4 under existing 2x4 plate to support opening

STEERCA HOV BEFORE LATHER It is understood that this permit does we include installation of heating apparatus which is to be taken out separately by and in the halfely Apple the heating contractor

Details of New Work TE, UNIVERSENT IS PAINED Is any plumbing work revelved in this work?\_\_\_\_ Is any electrical work involved in this work?\_\_\_\_\_\_ Height a rerage grade to top of plate\_\_\_\_\_\_?\* Size, front\_\_\_\_\_\_No. steries\_\_\_\_\_Height average grade to highest point of roof\_ge\_\_\_\_ To be erected on solid or fil'ed land? \_\_\_\_\_earth or rock?\_\_\_\_ Material of foundation\_caftar\_posts\_ov\_flat Tradiosss top\_\_\_\_\_\_bottom\_\_\_\_cellar\_\_\_\_ Material of underpioung\_\_\_\_\_\_l cight\_\_\_\_\_ Thickness\_\_\_\_ Kind of roof \_\_\_\_ Rise per foot \_6 \_\_\_ Root covering - Apphal + roofing Clair C Und. Lebv \_\_\_\_of lining\_\_\_ Kind of heat\_\_\_\_\_\_ Type of fuel\_\_\_\_\_\_ Is gas fitting involved?\_\_\_\_\_\_ Framing lumber—Kind herslock Dressed or full size? Full size

Corner posts 2-224 Sills 435 Girt or ledger board? Size \_\_\_ Size\_\_\_\_\_Max. on centers\_ Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 heet. Sills and corner posts all one piece in cross section. Joist and rafters: 1st floor\_\_\_\_\_\_\_, 2nd\_\_\_\_\_\_\_, 3rd\_\_\_\_\_\_\_, roof\_\_\_\_\_\_\_, On centers: 1st floor\_\_\_\_\_\_, 2nd\_\_\_\_\_\_, 3rd\_\_\_\_\_\_, roof\_\_\_\_\_\_ Maximum span: If one story building with masonry walls, thickness of walls?\_\_\_\_\_ If a Garage Total number commercial cars to be accommodated\_\_\_\_\_none Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?\_\_\_\_\_\_\_ Miscellaneous Will above work require removal or distarting of any shade tree on a public street? Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto Mrs. Hattie Burns INSPECTION COPPER TO THE Signature of officer By ·B

Permit No. 4-0/1850 , ) Date of permit ///// = 3 1 特别 No:if. closing-in 12 Inspn. closing-in: 9 6 Final Notif. Final Inspn. 17/2/140 155 7 of O cupancy issued 4, 3/40-Decibe 120 12 E 1 13.0 3 · 7. 3516 £ ::: , i'' 13



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

## Application for Permit to Build (3d CLASS BUILDING)

|   | Portland, Me., March 15, 1917 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|   | Тотне                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |
|   | INSPECTOR OF BUILDINGS:  The undersigned hereby applies for a permit to build, according to the following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |
|   | The undersigned hereby applies for a permit to hand, according to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |
|   | Location. 52 Manners Avs. Baltmill. Wd. 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |
|   | Address 32 Reputers Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
|   | Name of owner is? W. A. GONGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PE    |
|   | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ~     |
|   | The factor (number) The Paragon Control of the Cont | TIM   |
|   | to the hour many families?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |
|   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -     |
|   | No. of feet rear? No. of feet deep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | m     |
|   | No. of feet rear?; No. of feet deepr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,     |
|   | * rear?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 100   |
|   | the many goods of street to the highest part of the root!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , -   |
|   | feet side? Z. The leet; Side? D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -     |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . ()  |
|   | will de building be prested on solid or filled land?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
|   | and the state of t | 111   |
|   | distance on centres?length offlength                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . •   |
|   | diameter, bottom of?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . 120 |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|   | 3d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • 31  |
| • | O. C. " " " "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . th  |
|   | Span " " " ", ", "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . E   |
|   | Span " "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7     |
|   | Braces how put in?  Building, how framed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Z     |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|   | Underganing, material of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | elt.  |
|   | Will the roof be flat, pitch, m: usard, or hip?hip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ₹     |
|   | Will the building be heated by steam, furnaces, stoves or grates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5     |
|   | Will the building conform to the requirements of the lawr Les.  No. of brick walls?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ∵ ?   |
|   | No. of brick walls?double, doors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • •   |
|   | Means of egress?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|   | If the building is to be occupied as a Tenement House, give the following particulars:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |
|   | If the building is to be accupied as a concentration of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
|   | What is the height of cellar or basement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | • •   |
|   | Second factorial section of the second secon | • • • |
|   | to the heavy load?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • • • |
|   | State what means of egress is to be provided:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | • • • |
|   | Estimated Cost,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
|   | Estimated Cost,  Signature of owner or authors  ized representative,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
|   | Signature of owner or authors.  \$.50.00 Signature of owner or authors.  Address. #32. Hamels. Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |
|   | O de Voj i Marie La de Voje                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
|   | Plans submitted?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •••   |
|   | ) latip submissed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |