

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3836

PROPERTY ADDRESS

Town/City/Plantation: Portland
Street: 15 Riverside St
Subdivision/Lot #:

PROPERTY OWNERS NAME

Last: First:
Applicant Name: Your Home Inc
Mailing Address of Owner/Applicant (if different): P.O. Box 4181 Portland, ME

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any false information is reason for the Local Plumbing Inspector to deny a Permit.
Yours Truly Joe P. P.
Applicant Signature Date:

PORTLAND PERMIT # 2,101 TOWN COPY
Amie of Goodman \$ 600 FEE
Local Plumbing Inspector Signature L.P.I. #

Caution: Inspection Required

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

DEC 19 1986

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for:
1. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type Of Structure To Be Served:
1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR/MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER SPECIFY: Manufactured Home

Plumbing To Be Installed By:
1. ☐ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☒ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER
LICENSE # 10,016,2

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

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-5625

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: 15 RIVERVIEW ST.

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Call: YOUR HOME First: LYNN

Applicant Name: OWNER

Mailing Address of Owner/Applicant (if different): BOX 51 1111

PORTLAND

PERMIT # 1,882 TOWN COPY

881786 \$ _____

222 L.P.L. # _____

9 AUG 20 1986

Owner/Applicant Statement

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

[Signature] Date: 8-20-86

Signature of Owner/Applicant

Caution: Inspection Required

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

[Signature] Date: 8-20-86

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for:

1. ☒ NEW PLUMBING

2. ☐ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☒ SINGLE FAMILY DWELLING

2. ☐ MODULAR OR MOBILE HOME

3. ☐ MULTIPLE FAMILY DWELLING

4. ☐ OTHER - SPECIFY: _____

Plumbing To Be Installed By:

1. ☐ MASTER PLUMBER

2. ☐ OIL BURNER MAN

3. ☐ M.P.D. HOUSING DEALER/MECHANIC

4. ☐ PUBLIC UTILITY EMPLOYEE

5. ☒ PROPERTY OWNER

LICENSE # 62

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

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

APPLICATION FOR PERMIT

PERMIT ISSUED

AUG 14 1986

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

1039

City of Portland

ZONING LOCATION PORTLAND, MAINE Aug. 7, 1986

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

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

LOCATION Riverview Street Fr District #1 ☐ #2 ☐

1. Owner's name and address ... Your Home Inc. - Box 6681 Telephone 773-5054

2. Lessee's name and address Telephone

3. Contractor's name and address ... Carter Telephone

..... No. of sheets

Proposed use of building .. manufactured home No. families 1

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$.....

FIELD PECTOR-Mr. @ 775-5451

Appeal Fees \$

Base Fee 25.00 ..

Late Fee

TOTAL \$

To set 275 # 2 fuel oil tank on cement slab under home at rear

Stamp of Special Conditions

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

DETAILS OF NEW WORK

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

Is connection to be made to public sewer? If not, what is proposed for sewage?

Has septic tank notice been sent? Form notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

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

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

Size Girders Columns and girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

Is one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE

BUILDING INSPECTION—PLAN EXAMINER

ZONING:

BUILDING CODE:

Fire Dept.

Health Dept.

Others:

MISCELLANEOUS

Will work require disturbing of any 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 are observed?

Signature of Applicant Phone # 823-8

Type Name of above Alfred Hamler for 1 ☐ 2 ☐ 3 ☐ 4 ☐

Other and Address

2

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

CODE
COMPLIANCE
COMPLETED
DATE 5/20

Date X 5/23, 19 86
Receipt and Permit number D 25826

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 15 Riverview

OWNER'S NAME: Your Home, Inc.

ADDRESS: PO Box 6681

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL _____ Strip Fluorescent _____ ft. _____	
SERVICES: Overhead _____ Underground <u>1</u> Temporary _____ TOTAL amperes <u>100</u> ..	<u>3.00</u>
METERS: (number of) _____	
MOTORS: (number of) Fractional _____ 1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) _____ Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____ Oil or Gas (by separate units) _____ Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of) Ranges _____ Water Heaters _____ Cook Tops _____ Disposals _____ Wall Ovens _____ Dishwashers _____ Dryers _____ Compactors _____ Fans _____ Others (denote) _____ TOTAL _____	
MISCELLANEOUS: (number of) Branch Panels _____ Transformers _____ Air Conditioners Central Unit _____ Separate Units (windows) _____ Signs 20 sq. ft. and under _____ Over 20 sq. ft. _____ Swimming Pools Above Ground _____ In Ground _____ Fire/Burglar Alarms Residential _____ Commercial _____ Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____ over 30 amps _____ Circus, Fairs, etc. _____ Alterations to wires _____ Repairs after fire _____ Emergency Lights, battery _____ Emergency Generators _____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:

TOTAL AMOUNT DUE: 3.00
min 5.00

INSPECTION:

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

CONTRACTOR'S NAME: Robert Gallant

ADDRESS: 32 Irving St.

TEL: 761-0837

MASTER LICENSE NO. 09958

LIMITED LICENSE NO. _____

SIGNATURE OF CONTRACTOR

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: 5/28 _____ / _____

6/2 _____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

Permit Application Register Page No. _____

By Inspector _____

Final Inspection _____

Date of Permit _____

Owner

Location

Permit Number

ELECTRICAL INSTALLATIONS

20026

15 Highwayview

Ken Jones Inc

DATE:

REMARKS:

5/20/86 Call to place order

9/1/86 Notified Bob Hallant by phone of stop order

this permit is null & void

CODE

COMPLIANCE

COMPLETED

5/30

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Alfred Waxler, Your Home Inc.Date Nov. 12, 1985Mailing Address P. O. Box 6681, Portland 04101Address of Proposed Site Lots 11 & 15 Riverview StreetProposed Use of Site Single Family

Site Identifier(s) from Assessors Maps

Acreage of Site 6550 sq. ft. / 980 sq. ft. Ground Floor CoverageZoning of Proposed Site R-3

Site Location Review (DEP) Required: () Yes (✓) No

Proposed Number of Floors 4 6

Board of Appeals Action Required: () Yes (✓) No

Total Floor Area 980 sq. ft.

Planning Board Action Required: () Yes (✓) No

Other Comments: _____

Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW

(Does not include review of construction plans)

☐ Use does NOT comply with Zoning Ordinance☐ Requires Board of Appeals Action☐ Requires Planning Board/City Council Action

Explanation

Front yard setback is back no further than other
Front yard setback should be 20 feet from☐ Use complies with Zoning Ordinance — Staff Review BelowZoning:
SPACE & BULK,
as applicable

COMPLIES

COMPLIES
CONDITIONALLYDOES NOT
COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS
	✓	✓	NA	✓	✓	✓	✓		NA	✓	✓	✓	✓	✓	✓	✓	✓
								✓									

CONDITIONS
SPECIFIED
BELOWREASONS
SPECIFIED
BELOW

REASONS:

See above comment and attach zoning
requirements for siting mobile homes.Harold J. Turner 11/5/85

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT - ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

773-5853

Applicant	Date
Mailing Address	Address of Proposed Site
Proposed Use of Site	Site Identifier(s) from Assessors Maps
Acreage of Site / Ground Floor Coverage	Zoning of Proposed Site
Site Location Review (DEP) Required: () Yes (X) No	Proposed Number of Floors
Board of Appeals Action Required: () Yes () No	Total Floor Area
Planning Board Action Required: () Yes (X) No	
Other Comments:	
Date Dept. Review Due:	

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received)

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW REASONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED																

REASONS: 1) No sewer or other utility connection, requiring a permit to excavate or open any street or sidewalk, can be made from Dec 1 to March 31, as per Section 25-137 of the City Code.

(Attach Separate Sheet if Necessary)

Robert J. Ray Dec 2 1985

SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, July 3, 1956

PERMIT ISSUED

JUL 3 1956

City of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location Lots 11-6-15 Riverview Street Within Fire Limits? Dist. No.
Owner's name and address Your Home, Inc. (Alfred Waxler) Telephone 773-5853
Lessee's name and address P.O. Box 6681, Portland 04101 Telephone
Contractor's name and address SAME Telephone
Architect Plans filed No. of sheets
Proposed use of building Manufactured Mobil Home No. families
Last use No. families
Increased cost of work none Additional fee

Description of Proposed Work

Change in foundation plan per attached print.

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Material of underpinning Height Thickness
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining
Framing lumber—Kind Dressed or full size?
Corner posts Sills Girt or ledger board? Size
Girders Size Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor , 2nd , 3rd , roof
On centers: 1st floor , 2nd , 3rd , roof
Maximum span: 1st floor , 2nd , 3rd , roof

Approved:

Signature of Owner Your Home Inc.

Approved:

Inspector of Buildings

INSPECTION COPY

FILE COPY

2
APPLICANT'S COPY

ASSESSOR'S COPY

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE Nov. 12, 1955 City Of Portland

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

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

LOCATION 11 & 15 River View Street Fire District #1 ☐ #2 ☐

1. Owner's name and address Alfred Waxler, Your Home Inc. Telephone 723-5853...

2. Lessee's name and address P. O. Box 6681, Portland 04101 Telephone

3. Contractor's name and address Annex Telephone

..... No. of sheets

Proposed use of building single fam. - no garage No. families

Last use vacant lot No. families

Material No stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 25,000.00 Appeal Fees 3

FIELD INSPECTOR—Mr. Base Fee ... 50.00 Site

@ 775-5451

Late Fee Plan Review

Site Plan Review and to construct single family dwelling, 14' x 70', no garage, as per plans. Manufactured home.

TOTAL \$ 145.00
\$ 195.00

Stamp of Special Conditions

ISSUE PERMIT TO #1

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? ☒ yes Is any electrical work involved in this work? ☒ yesIs connection to be made to public sewer? ☒ yes If not, what is proposed for sewage?

Has septic tank notice been sent? Form notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Size, front 70' depth 14' No. stories solid or filled land? earth or rock?

Material of foundation concrete slab Thickness, top 6" bottom cellar no

Kind of roof pitch Rise per foot 3/12 Roof covering asphalt shingle

No. of chimney 1 Material of chimneys metalbestos of lining Kind of heat oil fuel #2

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

Size Girder Columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

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

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS

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

ZONING: Will there be in charge of the above work a person competent

BUILDING CODE: to see that the State and City requirements pertaining thereto

Fire Dept.: are observed? yes

Health Dept.: Others:

Signature of Applicant Phone #

Type Name of above Alfred Waxler ☐ 2 ☐ 3 ☐ 4

Other

and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY