

PERMIT # 1153

City of Portland WILLIAMS AVENUE BUILDING PERMIT APPLICATION
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Bedford Forest Associates
Address: 20 State Street Newburyport, Mass

LOCATION OF CONSTRUCTION 828-838 Stevens Avenue
CONTRACTOR: C. Charlin & Co. SUBCONTRACTORS: 603-886-0290

ADDRESS: 427-3 Anheret Street, C.S. 2032 Suite 184 N. Shus
Est. Construction Cost: _____
Type of Use: tropical plant exhibit

Building Dimensions L _____ W _____ Sq Ft _____ # Stories _____ Lot Size _____
Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
Conversion - Ex-Chain erect tent 9-19-88 - 10-19-88

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

Foundation:
1. Type of Soil: _____
2. Set Backs: _____
3. Footings: _____
4. Foundation Size: _____
5. Other: _____

Floor:
1. Sills Size: _____
2. Girder Size: _____
3. Lally Column Spacing: _____
4. Joists Size: _____
5. Bridging Type: _____
6. Floor (heating) Type: _____
7. Other Material: _____
Sills must be anchored.
Spacing 16" O.C.

Exterior Walls:
1. Studding Size: _____
2. No. windows: _____
3. No. Doors: _____
4. Header Sizes: _____
5. Bracing: _____
6. Corner Posts Size: _____
7. Insulation Type: _____
8. Sheathing Type: _____
9. Siding Type: _____
10. Masonry Materials: _____
11. Metal Materials: _____

Interior Walls:
1. Studding Size: _____
2. Header Size: _____
3. Ceiling Type: _____
4. Fire Wall If required: _____
5. Other Materials: _____

For Official Use Only
Date: September 13, 1988
MAP # _____ LOT # _____
Subdivision: Yes / No
Name: _____
Lot: _____
Block: _____
Permit Expiration: _____
Ownership: _____
Public / Private

Ceiling:
1. Ceiling Joist Size: _____
2. Ceiling Strapping Size: _____
3. Type Ceiling: _____
4. Insulation Type: _____
5. Ceiling Height: _____
Spacing: _____

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

Chimney: _____
Heating: _____
Type of Heat: _____
Number of Fire Places: _____

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

Plumbing:
1. Approval of soil test if required: _____
2. No. of Tubs or Showers: _____
3. No. of Flushes: _____
4. No. of Laboratories: _____
5. No. of Other Fixtures: _____
Yes / No

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

Zoning: _____
District: B-3 Street Frontage Req _____
Required Setbacks: Front _____ Side _____
Review Required: _____
Zoning Board Approval: Yes / No
Planning Board Approval: Yes / No
Conditional Use: _____
Shore and Floodplain Mgmt: _____
Other: _____
Date Approved: _____
Special Exception: _____
Subdivision: _____

Permit Received By: Johnnie Quinn Date: 9-13-88

Signature of Applicant: _____
Signature of CEO: _____
Date: _____

Inspection Dates: _____
White Tag CEO: _____
Yellow GPCOC: _____
Date: 9-19-88

White Tax Assessor

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