

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$29.80 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form

Owner: Robert Billings Phone # \_\_\_\_\_  
 Address: 400 Riverside St., Portland, ME 04103

LOCATION OF CONSTRUCTION 470 Riverside St.

Contractor: Coyne Sign Co. Sub. ME 04072 772-4144

Address: 92 Industrial Park Rd., Saco, Phone # \_\_\_\_\_

Est. Construction " " Proposed Use: Emergency World-wide-freight

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq Ft \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion To erect 24 s.f. sign flush to bldg., as per 1 sheet  
of plans, consent form and picture.

Contractors Insurance Bond expires 1990. Illuminated.  
 Foundation:

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

Floors \_\_\_\_\_ Sills must be anchored.

1. Sills Size: \_\_\_\_\_
2. Girder Size: \_\_\_\_\_ Size: \_\_\_\_\_
3. Lally Column Spacing: \_\_\_\_\_ Spacing 16" O.C.
4. Joists Size: \_\_\_\_\_ Size: \_\_\_\_\_
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_ Span(s) \_\_\_\_\_
4. Header Sizes \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_ Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
9. Siding Type \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

Interior Walls:

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

**For Official Use Only**

Subdivision: \_\_\_\_\_  
 Date Jan. 10, 1990 Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_

Review Required: I-1  
 Street Frontage Provided: \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: OK with P-1-12-90

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

Roof: \_\_\_\_\_  
 1. Truss or Rafter Size \_\_\_\_\_ Span JAN 28 1990  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

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

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

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

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

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

Permit Received By Joyce M. Rinaldi

Signature of Applicant Nasser Charani Date 1-10-90

Signature of CEO AS Contractor for owner Date \_\_\_\_\_

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

MEPLE LEARY

White-Tax Assessor Yellow-GPCOG

White Tag - CEO (4)

© Copyright GPCOG 1988  
 m LEARY

**PERMIT ISSUED**

**City of Portland**

M. F .

CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 874-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

June 12, 1990

Robert Billing  
400 Riverside Street  
Portland, ME 04103

Re: Butler Subdivision, 470 Riverside Street.

Dear Mr. Billing:

In going through the file, our records show that no Certificate of Occupancy has been issued for Building #3 in the subdivision. This is in violation of the National Building Code, Section 119.1.

A building or structure hereafter erected shall not be used or occupied in whole or in part until the Certificate of Use or Occupancy shall have been issued by the code official.

This problem should be taken care of as soon as possible by getting in touch with Paul Niehoff of Public Works Dept. and Inspection Dept.

Sincerely yours,

*Merlin Leary*  
Merlin Leary  
Code Enforcement Officer

cc: Paul Niehoff, Public Works Dept.

ML/jmr

002536 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

PERMIT # \_\_\_\_\_ Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mark Balbey  
Address: 470 Riverside Street

LOCATION OF CONSTRUCTION 470 Riverside Street

CONTRACTOR: New England Special SUB CONTRACTORS:  
ADDRESS: 1109 Forest Ave. 04103

Est. Construction Cost: \_\_\_\_\_ Type of Use: \_\_\_\_\_

Part Use: \_\_\_\_\_ Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
Conversion - Explain: erect temp sign - AUG 23-Sept 23, 1989

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

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

Floors: \_\_\_\_\_ Sills must be anchored  
1. Sills Size: \_\_\_\_\_  
2. Girder Size: \_\_\_\_\_ Size \_\_\_\_\_  
3. Lally Column Spacing: \_\_\_\_\_ Spacing 16" O.C.  
4. Joists Size: \_\_\_\_\_ Size: \_\_\_\_\_  
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
7. Other Material: \_\_\_\_\_

Exterior Walls:  
1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. No. windows \_\_\_\_\_  
3. No. Doors \_\_\_\_\_ Span(s) \_\_\_\_\_  
4. Header Sizes \_\_\_\_\_  
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
6. Corner Posts Size \_\_\_\_\_ Size \_\_\_\_\_  
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
9. Siding Type \_\_\_\_\_  
10. Masonry Materials \_\_\_\_\_  
11. Metal Materials \_\_\_\_\_

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

For Official Use Only

Date August 23, 1989 Subdivision: Yes / No \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
 Bltg Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Block \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_ Permit Expiration: \_\_\_\_\_  
 Value \_\_\_\_\_ Owning: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
 Fee \_\_\_\_\_

PERMIT ISSUED

Ceiling:  
1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing AUG 24 1989  
3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_

City Of Portland

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

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

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

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

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

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

Zoning: District I-7 Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_  
Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ D 'c \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shore and Floodplain Mgmt \_\_\_\_\_ Special Exception \_\_\_\_\_  
Other (Explain) \_\_\_\_\_  
Date Approved 8-23-89

Permit Received By Deborah Coode as agent for owner  
Signature of Applicant Mark Balbey Date 8/23/89

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

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

002538 White - Tax Assessor Yellow - GPCOG 57 White Tag - CEO [Signature] Copyright © GPCOG 1987

PLOT PLAN



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

COMMENTS

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

Signature of Applicant Scott Kings as agent for owner Date 8/23/99

Action Equipment  
470 Riverside St  
Port Me 04103

Mark Belbey 878-3370

Action Equipment

478 Arrow

---

470 Riverside St

---

RECEIVED  
AUG 23 1989  
DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

PERMIT # 012506 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Mark Belbey

Address: 470 Riverside Street

LOCATION OF CONSTRUCTION 470 Riverside Street

CONTRACTOR: New England Special Contractors

ADDRESS: 1109 Forest Ave. 04103

Est. Construction Cost: \_\_\_\_\_ Type of Use: \_\_\_\_\_

Past Use: \_\_\_\_\_

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

Is Proposed Use \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain erect temp sign - Aug 23-Sept 23, 1989

**COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE**

Residential Buildings Only:  
# Of Dwelling Units \_\_\_\_\_ # Of N. w Dwelling Units \_\_\_\_\_

**Foundations:**

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

**Floors:**

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size: \_\_\_\_\_
3. Lolly Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

**Exterior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

**Interior Walls:**

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

For Official Use Only	
Date <u>August 23, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value <u>\$3000</u>	Ownership: _____ Public _____ Private _____
Fee _____	

**PERMIT ISSUED**

**Ceiling:**

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

AUG 24 1989

**City Of Portland**

**Roof:**

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

**Chimneys:**

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

**Heating:**

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

**Electrical:**

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

**Plumbing:**

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

**Swimming Pools:**

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

**Zoning:**

District \_\_\_\_\_ Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_

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

**Review Required:**

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

Permit Received By Deborah Goode *as sign h over*

Signature of Applicant [Signature] Date 8/23/89

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

Inspection Dates (4) LEARY

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

© Copyright GPCOG 1987