

901964

Permit # 901964 City of Portland BUILDING PERMIT APPLICATION Fee \$470. Zone Map # Lot #
Please fill out any part which applies to job. Proper plans must accompany form.

Owner Douglas B. Candage Phone # 775-1904
Address: P.O. Box 5558; P.O. ME 04101
LOCATION OF CONSTRUCTION Lot #25 - Myrtle St.
Contractor OWNER Sub:
Address: Phone #
Est. Construction Cost 90,300 Proposed Use 1-fam dwelling
Past Use: vacant lot
of Existing Res Units # of New Res Units
Building Dimensions L 24 W 40 Total Sq. Ft.
Stories 1 # Bedrooms 2 L Size:
Is Proposed Use: Seasonal Condominium Conversion
Explain Conversion CONSTRUCT ONE FAMILY DWELLING
MMSP Review

For Official Use Only PERMIT ISSUED
Date 8-22-90
Subdivision Name: LOT 2-1980
Inside Fire Limits
Bldg Code
Ownership: City of Portland
Time Limit
Estimated Cost 90,000

Zoning: R-3
Street Frontage Provided
Provided Setbacks: Front Back Side Side
Review Required:
Zoning Board Approval: Yes No Date:
Planning Board Approval: Yes No Date:
Conditional Use Variance Site Plan Subdivision
Shoreland Zoning Yes No Floodplain Yes No
Special Exception
Other (Explain) OK WPA 8-22-90

Foundation:
1. Type of Soil: Rear Side(s)
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 Size:
3. Lally Column Spacing Size: 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
4. Header Size Span(s)
5. Bracing: Yes No
6. Corner Posts Size 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. Nite Wall if required
5. Other Materials

Ceiling:
1. Ceiling Joists Size: Spacing
2. Ceiling Strapping Size Spacing Does not require review
3. Type Ceilings: Size Requires Review
4. Insulation Type
5. Ceiling Height:

Roof:
1. Truss or Rafter Size Span Action: Approved
2. Sheathing Type Size Approved with Conditions
3. Roof Covering Type Size Date 8/22/90
4. Insulation Type Size

Chimneys:
Type: Number of Fire Places
Heating:
Type of Heat: 141
Electrical:
Service Entrance Size: Smoke Detector Required Yes No

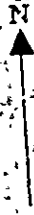
Plumbing:
1. Approval of soil test if required Yes No
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories
5. No. of Other Fixtures

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

Permit Received By Louise E. Chase
Signature of Applicant David J. [Signature] Date 8/22/90
Signature of CEO David J. [Signature]
Inspector Dates
PERMIT ISSUED WITH LETTER

White-Tax Assessor Yellow-GPCOG White Tag-CEO
© Copyright GPCOG 1988
MA. LEANI

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 470.

Subdivision Fee \$ _____

Site Plan Review Fee \$ 50.

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS 10-5-90 Set back. Line back OK 10-12-90 From the council
10-23-90 OK for (17). Need amendment to ramp for wheelchair

Signature of Applicant David Maden

Date 8/22/90



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

October 1, 1990

Douglas B. Candage
P.O. Box 6668
Portland, ME 04101

RE: 106 Lynn Street

Dear Sir:

Your application to construct a single family dwelling has been reviewed and a permit is herewith issued subject to the following requirement(s).

No certificate of occupancy can be issued until all requirements of this letter are met.

Site Plan Review Requirements

Inspection Services - Approved - W. Giroux
Public Works - Approved with conditions required - S. Harris.

1. Any damage to curb, sidewalk or street must be repaired prior to issuance of certificate of Occupancy.
2. Two (2) city approved trees must be planted on lot frontage prior to Certificate of Occupancy.
3. Your street number is 106 Lynn Street and must be displayed prior to issuance of Certificate of Occupancy.

Building Code Requirements

1. Please read and implement items 1,6,7 and 9 of the attached building permit report.
2. Your plans show an 8" foundation wall; 10" is required.
3. 7'6" headroom is required in habitable rooms, 6'8" headroom in stairways
4. Roof rafters must support a live load of 50 P.S.F. minimum.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: S. Harris - Public Works

wife Lorrie Caudage CITY OF PORTLAND, MAINE

Home - 761-0585 SITE PLAN REVIEW

Processing Form

Steve Harris

Applicant Douglas S. Caudage - 776-1904 #106

8/22/90 Date

Mailing Address P.O. Box 6668; Ptld, ME 04101

Lynn St. Address of Proposed Site

Proposed Use of Site one-family dwelling

Site Identifier(s) from Assessors Maps

Acreage of Site / Ground Floor Coverage 9200 sq ft / 24'x40'

Zoning of Proposed Site

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

Proposed Number of Floors

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

Total Floor Area

Planning Board Action Required: () Yes () No

Other Comments:

Date Dept. Review Due:

Minor Minor site plan review

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	STWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																
APPROVED CONDITIONAL LY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: Any damage to curb, sidewalk or street must be repaired prior to issuance of CoFO.
Two City approved trees must be planted on lot frontage prior to CoFO. Your Street number (Attach Separate Sheet if Necessary) is 106 Lynn St. and must be displayed prior to issuance of CoFO

Steve Harris 9/26/90
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant Douglas R. Candage
 P.O. Box 6668; Ptld, ME 04101

#106
 Date 8/22/90
 Address of Proposed Site Lot #29, Lynn St.

Mailing Address one-family dwelling
 Proposed Use of Site
9200 sq ft / 24'x40'
 Acreage of Site / Ground Floor Coverage

Site Identifier(s) from Assessors Maps
 Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No

Proposed Number of Floors _____
 Total Floor Area _____

Other Comments: _____
 Date Dept. Review Due: _____

Minor Minor site plan review

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 _____
 Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

	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	
COMPLIES																			
COMPLIES CONDITIONALLY																			
DOES NOT COMPLY																			

CONDITIONS SPECIFIED BELOW
 REASONS SPECIFIED BELOW

REASONS: OK WDA 9-27-90

SIGNATURE OF REVIEWING STAFF/DATE
 BUILDING DEPARTMENT—ORIGINAL

PLOT PLAN

83.11'

112.92'

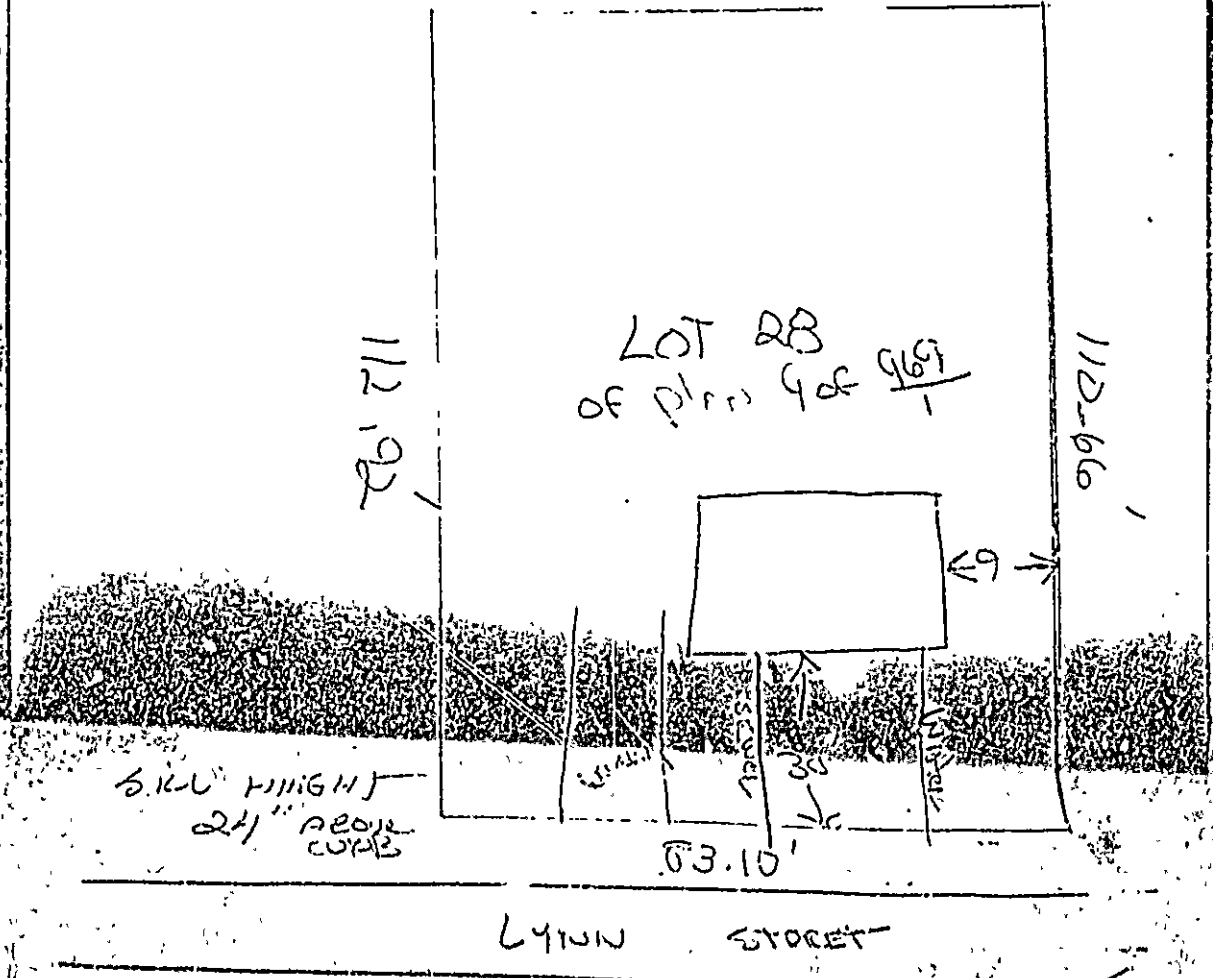
LOT 28
OF PLOT 4 OF 969

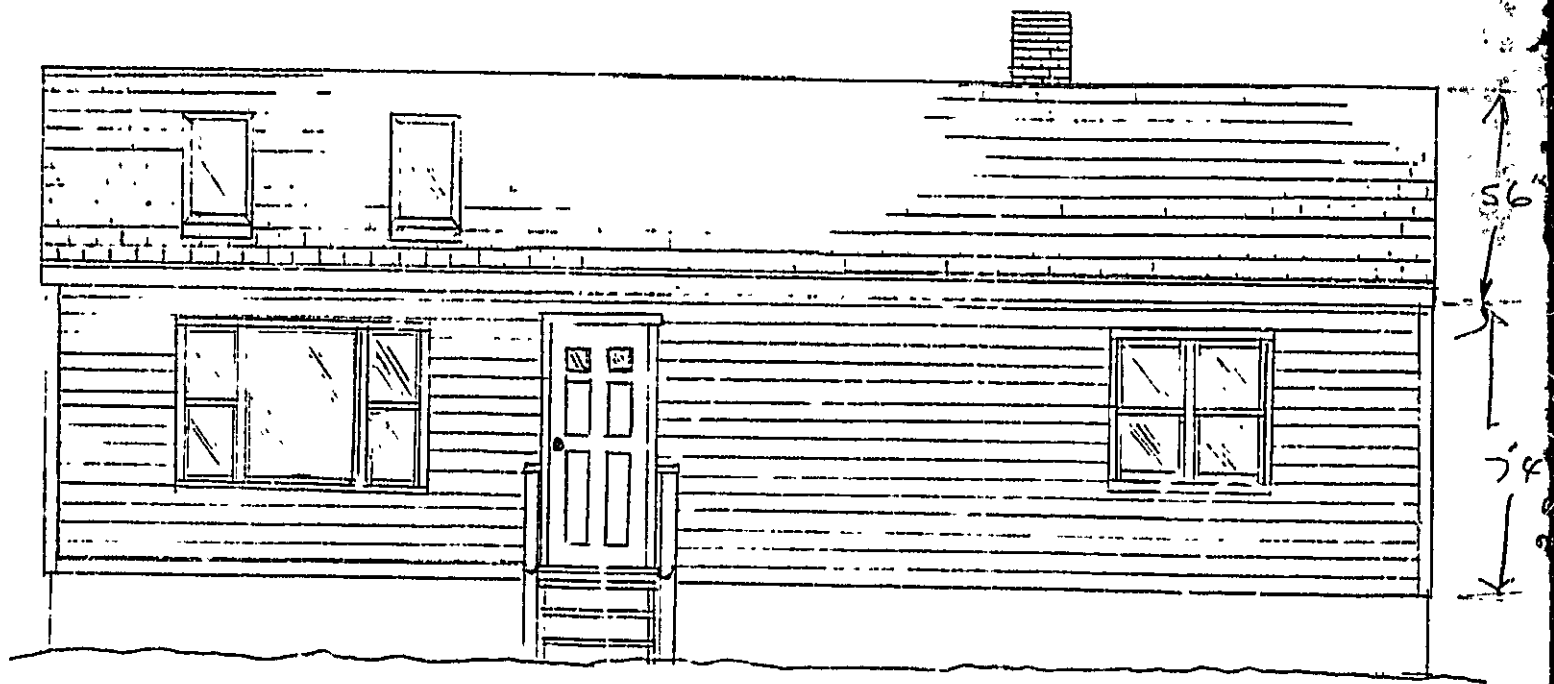
112.66'

6.10' HEIGHT
24" ABOVE
CURB

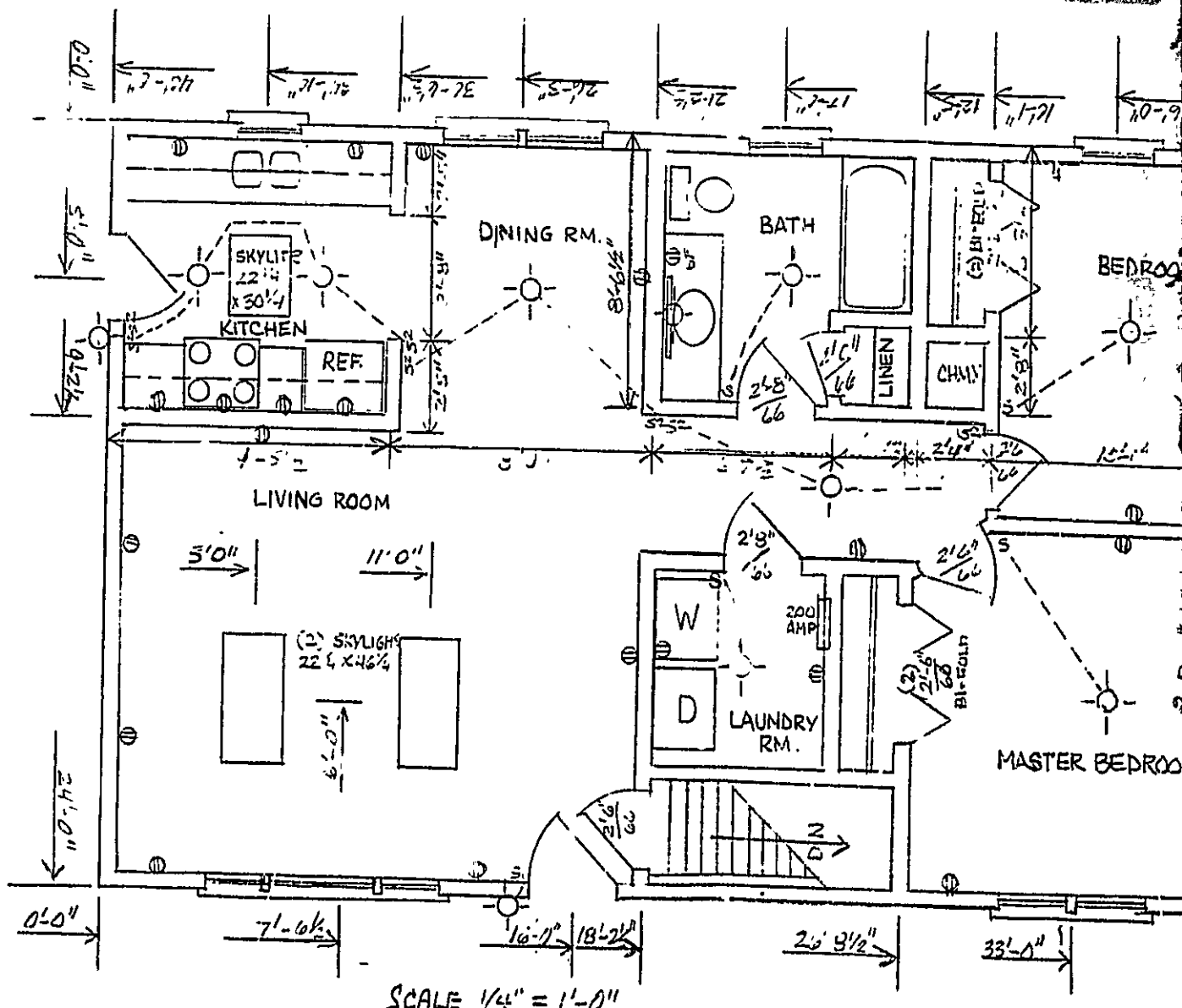
63.10'

LYNN STREET

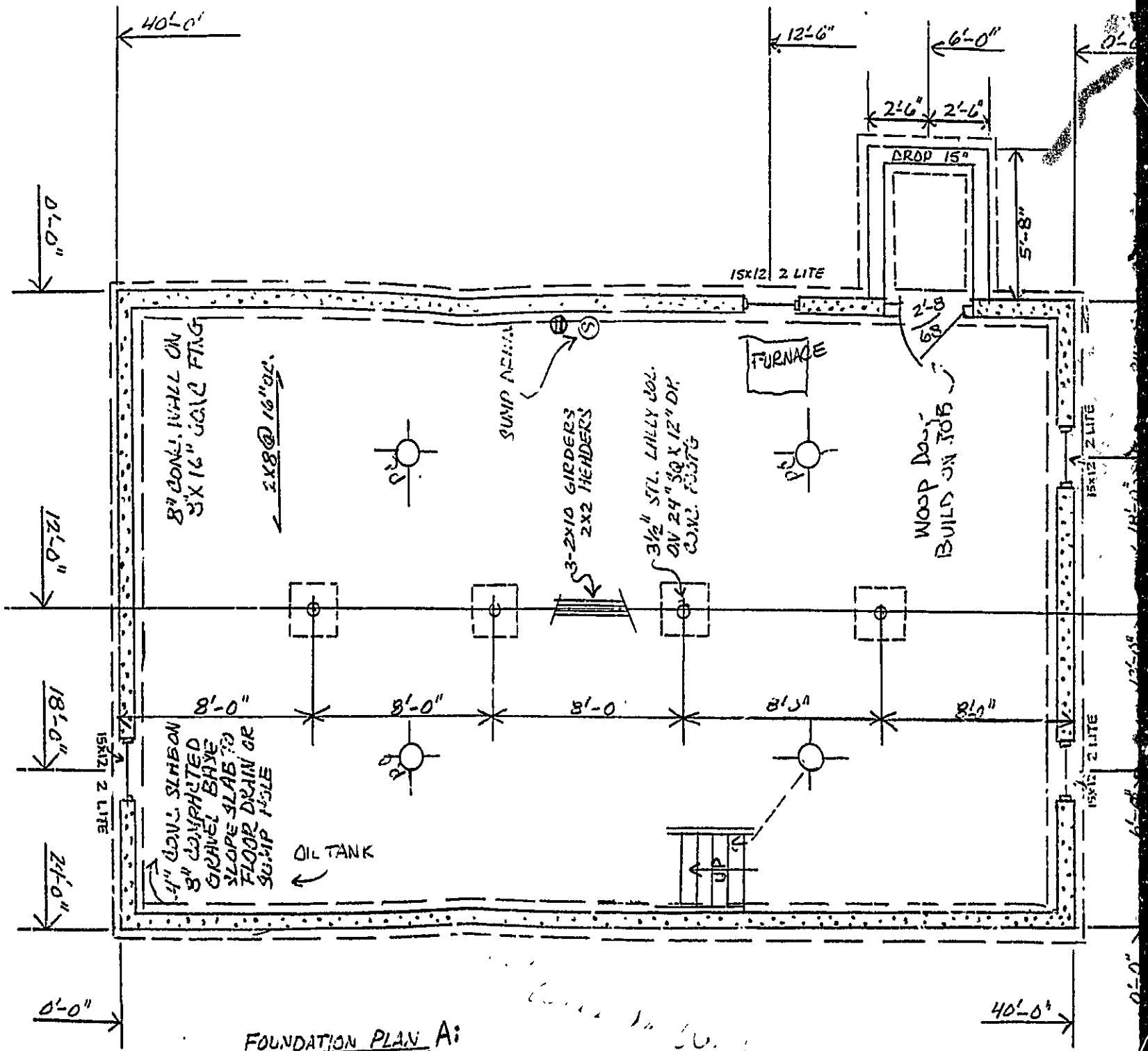




FRONT ELEVATION
SCALE $\frac{1}{4}'' = 1'-0''$



SCALE 1/4" = 1'-0"



FOUNDATION PLAN A:
 1/4" = 1'-0"

Applicant: Douglas B. Candage
Address: 106 Lynn St. Lot # 28
Assessors No.:

Date:

CHECK LIST AGAINST ZONING ORDINANCE

Date - 9-27-90

Zone Location - R-3

Interior or corner lot -

Use - single

Sewage Disposal - city

Rear Yards - 25' 25' req.

Side Yards - 9' + 8' 8' req.

Front Yards - 30' 25' req.

Projections - none

Height - 1 story

Lot Area - OK

Building Area - OK

Area per Family - entire

Width of Lot - OK

Lot Frontage - OK

Off-street Parking - 2 cars

Loading Bays - NA

Site Plan -

Shoreland Zoning -

Flood Plains -

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 106 Lynn Street

PROPERTY OWNERS NAME

Last: Amelotte First: David

Applicant Name: Lawrence E Keene

Mailing Address of Owner/Applicant (if Different): PO Box 143 Casco, Me 04015

Caution: Permit Required

PORTLAND 4026 TOWN COPY

10/17/90 1214

Lawrence E Keene L.P.I. # _____

Local Plumbing Inspector Signature

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.

Lawrence E Keene 10/17/90

Signature of Owner/Applicant Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date: 10/17/90

PERMIT INFORMATION

This Application is for:

1 NEW PLUMBING
2 RELOCATED PLUMBING

Type Of Structure To Be Served:

1 SINGLE FAMILY DWELLING
2 MULTIFAMILY OR MOBILE HOME
3 MULTIPLE FAMILY DWELLING
4 OTHER - SPECIFY _____

Plumbing To Be Installed By:

1 MASTER PLUMBER
2 OIL BURNERMAN
3 MFG'D HOUSING DEALER/MECHANIC
4 PUBLIC UTILITY EMPLOYEE
5 PROPERTY OWNER

JCT 18 1990

LICENSE # 11907

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1	
	Number Type of Fixture	Number Type of Fixture	
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures</p>	2 Hole, tub / Sillcock	1 Bathtub (and Shower)	
Number of Hook-Ups & Relocations			
Hook Up & Relocation Fee			
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1	
	2	6	
	2	2	
	8	8	
	\$	Fixtura Fee	
	\$	Hook-Up & Relocation Fee	
	\$2400	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



FILL IN AND SIGN WITH INK

902054

PERMIT ISSUED

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

OCT 22 1990

City Of Portland

Portland, Maine, 10/22/90

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications.

Location 106 Lynn St. Use of Building 1-fam dwlg No. Stories New Building Existing
Name and address of owner of appliance David Amolotte - 106 Lynn St; Ptd, ME
Installer's name and address Craig Herrick 642-2061 Telephone
P O Box 248; Standish, ME 04084
General Description of Work

To install forced hot water heating system

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath?
if so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same flue
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Beckett Labelled by underwriters' laboratories? yes
Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe 6 in
Location of oil storage basement Number and capacity of tanks one- 275-gallon
Low water cut off yes Make Hydro-Level No.
Will all tanks be more than five feet from any flame? yes How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burner, 275-gallon

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

New system - cost of work \$3700 Craig Herrick
Master oil burner license # 268796
Amount of fee enclosed? \$40

APPROVED: [Signature]

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? YES

[Signature] Laurence E. Keene for Craig Herrick

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

14 MA Lic 111

902054

FILL IN AND SIGN WITH INK

PERMIT ISSUED

OCT 22 1990

City Of Portland



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 10/22/90

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 106 Lynn St Use of Building 1-fam dwlg No. Stories New Building Existing "
Name and address of owner of appliance David Amollop - 106 Lynn St, Portland, ME
Installer's name and address Craig Herrick 642-2061 Telephone
P O Box 248, Standish, ME 04084
General Description of Work

To install forced hot water heating system

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same flue
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner XRXXXXX Beckett Labelled by underwriters' laboratories? yes
Will operator be always in attendance? no Does oil supply line lead from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe 6 in
Location of oil storage basement Number and capacity of tanks one 275-gal
Low water shut off yes Make Hydro-Level No
Will all tanks be more than five feet from any flame? yes How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners 275-gallon

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of tags, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smoke pipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

New system cost of work \$3700

Amount of fee enclosed? \$40

APPROVED:

[Signature]

Will there be in charge of the above protection person competent to see that the State and City regulations pertaining thereto are observed? yes

- 1. 1 1/2" FILL PIPE # 2687-95
2. 1 1/4" VENT PIPE
3. Kind of heat
4. Burner rigidity & support
5. Name & Label
6. Remote control
7. High limit control
8. Main cutoff switch
9. Low water cutoff
10. High limit control
11. Piping support
12. Capacity of tanks
13. Tank rigidity & support
14. Oil gauge
15. Instruction card
16. Oil leaks
17. Adequate ventilation
18. Smoke pipe is complete
19. Thermal control switch

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

[Signature]

[Signature]
[Signature]

NOTES

Horizontal lines for notes.

Permit No.
Location
Owner
Date of permit
Approved

Vertical lines for notes.

Vertical lines for notes.

- 1. 1 1/2" FILL PIPE
- 2. 1 1/4" VENT PIPE
- 3. Kind of heat
- 4. Burner rigidity & support
- 5. Name & Label
- 6. Remote control
- 7. High limit control
- 8. Main cutoff switch
- 9. Low water cutoff
- 10. High limit control
- 11. Piping support & protection
- 12. Valves in supply line
- 13. Capacity of tanks
- 14. Tank rigidity & support
- 15. Oil gauge
- 16. Instruction card
- 17. Oil leaks
- 18. Adequate ventilation
- 19. Smokepipe to combustible
- 20. Thermal control switch

Handwritten notes at the bottom left.

Handwritten notes at the bottom right.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 6/14/90, 19
 Receipt and Permit number 0059

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: 166-130 Lynn St. - second floor
 OWNER'S NAME: Ted Curn ADDRESS: same

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL <u>1-30</u>	FEE: <u>3.00</u>
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft.			
SERVICES:	Overhead _____	Underground _____	Temporary _____	TOTAL amperes _____	
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: 5.00

INSPECTION:
 Will be ready on now, 1990; or Will Call _____
 CONTRACTOR'S NAME: Young's Electric
 ADDRESS: 25 Evergreen Dr; Ptd
 TEL.: 797-0593
 MASTER LICENSE NO.: #03288
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:

Minimum fee

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

912541

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 35 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job Proper plans must accompany form

Owner: David Unsworth Phone # 191 9446
 Address: 106 Fessenden St; NW, 112 04103
 LOCATION OF CONSTRUCTION 106 Fessenden St
 Contractor: CWA Sub. _____
 Address: _____ Phone # _____
 Est. Construction Cost: 2600 Proposed Use: 1-2 unit town house
 Past Use: _____
 # 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 convert garage - 17' x 22'

PERMIT ISSUED
For Official Use Only
 Date: 4-30-91 Subdivision: _____
 Inside Fire Limit: _____ Name: _____
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Ownership: _____
 Estimated Cost: 2600 City: _____
CITY OF PORTLAND

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) _____
CKWA 5-1-91

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

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joist 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 Wal. if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____ Not in District nor Landmark.
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____ Does not require review.
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Approved.
 2. Sheathing Type _____ Size _____ Approved with Conditions.
 3. Roof Covering Type _____ Gated.
 4. Chimney: _____ Number of Fire Places _____ Date: 4/30/91
 Type: _____ Signature: _____

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.

Permit Received By: David Unsworth
 Signature of Applicant: David Unsworth Date: 4/30/91
 Signature of CEO: DAVID AMELLOTTE Date: _____
 Inspection Dates: _____

PERMIT ISSUED WITH REQUIREMENTS

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 35-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS 5-9-91 1st br. ' & slab check out OK 5-21 Garage is br.
framed up, 6-18 Garage complete

Signature of Applicant _____

Date _____

BUILDING PERMIT REPORT

ADDRESS: 105 Lynn St. DATE: 1/11/91

REASON FOR PERMIT: To Construct A one car

Garage 18x22'

BUILDING OWNER: David Amelotte

CONTRACTOR: 1111

PERMIT APPLICANT: 1

APPROVED: *1

CONDITION OF APPROVAL:

- * 1.) Before concrete for foundation is placed, approvals from ~~Public Works~~ and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 114 square feet per sprinkler.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The window must be operable from the inside opening without the use of special tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (ROCA National Building Code 1990, and N.F.P.A. 74).

8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fireresistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening.

10.) Section 25-.35 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

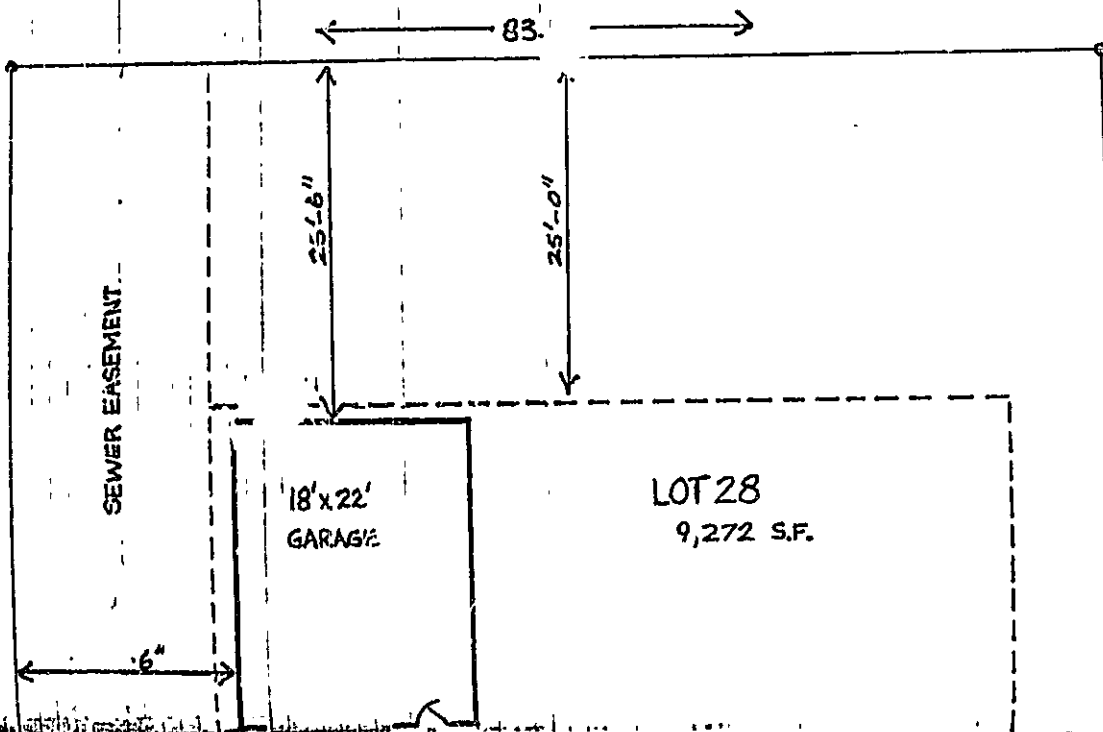
Sincerely,



P. Samuel Hovyes
Chief of Inspection Services

/el
11/16/88
11/27/90

DAVID AMELOTTE.
106 LYNN ST.
PORTLAND, ME. 04103
LOT 28



18' x 22'
GARAGE

LOT 28
9,272 S.F.

112.92

15-0"

8-0"

110.66

24' x 40'
RANCH

DRIVEWAY

25'-0"

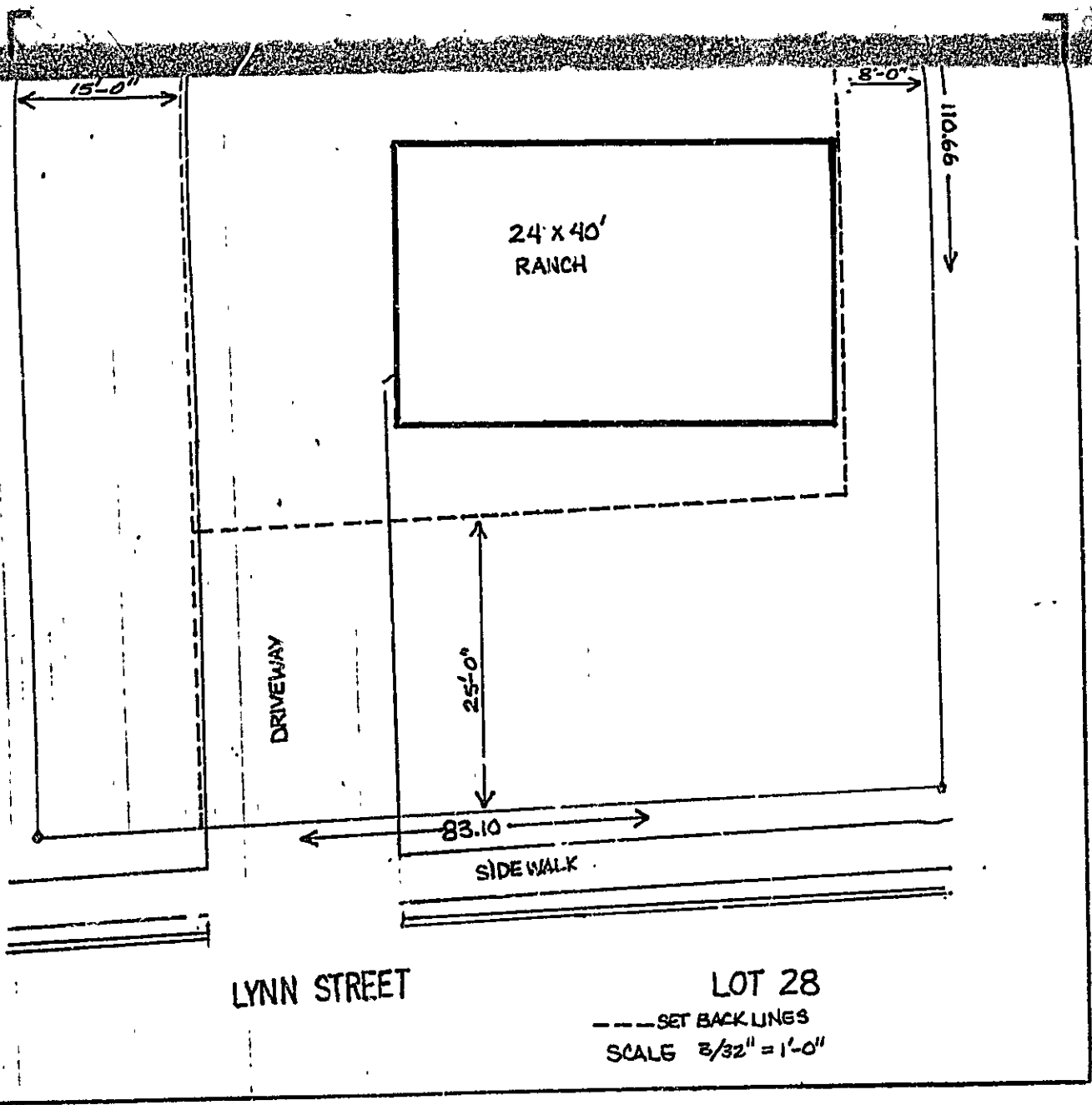
83.10

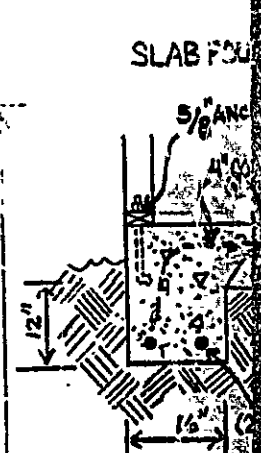
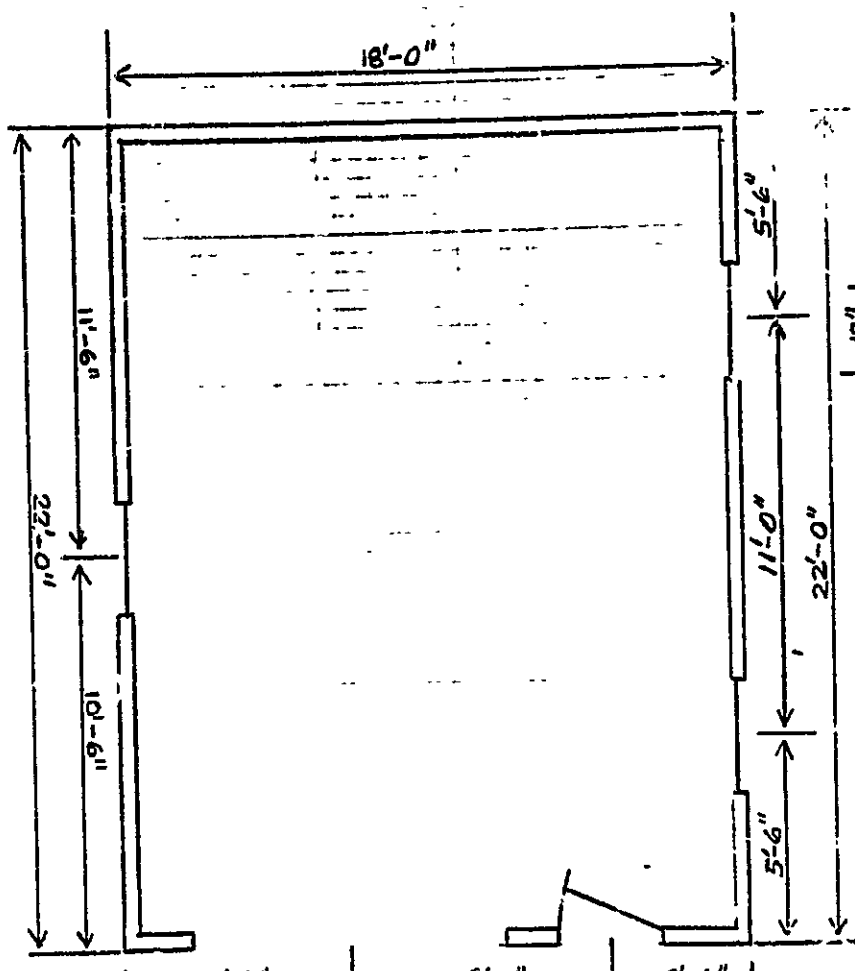
SIDEWALK

LYNN STREET

LOT 28

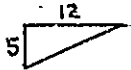
--- SET BACK LINES
SCALE 3/32" = 1'-0"





18'x22' FLOOR PLAN
SCALE 1/4"=1'-0"

DAVID AMELOTTE
106 LYNN ST.
PORTLAND, ME. 04103
LOT 28



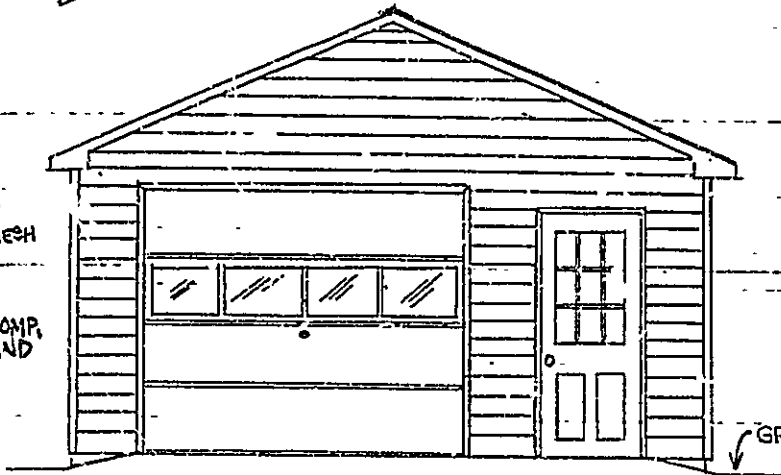
FOUNDATION

3/4" OR BOLT

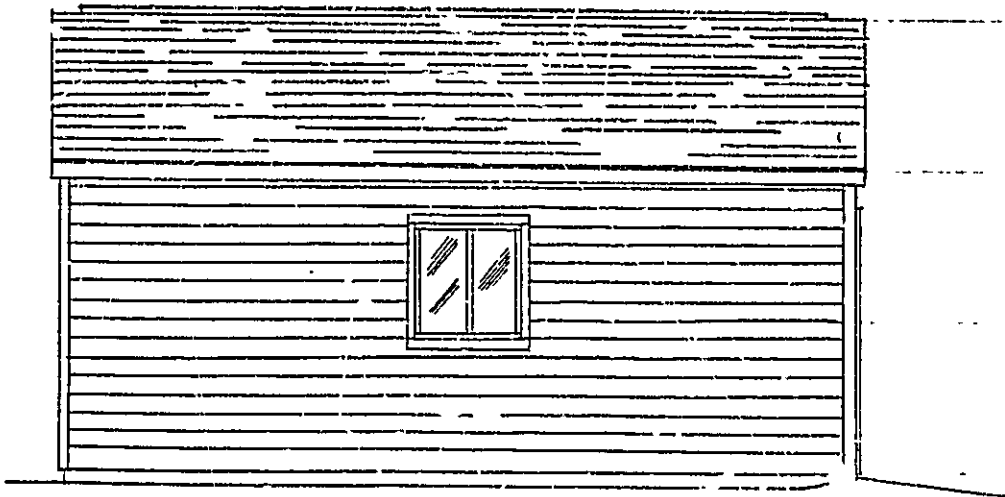
4" CONCRETE SLAB W/
6" WIRE MESH

4" COMP. SAND

4" REBAR



FRONT ELEVATION



SIDE ELEVATION

912541

City of Portland

BUILDING PERMIT APPLICATION Fee \$25 Zone _____ Map # _____ Lot# _____

Permit # _____ Please fill out any part which applies to job. Proper plans must accompany form. *x call when ready*

Owner: David Amelotto Phone # 799-9476
 Address: 106 Lynn St; Portland, Me 04103

LOCATION OF CONSTRUCTION 106 Lynn St

Contractor: owner Sub: _____ Phone # _____

Est. Construction Cost: \$2600 Proposed Use: 1- Jam w garage Zoning: P-3

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

of Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Residential _____ Condominium _____ Conversion _____

Explain Conversion const garage - 14' x 22'

For Official Use Only		PERMIT ISSUED MAY 2 1991 Public CITY OF PORTLAND
Date: <u>4-30-91</u>	Subdivision: _____	
Inside Fire Limits: _____	Name: _____	
Bldg Code: _____	Lot: _____	
Time Limit: _____	Ownership: _____	
Estimated Cost: <u>2600</u>		

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: OKUDA 5-1-91

Foundation:

- Type of Soil: _____ Rear _____ Side(s) _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____ Spacing 16" O.C.
- Jolts Size: _____
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size: _____ Spacing _____
- No. windows: _____
- No. Doors: _____
- Header Sizes: _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size: _____
- Insulation Type: _____ Size: _____
- Sheathing Type: _____ Size: _____ Weather Exposure _____
- Siding Type: _____
- Masonry Materials: _____
- Metal Materials: _____

Interior Walls:

- Studding Size: _____ Spacing _____
- Header Sizes: _____ Span(s) _____
- Wall Covering Type: _____
- Fire Wall if required: _____
- Other Materials: _____

Ceiling:

- Ceiling Joists Size: _____ Spacing _____ ~~Not in District or Landmark~~
- Ceiling Strapping Size: _____ Spacing _____ ~~Does not require review~~
- Type Ceilings: _____ Size: _____ ~~Requires Review~~
- Insulation Type: _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size: _____ Span _____ Actual: _____ Approved.
- Sheathing Type: _____ Size: _____ Approved with Conditions.
- Roof Covering Type: _____

Chimneys:

Type: _____ Number of Fire Places _____ Date: 4/30/91

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

- Approval of soil test if required Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____ Square Footage _____
- Fool Size: _____
- Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase
 Signature of Applicant: David Amelotto Date: 4/30/91
PERMITS ISSUED WITH REQUIREMENTS
 Signature of CEO: DAVID AMELOTTE Date: _____

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag-CEO 4 Mr. Keary © Copyright GPCOG 1988



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date October 17, 1991 19
 Receipt and Payment Number 7765

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 special laws:

LOCATION OF WORK: 106 Lynn St
 OWNER'S NAME: Dave Amelotte ADDRESS: 106 Lynn St

	FEES
OUTLETS:	
Receptacles <u>10</u> Switches <u>2</u> Plugmold _____ ft. TOTAL _____	2.40
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>6</u> (not strip) TOTAL _____	1.20
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
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 <u>1</u> _____	4.00
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: 15.00

INSPECTION: (Call TIM 1ST)
 Will be ready on 10-17-91, 19__; or Will Call _____
CONTRACTOR'S NAME: Tim Napolitano
ADDRESS: _____
TEL: 799-0538
MASTER LICENSE NO.: 7765 **SIGNATURE OF CONTRACTOR:** [Signature]
LIMITED LICENSE NO.: _____

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

