

300 ALLEN AVENUE



**APPLICATION FOR PERMIT**  
 DEPARTMENT OF BUILDING INSPECTION'S SERVICES  
 ELECTRICAL INSTALLATIONS

Date 8-3, 1978  
 Receipt and Permit number A12802

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: 300 Allen Avenue  
 OWNER'S NAME: Sara Cowan ADDRESS: same

OUTLETS: (number of) 1-30

Lights	_____	
Receptacles	_____	
Switches	_____	
Plugmold	_____ (number of feet)	
TOTAL	_____	FEEES 3.00

FIXTURES: (number of)

Incandescent	_____	
Fluorescent	_____ (Do not include strip fluorescent)	
TOTAL	_____	
Strip Fluorescent, in feet	_____	

SERVICES:

Permanent, total amperes	_____	
Temporary	_____	

METERS: (number of) \_\_\_\_\_

MOTORS: (number of)

Fractional	_____	
1 HP or over	_____	

RESIDENTIAL HEATING:

Oil or Gas (number of units)	_____	
Electric (number of rooms)	<u>1</u>	1.00

COMMERCIAL OR INDUSTRIAL HEATING:

Oil or Gas (by a main boiler)	_____	
Oil or Gas (by separate units)	_____	
Electric (total number of 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	_____	
Signs	_____	
Fire/Burglar Alarms	_____	
Circus, Fairs, etc.	_____	
Alterations to wires	_____	
Repairs after fire	_____	
Heavy Duty, 220v outlets	_____	
Emergency Lights, battery	_____	
Emergency Generators	_____	

INSTALLATION FEE DUE: \_\_\_\_\_  
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... \_\_\_\_\_  
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9) ..... \_\_\_\_\_  
 TOTAL AMOUNT DUE: 4.00

INSPECTION:  
 Will be ready on 8-3, 1978, or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: John DeBartolomeo  
 ADDRESS: 27 Bennett St.  
 TEL.: 773-3171

MASTER LICENSE NO.: 2546 SIGNATURE OF CONTRACTOR: John DeBartolomeo  
 LIMITED LICENSE NO.: \_\_\_\_\_

**CERTIFICATE OF APPROVAL**

FOR INTERNAL PLUMBING FOR THE TOWN/CITY OF Portland

OWNER James J. [Signature]

ADDRESS 300 [Signature] MAINE

Plumbing installed by [Signature]

Location where plumbing was done and inspected

Cert. of App. Number

**No. 13255 IC**

Date C.O.A. Issued

**AUG 8 1978**  
Month Day Year

Date Inspected

**AUG 7 1978**  
Month Day Year

Date Permit Issued

**8-7-78**

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING REGULATIONS.

Signature of LPI [Signature]

State Office Use Only  
Date Received

ORIGINAL - To be sent to: Department of Human Services  
Division of Health Engineering 221 State Street Augusta, Maine 04333

**INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF** Portland

Town/City Code 05120

LPI Number 1123

License Number 1652  
Master Plumber

Date Issued 8 22 78  
Month Day Year

PERMIT NUMBER

**No. 13255 IP**

Address of where Plumbing is done

300 ALLEN AVENUE  
St/Lot Number Street, Road Name/Subdivision

St. Rd. Av/Lot

Name of Owner

COMMAN F.I. M.I. [Signature]

Mailing Address

Zip Code

Type of Construction

- 1. New
- 2. Remodelling
- 3. Addition
- 4. Remodelling & Addition
- 5. Replacement of Hot Water Heater
- 6. Hook-up of Mobile Home
- 7. Minor Change
- 8. Other (Specify)

Plumbing to Serve

- 1. Single (Res)
- 2. Multi-Fam (Res)
- 3. Mobile Home
- 4. Mobile Home without Seal
- 5. Commercial
- 6. School
- 7. Other (Specify)

**SCHEDULE OF "FEES"**  
(See Sect. 1.12 of the Part I Code)

1-10 Fixtures \$2.00 each  
11-20 Fixtures \$1.00 each  
21 Fixtures on up \$ .50 each  
Hook-ups \$2.00 each  
Note: Hotwater Heater (tank or tankless) is considered a fixture!

Fixture	#	Fixture	#	Fixture	#
Sinks		Showers		Hot Water Heaters	
Toilets		Urinals		Floor Drains	
Bathtubs		Clothes Washers		Other	
Lavatories		Dish Washers		Hook-ups	

Quantity 2 Fee 4.00

Hook-ups 3 Fee 6.00

Administrative fee 3.00

Total or Double Fee 13.00

If Double Fee Check (X) Box

STATE OFFICE USE ONLY

Date Received

Receipt Number [Blank] Money Received \$ [Blank]

Administrative Code

Signature of LPI [Signature]

HHE-111 Rev. 077

This "Internal Plumbing Permit" is invalid if work is not commenced within six(6) months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained.  
Original - To be sent to: Department of Human Services, Division of Health Engineering, 221 State Street, Augusta, Maine 04333



# APPLICATION FOR PERMIT

B.O.C.A. USE GROUP ..... 0351 .....

B.O.C.A. TYPE OF CONSTRUCTION .....

ZONING LOCATION ..... PORTLAND, MAINE, ..... 1978

**PERMIT ISSUED**

MAY 11 1978

**CITY of PORTLAND**

To the DIRECTOR 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 ... 300 Allen Ave. .... Fire District #1  #2

1. Owner's name and address ... Sarah J. Cowan - same ..... Telephone .....

2. Lessee's name and address .....

3. Contractor's name and address ... Waring & Son - 185 Warren Ave. .... Telephone 854-9338

4. Architect .....

Proposed use of building ... dwelling ..... No. of sheets .....

Last use ... same ..... No. families ... 1 .....

Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....

Other buildings on same lot .....

Estimated contractual cost \$ 4,000 ..... Fee \$ 16.00

FIELD INSPECTOR—Mr. .... GENERAL DESCRIPTION

This application is for: @ 775-5451

- Dwelling .....
- Garage .....
- Masonry Bldg. ....
- Metal Bldg. ....
- Alterations .....
- Demolitions .....
- Change of Use .....
- Other ... dormer on rear of dwelling

To construct dormer on rear of dwelling 18ft. as per plans. 1 sheet of plans.

Stamp of Special Conditions

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

PERMIT IS TO BE ISSUED TO 1  2  3  4

### DETAILS OF NEW WORK

Is any plumbing involved in this work? ... No

Is any electrical work involved in this work? ... Yes

Is connection to be made to public sewer? .....

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 18 ft. depth ..... No. stories ..... solid or filled land? ..... earth or rock? .....

Material of foundation .....

Kind of roof ... pitch ..... Rise per foot ..... Roof covering ... asphalt shingles .....

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

Framing Lumber—Kind ... pine ..... Diameter or full size? ..... Dressing Corner posts .....

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 ... 2 x 8 ..... 2nd ..... 3rd ..... roof .....

On centers: 1st floor ... 16 ..... 2nd ..... 3rd ..... roof .....

Maximum span: 1st floor ..... 2nd ..... 3rd ..... roof .....

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

### 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: 05.2.81. 5/11/78

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 ... Waring & Son ... Phone # name .....

Type Name of above ... Waring & Son ..... 1  2  3  4

Other ..... and Address .....

FIELD INSPECTOR'S COPY

830765

Permit # 830765 City of Portland BUILDING PERMIT APPLICATION Fee 25.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Sarah Cowan Phone # \_\_\_\_\_  
 Address: 309 Allen Ave Portland, ME  
 LOCATION OF CONSTRUCTION 300 Allen Ave  
 Contractor: Waring & Sons Sub: \_\_\_\_\_  
185 Warren Ave Westbrook, ME 04092 Phone # 85499338  
 Address: \_\_\_\_\_  
 Est. Construction Cost: 1,400.00 Proposed Use: 1-fam w/ramp  
 Past Use: 1-fam  
 # 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 Install handicap access ramp

For Official Use  
 Date August 26, 1993  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_  
 L AUG 26 1993  
 Ownership \_\_\_\_\_  
**PERMIT ISSUED**  
**CITY OF PORTLAND**

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

Floor:  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing 15" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

Exterior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. 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 \_\_\_\_\_ Spar(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 6. Other Materials \_\_\_\_\_

Coiling:  
 1. Coiling Joists Size: \_\_\_\_\_  
 2. Coiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_  
**HISTORIC PRESERVATION**  
 Not in District nor Landmark.  
 Does not require review.  
 Requires Review.

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places 2

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 Mary Greshk  
 Signature of Applicant Mary Greshk Date Aug 19, 1993  
 Signature of CEO Harry Waring Date \_\_\_\_\_  
 Inspection Dates \_\_\_\_\_

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ \_\_\_\_\_

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Date
Done		9/3/93
above		

COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant Nancy E. W. [unclear]

Date \_\_\_\_\_

