PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland me

Street Subdivision Lot #: 112 Continental Dr.

PROPERTY OWNER'S NAME

Last: Chamberlain First: Steven

Applicant Name: David Mosley

Mailing Address of Owner/Applicant (If Different): P.O Box 1267

Caution: Permit Required

PORTLAND 3963 TOWN COPY

Date Received 8-29-90 $ 19 FEE ☐ Double Fee Charged

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.

Signature of Owner/Applicant _____ Date 8-29-90

Caution: Inspection Required

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

Local Plumbing Inspector Signature _____ Date Approved 9/14/90

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 BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 2467

Hook-Up & Piping Relocation
Maximum of 1 Hook-Up

_____ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

_____ HOOK-UP: to an existing subsurface wastewater disposal system.

_____ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

_____ Number of Hook-Ups & Relocations

$ _____ Hook-Up & Relocation Fee

Number	Column 2 Type of Fixture
_____	Hosebibb / Silcock
_____	Floor Drain
_____	Urinal
_____	Drinking Fountain
_____	Indirect Waste
_____	Water Treatment Softener, Filter, etc.
_____	Grease/Oil Separator
_____	Dental Cuspidor
_____	Bidet
_____	Other: _____
_____	Fixtures (Subtotal) Column 2

Number	Column 1 Type of Fixture
1	Bathtub (and Shower)
_____	Shower (Separate)
_____	Sink
1	Wash Basin
1	Water Closet (Toilet)
_____	Clothes Washer
_____	Dish Washer
_____	Garbage Disposal
_____	Laundry Tub
_____	Water Heater
_____	Fixtures (Subtotal) Column 1
_____	Fixtures (Subtotal) Column 2
3	Total Fixtures
$ 9.	Fixture Fee
$ _____	Hook-Up & Relocation Fee
$ 9.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

901223

Permit # _____ City of Portland _ BUILDING PERMIT APPLICATION Fee $125 Zone _____ Map # _____ Lot # _____

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

Owner: Cathy & David Moseley Phone # 797-2243

Address: 132 Continental Dr; Prtld, ME 04105

LOCATION OF CONSTRUCTION 132 Continental Dr.

Contractor: Seasonal Renovations Inc. 797-2230

Address: 18 Portland North Bus. Park Phone #

Est. Construction Cost Falmouth, ME 04105 Proposed Use: 1-fam w addition

21,000 Past Use: 1-fam

# of Dwelling Res. Units _____ # of New Res. Units _____

Proposed Dimensions L _____ W _____ Total Sq. Ft. _____

Stories _____ # Bedrooms _____ Lot Size: _____

Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion CONSTRUCT AN ADDITION - master bedroom

For Official Use Only — PERMIT ISSUED

Date 3/6/90 Subdivision Name _____

Inside Fire Limits _____ Lot _____

Bldg Code _____ Ownership Public

Time Limit _____ City Of Portland

Estimated Cost 21,000

Zoning: R-2

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 _____ 3-8-90

Other _____ (Explain) _____

OK WSH

901223

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. 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 _____

Ceiling:

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

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____ 8/6/90
3. Roof Covering Type _____ D. Hamilton

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.

Permit Received By Louise E. Chase

Signature of Applicant _____ Date: _____

John Kelly

Signature of CEO _____ Date: _____

PERMIT ISSUED WITH LETTER

Inspection Dates _____

3/6/90

White-Tax Assesor Yellow-GPCOG White Tag -CEO

4 - Mr Leary

PLOT PLAN

N ↑

FEES (Breakdown From Front)

Base Fee $ 125—
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS 8-9-90 No work yet 8-17-90 Shed has just started
9-6-90 Shed has all been framed up. Is set to close in
9-25-90 Flue pipe that is vented into garage will have to be removed
10-2-90 Flue pipe is being vented to the [illegible] [illegible]

Signature of Applicant John P. [illegible] **Date** 8/6/90

BUILDING PERMIT REPORT

ADDRESS: 112 Continental Dr. DATE: 3/19/98

REASON FOR PERMIT: To construct A master bedroom over garage

BUILDING OWNER: Kelly

CONTRACTOR: Seabreeze Renovations Inc.

PERMIT APPLICANT:

APPROVED: *6*7*98 DENIED:

CONDITION OF APPROVAL OR DENIAL:

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 placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.

*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 units must be operable from the inside opening without the use of separate 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 (0.53m^2). 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.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

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 6 inches cannot pass through any opening.

10.) Section 25-135 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,

L. Samuel Hoffses
Chief of Inspection Services

/el
11/16/88

901223

Permit # ______ City of Portland BUILDING PERMIT APPLICATION Fee $125 Zone ______ Map # ______ Lot# ______

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

Owner: Cathy & David Moseley Phone #

Address: 112 Continental Dr; Ptld, ME 04105

LOCATION OF CONSTRUCTION 112 Continental Dr.

Contractor: Seabreeze Renovations Inc. 797-2230

Address: 18 Portland North Bus. Park Falmouth, ME 04105 Phone #

Est. Construction Cost: 21,000. Proposed Use: 1-fam w addition

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 CONSTRUCT AN ADDITION - master bedroom

For Official Use Only PERMIT ISSUED

Date 3/6/90

Inside Fire Limits

Bldg Code

Time Limit

Estimated Cost 21,000

Subdivision: Name: Lot: Ownership: Public City Of Portland

Zoning: R-2

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 8-8-90

Other (Explain) OK WDd

HISTORIC PRESERVATION

Not in District or Landmark

Does not require review.

Requires Review.

Action: ✓ Approved.

Approved with Conditions

Denied

Date: 3/6/90

Signature: [signature]

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. 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

Ceiling:

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

Roof:

1. Truss or Rafter Size ______ Span ______
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 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 Louise E. Chase

Signature of Applicant [signature] John Kelly 3/6/90

Signature of CEO

Inspection Dates

PERMIT ISSUED WITH LETTER

MR Leahy

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date Sept. 5, 1980

Receipt and Permit Number 01572

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: 112 Continental Drive - sin. fam.

OWNER'S NAME: David Moseley ADDRESS: same

		FEES
OUTLETS:	30	
Receptacles x Switches x Plugmold ft TOTAL	30	6.00
FIXTURES: (number of)		
Incandescent x Fluorescent (not strip) TOTAL	10	3.00
Strip Fluorescent ft		
SERVICES:		
Overhead Underground Temporary TOTAL amperes	1	
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 1	Others (denote)	
TOTAL 1		1.50
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		
INSTALLATION FEE DUE:		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.1)		
TOTAL AMOUNT DUE:		7.50

INSPECTION:

Will be ready on Sept. 5, 19 80 or Will Call

CONTRACTOR'S NAME: T.A. Nason Elec.

ADDRESS: P.O. Box 2301, S.P. 04106

TEL.: 799-0538

MASTER LICENSE NO.: MC600 b27 SIGNATURE OF CONTRACTOR

LIMITED LICENSE NO.:

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATION

Permit Number 81578

Location 112 Cuthbert St

Owner Pillvin [illegible]

Date of Permit 9-5-90

Final Inspection 10-31-90

By Inspector [illegible]

Permit Application Register Page No. 95

INSPECTIONS: Service ______ by ______

Service connected in ______

Closing-in 9-6-90 by SB

PROGRESS INSPECTIONS

DATE:	REMARKS:
9-6-90	Notified contractor to inform elect. to bond interior water pipes