

Applicant: Mark Grandell

Date: 2-26-90

Address: Lot 37 ~~W. Allison~~ Allison Ave

Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date - 2-26-90

Zone Location - R-2

Interior or corner lot -

Use - single

Sewage Disposal - city

Rear Yards - 25' +

Side Yards - 15' + 14'

Front Yards - 25'

Projections - none

Height - 2 stories - grade must be as shown

Lot Area - 11,000 sq ft

Building Area - 1248 sq ft

Area per Family - entire

Width of Lot - ~~75'~~ 75'

Lot Frontage - 80'

Off-street Parking - 2 cars

Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

P/P/W
Steve Harris
 2/1/90

Applicant: Mark Crandell
 Mailing Address: Westlawn Ave - Portland, ME
 Proposed Use of Site: same
 Acreage of Site / Ground Floor Coverage: 11,000 Sq ft / 1243 sq ft
 Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No

Date: 2/1/90
 Address of Proposed Site: # 37 Allison Ave.
 Site Identifier(s) from Assessors Maps: 353-A-19
 Zoning of Proposed Site: R-2
 Proposed Number of Floors: 2
 Total Floor Area: 2136 sq ft

Other Comments: _____
 Date Dept. Review Due: _____

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	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED															REASONS SPECIFIED BELOW	

REASONS: Two City of Portland Standard Trees to be installed on Street Frontage. All damage to Curb, Sidewalk or Street must be repaired prior to issuance of Certificate of Occupancy.
 (Attach Separate Sheet if Necessary)

Steve Harris
 SIGNATURE OF REVIEWING STAFF / DATE

PUBLIC WORKS DEPARTMENT COPY

FILL IN AND SIGN WITH INK

900494

PERMIT ISSUED

JUN 11 1990

City Of Portland



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 5/25/90

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 45 Allison Ave Use of Building 1-family No. Stories New Building Existing

Name and address of owner of appliance D & W Realty;

Installer's name and address Bob's Burner Service Telephone 282-3437

P O Box 102; Biddeford, ME 04005

To install oil burner

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-Burhman-boiler Labeled by underwriters' laboratories? YES Will operator be always in attendance? yes Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner cement Size of vent pipe 1 & 1/4 inches Location of oil storage basement Number and capacity of tanks one 27.5-gallon Low water shut off yes Make OEM No. 170 Will all tanks be more than five feet from any flame? yes How many tanks enclosed? one Total capacity of any existing storage tanks for furnace burners

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

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

1. 1 1/4 VENT PIPE 2. Burner rigidity & support 3. Name & Label 4. Remote control 5. High limit control 6. Main cutoff switch 7. Low water cutoff 8. High limit control 9. Piping support & protection 10. Valves in supply line 11. Capacity of tanks 12. Tank rigidity & support 13. Oil gauge 14. Instruction card 15. Oil tank work a person competent to see that the State and 16. Adequate ventilation 17. Smokepipe to combustibles 18. Thermal control switch

Amount of fee enclosed? \$15.

APPROVED:

[Signature]

Will there be in charge of the work a person competent to see that the State and Adequate ventilation there to are observed? yes

Robert A. Petit

CS 300

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

[Signature]

NOTES

Installed

10-1-10

Permit No.
Location
Owner
Date of permit
Approved

- 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. Mfr. 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 comb
- 20. Thermal control switch

FILL IN AND SIGN WITH INK

900494 PERMIT ISSUED



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

JUN 11 1990

City Of Portland

Portland, Maine, 5/25/90

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 45 Allison AVE Use of Building 1-family No. Stories New Building Existing " D & W Realty;
Installer's name and address Bob's Burner Service Telephone 282-3437
P.O. Box 102; Biddeford, ME 04008

General Description of Work

To install joil burner

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-Durham boiler Labelled by underwriters' laboratories? yes
Will operator be at all times in attendance? yes Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner cement Size of vent pipe 1 & 1/4 inches
Location of oil storage basement Number and capacity of tanks one 275-gal. tank
Low water shut off yes Make OEM No. 170
Will all tanks be more than five feet from any flame? yes How many tanks enclosed? one
Total capacity of any existing storage tanks for furnace burners

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

Bob Petit - oil burner license #04174 - manager

Amount of fee enclosed? \$15.

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

Robert A. Petit

Signature of Installer

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

[Signature]

CS 300



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION Lot 37, Allison St.

Issued to Mark Crandell

Date of Issue 5/7/90

This is to certify that the building, premisses, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 90/0132, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family

Limiting Conditions:

This certificate supersedes
certificate issued

Approved: Michael Shea
(Date) Inspector

Samuel J. Hill
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

Permit # 0132 City of Portland BUILDING PERMIT APPLICATION Fee \$295 Zone R-2 Map # 353 Lot# A 19
 Please fill out any part which applies to job. Proper plans must accompany form.

M.H. P.D. D.L. B. B. E. V.

Owner: Jack Crandell Phone # _____
 Address: Westlawn Ave - Portland, ME
 LOCATION OF CONSTRUCTION Lot 14 Allison
 Contractor: D & W Realty Inc Sub: Call when ready will pick up
 Address: 891 Brighton Ave Ptld, ME Phone # 754-0000 892-0001
 Est. Construction Cost: 55,000 Proposed Use: 1 single-family home
 Past Use: n/a
 # of Existing Res. Units _____ # of New Res. Units 1
 Building Dimensions L 26' W 47'8" Total Sq. Ft. 2436 sq feet 1249
 # Stories: 2 # Bedrooms 3 Lot Size: 11,000 sq ft ±
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion single-family home

For Official Use Only
 Date: 2/1/90 Subdivision Name: _____
 Inside Fire Limits _____ Lot: _____
 Pldg Code _____ Ownership: FEB-26-1000 Private
 Time Limit _____
 Estimated Cost: 55,000
 City of Portland
 Zoning: R-2
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: Grade must be as shown
 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 Excavation _____
 Other (Explain): OK with 2-26-90

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 _____

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

Roof:
 1. Truss or Rafter Size _____
 2. Sheathing Type _____
 3. Roof Covering Type _____
 20C Span Size _____

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 Louisa
 Signature of Applicant Wayne Date 2-1-90
 Signature of CEO _____ Date _____
 Inspection Dates _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 3/27/90, 19
 Receipt and Permit number 01190

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: Lot #37, Allison Ave.

OWNER'S NAME: Mark Dion ADDRESS: Ptld

OUTLETS/LOT PLAN
 Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 90 8.00

FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL 25 5.50
 Strip Fluorescent _____ ft.

SERVICES:
 Overhead _____ Underground _____ x Temporary _____ TOTAL amperes 200.. 3.00
 METERS: (number of) 150

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	<u>1</u>	Water Heaters	_____
Cook Tops	_____	Disposals	<u>1</u>
Wall Oven	_____	Dishwashers	<u>1</u>
Dryers	_____	Compactors	_____
Fans	_____	Others (denote) -	<u>whirlpool - 1</u>
TOTAL Fees \$			<u>12.00</u>

Type	Inspection Record	Date

MISCELLANEOUS (number of)
 Branch Panel Fee \$ _____
 Transformers _____
 Air Conditioners Central Unit _____
COMMENTS ? Separate Units (windows)
 Signs 30 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" (304-16.5) DOUBLE-FEE DUE:
 TOTAL AMOUNT DUE: 29.00 Date 2-1-90

INSPECTION:
 Will be ready on 3/29 -am, 1990; or Will Call _____
 CONTRACTOR'S NAME: Weber Electric
 ADDRESS: 7 dal Path Way Gorham, ME 04038
 TEL.: 839-200
 MASTER LICENSE NO.: Gary Webber #04893 SIGNATURE OF CONTRACTOR: Gary Webber
 LIMITED LICENSE NO.: _____

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

INSPECTIONS: 5-18-90 SB
 Service called in 5-10-90 10:30 AM
 Closing in by

PROGRESS INSPECTIONS: 6-5-90

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

ELECTRICAL INSTALLATIONS
 Permit Number 01190
 Location LOT 37 ALLISON
 Date 2/11/90

Applicant Mark Grandell
 Westlawn Ave / Portland, ME /
 Mailing Address: Same
 Proposed Use of Site: single-family home

Final Inspection By Inspector
 Permit Application No. 1-90
 Lot 37
 Address of Proposed Site 353-A-19C
 Site Identifier(s) from Assessors Maps R-2
 Zoning of Proposed Site

Acres of Site 11,000 sq ft
 Ground Floor Coverage 1248 sq ft
 Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No
 Proposed Number of Floors 2
 Total Floor Area 2136 sq ft

Other Comments:
 Date Dept. Review Due:

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

COMPLIES
 COMPLIES CONDITIONALLY
 DOES NOT COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	PEAK YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW
 REASONS SPECIFIED BELOW

REASONS: OK W.N.A. 2-26-90

SIGNATURE OF REVIEWING STAFF/DATE
 BUILDING DEPARTMENT—ORIGINAL