

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

TOWN OR PLANTATION PORTLAND		PORTLAND PERMIT # 893 TOWN COPY Date Permit Issued: 12/5/85 \$ _____ FEE Date's Fee Charged: _____ Local Plumbing Inspector Signature: <i>Amelio P. DeLuca</i> L.P.I. # _____
STREET RIVERSIDE STREET		
PROPERTY OWNER'S NAME SHERIDAN CORPORATION		
Applicant Name SHERIDAN CORP.	First: _____	
Mailing Address of Owner/Applicant (if Different) P.O. Box 359 Fairfield, ME 04737		

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that my signature is reason for the Local Plumbing Inspector to deny a permit.

Sergio M. Indovina 3/18/85 *cancel* 9/19/85
Signature of Owner/Applicant Date Local Plumbing Inspector Signature Date Approved

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

THIS APPLICATION IS FOR: 1 <input checked="" type="checkbox"/> NEW SYSTEM 2 <input type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> SEASONAL CONVERSION 5 <input type="checkbox"/> EXPERIMENTAL SYSTEM			THIS APPLICATION REQUIRES: 1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3 <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4 <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 5 <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval			INSTALLATION IS COMPLETE SYSTEM 1 <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3 <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4 <input type="checkbox"/> TREATMENT TANK (ONLY) 5 <input type="checkbox"/> HOLDING TANK 6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM		
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1 <input type="checkbox"/> BED 2 <input type="checkbox"/> CHAMBER 3 <input type="checkbox"/> TRENCH 4 <input type="checkbox"/> OTHER _____			DISPOSAL SYSTEM TO SERVE: 1 <input type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input checked="" type="checkbox"/> OTHER OFFICE BLD SPECIFY APPROX 30 PERSONS			TYPE OF WATER SUPPLY PORTLAND WATER DISTRICT		
SIZE OF PROPERTY 6 ACRES		ZONING INDUSTRIAL						

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)					
TREATMENT TANK 1 <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2 <input type="checkbox"/> AEROBIC SIZE 1000 GALS		WATER CONSERVATION 1 <input checked="" type="checkbox"/> NONE 2 <input type="checkbox"/> LOW VOLUME TOILET 3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____		PUMPING 1 <input checked="" type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input type="checkbox"/> REQUIRED DOSE: _____ GALS	
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE B CONDITION C DEPTH TO LIMITING FACTOR 31		SIZE RATINGS USED FOR DESIGN PURPOSES 1 <input type="checkbox"/> SMALL 2 <input type="checkbox"/> MEDIUM 3 <input type="checkbox"/> MEDIUM-LARGE 4 <input checked="" type="checkbox"/> LARGE 5 <input type="checkbox"/> EXTRALARGE		DISPOSAL AREA TYPE/SIZE 1 <input type="checkbox"/> BED _____ Sq Ft. 2 <input type="checkbox"/> CHAMBER 960 Sq Ft. <input type="checkbox"/> REGULAR 14-20 3 <input type="checkbox"/> TRENCH _____ Linear Ft. 4 <input type="checkbox"/> OTHER _____	
CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 30 PERS X 15 GPD DESIGN FLOW 450 (GALLONS/DAY)					

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

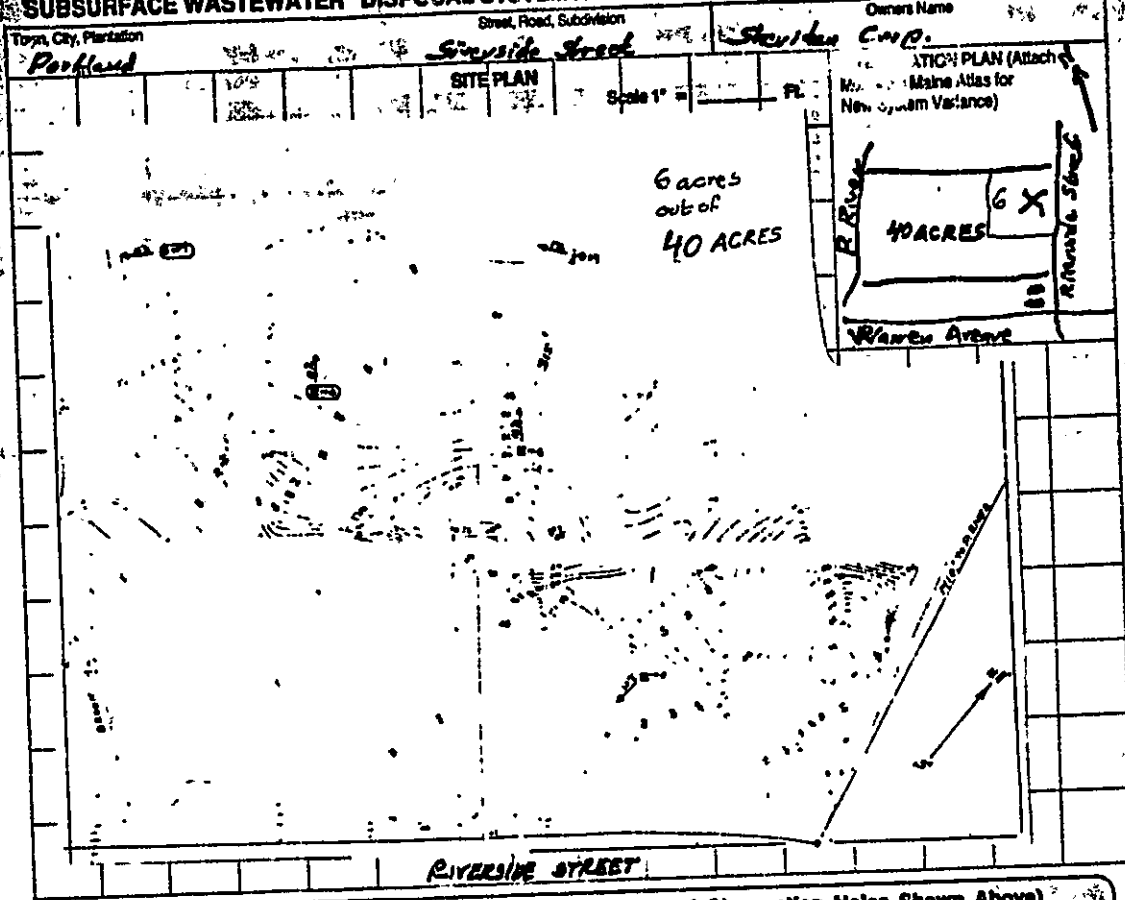
On Jan. 24 1985 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

E. J. R. P. **010 12304** **1/21-85**
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

Page 1 of 3
 * Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Order

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring					Observation Hole <u>TP-2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				
Depth of Organic Horizon Above Mineral Soil					Depth of Organic Horizon Above Mineral Soil				
Texture	Consistency	Color	Mottling		Texture	Consistency	Color	Mottling	
				0					0
	Loose	Dark Brown		6	Sandy Loam	Loose	Dark Brown		6
SANDY LOAM	Stable			15					15
		Lighter	Stable	20	Silty Sand	Stiff	Light Gray		20
				30					30
	Firm	Gray		40					40
				50					50
				60					60
				71"					71"
Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Seepage		Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Seepage	
<u>B</u> <u>C</u>	<u>10%</u>	<u>20</u>			<u>B</u> <u>8</u>	<u>8%</u>	<u>46</u>		

Lawrence Reak
Site Evaluator or Professional Engineer's Signature

090 / 2304

1/24/75

SEP / PE

Date

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1981-802 Rev. 4-80

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Portland
 Street, Road, Subdivision: Riverside Street
 Owners Name: Sheridan Corp.

SITE PLAN Scale 1" = _____ Ft.
 SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

6 acres out of 40 ACRES
 40 ACRES
 Riverside St.
 Main St.
 RIVERSIDE STR.

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>TP-3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>TP-4</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
1" Depth of Organic Horizon Above Mineral Soil		1" Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0			
5	Loose	Dark	
10	Frable	Brown	
15			Single
20	Firm	Light Gray	
30			
40	Firm	Gray	
50			
60			
70			
80			
90			
100			
Soil Classification: <u>C</u>		Slope: <u>18%</u>	
Limiting Factor: <u>22</u>		Limiting Factor: <u>15</u>	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Street, Road, Subdivision: Riverside Street
 Owners Name: Shoridan Corporation
 Town, City, Plantation: Portland
 Scale: 1" = 100'

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

6X
40 ACRES
RIVERSIDE ST.
WADSWORTH AVE.

GACRES out of 40 ACRES

RIVERSIDE ST.

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole: TP-5 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil: 1

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
4	Sandy Loam	Loose	Dark Brown	
10				
15				
20	Clay Loam	Firm	Dark Gray	Streak
25	Sandy			
30				
40	Clay	Firm	Dark Gray	
60	76"			

Soil Classification: C Slope: 10% Limiting Factor: 3L

Ground Water Restrictive Layer Bedrock

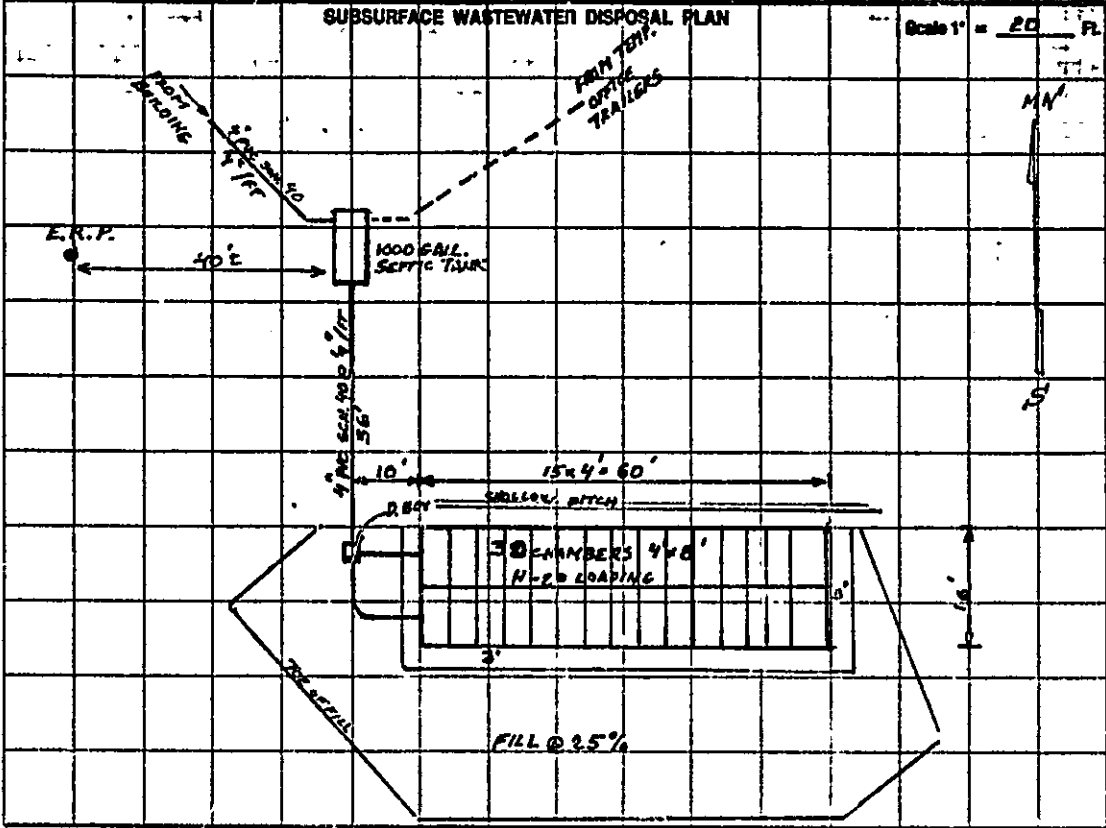
Lennart Ross 090/2304 4/24 1985

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HNE-200 Rev 4/83

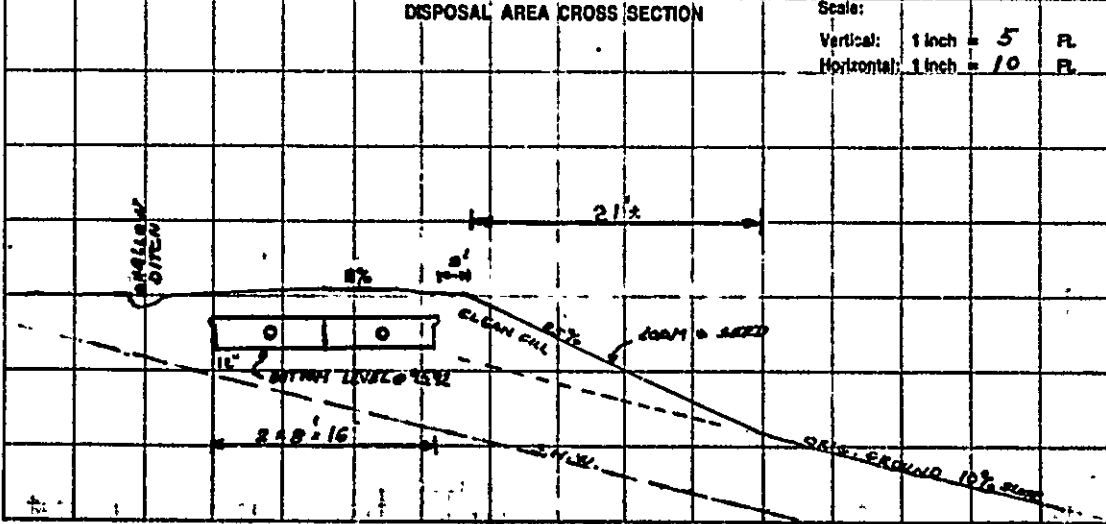
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND**
Street, Road, Subdivision: **RIVERSIDE STREET**
Owners Name: **SHERIDAN CORPORATION**



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	0'	Reference Elevation is	57.0'	Nail in tree (approx) ELEV. 57.0'	
Depth of Fill (Downslope)	2-9'	Bottom of Disposal Area	45.9'	40' west of S.T.	
		Top of Distribution Lines or Chambers	47.0'		



090/2304 Date: 2/1-85
 14E-200 Rev 4/83

RIVERSIDE STREET MISCELLANEOUS

1



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Dec. 16, 19 85
 Receipt and Permit number D-22955

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine: D 22955
 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: Riverside St., - across from Handyman Rental
 OWNER'S NAME: Nelson & Small ADDRESS: same

		FEES
OUTLETS:	Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	Incandescent _____ Flourescent _____ (not strip) TOTAL _____	
	Strip Flourescent _____ ft. _____	
SERVICES:	Overhead _____ Underground _____ Temporary <u>100</u> TOTAL amperes _____	<u>3.00</u>
METERS: (number of)	_____	<u>.50</u>
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 _____	
	INSTALLATION FEE DUE: _____	
	FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
	FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
	TOTAL AMOUNT DUE: _____	<u>3.50</u>
		min <u>5.00</u>

INSPECTION:
 Will be ready on ready, 19 85; or Will Call _____
CONTRACTOR'S NAME: Aladdin Electric
ADDRESS: 631 Forest Avenue
TEL.: 773-2296
MASTER LICENSE NO.: 1125 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

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

River Side

St

Miscellaneous

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND PERMIT # 1,279 TOWN COPY \$ _____ FEE L.P.I. # _____ Local Plumbing Inspector Equivalency
Town Or Plantation	PORTLAND	
Street	Riverside Street	
Sub-section Lot #		
PROPERTY OWNERS NAME		
Nelson & Small Inc.		
First		
The Sheridan Corporation		
P.O. Box 359		
Fairfield, ME 01737		
Owner/Applicant Statement		
I certify that the information submitted is correct to the best of my knowledge and I understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.		
Signature of Owner/Applicant _____ Date _____		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. Local Plumbing Inspector Signature _____ Date JAN 13 1986

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1 <input checked="" type="checkbox"/> NEW SYSTEM 2 <input type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> SEASONAL CONVERSION 5 <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2 <input type="checkbox"/> NEW SYSTEM VARIANCE 3 <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE 4 <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM 1 <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2 <input type="checkbox"/> PRIMITIVE SYSTEM 3 <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4 <input type="checkbox"/> TREATMENT TANK (ONLY) 5 <input type="checkbox"/> HOLDING TANK 6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1 <input type="checkbox"/> BSD 2 <input type="checkbox"/> CHAMBER 3 <input type="checkbox"/> TRENCH 4 <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1 <input type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input checked="" type="checkbox"/> OTHER <i>Warehouse/office approx. 85 employees</i>	TYPE OF WATER SUPPLY Portland Water District
SIZE OF PROPERTY 10 acres	ZONING Industrial	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1 <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2 <input type="checkbox"/> AEROBIC SIZE: 2000 GALS.	WATER CONSERVATION 1 <input checked="" type="checkbox"/> NONE 2 <input type="checkbox"/> LOW VOLUME TOILET 3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	PUMPING 1 <input type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED 3 <input type="checkbox"/> REQUIRED DOSE: 100+ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 85 pers @ 15 GPD/pers.
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: B CONDITION: C DEPTH TO LIMITING FACTOR: _____	SIZE RATINGS USED FOR DESIGN PURPOSES 1 <input type="checkbox"/> SMALL 2 <input type="checkbox"/> MEDIUM 3 <input type="checkbox"/> MEDIUM-LARGE 4 <input checked="" type="checkbox"/> LARGE 5 <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1 <input type="checkbox"/> BED _____ Sq Ft 2 <input checked="" type="checkbox"/> CHAMBER 2560 Sq Ft 3 <input type="checkbox"/> TRENCH _____ Linear Ft 4 <input type="checkbox"/> OTHER _____	DESIGN FLOW 1275 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

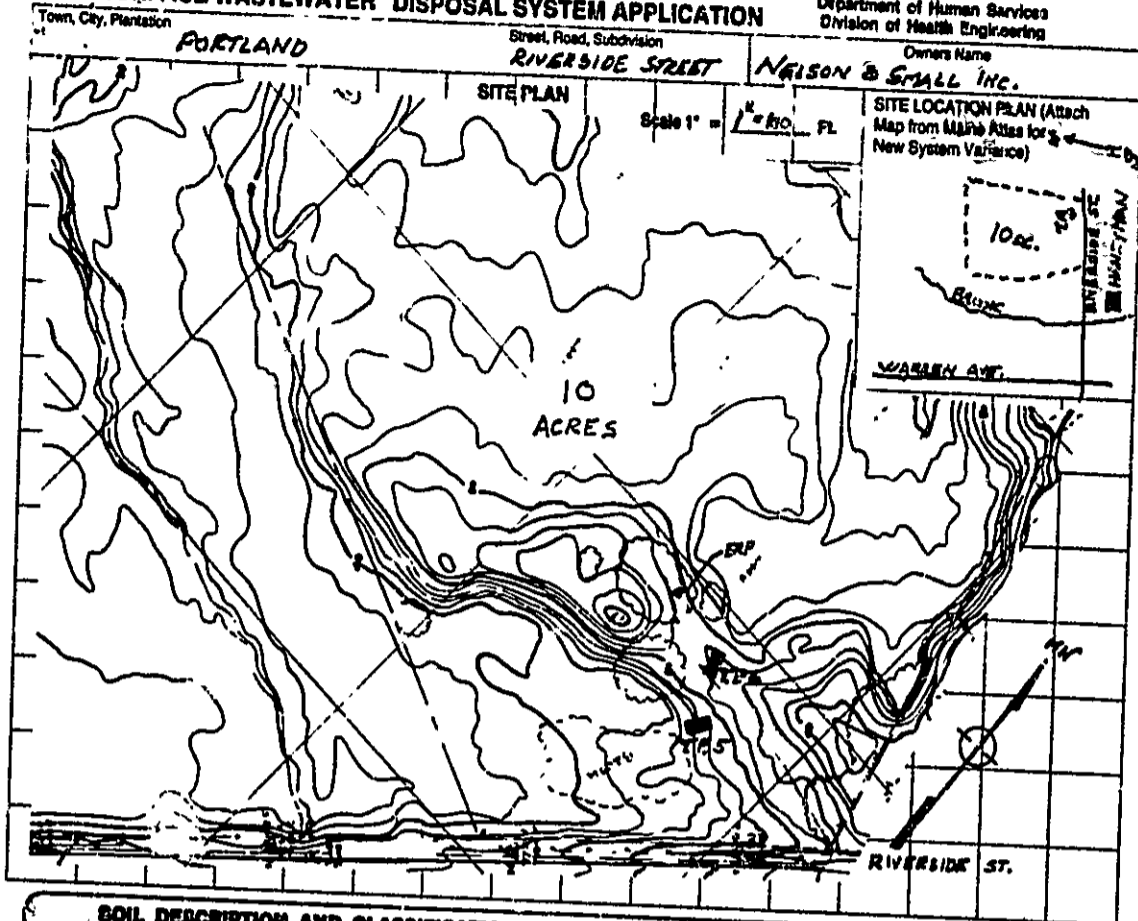
On Jan 11 1985 (date) I conducted a site evaluation for this project and certify that the information reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

E. J. [Signature] 90/2304 Date _____
 Site Evaluator or Professional Engineer's Signature SEE PE

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole <u>T.P. 5</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>T.P. 6</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
1" Depth of Organic Horizon Above Mineral Soil				1" Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-11" SANDY LOAM	LOOSE	DARK BROWN		0-11" SANDY LOAM	LOOSE	DARK BROWN	
11-23" SANDY CLAYEY LOAM	FIRMER	GRAYISH	SLIGHT	11-15" SANDY LOAM	FIRMER	GRAYISH	
23-40" CLAY	FIRM	DARK GRAY		15-23" PAN	FIRM	GRAY	SLIGHT
40-60" CLAY	FIRM	DARK GRAY		23-60" CLAY	BHR. CLAY		

Soil Type: B	Classification: C	Slope: 10%	Limiting Factor: 31	<input type="checkbox"/> Ground Water
				<input checked="" type="checkbox"/> Permeable Layer
				<input type="checkbox"/> Bedrock

Soil Type: B	Classification: C	Slope: 0%	Limiting Factor: 20	<input type="checkbox"/> Ground Water
				<input checked="" type="checkbox"/> Permeable Layer
				<input type="checkbox"/> Bedrock

LEONARD ROST
City of Portland Division of Health Engineering

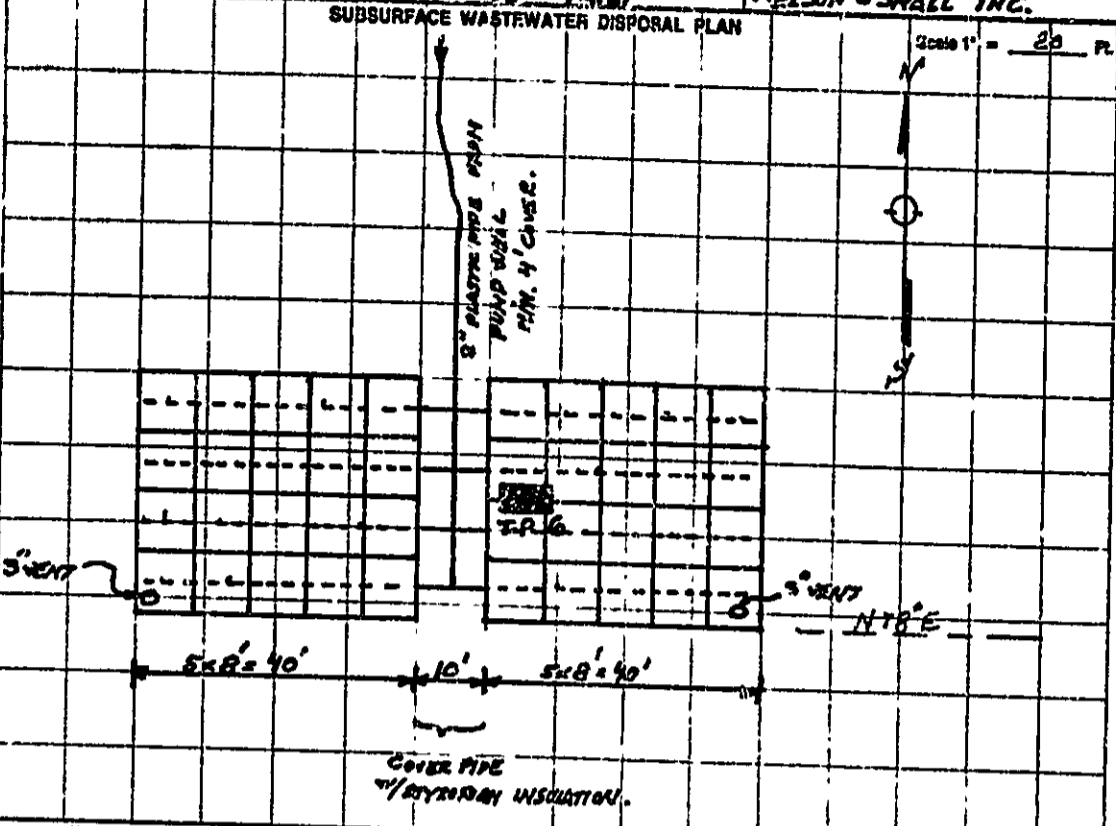
90/2404

9/11/1985

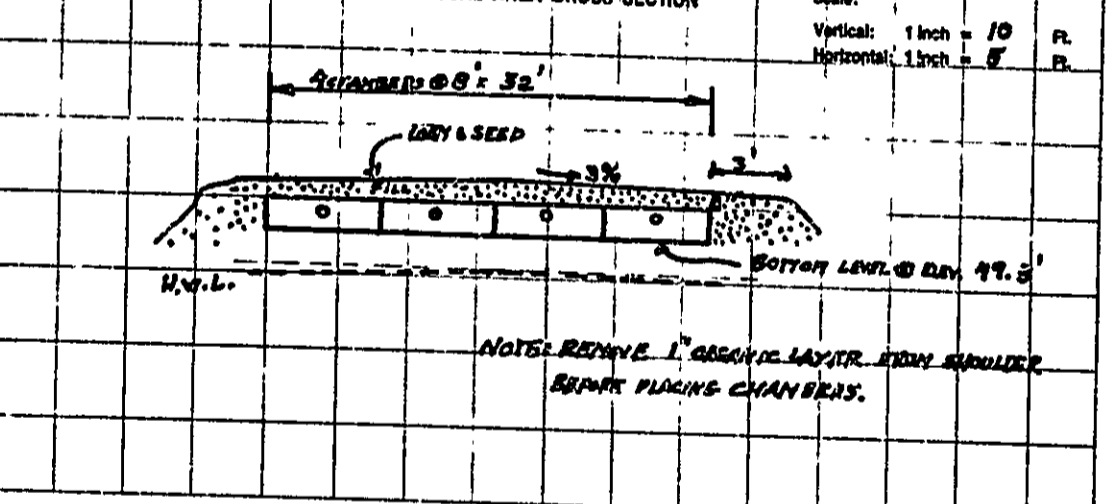
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **RIVERSIDE STREET** Owners Name: **NELSON & SMALL INC.**



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) ———	Reference Elevation is 47.0	NAIL IN TREE (PAVED DRIVE) ELEV. 47.0
Depth of Fill (Downslope) ———	Bottom of Disposal Area 47.2	
	Top of Distribution Lines or Chambers 49.32	



LENNART BORG 901-304 9/13/85 Page 3 of 3



The Sheridan Corporation

September 12, 1985

Mr. Harold E. Goodwin, L.P.I.
City Hall
Portland, ME 04101

Subject: Riverside Street

Dear Mr. Goodwin:

Enclosed please find original plus two (2) copies of Sub-surface Wastewater Disposal Application and check for \$40.00.

In February this year, we applied for and obtained your approval for a system based on smaller flow and T.P. No. 5. The approved system was never built. The enclosed application is for a larger chamber system for a new owner.

Very truly yours,

K. Lennart Rost, P.E.

RECEIVED

SEP 19 1985

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



PO BOX 266 • WESTERN AVENUE AT I-95, FAIRFIELD, MAINE 04937 • 207/453-9311

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: Riverside Street

Subdivision Lot #: _____

PROPERTY OWNERS NAME

Nelson & Small Inc.

Last: _____ First: _____

Applicant Name: The Skovidan Corporation

Mailing Address of Owner/Applicant (if different)

P.O. Box 357
Fallsdale, ME 04937

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any false information for the Local Plumbing Inspector is cause for a Permit.

Phyllis Carlson 9/15/85

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER <u>Warehouse/office</u> SPECIFY <u>approx. 85 persons</u></p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Portland Water District</u></p>
<p>SIZE OF PROPERTY <u>10 acres</u></p> <p>ZONING <u>Industrial</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>2000</u> GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: <u>100</u> GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>85 persons @ 150 gpd/person</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>B</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: _____</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>2560</u> Sq Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: <u>1875</u> (GALLOF DAY)</p>

SITE EVALUATOR STATEMENT

On Jan 29 & Sept 11 1985 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Phyllis Carlson 90 / 2304 9/13 - 1985

Site Evaluator or Professional Engineer's Signature SE# PE# Date

* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3825

PROPERTY ADDRESS

Town or Plantation: **PORTLAND**

Street: **Riverside Street**

Subdivision Lot #: _____

PROPERTY OWNER'S NAME

Nelson & Small Inc.

Last: _____ First: _____

Applicant Name

The Sheridan Corporation

Mailing Address of Owner/Applicant (if different): **P.O. Box 359
Fairfield, ME 04937**

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding that any false information is a violation of the Maine Subsurface Wastewater Disposal Rules.

[Signature]
Signature of Owner/Applicant

9/15/85
Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER <i>Wharhouse office</i> SPECIFY <i>approx. 85 persons</i></p>	<p>TYPE OF WATER SUPPLY</p> <p><i>Portland Water District</i></p>
<p>SIZE OF PROPERTY: 10 acres</p> <p>ZONING: Industrial</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 2000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: 100t GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><i>85 persons @ 156 gpd/person</i></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: B CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: _____</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 2560 Sq Ft</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW 1275 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On **Jan 29 & Sep 11 1985** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature]
Site Evaluator or Professional Engineer's Signature

90 / 2304 SE# PE#

9/13 - 1985 Date

Page 1 of 3
HME-200 Rev 4'83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3328

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: Riverside Street

Subdivision Lot #:

PROPERTY OWNERS NAME

Last: Nelson & Small Inc. First:

Applicant Name: The Sheridan Corporation

Mailing Address of Owner/Applicant (if different): P.O. Box 359, Freeport, ME 04937

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any false information is cause for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 9/15/85

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE (Attach New System Variance Form)
- REPLACEMENT SYSTEM VARIANCE (Attach Replacement System Variance Form)
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER: Warehouse/office approx. 85 persons

INSTALLATION IS COMPLETE SYSTEM:

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

SIZE OF PROPERTY: 10 acres **ZONING:** Industrial

TYPE OF WATER SUPPLY: Portland Water District

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK:

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 2000 GALS

WATER CONSERVATION:

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING:

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: 100 GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.): 85 persons @ 150 gpd/person

SOIL CONDITIONS USED FOR DESIGN PURPOSES:

PROFILE: B CONDITION: C

DEPTH TO LISTING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES:

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE & SIZE:

- BED _____ Sq. Ft.
- CHAMBER 8560 Sq. Ft.
- REGULAR 4-20
- TRENCH _____ Linear Ft.
- OTHER _____

DESIGN FLOW: 1275 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On Jan 29 & Sep 11 1985 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature of Professional Engineer: [Signature] SEP/PE#: 90/2304 Date: 9/13-1985

* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

Page 1 of 3
HHE 200 Rev 4/83

MISCELLANEOUS - RIVERSIDE STREET



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 8-17- , 19 81
 Receipt and Permit number A73046

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: 901-1 Riverside & Forest Ave. 0184
 OWNER'S NAME: Dalfonzo Construction ADDRESS: Presumpscot St., Portland FEES

OUTLETS:
 Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

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

SERVICES:
 Overhead Underground _____ Temporary TOTAL amperes 60 3.00
 METERS: (number of) 1 .50

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 _____

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____
 TOTAL AMOUNT DUE: 3.50

INSPECTION:
 Will be ready on _____, 19 ____; or Will Call
 CONTRACTOR'S NAME: Mancini Elec.
 ADDRESS: 179 Sheridan St., Portland
 TEL.: 77405829
 MASTER LICENSE NO.: 2436 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS —

Permit Number 73046
Location Gate 1 Riverside Forest
Owner D. Adams
Date of Permit 8-17-81
Final Inspection 8-21-81
By Inspector Willby
Permit Application Register Page No. 95

INSPECTIONS: Service Temp by Willby
Service called in 8-21-81
Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

CODE COMPLIANCE COMPLETED DATE <u>8-21-81</u>
--

DATE:	REMARKS:

Gate copy from above.

PERMIT TO INSTALL PLUMBING

Date Issued **4-5-79**
 Portland Plumbing Inspector
 By **ERNOLD R. GOODWIN**
 App. First Insp. **1978**
 Date By
 App. Final Insp. **APR 10 1979**
 Date By
 Type of Bldg.
 Commercial
 Residential
 Single
 Multi Family
 New Construction
 Remodeling

ERNOLD R. GOODWIN
 CHIEF PLUMBING INSPECTOR

Address **81 Riverside street** PERMIT NUMBER **1852**
 Installation For **Comm - Hotel**
 Owner of Bldg **Holiday Inn**
 Owner's Address **name**
 Plumber **Rudi the Plumber-1231 Forest Ave. 4-5-79** Date: **4-5-79**
 NEW REPL. IND. FEE

		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
	xx	TANKLESS WATER HEATERS	1	2.00
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
		HOUSE SEWERS base fee		3.00
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
			TOTAL	5.00

Building and Inspection Services Dept.: Plumbing Inspection



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Dec. 10, 19 79
 Receipt and Permit number A 39793

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: Riverside St. - Exit Sunoco
 OWNER'S NAME: Sebber Petroleum ADDRESS: Portland, Me.

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u>	3.00
METERS: (number of) <u>1</u>	.50
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 _____	

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b)
TOTAL AMOUNT DUE: 3.50

INSPECTION:
 Will be ready on xx, 1979; or Will Call _____
CONTRACTOR'S NAME: Hannans Electric
ADDRESS: 51 Lawn Ave. So. Portland, Me.
TEL.: _____
MASTER LICENSE NO.: 2885 **SIGNATURE OF CONTRACTOR:** Larry Hannan
LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date Oct. 6, 19 78
 Receipt and Permit number A 13018

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: Riverside & Warren Ave.
 OWNER'S NAME: City of Portland ADDRESS: _____

OUTLETS:	FEE
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Flourescent _____ (not strip) TOTAL _____	
Strip Flourescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>30</u> ..	<u>3.00</u>
METERS: (number of) <u>1</u> ..	<u>.50</u>
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: <u>3.50</u>

INSPECTION: Will be ready on ready, 19 78; or Will Call _____
 CONTRACTOR'S NAME: A. D. Electric
 ADDRESS: 64 Grove St. Lewiston
 TEL.: 784-0377
 MASTER LICENSE NO.: 2384 SIGNATURE OF CONTRACTOR: *Andrew D. Estel*
 LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

filed

Date Feb. 6, 1984
 Receipt and Permit number B 19874

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: Riverside Street - Maintenance Shop for City
 OWNER'S NAME: City of Portland, Ma. ADDRESS: _____

OUTLETS:		FEES		
Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	_____
FIXTURES: (number of)				
Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
Strip Flourescent _____	ft. _____			
SERVICES:				
Overhead <u>x</u> _____	Underground _____	Temporary _____	TOTAL amperes <u>200</u>	<u>3.00</u>
METERS: (number of) <u>1</u>				<u>.50</u>
MOTORS: (number of)				
Fractional <u>1</u>				<u>.50</u>
1 HP or over <u>1</u>				<u>1.00</u>
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 <u>1</u>				<u>2.00</u>
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: 7.00

INSPECTION:
 Will be ready on ready, 1984; or Will Call _____
 CONTRACTOR'S NAME: Thomas Handlon & Sons
 ADDRESS: 38 Bolton St.
 TEL: _____
 MASTER LICENSE NO.: 774762
 LIMITED LICENSE NO.: 4322 SIGNATURE OF CONTRACTOR: *Thomas Handlon*

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

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 0.0085
ZONING LOCATION PORTLAND, MAINE Feb. 4, 1965

PERMIT ISSUED

FEB 6 1965

CITY OF PORTLAND

To the CHIEF 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 .. Rivarais Street (across from Handyman) Fire District #1 [] #2 []
1. Owner's name and address .. Sheridan Corp., 715 N. W. ... Telephone
2. Lessee's name and address .. E. Western Avenue, Fairfield, ME Telephone
3. Contractor's name and address .. SAME Telephone

Proposed use of building No. of sheets
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot

Estimated contractual cost \$ Appeal Fees \$
FIELD INSPECTOR—Mr. @ 775-5451 Base Fee
Late Fee
TOTAL \$ 15.00

to permit erection of trailer to be used as temporary offices

Stamp of Special Conditions

send to: Sheridan Corp. P.O. Box 359 Fairfield, ME 04937

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? YES Is any electrical work involved in this work? YES
Is connection to be made to public sewer? If not, what is proposed for sewage?
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 depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
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 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

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 MISCELLANEOUS
BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING:
BUILDING CODE: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?
Fire Dept:
Health Dept:
Others:

Signature of Applicant Phone #
Type Name of above Edward Lenhart, Inc. 1 [] 2 [] 3 [] 4 []
Sheridan Corp. Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

CODE
COMPLIANCE
COMPLETED
DATE JULY 18 7/29/86

Date _____, 1985
Receipt and Permit number 24338

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: Riverside St. - next to Wickes Lumber
OWNER'S NAME: xx Quipco Inc. ADDRESS: 142 Pleasant Hill Rd. Scarborough

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead _____	Underground _____	Temporary <u>100</u>	TOTAL amperes _____	<u>3.00</u>
METERS: (number of)	<u>1</u>				<u>.50</u>
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 _____			
	Fa. _____	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: 3.50
xx fee off from Pole 125 min 5.00

INSPECTION:
Will be ready on XX, 1986; or Will Call _____
CONTRACTOR'S NAME: Vern Cassidy
ADDRESS: Box 438 Steep Falls
TEL.: 642-2188
MASTER LICENSE NO.: 2874
LIMITED LICENSE NO.: _____
SIGNATURE OF CONTRACTOR: Vern Cassidy

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

LANGFORD & LOW, INC.

GENERAL CONTRACTORS



P. O. BOX 662 — PORTLAND, MAINE 04104

TELEPHONE 797-5141

Sept. 10, 1985

City of Portland
Building Inspection Department
389 Congress Street
Portland, Maine 04101

Linside St.

Re: Douglas Brothers
50' x 200' Addition

Attn: Mr. P. Samuel Hoffsee

Dear Mr. Hoffsee:

In answer to your letter of August 7, 1985 I would like to submit the following:

The foundation was designed by William J. Langford and the stamp appears on the bottom of this letter.

No structure was built within the sewer right of way.

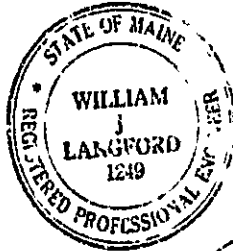
The existing drainage swale was not filled or altered.

The existing sewer was not installed by us. Douglas Brothers would have to let you know about the location. We have notified them of this request. I hope the above will answer all the questions you have on this building.

Very truly yours,

William J. Langford

William J. Langford



William J. Langford

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

FEB 6 1985

B.O.C.A. TYPE OF CONSTRUCTION 00085

ZONING LOCATION .. F-1 .. PORTLAND, MAINE .. Feb. 4, 1985

CITY of PORTLAND

To the CHIEF 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 .. Riverside Street (across from Handyman) .. Fire District #1 , #2

1. Owner's name and address Sheridan Corp., 388 BROADWAY Telephone

2. Lessee's name and address .. Western Avenue, Fairfield, ME .. Telephone

3. Contractor's name and address .. SAME .. Telephone

..... No. of sheets

Proposed use of building

..... No. families

Last use

..... No. families

Material

..... No. stores

..... Heat

..... Style of roof

..... Roofing

Other buildings on same lot

Estimated contractual cost \$

FIELD INSPECTOR—Mr.

..... Appeal Fees \$

@ 773-5451

..... Base Fee

..... Late Fee

TOTAL \$.. 15.00

to permit erection of trailer to be used as temporary offices

Send to: Sheridan Corp. P.O. Box 359 Fairfield, ME 04937

Stamp of Special Conditions PERMIT ISSUED WITH LETTER

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? .. yes .. Is any electrical work involved in this work? .. yes ..

Is connection to be made to public sewer? .. If not, what is proposed for sewage? ..

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

Material of foundation .. Thickness, top .. bottom .. cellar ..

Kind of roof .. Rise per foot .. Roof covering ..

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

Framing Lumber—Kind .. Dressed or full size? .. Corner posts .. Sills ..

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 .. 2nd .. 3rd .. roof ..

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

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

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

IF A GARAGE

No. cars now accommodated on same lot .., to be accommodated .. number of 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: .. D.K.

BUILDING CODE:

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

Type Name of above .. ~~XXXXXXXX~~ .. 1 2 3 4

Lennart Rost Other ..

Sheridan Corp and Address

PERMIT ISSUED WITH LETTER

APPLICANT'S COPY

OFFICE FILE COPY

Handwritten initials and date: (2) MA 5/10/85

NOTES

3/25/85.
Alteration -

Permit No 85/085
Location Riverside St.
Owner Anderson Corp.
Date of permit 3-1-85
Approved J. S. [unclear]
Dwelling 3000 Frank
Garage
Alteration

Large section of the form containing multiple horizontal lines, mostly blank, with a large 'X' drawn across the right-hand portion.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Jan 15³⁰, 19 86
 Receipt and Permit number D-23111

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: Riverside St.
 OWNER'S NAME: Nelson & Small ADDRESS same

OUTLETS:	FEE
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary <input checked="" type="checkbox"/> TOTAL amperes <u>100</u>	<u>3.00</u>
METERS: (number of) <u>1</u>	<u>.50</u>
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) ... DOUB. E FEE DUE
 TOTAL AMOUNT DUE: 3.50
 min 5.00

INSPECTION Will be ready on _____, 19____; or Will Call _____
 CONTRACTOR'S NAME: Aladdin Electric
 ADDRESS: 631 Forest Avenue
 TEL: 773-2296
 MASTER LICENSE NO.: _____ on file SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Portland
 Street: Kingside Street
 Subdivision Lot #: _____
 PROPERTY OWNER'S NAME:
Nelson & Small
 Last: _____ First: _____
 Applicant Name: The Genlex Co, Inc
 Mailing Address of Owner/Applicant (if Different): PO Box 662 Portland, Me 04101

PORTLAND PERMIT # 1,606 TOWN COPY
13/12/86 \$ _____ FEZ _____
Small R. Deane L.P.I. # _____
 Date of Issuance: _____

Owner/Applicant Statement
 I certify that the information submitted is correct to the best of my knowledge and understanding and that any falsification is a reason for the Local Plumbing Inspector to deny a Permit.
John H. Deane, P.E. 3/7/86
 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 Approved: **AUG 13 1986**

PERMITS 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: Commercial

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 # 00073

Number	Hook-Ups And Piping Relocation	Column 2		Column 1	
		Number	Type of Fixture	Number	Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	1	Household / Sillcock		Bathroom (and Shower)
		6	Floor Drain		Shower (Separate)
		3	Urinal	2	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.	2	Drinking Fountain	12	Wash Basin LAVS
			Indirect Waste	15	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
			Grease, Oil Separator		Dish Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____	3	Water Heater
	Hook-Ups (Subtotal)		Fixtures (Subtotal) Column 2	32	Fixtures (Subtotal) Column 1
	Hook-Up Fee	12		12	Fixtures (Subtotal) Column 2
				44	Total Fixtures
				\$ 74.	
				\$	
				\$ 74.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date: September 23, 19 85
 Receipt and Permit number 04357

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: Riverside Street (across from golf course -- I he says
 OWNER'S NAME: Douglas Bros. ADDRESS: you know where.

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL <u>30-60</u>	FEES
FIXTURES: (number of)	Incaudescant _____	Flourescent _____	(not strip) TOTAL <u>21</u>		<u>5.00</u>
	Strip Flourescent _____	ft. _____			<u>4.10</u>
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>	_____			
	Transformers _____	<u>1.00</u>			
	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 <u>20</u>	<u>20.00</u>			
	over 30 am _____	_____			
	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: 30.10

INSPECTION:
 Will be ready on _____, 19__; or Will Call x
 CONTRACTOR'S NAME: John Labrecque L & L Electric
 ADDRESS: RFD #2, Box 283 Gorham
 TEL: 892-6217
 MASTER LICENSE NO.: 02459
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:
John Labrecque

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

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 544...

ZONING LOCATION PORTLAND, MAINE May 21, 1934..

PERMIT ISSUED
MAY 24 1934
CITY OF PORTLAND

To the CHIEF 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 Riverside Street, Corner of Brighton Avenue... Fire District #1 [] #2 []

1. Owner's name and address Budget Inn - Telephone
2. Lessee's name and address Telephone
3. Contractor's name and address Fireshield Sprinkler, P. O. Box 2267 ... Telephone ... 883-2261
517A U.S. Ste #1 Scarborough No. of sheets

Proposed use of building hotel... No. families

Lot use same... No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$.8,930.00 Appeal Fees \$

FIELD INSPECTOR-Mr Carroll Base Fee .55.00

@ 775-5451

Late Fee

TOTAL \$ 55.00

To install fire protection system, to serve entire hotel 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.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... NO ... Is any electrical work involved in this work? ... NO ...
Is connection to be made to public sewer? ... If not, what is proposed for sewage? ...
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 ... depth ... No. stories ... solid or filled land? ... earth or rock? ...
Material of foundation ... Thickness, top ... bottom ... cells ...
Kind of roof ... Rise per foot ... Roof covering ...
No. of chimneys ... Material of chimneys ... of lining ... Kind of heat ... fuel ...
Framing Lumber--Kind ... Dressed or full size? ... Corner posts ... Sills ...
Size Girder ... Columns under girders ... Size ... Max on center ...
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 ... 2nd ... 3rd ... roof ...
On centers 1st floor ... 2nd ... roof ...
Maximum span 1st floor ... 2nd ... 3rd ... roof ...
For a story building with masonry walls, thickness of walls? ... height? ...

IF A GARAGE

How cars not accommodated on same lot ... to be accommodated ... number commercial car to be accommodated.
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? ...

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION-PLAN EXAMINER Will work require disturbing of any tree on a public street? ... NO
ZONING
BUILDING CODE
Fire Dept
Health Dept
Others
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 of Applicant Mark Pedarini Phone # same
Type Name of above ... Mark Pedarini for Fireshield [] 2 [] 3 [] 4 []
Other
and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY
MMA CARROLL

NOTES

Permit No. 811/511

Location Chesapeake Dr.

Owner Shirley Gray

Date of permit 6/21/89

Approved S. D. Gray

Dwelling _____

Garage _____

Alteration Full inspection

Large ruled area for notes, crossed out with a large X.

PLUMBING APPLICATION

Job 7200

Department of Human Services
Division of Health Engineering
(207) 289-3825

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND**

Street: **Lot 19 & 20 TURNPIKE**

Subdivision Lot #

PROPERTY OWNERS NAME

Last: **Northeast in Composition**

First:

Applicant Name: **Ralph F. Blake Inc.**

Mailing Address of Owner/Applicant (If Different): **577 Auburn St.**

PORTLAND PERMIT # **2,525** TOWN COPY

\$55.55 FEE

Local Plumbing Inspector Signature

L.R.I. #

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any fabrication is reason for the Local Plumbing Inspector to stop a Permit.

Signature of Owner/Applicant: *[Signature]* Date: **9/17/87**

Caution: Inspection Required

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

Local Plumbing Inspector Signature: *[Signature]* Date: **JAN 12 1988**

PERMIT INFORMATION

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

DEC 14 1987

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY: **Commercial/offices**

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # **101,890**

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	3	Hosebibb / Silcock		Bathub (and Shower)
	2	Floor Drain	2	Shower (Separate)
OR HOOK-UP to an existing subsurface wastewater disposal system		Urinal	3	Sink
	3	Drinking Fountain	4	Wash Basin
		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub MSB
Number of Hook-Ups & Relocations	2	Other: EYE WASH	1	Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	15 MSB	Fixtures (Subtotal) Column 1
			10	Fixtures (Subtotal) Column 1
			2525	Total Fixtures
			5	Hook-Up & Relocation Fee
			55	Total Fee



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 24, 19 87
 Receipt and Permit number D 22145

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: Turnpike Industrial Park
 OWNER'S NAME: Loring Short Harmon ADDRESS: Turnpike Industrial Park off Riverside St

OUTLETS:	Receptacles _____	Switches _____	Plugm ^o 's _____	ft. TOTAL _____	
FIXTURES: (number of)	Incaudescant _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead <input checked="" type="checkbox"/>	Underground _____	Temporary <input checked="" type="checkbox"/>	TOTAL amperes <u>200</u>	<u>3.00</u>
METERS: (number of)	<u>1</u>				<u>.50</u>
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 _____	Cook Tops _____	Wall Ovens _____	I yers _____	Fans _____
	Water Heaters _____	Disposals _____	Dishwashers _____	Compactors _____	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 L)				DOUBLE FEE DUE	
				TOTAL AMOUNT DUE.	<u>5.00</u>

INSPECTION:
 Will be ready on _____, 19____; or Will Call _____
 CONTRACTOR'S NAME: Aladdin Electrical
 ADDRESS: 631 Forest Avenue
 TEL.: 773-2296
 MASTER LICENSE NO.: 03295 SIGNATURE OF CONTRACTOR: Wayne Lewis
 LIMITED LICENSE NO.: _____

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

R. L. ...
ELECTRICAL INSTALLATIONS

Permit Number 22415
Location ...
Owner ...
Date of Permit 7/24/87
Final Inspection ...
By Ins. vector ...
Permit Application Registrar Page No. 5

INSPECTIONS: Service 200 Amp by ...
Service called in 7/24/87
Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:	REMARKS:

CODE
COMPLIANCE
COMPLETED
DATE 11/25/87

PERMIT # 1531 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner Northeastern Graphics

Address Turnpike Industrial Park,

LOCATION OF CONSTRUCTION Corner of Turnpike Industrial Park

CONTRACTOR Gurnell Fire Protection CONTRACTORS

ADDRESS 983 Riverside Street 04103 878-2780

Est. Construction Cost 27,168 Type of Use Office and warehouse

Past Use _____

Building Dimensions L _____ W _____ So _____ # Stories _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

_____ Conversion Explain: Installation of sprinkler system

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only
Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation

- 1 Type of Soil _____
- 2 Cot 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 _____

Fire Official Use Only	
Date <u>November 17/1987</u>	Subdivision Yes / No _____
Ins'd Fire License _____	Name _____
Flg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost <u>27,168</u>	Permit Expiration _____
Value/Structure _____	Ownership _____
Fee <u>160</u>	Public _____ Private _____

Ceiling:

- 1 Ceiling Joist Size _____
- 2 Ceiling Strapping Size _____
- 3 Type Ceiling _____
- 4 Insulation Type _____ Size _____
- 5 Ceiling Height _____

Roof:

- 1 Truss or Rafter Size _____ Spacing _____
- 2 Sheathing Type _____ Size Lily U Portland
- 3 Roof Covering Type _____
- 4 Other _____

Chimneys:

Type _____ # 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 _____ Provide _____
Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required

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

Permit Received By L. Benoit

Signature of Applicant [Signature] Date 11/17/87

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

© Copyright GPCOG 1987

PERMIT # 1025 PORTLAND BUILDING PERMIT APPLICATION DATE 7/6/87 PERMIT ISSUED

I. GENERAL INFORMATION
 Location/address of construction Turnpike Industrial Park Lots 19 & 20
 Owner's name Turnstone Properties Tel. 772-2846
 Address 73 Oak Street City Portland
 2. Lessee's name _____ Tel. _____
 Address _____
 3. Contractor's name Owner Tel. _____
 Address _____
 4. Is this a legally recorded lot? yes no

AUG 21 1987

II. DESCRIPTION OF WORK:
26,000 sq. ft. warehouse office to construct

send permit Adair Construction Management 100 Commercial Street, Suite 200, 04101

III. BUILDING DIMENSIONS: length 200 width 120 square footage 26,000 height 20 #stories 1

IV. ZONE _____ Street frontage _____ Zoning board approval no yes date _____
 Setbacks: front _____ back _____ side _____ side _____ Planning board approval no yes date _____

V. REVIEW REQUIRED: variance _____ other _____ Number of off-street parking spaces:
 site plan _____ subdivision _____ shore _____ floodplain mgmt _____ enclosed _____ outdoors _____

VI. FEES:
 base fee _____ other fees _____
 subdivision fee _____ late fee _____
 site plan review fee _____ TOTAL \$3,765.00

VII. DETAILS OF WORK

1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size _____ # smoke detectors _____	8. CHIMNEY: # flues _____ material: _____ # fireplaces _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT: type _____ fuel _____	10. If 1-story building w/masonry walls: wall thickness _____ height _____	11. BEDROOM WINDOWS height _____ width _____ sl height _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION: type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING: SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input type="checkbox"/>		

VIII. OFFICE USE: TAX MAP # _____ LOT # _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____	IX. NEW OR PHASED SUBDIVISION REFERENCE Name _____ Lot _____ Block _____
---	--

CODE: _____ If other, explain _____ Seasonal _____ Condominium _____ Apartment _____

X. PROPOSED USE: Office

XI. PAST USE: _____

XII. OWNERSHIP: PUBLIC PRIVATE

XIII. EST. CONSTRUCTION COST: 718,000

XIV. GR. SQ. FT. OF LOT _____
BUILDING _____

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY: # NEW DWELLING UNITS WITH: # EXISTING DWELLING UNITS WITH:	BEDROOMS 1. BDRM. _____ 2. BDRMS _____ 3. BDRMS _____	XVI. # RESIDENTIAL UNITS: # NEW DWELLINGS _____ # EXISTING DWELLINGS _____ TOTAL RESIDENTIAL UNITS _____
--	--	---

APPROVALS BY: DATE _____ BUILDING INSPECTION - PLAN EXAMINER _____ ZONING: _____ C.E.O. _____ FIRE DEPT. _____	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? _____
--	--

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

District No. _____	XVII. SIGNATURE OF APPLICANT <u>[Signature]</u> PHONE # <u>772-2846</u>
	TYPE NAME OF ABOVE <u>Ericy White</u> 1 2 3 4

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

1444 APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
 Please insert N/A (not applicable) for any item not pertaining to your request.

I. GENERAL INFORMATION
 Location/address of construction Lot 111 Riverside St.
 Owner or lessee's name Delta Realty Tel. 757-8550
 Address 400 Riverside St.
Land Planners - Land Use Consultants - 17 Commercial St. Tel. 757-8392
 Contractor's name Owner Tel. _____
 Address _____

Subcontractors: _____
PERMIT ISSUED
NOV 4 1987
City of Portland

II. NEW SUBDIVISION OR EXISTING PLOT REFERENCE
 Name _____
 Lot _____
 Block _____
 Bk. & pg. Ref. _____
 Date recorded _____

III. PROPOSED USE: Office Warehouse Seasonal Condominium Apartment
IV. PAST USE: _____
V. OWNERSHIP: PUBLIC (Federal/State/Local government) PRIVATE (Individual/Corporation)

VI. DESCRIPTION OF WORK:
 Minor site plan review
 To construct 9,600 sq ft. building to be used for office & warehouse

VII. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ stories _____

VIII. EST. CONSTRUCTION COST: _____ **IX. GR. SQ. FT. OF LAND:** _____ **X. BUILDING:** _____

XI. RESIDENTIAL BUILDINGS ONLY **XII. RESIDENTIAL UNITS**
 NEW DWELLING UNITS WITH: 1 BDRM 2 BDRMS 3 BDRMS
 EXISTING DWELLING UNITS WITH: _____
 NEW RESIDENTIAL UNITS: _____

XIII. ZONING: DISTRICT _____ STREET FRONTAGE _____
 SETBACKS: front _____ back _____ side _____
 ZONING BOARD APPROVAL: no yes (date) _____
 PLANNING BOARD APPROVAL: no yes (date) _____

XIV. OFFICE USE: TAXI CAB LOT VALUE/STRUCTURE PERMIT EXPIRATION DATE _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
 special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) _____ **DATE** _____

XVII. FEES:
 base fee _____
 subdivision fee _____
 site plan review fee 300.00
 other fees _____
 late fee _____
TOTAL _____

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

1 WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8 CHIMNEY * flues * fireplaces material	PLOT PLAN/DETAILS OF WORK ON REVERSE White - Municipal Office Green - Applicant Yellow - CEO Pink - Tax Assessor Gold - SPCOG
2 SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	9. FRAMING floor joists	
3. HEAT type fuel	size max. on centers	
4. FOUNDATION type thickness footing	ceiling joists	
5 ROOF type pitch covering load	rafters	
6. PLUMBING * tubs * showers * lavatories * laundry tubs * flushes * other	studs	
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	wall studs	
7. ELECTRICAL service entrance size * smoke detectors	10 if 1-story building w/ masonry walls: * wall thickness height	
NUMBER OF OFF-STREET PARKING SPACES: enclosed outdoors	11. BEDROOM WINDOWS height width sill height egress window? <input type="checkbox"/> yes <input type="checkbox"/> no	

PERMIT # 75 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner Anthony J. Frederick, Jr
 Address 2 Frederick Parkway, Bedford NH 03102 (603) 623-7100

LOCATION OF CONSTRUCTION J. Riverside str
 CONTRACTOR: Mancini Electric SUBCONTRACTORS: Frederick, Jr. Inns, ATTN:

ADDRESS 179 Sheridan Str 774-5829 Mail to: Richard Kostandin
 owner's address

Est. Construction Cost: _____ Type of Use: Hotel

Prop Use: _____

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

Is Proposed Use _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain To attach exact double faced illuminated 24" x 30" sign

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE to existing pole signs per _____ plans

Residential Buildings Only: _____ # 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 _____

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 _____

For Official Use Only	
Date <u>March 10, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>25.90</u>	

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling _____
 4. Insulation Type _____ Size MAR 11 1988
 5. Ceiling Height: _____

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 _____ 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 Lynne B. noit

Signature of Applicant Richard Kostandin Date 3/10/88

Signature of CEO Richard Kostandin for Date _____
Frederick Inns

Inspection Dates _____

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(237) 289-3826

Town or Plantation: **PORTLAND**
 Street: **RIVERSIDE STREET**
 Subdivision Lot #: **7**
 PROPERTY OWNERS NAME: **BOUNTY REALTY**
 Last: **BOUNTY** First: **REALTY**
 Applicant Name: **ACE PLUMBING & HEATING**
 Mailing Address of Owner/Applicant (if different): **7 THOMAS DR WESTBROOK, ME.**

PORTLAND
Caution: Permit Required
 PERMIT # **2,478** TOWN COPY
 \$ **25** FEE
 L.P.I. # _____
 Local Plumbing Inspector Signature: *[Signature]*
Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
 Date Approved: **OCT 28 1987**

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: *[Signature]* Date: **8-14-87**

Local Plumbing Inspector Signature: _____ Date Approved: **OCT 28 1987**

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1 <input checked="" type="checkbox"/> NEW PLUMBING 2 <input type="checkbox"/> RELOCATED PLUMBING AUG 2 1987	1 <input type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER - SPECIFY: RESTAURANT	1 <input checked="" type="checkbox"/> MASTER PLUMBER 2 <input type="checkbox"/> OIL BURNERMAN 3 <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5 <input type="checkbox"/> PROPERTY OWNER LICENSE # 02251

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
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	1.6	Floor Drain		Bathtub (and Shower)
	4	Urinal		Shower (Separate)
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain		Sink
		Indirect Waste	7	Wash Basin
		Water Treatment Softener, Filter, etc	1.0	Water Closet (Toilet)
		Grease/Oil Separator	2	Clothes Washer
		Dental Cuspidor	1	Dish Washer
		Bidet	1	Garbage Disposal
		Other	2	Laundry Tub
Number of Hook-Ups & Relocations			1	Water Heater
\$ Hook-Up & Relocation Fee	2.1	Fixtures (Subtotal) Column 2	3.4	Fixtures (Subtotal) Column 1
			2.1	Fixtures (Subtotal) Column 2
			4.5	Total Fixtures
			\$ 75	Fixtures Fee
			\$	Hook-Up & Relocation Fee
			\$ 75	Total Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date August 31, 1987
 Receipt and Permit number 2-2276

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: Riverside Street (next to Wicks)
 OWNER'S NAME: Equipco (Tom Saunders) ADDRESS: same

OUTLETS:	FEES
Receptacles <u>77</u> Switches <u>17</u> Plugmold _____ ft. TOTAL <u>94</u>	8.40
FIXTURES: (number of)	
Incandescent <u>2</u> Fluorescent <u>35</u> (not strip) TOTAL <u>37</u>	5.70
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..	3.00
METERS: (number of) <u>1</u>50
MOTORS: (number of)	
Fractional <u>3</u>	1.50
1 HP or over <u>1</u>	1.00
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) <input checked="" type="checkbox"/>	5.00
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 _____ 2 _____ Others (denote) _____	
TOTAL <u>2</u>	3.00
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. <input checked="" type="checkbox"/>	5.00
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 <input checked="" type="checkbox"/>	2.00
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery <u>6</u>	2.00
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: <u>38.10</u>

INSPECTION:
 Will be ready on 9/1, 1987; or Will Call _____
CONTRACTOR'S NAME: Mark Pollard
ADDRESS: 70 Mountain View Road, Gray
TEL.: 428-3508
MASTER LICENSE NO.: 09031 **SIGNATURE OF CONTRACTOR:** Mark Pollard
LIMITED LICENSE NO.: _____

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

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: BURNSIDE STREET

Subdivision Lot #: 1188

PROPERTY OWNERS NAME

Last: WILSON First: JOHN

Applicant Name: WILSON JOHN

Mailing Address of Owner/Applicant (if Different): PORTLAND ME 04101

FORTLAND PERMIT # 2,513 TOWN COPY

WILSON JOHN \$52.00 FEE

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: WILSON JOHN Date: 9-11-87

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: DEC 4 1987

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

SEP 11 1987

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY: WIFE/AUTHORITY

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFGD. HOUSING DEALER/MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # WILSON

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hose/Hub / Silcock		Bathub (and Shower)
		5	Floor Drain	1	Shower (Separate)
		1	Urinal	3	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	5	Wash Basin
			Indirect Waste	4	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	14	Fixtures (Subtotal) Column 1
				8	Fixtures (Subtotal) Column 2
				2	Total Fixtures
				\$	
				\$	
				\$ 52.	Permit Fee (Total)

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 293-3828

PROPERTY ADDRESS
Town Or Plantation: PORTLAND
Street: 5TH RIVERSIDE
Subdivision Lot #

PROPERTY OWNERS NAME
Last: _____ First: _____

Applicant Name: KAMCO

Mailing Address of Owner/Applicant (if different)

PORTLAND PERMIT # 2,563 TOWN COPY

Date Issued: 11/13/87 Fee: 33

Signature: [Signature] L.P.I. # _____

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 _____

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

Signature: [Signature] Local Plumbing Inspector Signature

MAR 3 - 1988
Date Approved

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 # 4481

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
1	HOOK-UP: to public sewer in those cases where the connector is not regulated and inspected by the local Sanitary District.		Hosebibb / Silcock		Bathub (and Shower)
			Floor Drain		Shower (Separate)
		2	Urinal	3	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste	3	Water Closet (Toilet)
			Water Treatment, Filter, etc.		Clothes Washer
	PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
1	Hook-Ups (Subtotal)		Other _____	1	Water Heater
6	Hook-Up Fee		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1

2	Fixtures (Subtotal) Column 2
7	Total Fixtures
\$ 27.	Fixture Fee
\$ 6.	Hook-Up Fee
\$ 33.	Total Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PERMIT # 209

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP #

LOT#

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

Owner: Boulos Company

Address: 888 City Center

LOCATION OF CONSTRUCTION Exit 8, Turnpike West - Locke Office

CONTRACTOR Bailey Sign SUBCONTRACTORS:

ADDRESS 9 Thomas Drive Westbrook ME 04092 774-2843

Est. Construction Cost: _____ Type of Use: Professional

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Erect 39'10" x 22" sign as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

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 Material: _____

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 MRK MRK 3/17/88
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost _____
Value/Structure _____
Fee 33.20

Subdivision: Yes / No
Name _____
Lot _____
Block _____
Permit Expiration _____
Ownership _____ Public
Private _____

Ceilings:

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 _____

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 _____ 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 Lynne Benoit

Signature of Applicant Rodney L. Benoit Date 3/17/88

Signature of CEO Rodney Benoit Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag -CEU

© Copyright GPCOG 1987

PERMIT # 230

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: The Boulos Company

Address: 2 City Center Portland

LOCATION OF CONSTRUCTION: Turnpike West, Exit 8 - McCall

CONTRACTOR: Bailey Sign SUBCONTRACTORS: _____

ACT NO: Thomas Drive Westbrook, ME 04092 774-2843

Est. Construction Cost: _____ Type of Use: Professional

Past Use: _____

Building Dimensions: L _____ W _____ Sq. Ft _____ Stories _____ Lot Size _____

Is Project: _____ Residential _____ Condominium _____ Apartment _____

Conversion - Explain: 20'6" = 26" sign as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: _____

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation: _____

1. Type of Soil: _____

2. Set Backs - Front _____ Rear _____ Side(s) _____

3. Footings Size: _____

4. Foundations Size: _____

5. Other: _____

Floor: _____

1. Sills Size: _____ Nails must be anchored.

2. Girder Size: _____

3. Lull- 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: March 17, 1988 Subdivision: Yes / No _____

Inside Fire Limits: _____ Name: _____

Blg Code: _____ Loc: _____

Time Limit: _____ Block: _____

Estimated Cost: _____ Permit Expiration: _____

Value Structure: _____ Ownership: _____

Fee: 20.30 Public _____ Private _____

Celling: _____

1. Ceiling Joists Size: _____ **PERMIT ISSUED**

2. Ceiling Strapping Size _____ Spacing _____

3. Type Ceiling: _____

4. Insulation Type _____ Size MAR 18 1988

5. Ceiling Height: _____

Roof: _____

1. Truss or Rafter Size _____ Spacing City Of Portland

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 _____ 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 Kym Lynne Benoit

Signature of Applicant Rodney L. Benn Date 3/17/88

Signature of CEO Rodney L. Benn Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White-Tag-CEO

Copyright GPCOG 1987



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date February 16, 1988
 Receipt and Permit number 22859

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: Amico's - 190 Turnpike West
 OWNER'S NAME: Amico's ADDRESS: _____

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL <u>1-50</u>	FEE
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		<u>5.00</u>
	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 _____, 19____, or Will Call
 CONTRACTOR'S NAME Ronald Laughton
 ADDRESS: PO Box 1297 Scarborough
 TEL: 883-5858
 MASTER LICENSE NO 3030 SIGNATURE OF CONTRACTOR Ronald Laughton
 LIMITED LICENSE NO. _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 12/2/90, 19__
 Receipt and Permit number 01637

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: Riverside St- railroad crossing
 OWNER'S NAME Guilford Trans ADDRESS: Iron Horse Park-Billerica, MA

OUTLETS	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	_____
FIXTURES. (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____	_____	_____
	Strip Flourescent _____	ft. _____	_____	_____	_____
SERVICES:	Overhead <input checked="" type="checkbox"/> _____	Underground _____	Temporary _____	TOTAL amperes <u>100</u>	<u>3.00</u>
METERS. (number of)	<u>1</u> _____	_____	_____	_____	<u>.50</u>
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 amp. 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: _____	<u>5.00</u>	_____

minimum fee

INSPECTION: Will be ready on _____, 19__; or Will Call
 CONTRACTOR'S NAME: Robert W. Starrett Jr. - Railroad co. Electrician
 ADDRESS: _____
 TEL: 773-7104
 MASTER LICENSE NO.: #04440
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:
R.W. Starrett Jr.

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



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTION SERVICES
 ELECTRICAL INSTALLATIONS

Date Oct. 10, 1985
 Receipt and Permit number D-04427

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: 25 Hannah Avenue Box 104 Riverside St.
 OWNER'S NAME: Michael LaPlante ADDRESS: same
 CONTRACTOR: LaPlante & Sons FEES

RECEPTACLES: (number of) _____
 Switches _____ Plugmold _____ ft. TOTAL _____

INCANDESCENT: (number of) _____
 Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes 100 3.00
 METERS: (number of) 1 _____ .50

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 _____

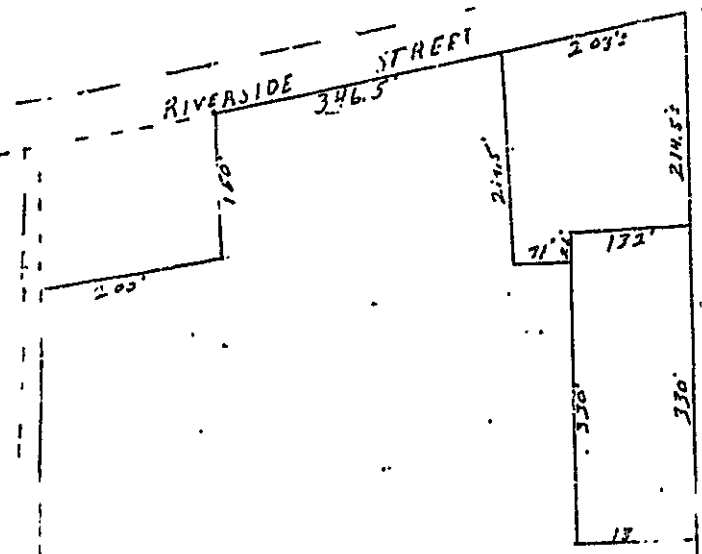
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ... DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ... _____
 TOTAL AMOUNT DUE: 3.50
 min 5.00

INSPECTION:
 Will be ready on ready, 1985; or Will Call _____
 CONTRACTOR'S NAME: Michael LaPlante & Sons
 ADDRESS: 25 Hannah Avenue
 TEL.: 772-5994
 MASTER LICENSE NO.: 3714 SIGNATURE OF CONTRACTOR: Michael LaPlante
 LIMITED LICENSE NO.: _____

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

RIVERSIDE STREET

CANNON ST. (RIVER STREET BRIDGE) 117.6'

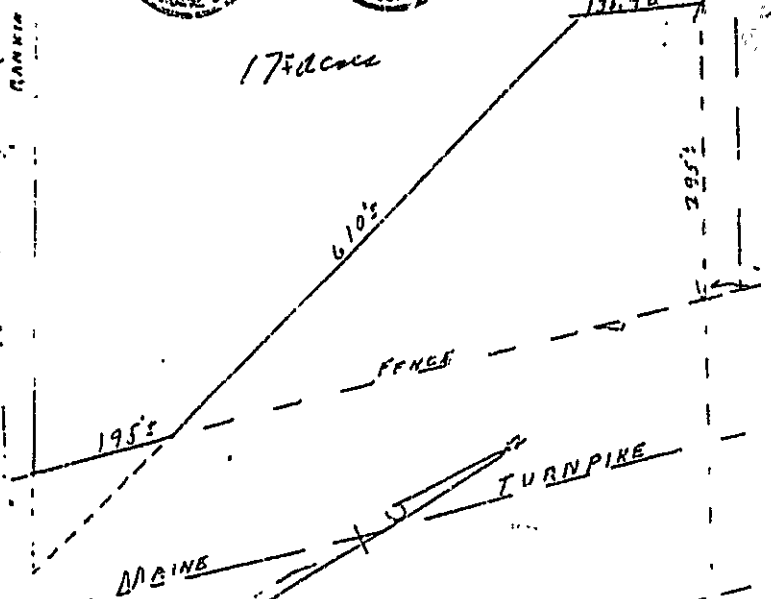


CLARK PLAN
PORTLAND MAINE

SCALE 1" = 100' JUNE 1984



17.2 acres



330'
330'
423.72'
LEIGHTON ROAD

TURNPIPE
FENCE



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Dec. 23, 1976
 Receipt and Permit number A2049

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: Intersection of Riverside St. & Exit 8
 OWNER'S NAME: State of Maine ADDRESS: _____

OUTLETS: (number of)
 Lights _____
 Receptacles _____
 Switches _____
 Plugmold _____ (number of feet)
 TOTAL _____ FEES _____

FIXTURES: (number of)
 Incandescent _____
 Fluorescent _____ (Do not include strip fluorescent)
 TOTAL _____
 Strip Fluorescent, in feet _____

SERVICES:
 Permanent, total amperes 60 _____
 Temporary _____ 3.00

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 (total number of kws) _____

APPLIANCES: (number of)
 Ranges _____
 Cook Tops _____
 Wall Ovens _____
 Dryers _____
 Fans _____
 Water Heaters _____
 Disposals _____
 Dishwashers _____
 Compactors _____
 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: 3.00

INSPECTION:
 Will be ready on 12-23-76 19__; or Will Call _____

CONTRACTOR'S NAME: A. D. Electric
 ADDRESS: 64 Grove St. Lewiston
 TEL.: 784-0377

MASTER LICENSE NO.: 2384
 LIMITED LICENSE NO.: _____
 SIGNATURE OF CONTRACTOR:

INSPECTOR'S COPY

