



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date November 20, 1989
 Receipt and Permit number 00902

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: SD 45 Allison Drive Deering Run
 OWNER'S NAME: Steve Winchenbach ADDRESS: 61 D. St So. Portland 04106

	FEES
OUTLETS: Receptacles <u>63</u> Switches <u>39</u> Plugmold _____ ft. TOTAL <u>102</u>	9.20
FIXTURES: (number of) Incandescent <u>40</u> Fluorescent _____ (not strip) TOTAL <u>40</u>	6.00
Strip Fluorescent _____ ft.	
SERVICES: Overhead _____ Underground <u>X</u> Temporary _____ TOTAL amperes <u>200</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) <u>1</u>	3.00
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 <u>1</u> _____	
Wall Ovens _____ Dishwashers <u>1</u> _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	3.00
TOTAL <u>1</u>	
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>24.70</u>

INSPECTION: Will be ready on _____, 19__; or Will Call X
 CONTRACTOR'S NAME: Richard S. Sipos
 ADDRESS: 711 Sawyer St. So. Portland, Maine 04106
 TEL.: 767-4215
 MASTER LICENSE NO.: 03726 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS —

Permit Number 00902

Location 450 Albee Ave

Owner Steve Kinnick

Date of Permit 11/20/89

Final Inspection

By Inspector J. J. [Signature]

Permit Application Register Page No. 78

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:

REMARKS:

11/30/89

Temp Service called to CM

4-2-90

RT - Need to check boxes for
Number of WIRES - SOME EX. CODE
CODE -

EXamp H-1 - 4 gang plastic. 24+ - plus 4 DEVICES
will call electrician

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town or Plantation: Portland ME

Street Subdivision Lot #: Lot # 45 Pleasant Hill

PROPERTY OWNERS NAME

Last: Wickham First: Stephen

Applicant Name: George G. Farr

Mailing Address of Owner/Applicant (if Different): 190 Pleasant Hill St Portland ME 04113

PORTLAND 3817 TOWN COPY

Date Permit Issued: 3/27/90 \$ 11.36 FEE Double Fee Charged

L.P.I. # 1123

[Signature]
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] Date: 3/27/90

Signature of Owner/Applicant

Caution: Inspection Required

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

[Signature] Date Approved: 5

Local Plumbing Inspector Signature

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING

DATE: MAR 28 1990

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 # 02592

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
OR HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
	0	Floor Drain	1	Shower (Separate)
	0	Urinal	1	Sink
	0	Drinking Fountain	2	Wash Basin
	0	Indirect Waste	2	Water Closet (Toilet)
	0	Water Treatment Softener, Filter, etc.	1	Clothes Washer
	0	Grease/Oil Separator	1	Dish Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	0	Dental Cuspidor	1	Garbage Disposal
	0	Bidet	0	Laundry Tub
	0	Other: _____	1	Water Heater
Number of Hook-Ups & Relocations	0	Other: _____	1	Water Heater
Hook-Up & Relocation Fee	2	Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			13	Total Fixtures
			\$36.	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$36.	Permit Fee (Total)

TOWN COPY

Permit # **002818** City of **Portland** *needs to be covered* **BUILDING PERMIT APPLICATION Fee** _____ **Zone** _____ **Map #** _____ **Lot#** _____

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

Owner: **Stephan Winchenbach** Phone # **799-0274**

Address: **61 D. Street So. Portland, Me.** *call when ready*

LOCATION OF CONSTRUCTION **Lot 45 Allison Drive/Daerinsum Street**

Contractor: **Coastside Mt. Attn: Will Pogar for questions**

Address: **Scarboro, Me. #20** Phone # **883-9515/16**

Est. Construction Cost: **59,000.** Proposed Use: **single family**

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L **26** W **23** Total Sq. Ft. _____

Stories: **2** # Bedrooms: **2** Lot Size: **14997 sq. ft.**

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion **Single family dwelling w/ attached garage**

For Official Use Only

Date **10/25/89** Subdivision _____ Name _____

Inside Fire Limits _____ Lot _____

Bldg Code _____

Time Limit _____ Estimated Cost **59,000.** **PERMIT ISSUED**

Zoning: _____ **NOV 8 1989**

Street Frontage Provided: _____

Provided Setbacks: Front _____ Eack _____ Side _____ Side _____

Review Required: _____ **City of Portland**

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Sub-division _____

Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____

Special Exception _____

Other (Explain) _____ **11-6-89**

Foundation:

1. Type of Soil: _____

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

3. Footings Size: _____

4. Foundation Size: _____

6. Other _____ **#80 Allison Ave**

Floor:

1. Sills Size: _____ Sills must be anchored.

2. Girder Size: _____

3. Lally Column Spacing: _____ Size: _____

4. Joists Size: _____ Spacing **16" O.C.**

5. Bridging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____

2. No. windows _____

3. No. Doors _____

4. Header Sizes _____ Span(s) _____

5. Bracing: Yes _____ No _____

6. Corner Posts Size _____

7. Insulation Type _____ Size _____

8. Sheathing Type _____ Size _____

9. Siding Type _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____

2. Header Sizes _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____

2. Ceiling Strapping Size _____ Spacing _____

3. Type Ceilings: _____ Size _____

4. Insulation Type _____

5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____

2. Sheathing Type _____ Size _____

3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

1. Approval of soil test if required Yes _____ No _____

2. No. of Tubs or Showers _____

3. No. of Flushes _____

4. No. of Lavatories _____

5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____

2. Pool Size: _____ x _____ Square Footage _____

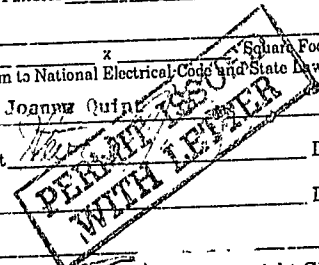
3. Must conform to National Electrical Code and State Law.

Permit Received By **Joanna Quint** Date **10-25-89**

Signature of Applicant _____ Date _____

Signature of CEO _____ Date _____

Inspection Dates _____



White-Tax. Assessor Yellow-GFCOG White Tag-CEO © Copyright CPCOG 1988

PLOT PLAN



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ _____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	____/____/____
Site Plan Review Fee \$ _____	_____	_____	____/____/____
Other Fees \$ _____	_____	_____	____/____/____
(Explain) _____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	____/____/____

COMMENTS 11-16-89 Set period for construction 1-24-90 90% framing is completed. Work has started. Condensation
 2-22-90 plumbing needs to be started to floor & ceiling also; 3-15-90 Allowance out
 in yard 4-9-90 that has allowed down; 4-18-90 Framing is a lot completed
 7-20-90 that work has a lot been paid up; 11-6-90 Some work still left to
 be done upstairs, would be left by 1-28-91
 1-28-91 Some work left to be completed by City of Boston in other buildings
 completed above, steps to be put in at front, still work left to be
 approved. Conditional S.P.O. for work to be completed by 1-28-91

Signature of Applicant _____ Date _____

Applicant: Stephen Winchenbach
Address: Lot 45 ~~Alison~~ Drive
Assessors No.: Allison

Date: 10-27-89

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone/Location - R-2

Interior or corner lot -

Use - single

Sewage Disposal - city

Rear Yards - 25' req.

Side Yards - 12' + 12' req.

Front Yards - 25' 25' req.

Projections - front steps

Height - 1 1/2 story

Lot Area - 14,997 #

Building Area - OK

Area per Family - single

Width of Lot - ~~80'~~ 80' + 80' req.

Lot Frontage - 65' 50' req.

Off-street Parking - 2 cars

Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant Stephen Winchenbach Date 10/25/89
 Mailing Address 61 D Street, So. Portland Address of Proposed Site Lot 45 Allician Drive Jeering Run
 Proposed Use of Site single family w/attached garage Site Identifier(s) from Assessor's Maps R-2
 Acreage of Site 14,997 sq. ft. / Ground Floor Coverage 1,328 Zoning of Proposed Site _____
 Site Location Review (DEP) Required: () Yes (X) No Proposed Number of Floors 2
 Board of Appeals Action Required: () Yes (X) No Total Floor Area 2656
 Planning Board Action Required: () Yes (X) No
 Other Comments: _____
 Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW
 (Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
- Requires Board of Appeals Action
- Requires Planning Board/City Council Action

Explanation _____
 Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS	COMPLIES	COMPLIES CONDITIONALLY	DOES NOT COMPLY	CONDITIONS SPECIFIED BELOW
																						REASONS SPECIFIED BELOW

REASONS: OK WDA - P 11-7-89

SIGNATURE OF REVIEWING STAFF/DATE
 BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant Stephen Wnchenkaci Date 10/25/89
61 D Street, So. Portland Address of Proposed Site Lot 45 Allison Drive Buxing Run
 Mailing Address _____
 Proposed Use of Site single family w/attached garage Site Identifier(s) from Assessors Maps R-2
14,397 sq. ft. / 1,128 Zoning of Proposed Site _____
 Acreage of Site / Ground Floor Coverage _____
 Site Location Review (DEP) Required: () Yes (X) No Proposed Number of Floors 2
 Board of Appeals Action Required: () Yes (X) No Total Floor Area 2656
 Planning Board Action Required: () Yes (X) No
 Other Comments: _____
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																REASONS SPECIFIED BELOW
DISAPPROVED																

REASONS: Two City approved trees must be planted on the front of the lot. No Certificate of Occupancy will be issued until all subdivision and site requirements and any damages to the infrastructures are completed or repaired.
 (Attach Separate Sheet if Necessary)

[Signature] 11/6/89
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY