

924186

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$1070 Zone _____ Map # _____ Lot# _____

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

Owner: Quaker Lane Partnership Phone # 878-9870
Address: Box 8198; Portland, ME 04104

LOCATION OF CONSTRUCTION 1765 Washington Ave.

Contractor: G. Buccì Sub: _____

Address: 8 G Stone Phone # _____

Est. Construction Cost: 210,000 Proposed Use: 3 condo units
Past Use: vacant lot

of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L116 W 32 Total Sq. Ft. _____

Stairs: 1 1/2 # Living Rooms 3 Lot Size: _____
each

Is Proposed Use: Residential Condominium _____ XXXXXX (#'s 13,14,15)

Explain Conversion construct one bldg w three condo units

Foundation: (construction plans not necessary
site plan review not necessary)

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: Per S. Hoffses
4. Foundation Size: _____
5. Other _____

Floor: _____ Sills must be anchored.

1. Sills Size: _____
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 _____ Spacing _____
5. Bracing: Yes No
6. Corner Post 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 _____ Spacing _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

White - Tax Assessor

For Official Use Only

Date 9/29/92

Inside Fire Limits _____

Building Code _____

Time Limit _____

Estimated Cost 210,000

Subdistrict _____

No. _____

Issued 9/29/92

City of **PORTLAND**

Zoning: Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____

Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____

Special Exception _____

Other WDA - P 10-1-92 Explain: _____

HISTORIC PRESERVATION

- Ceiling:
1. Ceiling Joists Size: _____ Not in District nor Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____ Requires Review
 5. Ceiling Height: _____

- Roof:
1. Truss or Rafter Size _____ Span _____ Action: Approved
 2. Sheathing Type _____ Size _____ Approved with conditions
 3. Roof Covering Type _____

Chimneys: _____ Number of Fire Places _____

Heating: _____ Type of Heat _____

Electrical: _____ Services Entrance Size _____ Smoke Detector Required Yes No

- Plumbing:
1. Approval of soil test if required Yes No
 2. No. of Toilets or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools: _____

Received By Glenn N. Stone License # 6545

Signature of Applicant: _____
CEO's District: Glenn N. Stone

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

PERMIT ISSUED WITH LETTER

PERMIT ISSUED 9/29/92
LETTER

Glenn N. Stone