

Permit # **940290** City of Portland BUILDING PERMIT APPLICATION Fee 80.00 Zone _____ Map # _____

PERMIT ISSUED

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

Owner: William & Elizabeth Shorr Phone # 822-7028
 Address: 27 Bramblewood Dr Pctid, ME 04103
 LOCATION OF CONSTRUCTION: 27 Bramblewood Dr
 Contractor: The Pool Shed, Inc. Sub: _____
 Address: Rt 35 West Braxton, ME 04093 Phone # 7.7-5181
 Est. Construction Cost: 12,300.00 Proposed Use: 1-fam w/ingr Pool
 Past Use: 1-fam
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Install Inground Pool as per plans

For Official Use Only
 Date: 15 April 1994 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: CITY OF PORTLAND
 Time Limit: _____ Ownership: _____
 Estimated Cost: _____ Private

APR 20 1994

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 (Explain): UNN-24-19-74

377-E-009

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 Facing: _____ 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 _____ Spa (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 _____

White - Tax Assessor

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____ 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 _____ Spacing _____ Approved
 2. Sheathing Type _____ Size _____ Approved with conditions
 3. Roof Covering Type: _____ Date: 4/15/94

Chimneys:
 Type: _____ Number of Fire Places _____ Signature: _____

Heating:
 Type of Heat: 1" Oil

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: USE Group 4
 1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code & State Law.

Permit Received By Mary Gresik **PERMIT ISSUED WITH REQUIREMENTS** 15 Apr 1994

Signature of Applicant Wm. Shorr
 CEO's District: William Shorr

CONTINUED TO REVERSE SIDE [32] M. Jordan
 Ivory Tag - CEO

PERMIT ISSUED WITH REQUIREMENTS

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
First (No Not. Rec'd)	5 19 194
Fence is installed	6 15 194
	1 1
	1 1
CLOSE X	7 1 194

COMMENTS (3-9-94 Setbacks appear to be OK) (5-31-94 pool in & temp Fence up) (6-7-94 WIP) (Fence completed)

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable codes of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Wm. Swan
 SIGNATURE OF APPLICANT
 27 BRAMBLEWOOD DR. FT. LEE MI. 4803
 ADDRESS
 578-3743
 PHONE NO.
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE
 PHONE NO.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 25 May 1994, 19__
 Receipt and Permit number LH 748

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: 27 Bramblewood Dr
 OWNER'S NAME: William Shorr ADDRESS: _____

CUTLETS: _____ FEES _____

Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of) _____

Incandescent _____ Fluorescent _____ (not strip) TOTAL _____

Strip Fluorescent _____ 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 _____

Cook Tops _____

Wall Ovens _____

Dryers _____

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 10 _____

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: 15.00

INSPECTION: _____

Will be ready on 5-26, 19__; or Will Call _____

CONTRACTOR'S NAME: Ronald Wedgewood

ADDRESS: RFD #2 Kezar Falls, ME 04047

TEL.: 625-8135

MASTER LICENSE NO.: LH 748 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

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

