

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES ELECTRICAL INSTALLATIONS

	Date <u>April 18. 1989</u>	, 19
Mo the Chine of ECEPTICAL INCOME OF The Late 1	Receipt and Permit numb	oer <u>0022</u>
To the CHIEF ELECTRICAL INSPECTOR. Portland, Mui The undersigned hereby applies for a permit to make el	ne:	the laws of
Maine, the Portland Electrical Ordinance, the National Ele LOCATION OF WORK: Lot #8 Bramblewood	ectrical Code and the following specifica	the laws of
OWNER'S NAME: Kasprzak, Inc. ADI	ORESS: ma 5 No 52-4	
- China Charles dell'es de l'Article de l'Ar	Materboro	FEES
OUTLETS:		F 13/15
Receptacles 50 Switches 20 Plugmold	ft. TOTAL70	6.00
FIXTURES: (number of)		
Incr we cent 15 Flourescent (not str	ip) TOTAL15	3.50
String courescent ft.		
SERVICES: Overhead UndergroundX Temporary	momer	
METERS: (number of) 1	TOTAL amperes 100	3.00
MOTORS: (number of)	• • • • • • • • • • • • • • • • • • • •	50_
Fractional		
1 HP or over		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) 1	************	3.00
Electric (number of rooms)	**************	
COMMERCIAL OR INDUSTRIAL REATING:		
Oil or Gas (by a main boiler)	••••••••	
Oil or Gas (by separate units)	• • • • • • • • • • • • • • • • • • • •	
Electric Under 20 kws Over 20 kws APPLIANCES: (number of)	***************************************	
	ter Heaters	
	posals 1	
	hwashers 1	
Dryers Con	npactors	
Fans 2 Oth	ers (denote)	
TOTAL	••••••	9.00
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/Eurglar Alarms Residencial		
Commercial		
Heavy Duty Outlets, 220 Volt (such as welders) 30	amps and under	
Cinara Daine ata	er 30 amps	
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 "SI P ORDER" (304-16.b)		
	TOTAL AMOUNT DUE:	25.00
INSPECTION:		
Will be ready on, 19; or Will	l Coll	
CONTRACTOR'S NAME	CanX	
ATTOPICS: no n to m t		
TEL.: 490-1604	=- WE U4U03	
MASTER LICENSE NO.: 03685 SIG	NATURE OF CONTRACTOR:	
TEL: 490-1604 MASTER LICENSE NO.: 03685 LIMITED LICENSE NO.: 0400-1604	nivilian ludworth	
NICETATORIS CAR		

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

INSPECTIONS: PROGRESS INS	Closing-in 5/2 1/19 by ppicat ppicat	Permit Number 14 H Man Municipal Control Contr
DATE:	REMARKS:	Lu
_ C (21/54	to Controlled	<u> </u>
	- Certain Control of the Control of	A Vo
	Bushings heeded on topes for	10.0
	lights	
-		-

CODE
COMPLETED
DATE D

PLUMBING APPLI	CATION	Department of Human Services Division of Health Engineering (207) 285-3826
Town or Flantation Portland Street Subdivision Later Brain Lew J	PORTLAND PORTLAND PRINCE LS	PERNIT \$ 3,401 TOWN COPY \$ 36 FEE Charged The property Signature L.P.I. #
Owner/Applicant (If Different) Owner/Applicant Stat I cartify that the Information submitted is correct to the b knowledge and understand that any falsification is reason Plumping Inspector to deny a Pagna,	ement estotmy forthe Local 5/1/09	Caution: Inspection Required pected the installation authorized above and found it to be in with the Maine Plumbing Rules.
Signature of Owner/Applicant	Date Loc	cal Plumbing Inspector Signature ISIN 2 1469 Date Approved
	LERUE NECESSA	
This Application is for Type O	f Structure To Be Served:	Plumbing To Be installed By:
2. ☐ RELOCATED 2. PLUMBING 3. ☐ MULT	LE FAMILY DWELLING MODULAR OR MOBILE HOME IPLE FAMILY DWELLING R - SPECIFY:	1. MASTER PLUMBER 2. ☐ OIL BURNERMAN 3. ☐ MFG'D. HOUSING DEALER/MECHANIC 4. ☐ PUBLIC UTILITY EMPLOYEE 5. ☐ PROPERTY OWNER LICENSE # (△) (, 7, 5, /)
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1
HOOK-UP: to rubile sewer in	Number Type of Fixture 2 Hosebibb / Silicock	Number Type Of Fixture Bathtub (and Shower)
is not regulard and inspected by the ixeal Sanitary District.	Floor Drain	Shower (Separate)
OR	Urinal	/ Sink
HOOK-UP: tö åri existing subsurface wastewater disposal system.	Drinking Fountain	3 Wash Basin
wastewater disposal system.	Indirect Waste	2 Water Closet (Tollet)
	Water Treatment Softener, F	liter, etc. / Clothes Washer
PINING RELOCATION: of sanitary lines, drains, and ciping without	Grease/Oil Separator	/ Dish Washer
new fixtures:	Dental Cuspidor	/ Garbage Disposal
	Bidet	Laundry Tub
Number of Hook-Up: % Relocations	Other:	Water utless
Hook-Up & Reliccation Fee	Pixtures (Subtotal Column 2) / / (Subidial)
FOR C	MIT FEE SCHEDULE	2
HHE 21 (Rev. 9/88	TÖWN COPY	Permit for Hotels

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PERMIT ISSUED

MAY 25 1989





APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

FILL IN AND BIC N WITH INK

or Power Equipment

Portland, Maine, May 25, 1989 To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications: Location 8 Bramblewood Use of Building single family No. Stories Name and address of owner of appliance Steven Kasprzak, Rt. 5, N. Waterboro, Me Exist 1g Installer's name and address Eastern Mechanical, Alfred Ri. Ind. Pk., Telephone 282-7387 General Description of Work To install forced hot water system.... IF HEATER, OR POWER BOILER Location of appliance basement .. Any burnable material in floor surface or beneath? . no If so, how protected? Kind of fuel? #2 Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe ...3... From front of appliance ...15... From sides or back of appliance10... If gas fired, how vented? n/a ... Rated maximum demand per hour 85,000 BTU's Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? IF OIL BURNER Beckett Name and type of burner Labelled ' underwriters' laboratories? yes Will operator be always in attendance? no Does oil supply line feed fr op or bottom of tank? bottom ... Type of floor beneath burner concrete Size of vent pipe Location of oil storage front/basement Number and cap f tanks 1/275 gallons Low water shut off yes Make Safeguard No. OEM Will all tanks be more than five feet from any flame? yes How many tanks enclosed? no 1 / 275 gallons Total capacity of any existing storage tanks for furnace burners IF COOKING APPLIANCE Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of I egs, if any Distance to combustible material from top of appliance? Skirting at bottom of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour ... MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION Cost of Work - \$4500 License - 02786 Amount of fee enclosed? \$45,00 APPROVED: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are Signature of Installer William C Whien
ASSESSOR'S COPY
Me. 02786 APPLICANT'S ASSESSOR'S COPY FILE

Male len

002032 PERMIT ISSUED

MAY 4 1609



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

FILL IN AND SIGN WITH INK

City Of Portland

Portland, Maine, May...4.,...1989. To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications: New Building Location .. Lot... 8... Bramblewood Use of Building .single.family No. Stories Name and address of owner of appliance .. Kasprzak .. Inc. .. Rt. .. 5. N. Waterboro. 04061. Installer's name and address**...D.W...McGowan Plumbing, 88 Smith St... Windham Telephone 892-4535 04u62 General Description of Work To install forced hot water heating system IF HEATER, OR POWER BOILER Size of chimney flue 8 x 8 Other connections to same flue no IF OIL BURNER Name and type of burner Beckett .Gun....................... Labelled by underwriters' laboratories? .yes ... Will operator be always in attendance? ... no..... . Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner ...concrete Size of vent pipe .1 . 1/4" Will all tanks be more than five feet from any flame? ... yes... ... How many tanks enclosed? ... xo... IF COOKING APPLIANCE If so, how protected? Height of Legs, if any ,Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? Forced or gravity? Forced or gravity? MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION ·License ·#1751... Cost of Work - \$5,000 Amount of fee enclosed? \$45.00 Maria Restaura Spring Will there be in charge of the above work a person competent to., see that the State and City requirements pertaining thereto are Signature of Installer / Law CANT'S ASSESSOR'S CORY Signatu INSPECTION FILE APPLICANT'S

		- Control Address Control	and the same of th	Derford a group of the	think duties at one or the first transmission
Congress of the Congress of th	PLUMBING APPLICAT	IÓN		•	Department of Human Services Division of Health Engineering (207) 289-3826
The state of the s	Plantation Cur. Aug. 111 Street Subdivision Lot # Lof #8 Eco.	ie.	PORTLAND	DED.	
	Last: KASPICZAR, IN: First: Applicant Name: Eustern Illecing. Mailing Address of Case To See To Se		Date South South State South S	SELL MO	\$ 3,420 TOWN COPY \$ 30000 FEEF Charped on 1
	Owner/Applicant (III Different) Owner/Applicant Statemost I certify that the information submitted is compet to the bigging inspector of denial permit.	est of my	Caution I have inspect the in	: inspectio	on Required tred above and found it to be in
i-cress	Signature of Owner/Applicant	Day6	Local Plumbing Insper		11131 28 1 Dato Approved
	1/2 ±	ype Of Structure	1	Piu.	ng To Be installed By:
The state of the s	2. ☐ RELOCATED 2. ☐ PLUMBING 3. ☐ MULTI	E FAMILY DWELLII I MODULAR OR MO PLE FAMILY DWEL R • SPECIFY	OBILE/HOMÊ	2. □ OIL 3. □ MFG 4. □ PUB 5. □ PRO	STER PLUMBER BURNERMAN B'D. HOUSING DEALER/MECHANIC BLIC UTILITY EMPLOYEE DPERTY OWNER
	Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	T	(02,24/1) Column 1
r	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	T	bibb / Silicock	Nûmber	Type of Fixture Bathtub (and Shower)
ر خ نید	OR	Urinal		/	Shower (Separate) Sink
and an extended	HOOKUP; to an uxisting subsurface wastewater disposal system.	 	ng Fountain ct Waste	- 2	Wash Basin
	The last of the la		Treatment Softener: Filler, etc.	. 2	Water Closet (Tollet)
	PIPING RELOCATIONs of sanitary lines; drains, and piping without new tixtures.		e/Olf Separator Cuspidor		Dish Washer, Garbage Disposal
A A	Number of Hook Ups	Bidet			Laundry Tub
	** A Relocations Hook Up & Relocation Fee	/ Other:	Taires (Subtotal) Column 2	. 5	Water Heater
	SFE PERM FOR CA	IT FEE SCHEDU LCULATING LE	ĬLĒ.	3	Fixtures (Subrid and Subrid Su
	Page 01	ALTOWN CO	3	32.	(doo) Parint Fee- Parint Fee- (Total)

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AND STREET PROPERTY.

CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION Lot 8 Bramblewood Drive

Issued to Kasprzak Inc,.

Date of Issue Auge 29, 1989

This is to certify that the building, premises, or part thereof, at the above location, built -- altered — changed as to use under Building Permit No. 89–1869, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use fimited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

single family dwelling with attached garage

Limiting Conditions:

This certificate supersedes certificate issued

RMTT # 3 1863 C	CITY OF Portland	BUILDING PF	ERMIT APPLICATION	MAP #	LOT#
ase fill out any part which applies	to job. Proper plans mus	st accompany form.	Fo Date March 70. 1989 Inside Fire Limits Bldg Code Time Limits Estimated Coding 2000. ValueSingland For	r Official Use ()nl	y
ner: kaspanak Inc.		٠ مه	. 2 has March 70, 1989	Subdivision	Yes / No
lressk##Rt. i No. Waterbor	0.061		Inside Fire Limits	<u> </u>	ene
Tessexart. 1 No. Waterfold	45 Brand Januari V		Bldg Code	B)	ock
CATION OF CONSTRUCTION Lot	HE PLUMPTEMOOD D	267_5A82	Estimated Cost 00 • 0000	Ownership	Public
NTRACTOR: Kusprzak INc.	Subcontractor	S:	Value Strocture		Private
DRESS: 8affe					
. Construction Cost: 100,000.	Type of Use: sing	le family	Ceiling:		
st. Use:			Ceiling Joists Size: Ceiling Strapping Size	Sparing Ail	ALLISSUED
			3. Type Ceilings:	Sizo	
ilding Dimensions IWSq	.Ft# Stories:I	ot Size:	4. Insulation Type 5. Ceiling Height:		· R 5 1989
Proposed Use: Seasonal			Roof:		
Conversion - Explain constr	tuct new single fa	radily	1. Truss or Rafter Size 2. Sheathing Type	————Ciffo	Of Portland—
MPLETE ONLY IF THE NUMBER			3. Roof Covering Type		
aidential Buildings Only:			4. Other		
Dwelling Units# Of N	Jaw Dwelling Units		Chimneys:	Number of Fire Places	
undation:			Heating:		
	····		Type of Heat:		
2. Set Backs - Front	Rear S	3ido(s)	Electrical: Sorvico Entranco Size:	Smake Detect	or Required YesN
3. Footinga Size: 4. Foundation Size:			Plumbing:		
5. Other			1. Approval of soil test if r	required 00\fe	No
			2. No. of Tubs or Showers 3. No. of Frusher		
or: 1. Silis Size:	Sills r	must be anchored.	4. No. of Lavatories		
2. Girder Size: 3. Lully Column Spacing:			5. No. of Other Fixtures_	95,00	1' -
3. Lully Column Spacing:			1. Type:		
4. Joists Size: 5. Bridging Type:	Size:		2. Pool Size :	xSqu	are Footage
6. Floor Sheatning Type:	oize:		3. Must conform to Nation	nal Electrical Codo and Sta	te Law.
Other Material:			District Kreet	Frontage Reg	Provided
terior Walls:	•		5. No. of Other Fixtures_ Swimming Pools: 1. Type: 2. Pool Size: 3. Must conform to Nation Zoning: District	Back	Side Side
1. Studding Size	Spacing		Review Required:	/as Na	Date
2. No. windows			Planning Board Approval:	Yes No	Date:
3. No. Doors	Span(s)		Conditional Use:	Site	PlanSubdivision
5. Bracing: Yes	No		Shore and Floodplain Mg	mtSpecial Excel	tion
6. Corner Posts Size 7. Insulation Type 8. Sheathing Type	Sizo		Date Approved	C	04714 5 1189
8. Sheathing Type	Size		UK "WPA	12-24-4-34-5	† 37
9. Siding Type 10. Masonry Materials	Weather F	Exposure	Permit Received By Deborah		
10. Masonry Materials				5-1 107	T . la
A WETT MOORI WIROCLINIS		Transfer of the	That at Applicant John	· Vec Lagarol	1 " Date > 174 (4)
terior Waller	Specing	T DERIVIT	LOUGH		. · ·
territer Wallet	Opacing	E (85) 12 VIII			
8. Sneating Type 9. Siding Type 10. Masonry Materials 11. Metal Materials 11. Studding Size 2. Heador Silva 3. Wall Covering Type 4. Fire Wall If required 3. 6. Other Materials	Span(s)	איזיינאד -	LSPIED Dicant		Date

FEES (Breakdown From Front) Base Fee \$ 25.00 Type Date Subdivision Fee \$ Site Plan Review Fee \$ Other Fees \$ 495.00 (Explain) Late Fee \$ Inspection Record Type Date Other Fees \$ //	PLOT PLAN	• .			1V
Subdivision Fee \$ Subdivision Fee \$ Site Plan Review Fee \$ Other Fees \$ 495.00 (Explain) Late Fee \$ SOMMENTS 4-25-59 Houndales & set back check and Die					•
	Subdivision Fee \$ Site Plan Review Fee \$ Other Fees \$ 495.00 (Explain)		Туре	Inspection Record	Date / / / / / / / / / / / / / / / / / / /
			•		Kat

CONTRACTOR SAME

Applicant: Kasprzak Dne, Date:
Address: Lot #p Branchlewood Drive Date: april 5, 1989 Assessors No.: 378-A-61.

CHECK-LIST AGAINST ZONING ORDINANCE

Date -

Zone Iocation - R-2 Residence

Use - Constructsingle family we attached 2 cargarage

Sewage Disposal - City

Rear Yards - 55

Side Yards - 15 and 36'

25 required 14 required 20 required

Front Yards - 78

Projections - None

Height - 12 story

Lot: Area - 20,772 Ag ft

Building Area - 1456 Ag ft

Area per Fanily - 10,000 Ag ft

Width of Lot - /00

Lot Frontage - 8/38

Off-street Parking - O.K.

Loading Bays - NA

Site Plan -

Shoreland Zoning -

Flood Plains -

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant	-548														Da	Marc	h_20) <u>, </u>	1989
<u>Rt. #5 No. Waterb</u> Mailing Address	oro,	Me.	04	<u> 1061</u>					L Addr	ot # ess o	8 Br	amb 1	Lewor	od D					
single family Proposed Use of Site												•		sesso					 ,
XXXXXXXXXXXX ft. Acreage of Site / Gro	ound	Floor	145 r Cove						R-	2 ng of	Pron	nead	Sito						
20772. sq ft. Site Location Review (D				_) Ye	00	1.1	Ι.		.6 0.								_	
Board of Appeals Action		-) Ye		٠,) No) No	,					umbe Area			; <u>_2</u>	<u>}</u>	
Planning Board Action () Ye) No			,,	,	1001	Alca.					
Other Comments:			·				•		······································										
Date Dept. Review Due:					 -														
				<u> </u>								_							
			В	UILI	DINO	G DE	PAR	TME	NT S	SITE	PLA	N R	EVIE	W					
				(Do	es n	ot in:	clude	revie	w of	const	ructi	on pl	ans)						
☐ Use does NOT comp☐ Requires Boar	ly wit	th Zor	ing C	ordination	ance	!													
☐ Requires Plan						Actio	on												
Phone to one of the contract o																			
Explanation _ Use complies with			Guan					Dala				···········							-
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Zónlng.		LOCA	O H H	SET!	i	N. E.	YARD	ARDS	YARI	NO I		8	A A	18 F	5	NTAC	EE	BAYS	
Zoning: SPACE & BULK, as applicable	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	неіснт	LOT AREA	BUII SING AREA	AREA PER FAMILY	WIDTH OF	LOT FRONTAGE	OFF-STREET PARKING	LOADING	
A chief	<u> </u>	-		44		80		8	14.	<u>a</u>	T .	2	- <u>=</u>	- ¥	3	3	8	2	
COMPLIES				\vdash		 	 											-	
COMPLIES CONDITIONALLY						<u> </u>	-											١.	CONFITIONS
																	L	L	SPECIF(ED) BELOW
DOES NOT COMPLY																			REASONS SPECIFIED
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REASONS:							·····												
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City of Portland, Maine SITE PLAN REVIEW

Processing Form Date 20, 1989 378-A-61 Site Identifier(s) from Assessors Maps Arreage of Site / Ground Floor Coverage 20772. sq ft.
Site Location Review (DEP) Required: () Yes R-/ Zoning of Proposed Site Proposed Number of Floors_ Board of Appeals Action Required: () Yes () No Total Floor Area 2288 Planning Board Action Required: Other Comments: Date Dept. Review Due: PUBLIC WORKS DEPARTMENT κ (Date Received) APPROVED APPROVED CONDITIONALLY DISAPPROVED REASONS: (Attach Separate Sheet if Necessary) SIGNATURE OF REVIEWING STAFF, PUBLIC WORKS DEP ARTMENT COPY

CITY OF PORTLAND, MAINE



389 CONGRESS STREET PORTLAND, MP 204101 (207)874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF INSPECTION SERVICES DIVISION

April 5, 1989

Kasprzak Incorporated Route #5 North Waterboro Maine 04061

Re: Lot #8 Bramblewood Drive

Dear Sir:

Your application to construct a new single family dwelling has been reviewed and a permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

Inspection Services Public Works

Approved Approved

Warren Turner Steve Harris

Building Code Requirements

Please read and implement items 1,2,6,7,8,9 and 10 of the attached building permit

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely

Chief, Inspection Services

cc: Steve Harris, Public Works

BUILDING PERMIT REPORT

ADDRESS: LUT # Brambloward DR.	DATE: 5/APr/89
ADDRESS: LUT & Brambloward DR. REASON FOR PERMIT: Single Family	duelling
BUILDING OWNER: Kasprzak In	C .
CONTRACTOR:	
PERMIT APPLICANT:	
APPROVED: X/×2 ×6 × 7*8*970 DENTED:	
CONDITION OF APPROVAL OR SPECIAL:	*
1.) Before concrete for foundation is placed	

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 12.) Precaution must be taken to protect concrete from freezing.
 - 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with selfclosers.
 - 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
 - 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic : water.
- R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings cf 5.7 square feet (0.53m). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

BUILDING PERMIT REPORT

ADDRESS: LUT #8 Brambloward DR. DATE: 5/APY/89 REASON FOR PERMIT: Single Family duelling
REASON FOR PERMIT: Single Family duelling
BUILDING OWNER: KASPIZAK INC
CONTRACTOR: ()
PERMIT APPLICANT:
APPROVED: X1×2 ×6 × 7*8*970 DENTED:
CONDITION OF APPROVAL OR PROMITE.
1.) Before concrete for foundation is placed, approvals from Public Works

- 12.) Precaution must be taken to protect concrete from freezing.
 - 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-
 - 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
 - 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and calling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic :
- 6.) Every sleeping room below the fourth story in buildings of Use Groups Every sleeping room below the routen story in buildings or use Groups R and I-l shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- (7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the becupants within the individual unit (see Section 1717.3.1).

MENTAL STATE

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual

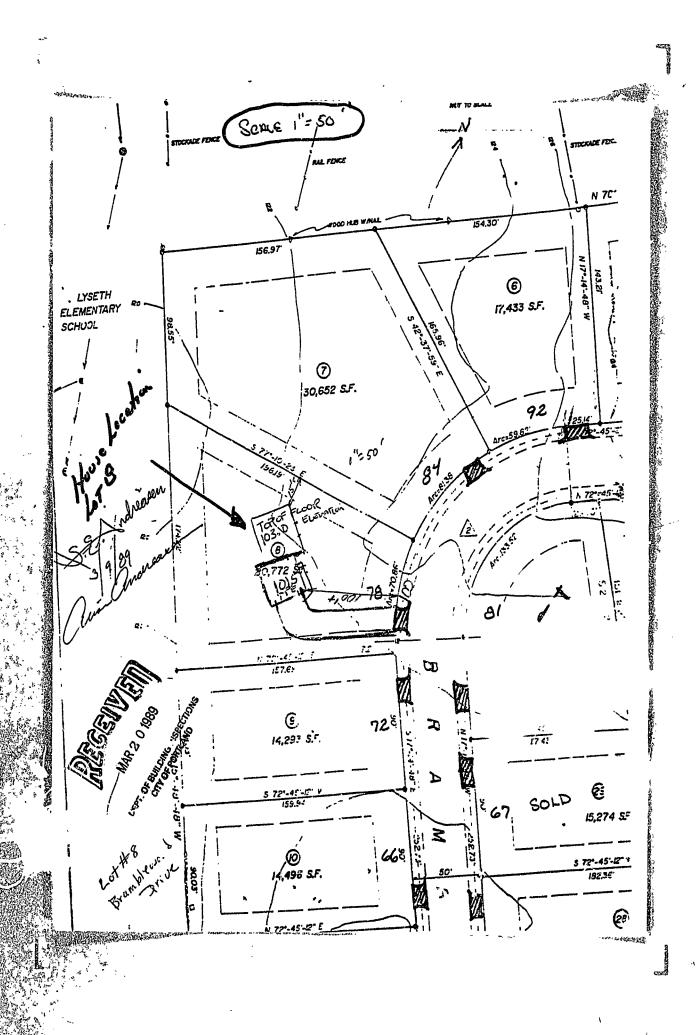
- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fireresistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- (9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.
- (10.) Section 25-135 of the Municipal Code for the City of Portland states:
 "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

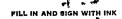
P. Samuel Horrses Chief of Inspection Services

/el 11/16/88

SITE PLAN REVIEW

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John Roberts Applicant				<u> </u>	<u> </u>	<u> </u>							نے ۔	Marci	20.	1989
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Planning Board Act	ion Re	quired	:	() Yes	ì) No			10lai		Area	220	0		
Other Comments: _						•	, 110									
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PERMIT ISSUED

MAY 25 198°

City Or Fortland



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

	Portland, Maine, May 25, 1989
To the INSPECTOR OF BUILDING	GS, portland, me.
	is for a permit to install the following heating, cooking or power equipment in according Code of the City of Portland, and the following specifications:
Location 8 Bramblewood	
Name and address of owner of applian	nce Steven Kaspizak, Rt. 5, N. Waterboro, Ae
Installer's name and address Easter	rn Mechanical, Alfred kd., Ind. Pk., Telephone 282-7387
	General Description of Work
To install forced hot water s	system
	IF HEATER, OR POWER BOILER
Location of appliance basement	Any burnable material in floor surface or beneath?
If so, how protected?	Kind of fuel? #2 al, from top of appliance or casing top of furnace
Minimum distance to burnable materia	al, from top of appliance or casing top of furnace
From top of smoke pipe 31	From front of appliance15. From sides or back of appliance10.
Size of chimney flue 6"	Other connections to same flue no
If one fired how vented?	n/a
Will sufficient fresh air he supplied to t	the appliance to insure proper and safe combustion?
tim sunciene nessian se supplied to e	
Be	CKett Labelled by underwriters' laboratories? . Yes
Name and type of burner	Labelled by underwriters laboratories: ,
Will operator be always in attendance	
Type of floor beneath burner CODC	rete Size of vent pipe 6"
Location of oil storage front/	basement Number and capacity of tanks 1/275 gallons
Low water shut off yes	Make Safeguard No. OEM
Will all tanks be more than five feet fr	rom any flame?
Total capacity of any existing storage	e tanks for fur e burners 1 / 275 gallons
. ,	IF COOKING APPLIANCE
Location of appliance	Any burnal le material in floor surface or benéath?
	Height of Legs, if any
Clinton at better of appliance?	Distance to combustible material from top of appliance?
From front of anti-mes	From sides and back Fr m top of smokepipe
Prom front of appliance	Other connections to same flue
Size of chimney five	
m 4 4 4 11 15	
Is hood to be provided?	It so, now vented? Folded of gravity? Folded of gravity?
Is hood to be provided?	Rated maximum demand per hour
If gas fired, how vented?	Rated maximum demand per hour
If gas fired, how vented?	Rated maximum demand per hour
If gas fired, how vented?	Rated maximum demand per hour
If gas fired, how vented?	Rated maximum demand per hour
If gas fired, how vented?	Rated maximum demand per hour
If gas fired, how vented?	Rated maximum demand per hour
If gas fired, how vented?	Rated maximum demand per hour
If gas fired, how vented? MISCELLA Gost of Work - \$4500 Liconse - 02786	Rated maximum demand per hour
If gas fired, how vented?	Rated maximum demand per hour
If gas fired, how vented? MISCELLA Cost of Work - \$4500 Liconse - 02786	Rated maximum demand per hour
If gas fired, how vented? MISCELLA Cout of Work - \$4500 Liconse - 02786 Amount of fee enclosed? \$45.00	Rated maximum demand per hour
If gas fired, how vented? MISCELLA Cost of Work - \$4500 Liconse - 02786	Rated maximum demand per hour
MISCELLA Cost of Work - \$4500 Liconse - 02786 Amount of fee enclosed? \$45.00	Rated maximum demand per hour
If gas fired, how vented? MISCELLA Cout of Work - \$4500 Liconse - 02786 Amount of fee enclosed? \$45.00	Rated maximum demand per hour
If gas fired, how vented? MISCELLA Cout of Work - \$4500 Liconse - 02786 Amount of fee enclosed? \$45.00	Will there be in charge of the above work a person competent see that the State and City requirements pertaining thereto a
If gas fired, how vented? MISCELLA Cout of Work - \$4500 Liconse - 02786 Amount of fee enclosed? \$45.00	Will there be in charge of the above work a person competent see that the State and City requirements pertaining thereto a

	The state of the s	The transfer was the second of
PLUMBING APPLICAT		Department of Human Services Division of Health Engineering (207) 269-3826
PROPERTY ADDRESS	The second second	
Town Or Plantation Funtilows		
Street 6 m Lewoop D	c.	PERMIT # 3,335 TOWN COPY
Subdivision Lot & Bramser	-Uar PORTLAND	S 13 14 10 10 FEE Charged
PROPERTY OWNERS NA	Path. 1/3 100 1	S BIYIO OFEE Charged
Last: Kase TAL TARiret:	G. PKOY IS	entumo L.P.I. #_ 1/ PT
Applicant	ES FGENT IN Local Plumbing Industrials	pinure (F)
Name: Juhn Hobert	KA POUR	TO THE RESERVE AND THE PARTY OF
Mailing Address of Owner/Applicant		
(HDifferent) A) Well on M		CHAIN CHAINS THE BEST TO SEE THE SEE T
Owner/Applicant Stateme	TY Cautio	Dr. Inspection Required Installation authorized above and found it to be in
I certify that the information submitted is correct to the best of t knowledge and understand that any falsilication is reason for the Plumbing inspector to deny a Partini	Local compliance with the Me	installation equipolized above and round it to be in nine Plumbing Rules.
LEVILUE IN PART OF	P/ 3/20/89	in _fi 1000
Signature of Owner/Applicant		g Inspector Signature Dato Approved
	PERMITAINFORMATION	
This Application is for Type Of Str	ucture To Be Served:	Plumbing To Be installed By:
		1. (I) MASTER PLUMBER
1. EKNEW PLUMBING 1. EKSINGLE FA	AMILY DWELLING	2. OILBURNEPMAN
	ODULAR OR MOBILE HOME	3. MFG'D. HOUSING DEALER/MECHANIC
PĽÚMBING 3. □ MULTIPLE	FAMILY DWELLING	4. PUBLICUTILITY EMPLOYEE
ALL STANCE 4. COTHER -	SPECIFY:	5. PROPERT: ANER
144 2 L 1989 4. D OTHER .	•	LICENSE # (/_ 7, 5,/
- mi		EIGENSE F C. L. T. 11.217
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type Of Fixture
HOOK-UP: to public sewer in	Hosebibb / Sillcock	/ Bathtub (and Shower)
those cases where the connection is not regulated and inspected by the local Santary District.	Floor Drain	Shower (Separate)
OR.	Urinai	/ Sink
FIOOK-UP: to an existing subsurface wastawater disposal system.	Drinking Fountain	3 Wash Basin
	Indirect Waste	Z Water Closet (Toilet)
	Water Treatment Softener, Filter, etc	/ Clothes Washer
PIPING REL DCATION: of sanitary lines, drains, and piping without.	- Gréase/Oil Separator	/ Dish Washer
new fixtures.	Dental Cuspidor	Garbage Disposal
is a second seco	Bidet	Laundry Tub A 19
Number of Hook-Ups & Re!ncations	Other:	/ Water Heater
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2	Fixtures (Subhotal)
	Alleger and the second	Tixtures (Subtotal)
SEE PERM	IT FEE SCHEDULE:	12 "Total Fixtures"
FOR CAL	CULATING FEE	
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200	The Control of March March	
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APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSU MAY 4 1989

City Of Portland

	Portland, Maine, May4, 1989
To the INSPECTO	OR OF BUILDINGS, PORTLAND, ME.
The undersid	gned hereby applies for a permit to install the following heating, cooking or power equipment in accord- of Maine, the Building Code of the City of Portland, and the following specifications:
Location Lot 8	Bramblewood
Name and address	of Juner of appliance Kasprzak Inc. Rt. 5, N. Waterbozo, 04061
Installer's name and	d address** D.W. McGowan Plumbing. 88 Smith St., Windham Telephone 892-4535
_	General Description of Work
To instali fores	ed hot water heating system
	IF HEATER, OR POWER BOILER
Location of appliant	cebasement
	1? Kind of fuel? Kind of fuel?
Minimum distance	to burnable material from top of appliance or casing top of furnace 5!
From top of smale	to burnable material, from top of appliance or casing top of furnace
C' - Calimone	te 8 x 8 Other connections to same flue
Size of chimney nu	Other connections to same fine
If gas fired, how	vented?no Rated maximum demand per hour
Will sufficient fresh	air be supplied to the appliance to insure proper and safe combustion? yes yes
	IF OIL BURNER
Name and type of	burnerBeckett .Gun Labelled by underwriters' laboratories? .Yes
	ways in attendance?
Type of floor benea	ath burner .concrete Size of vent pipe 1 1/4"
Location of oil stor	rage basement Number and capacity of tanks 1 - 275 gallons
Low water shut off	yes Make Safeguardy No. 170
Will all table he me	ore than five feet from any fame? YES How many tanks enclosed? 10
Total apposity of a	ny existing storage tanks for furnace burners 275 ghllons
Total capacity of a	ny existing storage terms for runnace burners
	IF COOKING APPLIANCE
	ice Any burnable material in floor surface or beneath?
If so, how protected	d? Height of Legs, if any Height of Legs, if any
Skirting at bottom	of appliance? Distance to combustible material from top of appliance?
From front of appl	liance From top of smokepipe From top of smokepipe
Size of chimney flu	ue Other connections to same flue
	ded? Forced or gravity?
	ented? Rated maximum demand per hour
21 600 11100, 11011 1	
	MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION
	indianamenta and an antique and an antique and an anomalous and an antique and antique and an antique antique and antique and antique and antique and antique antique and antique antiq
License /	1751
Cost of W	Jork - \$5,000
***************************************	TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER.

Amount of fee er	nclosed? \$45.00
PPROVED:	
	Will there be in charge of the above work a person competent to
•••••••••••	see that the State and City requirements pertaining thereto are
***************************************	observed? Y.C.
	6/ 1. 20101
C3 300	Signature of Installer Jan IC M Long
ISPECTION FIL	
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ermit#C	ITY OF Portland BUILDING	PERMIT APPLICATION MAP #LOT#
ease fill out any part which applies	to job. Proper plans must accompany form.	For Off-sial Use Only Date March 20 1989 Subdivision: Yea / No. Name Inside Fire Limits Lot Blide Code Time Limits Estimated CostUU_0000 Owners PR Name Constitution For Off-sial Use Only Subdivision: Yea / No. Name Inside Code Block Permit Expiration Owners PR Name Code Owners PR Na
Kasprzak Inc.		Subdivision: Yes / No
wner:		Date MATCH 201, 1909 Name
Mmsstatt 5 No Waterhore	o, Me 04061	Ridg Code Ricch
Intess, T. A.	#0 Been I I am a d Dredage	Time Limit Permit Expiration:
CATION OF CONSTRUCTION Lot	#8 Bramblewood Drive	Estimated Cost 00,000.
Nasprzak INc.	SUBCONTRACTORS: 247-5482	Value Structure 12 Palas 1
UN'.RAGIUR	DODOOM METOTOLOG	*Foe_320100
DDRESS: same		APR 5 1989
	Type of Use; single family Ft. # Stories; Lot Size: Condominium Apartment	Ceiling:
st. Construction Cost: 100.000.	Type of Cae, Strigte Tempty	1. Ceiling Joists Size: 2. Ceiling Strapping Size Spacing 12 12 12 12 12 12 12 12 12 12 12 12 12
not I las		3. Type Ceilings:
W		4. Insulation Type Size
uilding Dimensions L W Sq.	Ft. # Stories: Lot Size:	5. Ceiling Height:
Dannered Henry Seesanni	Condominium Apartment	Roof:
Proposed Ose		Root: 1. Truss or Rafter Size Span Span
Conversion - Explain constr	uct new single family	2. Sheathing Type Size
OMPLET: "NLY IF THE NUMBER	OF UNITS WILL CHANGE	3. Roof Covering Type
OWNTER THE INDIVIDER	OF OTHER WILLIAM CHARLES	4. Other
esidenti: undings Uniy:	ew Dwelling Units	
of Dweiting Oures # At 74	7	Chimneys: Type: Number of Fire Places
oundation:		TV and from
		Heating: Type of Heat:
2. Set Backs - Front	RearSide(s)	Electrical:
3. Footings Size:		Service Entrance Size: Smoke Detector Required YesN
4. Foundation Size:		Plumbing:
		1. Approval of soil test if required Yes NoNo
		2. No. of Tubs or Showers
loor:		3, No. of Flushes
1. Silla Size:	Sills must be anchored.	5. No. of Other Fixtures
2. Girder Size:		Swimming Pools:
4. Joists Size:	Spacing 16" O.C. Size: S	1. Type: 2. Pool Size: x Square Footage 3. Must conform to National Electrical Code and State Law.
5. Bridging Type:	Size:	3. Must conform to National Electrical Code and State Law.
6. Floor Sheathing Type:	Size:	
7. Other Material:		District Street Frontage Req. Provided Provided
4 4 907 91		District Street Frontage Req. Florida Side Side Review Required:
xterior Walls:	Spacing	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 Subdivisions Shore and Floodplain Mgmt Special Exception Other Explain Date Approved
1. Studding Size	Spacing	Zoning Board Approval: Yeo No Date:
		Planning Board Approval: Yos No Date:
8. No. Doors_	Span(e)	Conditional Use: Variance Site Plan Subdivision
5 Reacing Yes	Span(s) No	Shore and Floodplain MgmtSpecial Exception
6 Corner Posta Siza		Other (Explain)
7 Ingulation Tuno	Size	Other (Explain) Date Approved
	Size	
8. Sheathing Type		
6. Corner Posts Size 7. Insulation Type 8. Sheathing Type 9. Siding Type	Weather Exposure	n Demails Desciond Des Debensch Conde
5. Gluing Type		Permit Received By Deborah Goode
10. Masonry Materials		Permit Received By Deborah Goode
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