

912415

Permit # 912415 City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone _____ Map # _____ Lot# _____

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

Owner: Diane M. Fogg Phone # 797-2244
 Address: 547 Allen Ave.; Ptd. ME 04103
 LOCATION OF CONSTRUCTION 547 Allen Ave.
 Contractor: _____ Sub.: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 1-fam w home occup
 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 Change of Use - from 1-family to 1-family
w day care (6 chdn)

For Official Use Only

Date 3/15/91
 Inside P.I. # _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____

PERMIT ISSUED
 Name _____
 Lot _____
 Date MAY 9 1991
 Public _____
 CITY OF PORTLAND

Zoning: R-3
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Rtd _____

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) OK 3-18-91

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

Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____ Spacing 16" O.C.
 4. Joists Size: _____ Size: _____
 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. Boring: 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: _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

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

Chimneys:
 Type _____ Number of Flue Plates _____ Date: 3/15/91
 Signature: [Signature]

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 Louise E. Chase
 Signature of Applicant: Diane M. Fogg Date 3/15/91
 Signature of CEO Diane M. Fogg Date _____
 Inspection Dates: _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 547 Allen Ave.

Date of Issue 3/25/91

Issued to Diane M. Fogg

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. 91/2415, 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, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire (change of use)

Single-family dwelling
with day care (5 children)

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

3/25/91

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

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Permit # 912415 City of Portland BUILDING PERMIT APPLICATION Fee 225 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Diane L. Fogg Phone # 797-2244
 Address: 547 Allen Ave. Pld. #E 04103
 LOCATION OF CONSTRUCTION 547 Allen Ave.
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 1-fam w home occup Zoning: _____
 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 Change of Use - from 1-family to 1-family w day care (5 chdn)

For Official Use Only

Date: 3/15/91 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: MAR 19 1991
 Time Limit: _____ Owner: _____
 Estimated Cost: _____

PERMIT ISSUED
CITY OF PORTLAND

Street Frontage Provided: _____ Back _____ Side _____
 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 _____
 Social Exception _____
 Other (Explain): Historic Preservation

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 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: _____ Not in District or Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____ Size _____ Requires Review.
 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: _____ Square Footage _____
 2. Pool Size: _____ x _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Diane M. Fogg Date 3/15/91

Signature of CEO _____ Date _____

Inspection Dates _____

PLOT PLAN

N



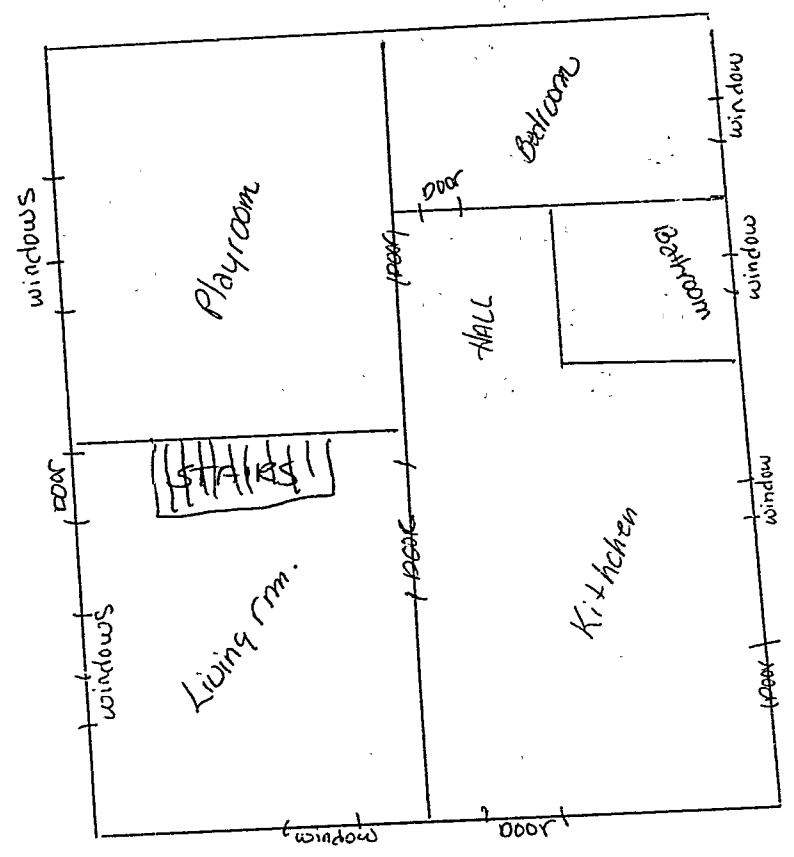
FEES (Breakdown From Front)
Base Fee \$ 25-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

| Type | Inspection Record | Date |
|-------|-------------------|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

COMMENTS

Signature of Applicant Diane M. Jogg

Date 3/15/91



24' x 40' cape

6 children

547 Allen Ave.
Portland, Me

↳ Children
Daycare

Hours 7:30-5:30
Monday - Friday

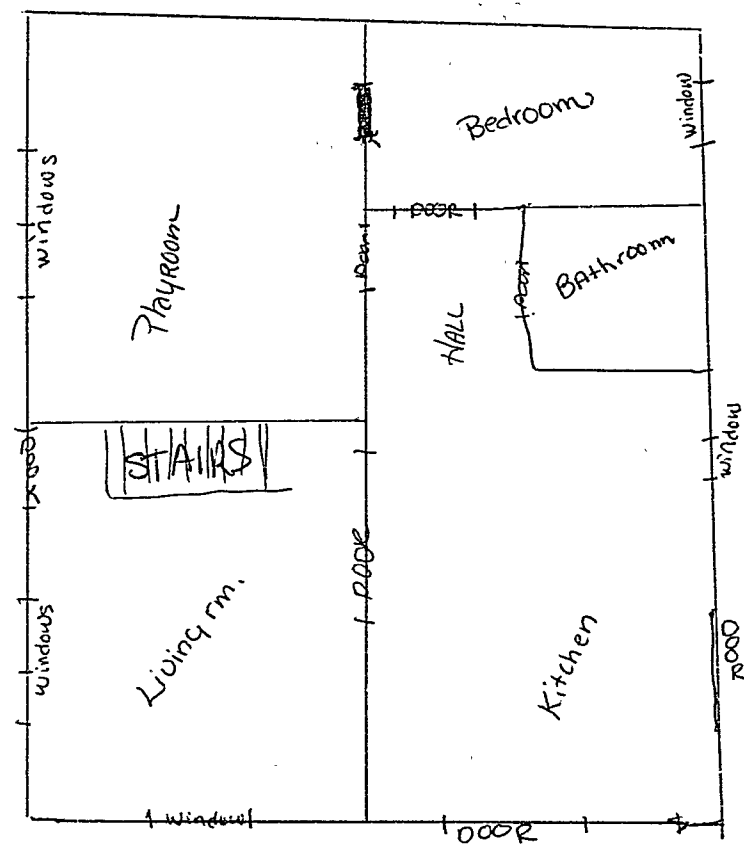
Diane Fogg

797-2244

RECEIVED

MAR 15 1991

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



24 x 40 Cape
6 children

547 Allen
Ave
Portland, Me.

6- Children

Day care

Hours 7:30- 5:30
Monday- Friday

DIANE M. FOGG
797-2244

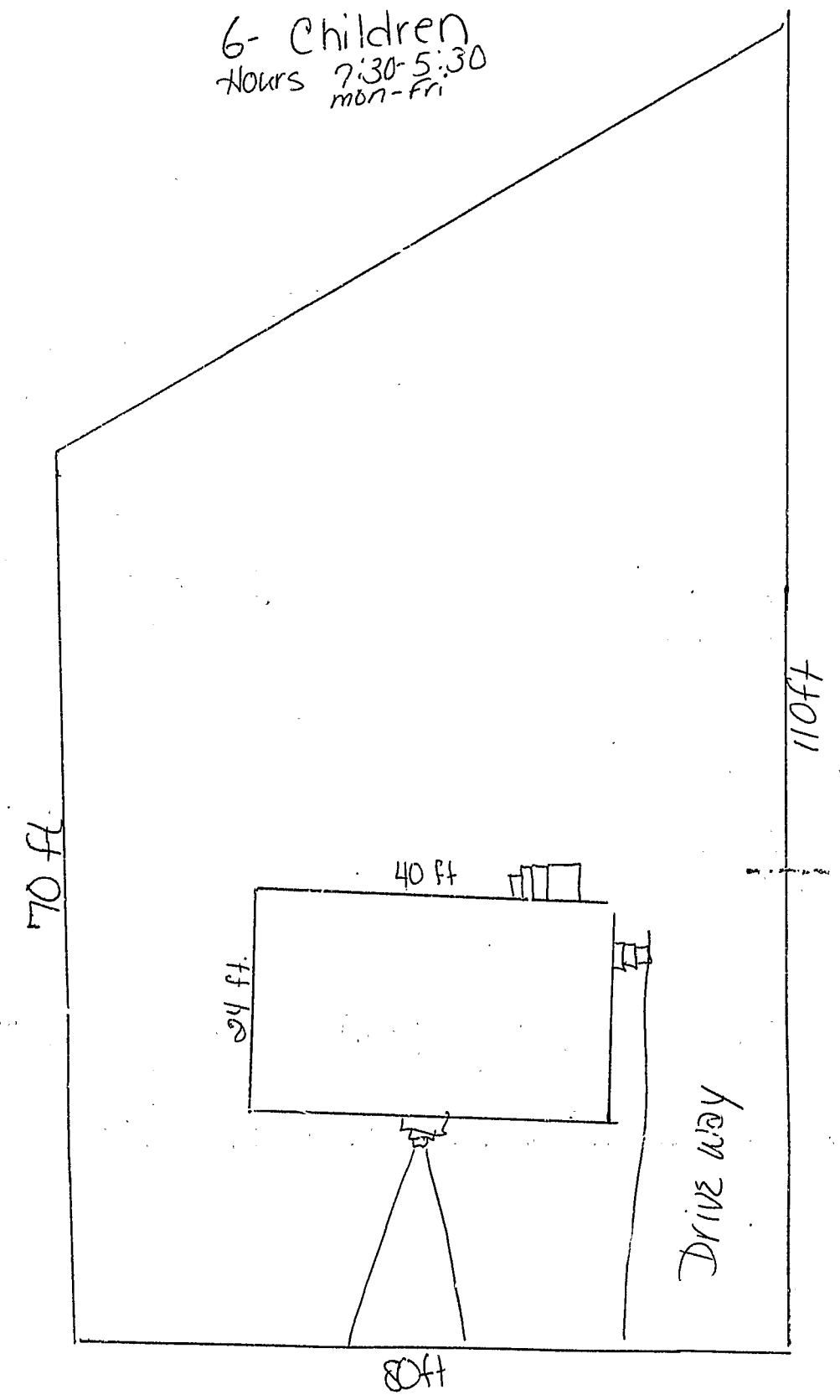
RECEIVED

MAR 15 1991

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

DIANE FOGG
547 Allen Ave. 797-2244
Portland, Maine

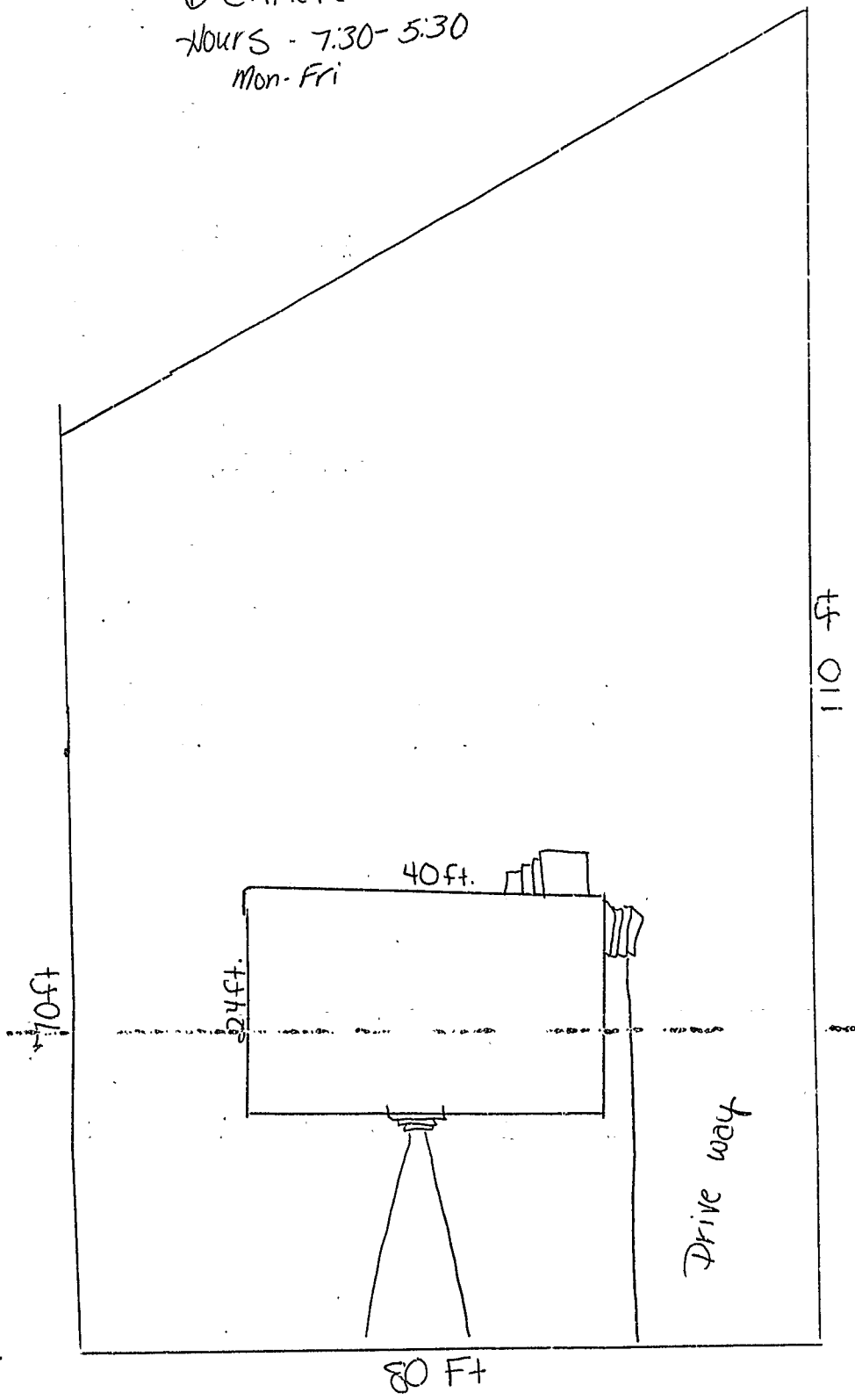
6- Children
Hours 7:30-5:30
mon-fri



Diane Foss
547 Allen Ave.
Portland, Maine

797-2244

6 Childrens
Hours - 7:30-5:30
Mon-Fri



Diane FOGG
547 Allen Ave.
Portland, Me. 797-2244

6 Children
Hours 7:30-5:30
mon-Fri

