

002789

Will Pickup Permit call 791-3380

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

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

Owner: Raymond and Barbary Carve Phone # 617-7232100
 Address: 17 Monsignor O'Brien Highway East Cambridge, Mass.
 LOCATION OF CONSTRUCTION 403 Allen Ave Portland
 Contractor: Northport Realty Sub: WHITE AROS
 Address: 1361 Washington Ave Phone # 707-2380
 Est. Construction Cost: 5,000 Proposed Use: Residence
 Past Use: Residence
 # 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 To demolish 1 family structure

For Official Use Only		PERMIT ISSUED	
Date: <u>October 25, 1989</u>	Subdivision: _____	Number: <u>1</u>	Year: <u>1989</u>
Inside Fire Limits: _____	Lot: _____	Ownership: _____	Public: _____
Bldg Code: _____	Time Limit: _____	City Of Portland	
Estimated Cost: <u>\$5,000</u>			

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) _____

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: _____
 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: _____
 4. Insulation Type _____ Size _____
 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: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Latini
 Signature of Applicant [Signature] Date 10/25/89
 Signature of CEO _____ Date _____
 Inspection Dates [Signature]

002789

City of W. Pick up Permit call 797-3380 BLDG PERMIT APPLICATION Fee Zone Map# Lot#

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

Owner: Raymond and Barbary Caryl Phone # 617-7232100
Address: 17 Monsignor O'Brien Highway East Cambridge, Mass.

LOCATION OF CONSTRUCTION 17 Monsignor O'Brien Highway East Cambridge, Mass.

Contractor: Northport Realty Sub: White Bros.
Address: 1361 Washington Ave Phone # 797-3380

Est. Construction Cost: 5,000 Proposed Use: Residence
Past Use: Residence

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: To demolish 1 family structure

PERMIT ISSUED

For Official Use Only

Date: October 25, 1989 Subdivision: _____
 Inside Fire Limits: _____
 Bldg Code: _____ Ownership: City of Portland Public
 Time Limit: _____
 Estimated Cost: 5,000

Zoning: R-3 Residence
 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) OK W.D. Alex 10-30-89

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. Joist Size: _____ Spacing: 16" O.C.
 5. Blotting 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 _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____ Spacing _____
 2. Ceiling Strapping Size _____
 3. Type Ceilings: _____
 4. Insulation Type: _____
 5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size: 2x8 2x8
 2. Sheathing Type: _____ Size _____
 3. Roof Covering Type: _____

Chimneys: _____ Number of Fire Places _____
 Type: _____

Heating: _____
 Type of Heat: _____

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

Plumbing:

1. Approval of soil test if required: Yes
 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: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law

Permit Received By: LMH
 Signature of Applicant: [Signature] Date: 10/25/89

Signature of CEO: _____ Date: _____

Inspection Dates: _____
 White Tax Assessor _____ Yellow GPCOG _____ White Tag - CEO [Signature] © Copyright GPCOG 1988

PLOT PLAN



FEEs (Breakdown From Front)

Base Fee \$	\$45.00
Subdivision Fee \$	_____
Site Plan Review Fee \$	_____
Other Fees \$	_____
(Explain) _____	_____
Late Fee \$	_____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS Submitted Call list. — Called Landmarks — Gave picture — O.K. ✓

Signature of Applicant Gay Hayes

Date October 25, 1989

Mark Leary
874-9300 EX 8702

CITY OF PORTLAND, MAINE
DIVISION OF INSPECTION SERVICES

DEMOLITION CALL LIST

NORTHPORT REALTY hereby requests permission to demolish
403 ALLEN AVE beginning on the following date October Week OF 30TH
for the following work as described: DEM OR (S&H)

UTILITY APPROVAL

CENTRAL MAINE POWER CO.

Meter Department
772-7411, ext. 290, 291, 292
Date & Name: MARK O'NEIL 10/21/89
(MARK KESS)

NEW ENGLAND TELEPHONE CO.
Dig Safe Center 775-9595 R.C. Jones
1-800-225-4977
Date & Name: 8942 1938 10-18-89

NORTHERN UTILITIES
Distribution Department
797-8002 797-8000 10/17/89
Date & Name: [Signature]

PORTLAND WATER DISTRICT
John Libby
774-5961, ext. 205
Date & Name: [Signature] 894-8300

PUBLIC CABLE CO. (T.V.)
George Grisby
775-2381
Date & Name: [Signature] 8705

CITY OF PORTLAND

DEPARTMENT OF PARKS/PUBLIC WORKS
Sewer Division 874 8300
775-5451, ext. 463
Date & Name: [Signature] 10/24

DEPARTMENT OF PARKS/PUBLIC WORKS
Traffic Division Preston
775-5451, ext. 468, 469
Date & Name: Preston 10/18

DEPARTMENT OF PARKS/PUBLIC WORKS
Forestry Division
775-5451, ext. 333, 350, 351
Date & Name: Jeff Tarling 10/19/89

DEPARTMENT OF PLANNING/URBAN DEVELOPMENT
Inspection Services Division
775-5451, ext. 374 (rodent/vermin/asbestos)
Date & Name: _____

FIRE DEPARTMENT Fire and Closed
Communications - Sam Allen
775-6361, ext. 321, 322, 8534
Date & Name: Steve Chandler 10/18 OK
874 8300

DEPARTMENT OF PARKS/PUBLIC WORKS
Sue Sargent
775-5451, ext. 443
Date & Name: Carol Polisky 10/18 OK
874 8300

ASBESTOS NOTIFICATION:

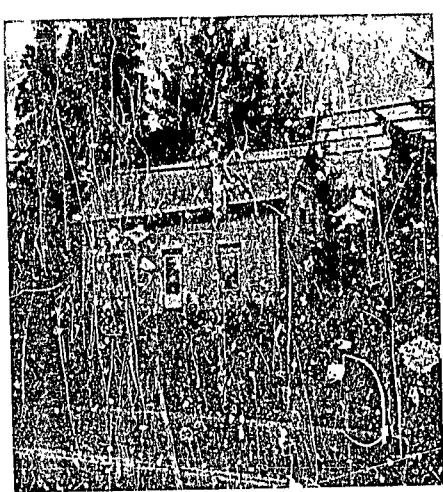
United States Environmental Protection Agency
Region 1, Air Management Division
Room 2310
J.F.K. Federal Building
Boston, MA 02203

Maine Department of Environmental Protection
Bureau of Air Quality Control
State House Station 17
Attn: Catharine Clayton-Richardson
Augusta, ME 04333

I have contacted all of the above utility companies and/or necessary City departments.

Date: 10/25

Signed: [Signature]



403 ALLEN AVE.