

ISLAND AVENUE
93-E-4 LONG ISLAND



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date July 11, 19 78
 Receipt and Permit number A 12701

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: 93 E.-4 1st Ave. Long Island
 OWNER'S NAME: Carolyn Cilley ADDRESS: same

OUTLETS: (number of) _____ FEES _____
 Lights _____
 Receptacles _____
 Switches _____
 Plugmold _____ (number of feet) _____
 TOTAL _____

FIXTURES: (number of) _____
 Incandescent _____
 Fluorescent _____ (Do not include strip fluorescent)
 TOTAL _____
 Strip Fluorescent, in feet _____

SERVICES: _____
 Permanent, total amperes 100 _____ 3.00
 Temporary _____ .50

METERS: (number of) 1 _____

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 (total number of kws) _____

APPLIANCES: (number of) _____
 Ranges _____
 Cook Tops _____
 Wall Ovens _____
 Dryers _____
 Fans _____
 Water Heaters _____
 Disposals _____
 Dishwashers _____
 Compactors _____
 Others (denote) _____

MISCELLANEOUS: (number of) _____
 Branch Panels _____
 Transformers _____
 Air Conditioners _____
 Signs _____
 Fire/Burglar Alarms _____
 Circus, Pairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Heavy Duty, 220v outlets _____
 Emergency Lights, battery _____
 Emergency Generators _____

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9) _____
 TOTAL AMOUNT DUE: 3.50

INSPECTION: Will be ready on _____, 19____; or Will Call xx

CONTRACTOR'S NAME: Roy Ferguson
 ADDRESS: Long Island, Me. 1298

MASTER LICENSE NO.: _____
 LIMITED LICENSE NO.: _____
 SIGNATURE OF CONTRACTOR: Roy A. Ferguson

INSPECTOR'S COPY

023608

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$120. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Carolyn M. Gaudet Phone # 766-9778
Address: Island Ave - Long Island, ME 04050
LOCATION OF CONSTRUCTION Island Ave- Long Isl 93-E-4, 4
Contractor: OWNER Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: 20,000 Proposed Use: 1-fam w intr renov
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 Interior/renovations = first floor

PERMIT ISSUED
For Official Use Only
Date: 4/30/92 Subdivision: _____
Inside Fire Limits: _____ Name: _____
Blgd Code: _____ Lot: _____
Time Limit: _____ Ownership: _____
Estimated Cost: 20,000 CITY OF PORTLAND
Zoning: _____
Street Frontage Provided: _____
Provided Setbacks: Front _____ Pack _____ Side _____
Review Required: Interior only
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 (Expoin) WDO 4-30-92

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 Exp. ure _____
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 _____ Not in District nor Landmark.
3. Type Ceilings: _____ Does not require review.
4. Insulation Type _____ Size _____ Requires Review.
5. Ceiling Height: _____
Roof:
1. Truss or Rafter Size _____ Span Action: ADDED
2. Sheathing Type _____ Size _____ Approved with Conditions
3. Roof Covering Type _____
Chimneys: Date: 4/30/92
Type: _____ Number of Fire Places _____ Signatures: _____
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 Carolyn M. Gaudet Date April 30 1992
CEO's District 6 Carolyn M. Gaudet

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO
16 Mrs Rowe

White - Tax Assessor

Inspection Services
Samuel P Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 28, 1993

Ms. Carolyn M. Gaudet
Island Avenue
Long Island, ME 04050

RE: Island Avenue, Long Island 93-E-4-1

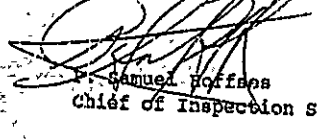
Dear Sir:

Your application to construct a deck 7' x 22 and gable has been reviewed and a permit is herewith issued subject to the following requirements.

1. Side yard setback must be a minimum of 20'.

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

Sincerely,


Samuel P Hoffses
Chief of Inspection Services

cc: William Giroux, Zoning Administrator

030447

Permit # _____ City of _____ BUILDING PERMIT APPLICATION Fee \$55 Zone _____ Map # _____ Lot # _____
Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: Carolyn M. G det Phone # 603 - 889 - 7207
Address: Island Ave - Long Island, ME 04050
LOCATION OF CONSTRUCTION: Island Ave - Long Island
Contractor: owner Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: 7000 Proposed Use: 1-fam w ext renov & deck
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: exterior renovations - gable

For Official Use Only
Date: 5/26/93 Subdivision: _____
Inside Fire Limits: _____ Name: MAY 28 1993
Bldg Code: _____ Lot: _____
Time Limit: _____ Ownership: _____
Estimated Cost: 7000
Zoning: IR2
Subject Front: 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): WDE - 25-28-93

CITY OF PORTLAND

93 E 4,1 & const deck 7'x 22' - irreg shape
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: 03060
 - 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 _____ Spacing _____ Not in District nor Landmark.
 - 2. Ceiling Strapping Size _____
 - 3. Type Ceilings: _____ Does not require review.
 - 4. Insulation Type _____ Size _____ Requires Review.
 - 5. Ceiling Height: _____
- Roof:
- 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved with conditions.
 - 2. Sheathing Type _____ Size _____
 - 3. Roof Covering Type _____
- Chimneys:
- Type: _____ Number of Fire Places _____ Date: 5/26/93
- 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 Fixtures _____
 - 4. No. of Lavatories _____
 - 5. No. of Other Fixtures _____

HISTORIC PRESERVATION

PERMIT ISSUED WITH LETTER

Permit Received By: Louise E. Chase
Signature of Applicant: Carolyn M. Gaudet
Signature of CFO: _____
Inspection Dates: _____

White-Tax Assessor Yellow-GPCOG White Tag - CEO [G] M.A. Now Copyright GPCOG 1988