

BEACH AVENUE - LONG ISLAND
93-I-53

THE
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

DUPLICATE - To be retained by the Plumbing Inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT (For systems disposing of less than 500 gallons per day) This is NOT a permit, this form when completed must be presented to the Local Plumbing Inspector to obtain a permit Page 1 of 2

Town: Portland Street, Road, etc.: BEACH AVE (REAR) Permit No.: 4177 Date: 7-15-75
 Owner of property: WALTER P. BUSNARD Owner's address: Samuel Longenecker 321 Harbor St. South Me Size of lot: 31,200 Sq feet Acres
 Name & type of establishment if other than private home: _____ Is lot Zoned? Yes No Type of Zoning: Residential Commercial Resource Protection
 Name of applicant/Owner's agent: Edward W. Wetz If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:
 Deed restriction re private sewage disposal
 Copy of the subdivision's soils report
 Soils report from a State Agency
 Applicant's address: 116 Public Street T.L. No.: 199-2228
 Town: South Portland Maine: 04106 Subdivision name: _____ Lot No.: 93-I-53 (Associates)
 Applicant's signature: _____ Date: 6/17/75
 Owner's signature: _____ Date: _____

This application is for: New System Expanded System Replacement System Replacement of Treatment Tank Only Disposal Area Only
 The water supply for this property is: Dug well, depth _____ Drilled well, depth 125 Spring
 depth _____ lining _____ Surface water: Body, Course— with disinfection without disinfection Public Utility, name _____

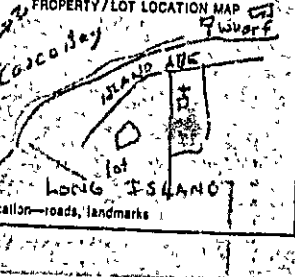
SITE INVESTIGATION Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Thickness and Description of each soil strata encountered	Soil Profile No. 1	Soil Profile No. 2	Soil Profile No. 3	Soil Profile No. 4	Soil Profile No. 5
	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata	<u>Topsoil</u>	<u>Topsoil</u>	<u>Organic strata</u>	<u>Organic strata</u>	<u>Organic strata</u>
Inches	<u>7"</u>	<u>12"</u>	Inches	Inches	Inches
1st strata	<u>Gravel</u>	<u>Gravel</u>	1st strata	1st strata	1st strata
Inches	<u>27"</u>	<u>26"</u>	Inches	Inches	Inches
2nd strata	<u>Sand-Tine clay</u>	<u>Sand-Tine clay</u>	2nd strata	2nd strata	2nd strata
Inches	<u>10"</u>	<u>22"</u>	Inches	Inches	Inches
3rd strata			3rd strata	3rd strata	3rd strata
Inches			Inches	Inches	Inches
Total Depth of observation hole	Inches <u>44"</u>	Inches <u>66"</u>	Total Depth of observation hole	Total Depth of observation hole	Total Depth of observation hole
Max. Ground water table—mottling	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	Max. Ground water table—mottling	Max. Ground water table—mottling	Max. Ground water table—mottling
Inches			Inches	Inches	Inches
Impervious layer, clay, etc.	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	Impervious layer, clay, etc.	Impervious layer, clay, etc.	Impervious layer, clay, etc.
Inches			Inches	Inches	Inches
Bedrock	<input checked="" type="checkbox"/> None Evident	<input checked="" type="checkbox"/> None Evident	Bedrock	Bedrock	Bedrock
Type of Bedrock			Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope	<u>2%</u>	<u>2%</u>	Surface slope	Surface slope	Surface slope
Soil Group & Condition per Table 9-1 of the Code, II	<u>B-6 (H13)</u>	<u>B-6 (H18)</u>	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On 7-15-75 (Date), a site investigation for this project was completed and supervised its soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.
 Signature: Edmund Board Registration/Certification Number: PE# 513 Date signed: 7/14/75
 Soil Scientist
 Geologist
 Soil Engineer
 Other, must show current letter of certification to LPI

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2, and refer to completed sample form

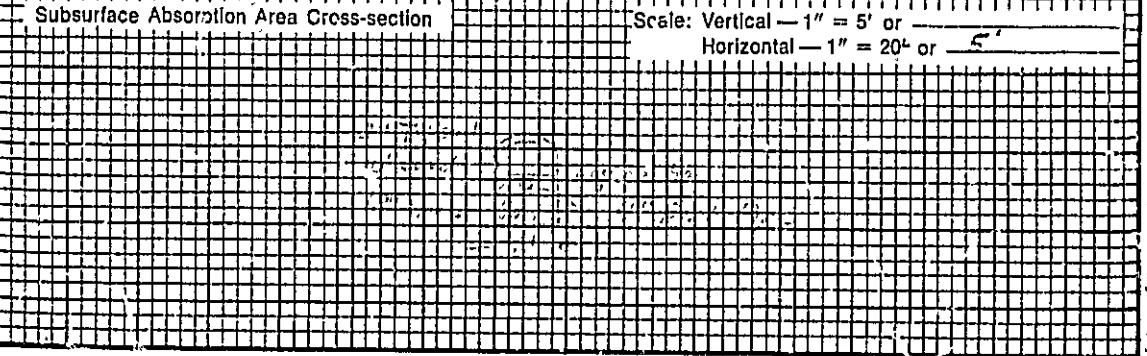
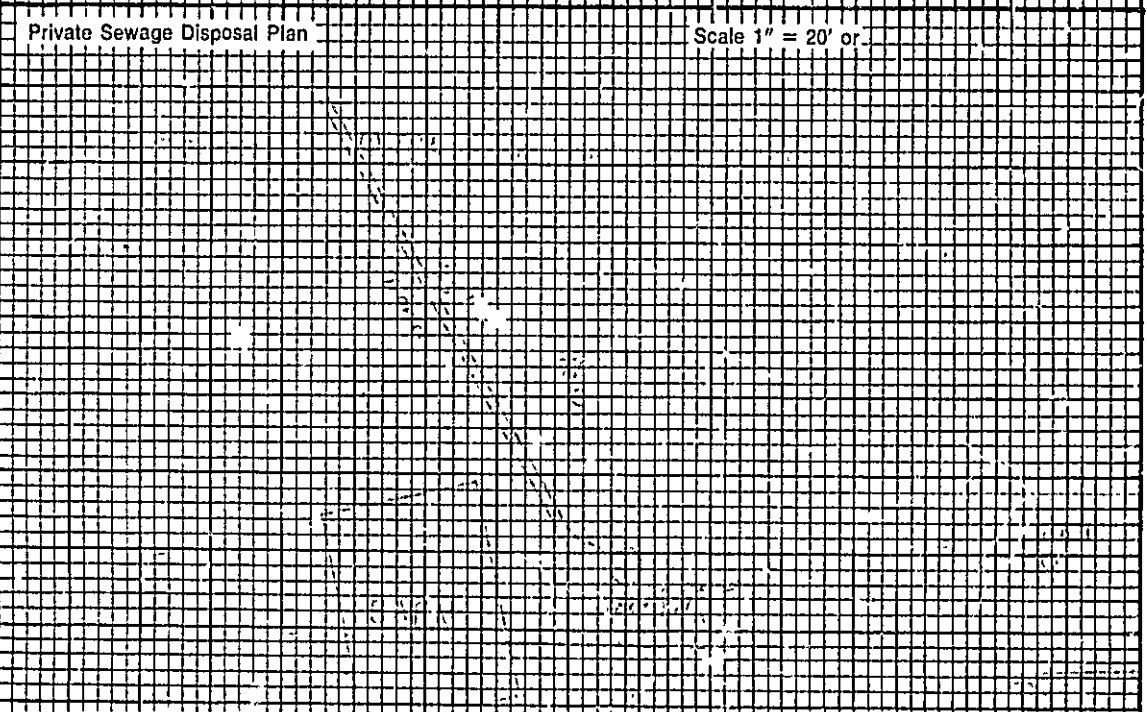
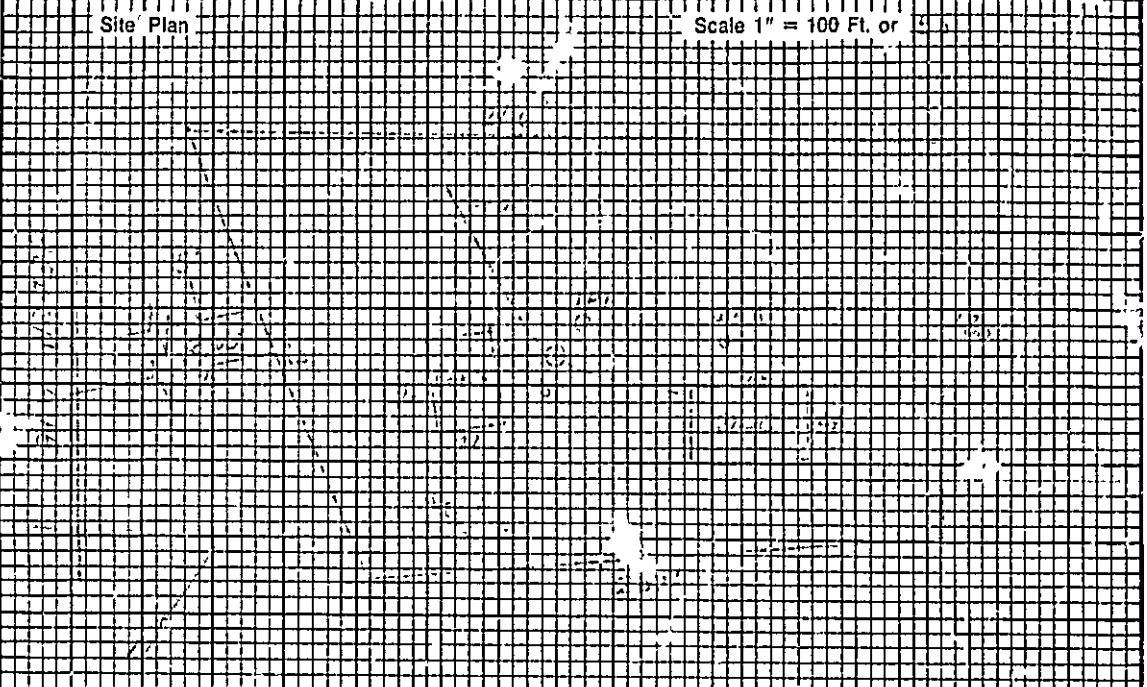
SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system-type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: _____ Size in gallons: <u>750</u> <input type="checkbox"/> Aesthetic Tank Manufacturer: _____ Model No: _____ Size in gallons: _____	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION: Fill is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required Fill will be _____ inches deep DETAILS: <input type="checkbox"/> A Distribution Box is required Dumping is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> is not required The Dose will be _____ gallons DISTANCES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
		Type: <input checked="" type="checkbox"/> Trench System: Total trench length: <u>65'</u> <input type="checkbox"/> Bed System Length _____ Width _____ <input type="checkbox"/> Chamber System Number: _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type F <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length _____ Width _____ at base <input type="checkbox"/> Special System Length _____ Width _____ <input type="checkbox"/> Non-discharge System Bed Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____		

PROPERTY/LOT LOCATION MAP


FOR THE USE OF LPI ONLY
 Denial. Application is denied for following reasons; portions of the Code II are cited.
 Form is incomplete (____ pg) as to: General Info, Site Investigation, System Proposed.
 Site Plan, Disposal System Plan, Cross-Section, Statement. See Section 2.3.
 Site Investigation indicates site is totally unsuitable for disposal system; Sections 4.8 and 9.5, Table 9-1 Group 9 and 10. Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.
 System Proposed does not conform to Code, See Sections 9.
 Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.6, 4.7.
 Miscellaneous _____ See Section _____
 Acceptance. Application for permit is approved with condition specified, comply with Section _____
 without condition
 Signed, LPI: [Signature] Date: 7/14/75 HHE-200 7174

DUPLICATE — To be retained by the Plumbing Inspector
 MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Town <i>Portland</i>	Street, Road, etc. if on water body, give name <i>BEACH AVE (REAR)</i> <i>93-I-53</i>	Owner of property <i>WALTER</i> <i>Samuel Longano</i>
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Statement: (no permit may be issued unless signed)
 I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required
 Date: 12/2/75
 Applicant: [Signature]
 Owner: [Signature]

CITY OF PORTLAND, MAINE
Application for Permit to Install Wires

93-I-53

Permit No. 7187
 Issued
 Portland, Maine 9/11/74, 19 ..

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out — Minimum Fee, \$1.00)

Owner's Name and Address **WALTER P. CUSHING** Tel.
 Contractor's Name and Address **P. A. GOMEZ** Tel. **846-4110**
 Location **BEACH AVENUE** Use of Building **RESIDENCE**
LONG ISLAND
 Number of Families **1** Apartments Stores Number of Stories **2**
 Description of Wiring: New Work Additions Alterations

Pipe Cable Metal Molding BX Cable Plug Molding (No. of feet)
 No. Light Outlets Plugs Light Circuits Plug Circuits

FIXTURES: No. Fluor. or Strip Lighting (No. feet)

SERVICE: Pipe Cable Underground No. of Wires **3** Size **#2**

METERS: Relocated Added Total No. Meters

MOTORS: Number Phase H. P. Amps Volts Starter

HEATING UNITS: Domestic (Oil) No. Motors Phase H.P.
 Commercial (Oil) No. Motors Phase H.P.

Electric Heat (No. of Rooms)

APPLIANCES: No. Ranges Watts Brand Fieds (Size and No.)

Elec. Heaters Watts

Miscellaneous Watts Extra Cabinets or Panels

Transformers Air Conditioners (No. Units) Signs (No. Units)

Will commence **9/11/74** 19 Ready to cover in **9/12/74** Inspection 19 ..

Amount of Fee \$ **2.00**

Signed *Walter P. Cushing*

DO NOT WRITE BELOW THIS LINE

SERVICE METER GROUND

VISITS: 1 2 3 4 5 6

.. .. . 7 8 9 10 11 12

REMARKS:

INSPECTED BY *Robert*
 (OVER)

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. 55395
 Issued _____, 19...

To the City Electrician, Portland, Maine:

Portland, Maine

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled — Minimum Fee, \$1.00)

93-I-53

Owner's Name and Address: Walter Cushing — Minimum Fee, \$1.00
 Contractor's Name and Address: Cum Electric Tel. _____
 Location: R. Beach Ave, Long Island Tel. _____
 Number of Families: _____ Use of Building: Apartment
 Description of Wiring: New Work Stores: _____ Additions: _____ Alterations: _____

Pipe	Cable	Metal Molding	BX Cable	Plug Molding (No. of feet)
No. Light Outlets		Plugs	Light Circuits	Plug Circuits
FIXTURES: No.			Floor. or Strip Lighting (No. feet)	
SERVICE: Pipe	Cable <input checked="" type="checkbox"/>	Underground	No. of Wires <u>3</u>	Size <u>2</u>
METERS: Relocated		Lead	Total No. Meters	<u>1</u>
MOTORS: Number	Phase	H. P.	Amps	Volts
HEATING UNITS: Domestic	<u>PUMP</u>	No. Motors <u>1</u>	Phase <u>1</u>	Starter <u>1/2</u>
	Commercial (Oil)	No. Motors	Phase	H.P.
	Electric Heat (No. of Rooms)			H.P.
APPLIANCES: No. Ranges	Watts	Brand Feeds (Size and No.)		
	Elec. Heaters	Watts		
	Miscellaneous	Watts	Extra Cabinets or Panels	
Transformers	Air Conditioners (No. Units)		Signs (No. Units)	
Will commence	19	Ready to cover in	19	Inspection
Amount of Fee \$ <u>5.00</u>				19.

Signed R. J. Leman Esq.

DO NOT WRITE BELOW THIS LINE

SERVICE	METER	GROUND
VISITS: 1	2	3
7	8	9
REMARKS:	10	11
	12	13

INSPECTED BY R. W. Huber
 (OVER)

Long Island
 LOCATION Beach Av.
 INSPECTION DATE 11/9/71
 WORK COMPLETED 11/9/71
 TOTAL NO. INSPECTIONS 1
 REMARKS:

FEEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963

WIRING

1 to 30 Outlets \$ 2.00
 31 to 60 Outlets 3.00
 Over 60 Outlets, each Outlet .05
 (Each twelve feet or fraction thereof of fluorescent lighting or
 any type of plug molding will be classed as one outlet).

SERVICE:

Single Phase 2.00
 Three Phase 4.00

MOTORS

Not exceeding 50 H.P. 3.00
 Over 50 H.P. 4.00

HEATING UNITS

Domestic (Oil) 2.00
 Commercial (Oil) 4.00
 Electric Heat (Each Room) .75

APPLIANCES

Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in
 Dishwashers, Dryers, and any permanent built-in appliance — each
 unit 1.50

MISCELLANEOUS

Temporary Service, Single Phase 1.00
 Temporary Service, Three Phase 2.00
 Checkers, Counters, Fills, etc. 10.00



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, September 23, 1958

PERMIT 155189 01302 SEP 23 1958 CITY OF PORTLAND

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 Beach Ave., Long Island Use of Building Dwelling No. Stories New Building Existing
Name and address of owner of appliance Walter Cushing, Long Island
Installer's name and address Community Oil Co., 204 Kennebec St. Telephone 4-3964

General Description of Work

To install oil burning equipment in connection with existing gravity hot water heat (conversion)

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same flue
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner L-100 Labeled by underwriters' laboratories? yes
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe 1 1/2"
Location of oil storage basement Number and capacity of tanks 1-275 gal.
Low water shut off Make No.
Will all tanks be more than five feet from any flame? yes many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners none

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
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? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OF SPECIAL INFORMATION

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:

Signature of Inspector: O.K. E.S.S. 9/23/58

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes Community Oil Co.

Signature of Installer: William S. W...

INSPECTION COPY

PK

928581

Permit # _____ 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: Susan M. Longanecker Phone # 774-4754
 Address: Beach Ave; Long Island, ME 04050
 LOCATION OF CONSTRUCTION: Beach Ave; Long Island
 Contractor: _____ Sub: 93-1-53,1
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 1-fam w roomers
 Past Use: 1-fam
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ To _____ Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Change of use - from 1-fam to 1-fam

For Official Use Only
 Date: 4/17/92
 Includes Fire Limits _____
 By Code _____
 Time Limit _____
 Estimated Cost _____
 Permit Issued
 APR 21 1992
 CITY OF PORTLAND
 Zoning: 1
 Street Frontage Provided _____
 Provided Setbacks: Front _____ Back _____ Side _____ 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 _____
 (The _____ (Exception) _____ 4-21-92)

Foundation: _____ w roomers

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 _____
 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 _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____
 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 Mats. Mats _____

Coiling: _____
 1. _____ Spacing _____
 2. _____
 3. Insulation Type _____ Size _____
 4. _____
 5. Ceiling _____
 Roof:
 1. Truss or Rafters 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 Flashes _____
 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 Susan M. Longanecker Date 4/17/92
 CEO's District Susan M. Longanecker

White - Tax Assessor

Ivory Tag - CEO

CONTINUED TO REVERSE SIDE [Signature]

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION Beach Ave.; Long Island 93-1-53,1
Date of Issue 6/10/93

Issued. Susan M. Longanecker

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. 92/3501, 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

Change of Use - from one-family to
one-family with roomers

Limiting Conditions:

106-0-0 219

This certificate supersedes
certificate issued

Approved

(Date)

Inspector

Inspector of Buildings

Notice: This certificate verifies 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 leasee for one dollar.

923581

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 525. Zone _____ Map # _____ Lot# _____

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

PERMIT ISSUED

Owner: Susan M. Longancker Phone # 77-4751
 Address: Beach Ave; Long Island, ME 04070
 LOCATION OF CONSTRUCTION Beach Ave; Long Island
 Contractor: _____ Sub: 93-7-53,1
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 1-fam w roomers
 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-fam to 1-fam

For Official Use Only
 Date 4/17/92 Subdivision: _____
 Inside Fire Limits _____
 Bidg Code _____
 Time Limit _____
 Estimated Cost _____
 Name: MA 21 1992
 Lot: _____
 CITY OF PORTLAND

Zoning: 1
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Ectd _____ Side _____ 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) 4-2 HISTORIC PRESERV

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 Size _____ 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 Size _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____ Not in District nor Land
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review
 3. Type Ceilings: _____ Requires Review
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved
 2. Sheathing Type _____ Size _____ Approved with _____
 3. Roof Covering Type _____ Date: 4/17/92
 Signature: _____

Chimney:
 Number of Fire Places _____

Heat:
 Type of Heat: 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 Features _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

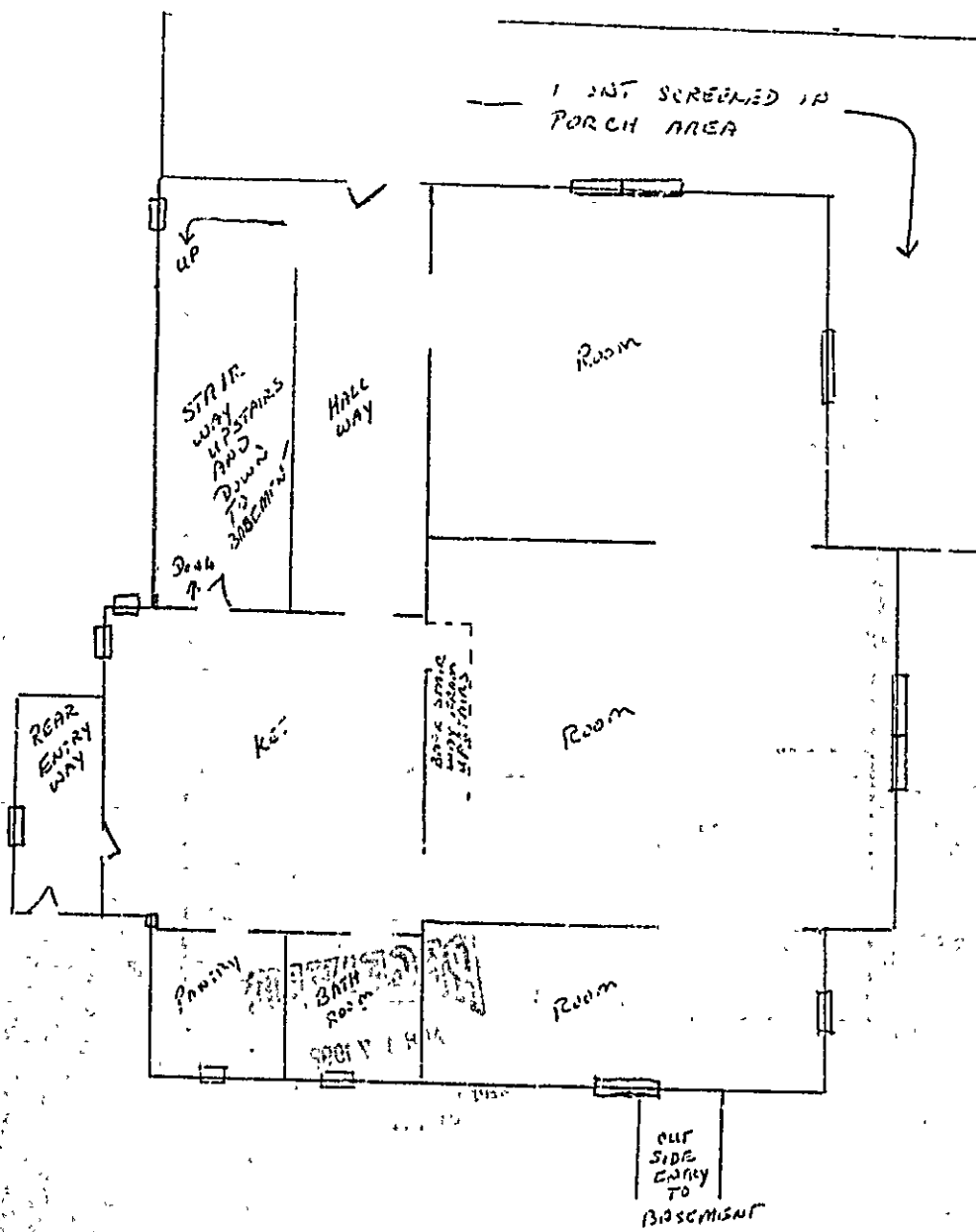
Permit Received By Louise E. Chase
 Signature of Applicant Susan M. Longancker Date 4/17/92
 CEO's District Susan M. Longancker

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO [Signature]

White - Tax Assessor

FRONT

N



FRONT

