

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 285-3525

PROPERTY ADDRESS

Town Or Plantation: Folsom Maine

Street Subdivision Lot #: White Head St

PROPERTY OWNERS NAME

Last: O'Shau First: _____

Applicant Home: Deoce Yelitz

Mailing Address of Owner/Applicant (if Different): 90 Bridgton Rd

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit. Deoce Yelitz Signature of Owner/Applicant Date: 11/21/88

PORTLAND PERMIT # 3,214 TOWN COPY

Fee: 121.2188 \$ 1318.00 (Double Fee Charge)

Local Plumbing Inspector Signature: _____ L.P.I. # 111213

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: 11/22/1988

PERMIT INFORMATION

This Application is for: <input checked="" type="checkbox"/> NEW PLUMBING <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served:	Plumbing To Be Installed By:
	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>1A57404</u>

Hook-Up / Piping Relocation (Maximum of 1 Hook-Up)	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR HOOK-UP to an existing subsurface wastewater disposal system.		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Groase/Oil Separator		Dish Washer
		General Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Blidet	1	Laundering Tub
		Other		Water Heater
Hook-Up / Relocation Fee		Fixtures (Subtotal) Column 2	11	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			11	
			\$ 32	
			\$ 16	
			\$ 16	

SEE FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PERMIT # 1305

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP # LOT#

Owner: Therese & John Wynn
Address: Whitehead Street, Peaks Island

LOCATION OF CONSTRUCTION: Whitehead Street, Peaks Island

CONTRACTOR: Superior Roofing SUBCONTRACTORS: permit to #2

ADDRESS: P.O. Box 15454 Portland 04101

Est. Construction Cost: 2,400 Type of Use: single family

Building Dimensions: L, W, Sq. Ft., # Stories, Lot Size

Is Proposed Use: Seasonal, Condominium, Apartment

Conversion - Explain: to raise a corner

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Of Dwelling Units # Of New Dwelling Units

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

Floor: 1. Sills Size, 2. Girder Size, 3. Lally Column Spacing, 4. Joists Size, 5. Bridging Type, 6. Floor Sheathing Type, 7. Other Material

Exterior Walls: 1. Studding Size, 2. No. windows, 3. No. Doors, 4. Header Sizes, 5. Bracing, 6. Corner Posts Size, 7. Insulation Type, 8. Sheathing Type, 9. Siding Type, 10. Masonry Materials, 11. Metal Materials

Interior Walls: 1. Studding Size, 2. Header Sizes, 3. Wall Covering Type, 4. Fire Wall if required, 5. Other Materials

Official Use Only
Date: Oct 9 7
Subdivision: Yes/No
Name:
Block:
Permit Expiration:
Owner:
Public/Private

Callings: 1. Ceiling Joists Size, 2. Ceiling Strapping Size, 3. Type Ceilings, 4. Insulation Type, 5. Ceiling Height

Roof: 1. Truss or Rafter Size, 2. Sheathing Type, 3. Roof Covering Type, 4. Other

Chimneys: Type, Number of Fire Places

Heating: Type of Heat

Electrical: Service Entrance Size, Smoke Detector Required

Plumbing: 1. Approval of soil test if required, 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, 3. Must conform to National Electrical Code and State Law

Zoning: Electric, Street Frontage Req., Required Setbacks: Front, Back, Side, Side

Review Required: Zoning Board Approval: Yes/No, Planning Board Approval: Yes/No, Conditional Use: Variance, Site Plan, Other (Explain), Special Exception, Subdivision

Date Approved

Permit Received By: Kandi Cote

Signature of Applicant: [Signature] Date

Signature of CEO: [Signature] Date

Inspection Dates

White Tax Assessor, Yellow-GPCOG, White Tag-CEO

7-Addato 10-Rowe

PERMIT # 1363

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Therese Wynne

Address: Whitehead Street, Peaks Island 766-2049

LOCATION OF CONSTRUCTION Whitehead Street, Peaks Island

* CONTRACTOR: Superior Roofing SUBCONTRACTORS:
ADDRESS: P.O. Box 15454, 04101 - 767-1766

Est. Construction Cost: 3,500 Type of Use: single family

Past Use: _____ Building Dimensions: L _____ W _____ S₁ Ft. _____ # Stories _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
Conversion - Explain to extend existing deck

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
Residential Buildings Only: _____
Of Dwelling Units _____ # Of New Dwelling Units _____

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 _____
5. Bracing Yes _____ No _____ Span(s) _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____
10. Masonry Materials _____ Weather Exposure _____
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 _____

For Official Use Only	
Date: <u>10/13/87</u>	Subdivision: Yes / No
Ins'd Fire Limits	Name
Bldg Code	Lot
Time Limit	Block
Estimated Cost: <u>\$3,500</u>	Permit Expires: _____
Value Structure	Ownership: _____
For: <u>\$40,000</u>	Public / Private

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

Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____
OCT 22 1987
City of Portland

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 _____
2. No. of Tubs or Showers _____ Yes _____ No _____
3. No. of Flush _____
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.

Zoning: District _____ Street Frontage Req: _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt _____
Other (Explain) _____ Special Exception _____
Date Approved _____

Permit Received By Kandi Cote

Signature of Applicant [Signature] Date _____

Signature of CEO _____ Date _____

Inspection Dates _____

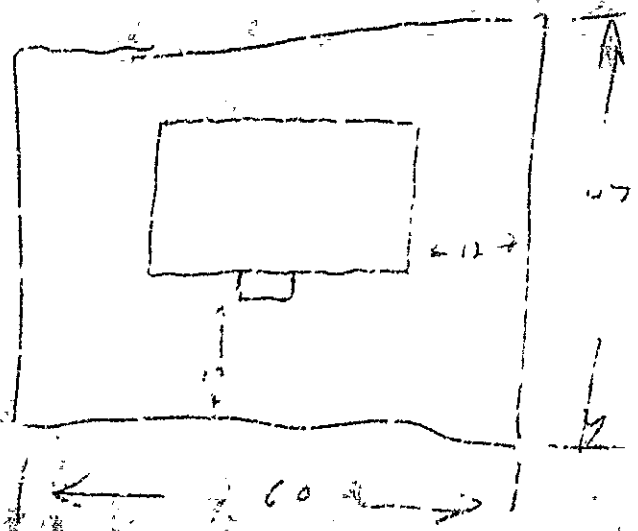
White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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7110





CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-545

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Whitehead Street
Peaks Island

October 20, 1987

Ms. Therese Wynne
Whitehead Street
Peaks Island, Maine 04108

Dear Ms. Wynne:

This is in reference to your application for a building permit to enlarge and enclose the deck at the front of your building on Peaks Island. We are unable to approve the permit, as applied for due to the front yard setback requirement in the Island Residence Zone, which is 25 feet, except that the front yard need not exceed the average depth of front yards on either side of the lot. section 14-145.11 (3) a of the City Zoning Ordinance.

Based on the existing sketch which accompanied your permit application, the existing front yard is only 12 feet and the present deck already encroaches on the 12 foot front yard setback about four feet. In view of this, it is suggested that you revise your plot plan to show the enclosing of the present deck instead of making an enlarged and enclosed deck, for which you applied.

Sincerely,

Warren J. Turner
Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Service
Arthur Rowe Code Enforcement Officer

*844-N-1
10/22/87
10/22/87*

*This deck will be
increased in width,
but not in depth. (5')
O.K. W.J. Turner*

PLA PLAN

Fees (Breakdown From Front)
Base Fee \$ 840.00 PL 0-3-19, 1987
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date

COMMENTS 3-17-88 with 1/19 call
1-26-88 - O.B. CC

Signature of Applicant *Omney*

Date

PERMIT # 013 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Theresa Wynne

Address: Whitehead Street, Park Island 766-2649

LOCATION OF CONSTRUCTION: Whitehead Street, Park Island

CONTRACTOR: A. Derioc Rogg SUBCONTRACTORS: _____

ADDRESS: P.O. Box 15454, 04101 - 767-1766

Est. Construction Cost: 3,500 Type of Use: single family

Permit Duration: _____

Building Dimensions: _____ Sq. Ft. Stories: _____ Lot Size: _____

In Provided Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion: Exp. to extend existing deck

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: _____

Of Dwelling Units: _____ # Of New Dwelling Units: _____

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. Riding _____
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 Material _____

White-Tax Assesstr

Yellow-GPCOG

For Official Use Only

Date: 10/22/81 Subdivision: _____

Local Fire Limit: _____

Edge Code: _____ Block: _____

Time Limit: _____ Permit Number: _____

Estimated Cost: \$3,500 Contract: _____

Valid Structure: 20700

Ceiling:

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

Roof:

1. Truss or Rafter Size: _____ Spacing: _____
2. Sheathing Type: _____
3. Roof Covering Type: _____
4. Other: _____

City Of Portland

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.

Zoning:

District: IR-2 Street Frontage Req: _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditions Use: _____ Variance: _____ Site Plan: _____

Shots and Floodplain Map: _____ Special Exception: _____

Other: (Exp. Plan) _____

Date Approved: 10/22/81

Permit Received By: Kandi Cota

Signature of Applicant: [Signature]

Signature of CEO: _____

Inspection Date: _____

White Tax: CEC

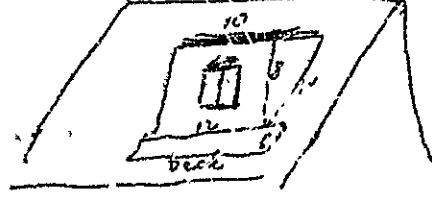
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1777 MA, Add-10

EXISTING



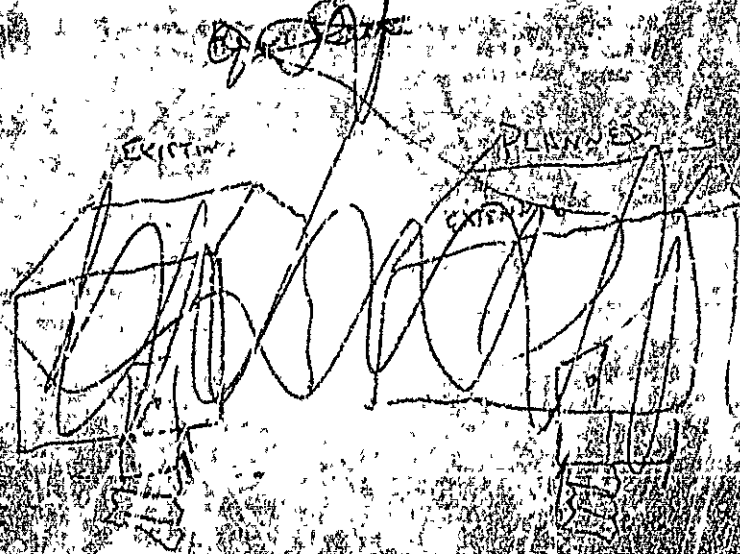
Planned



RECEIVED

OCT - 9 1987

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

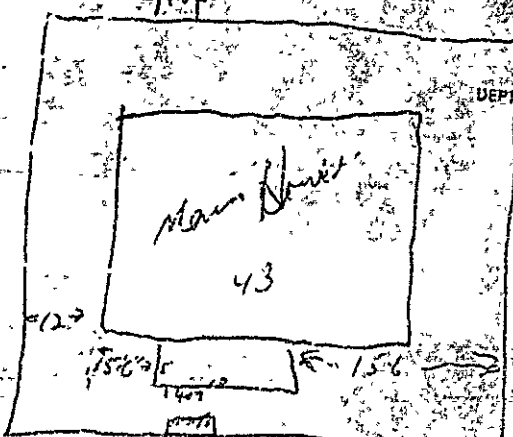


for parcel

RECEIVED

OCT 15 1987

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND



Wall Framing 2x4 16" O.C.

Roof 2x6 18" O.C.

2 1/2" x 3" Joists

4x4 PT. Post

6x6x8x10

1/2" Ply

1/2" Ply

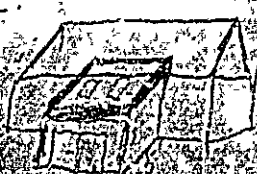
1/2" Ply

R insulation ceiling

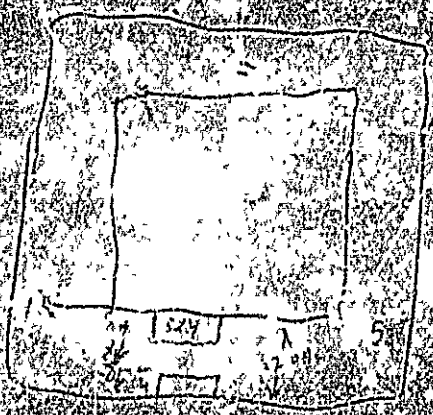
R11 walls

3/8" x 6" Sill

1/8" Sheathing



6'1" x 3'2"



6'0"



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-8451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Whitehead Street
Peaks Island

October 20, 1987

Ms. Therese Wynne
Whitehead Street
Peaks Island, Maine 04108

Dear Ms. Wynne:

This is in reference to your application for a building permit to enlarge and enclose the deck at the front of your building on Peaks Island. We are unable to approve the permit, as applied for due to the front yard setback requirement in the Island Residence Zone, which is 25 feet, except that the front yard need not exceed the average depth of front yards on either side of the lot. Section 14-145.11 (3) a of the City Zoning Ordinance.

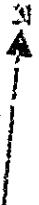
Based on the existing sketch which accompanied your permit application, the existing front yard is only 12 feet and the present deck already encroaches on the 12 foot front yard setback about four feet. In view of this, it is suggested that you revise your plot plan to show the enclosing of the present deck instead of making an enlarged and enclosed deck, for which you applied.

Sincerely,

Warren J. Turner
Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Arthur Rowe, Code Enforcement Officer

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 30.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Base Fee \$ _____

Type	Inspection Record	Date

3-17-88
2-21-88
OP JK
OO

Signature of Applicant *Dem...*

Date _____

PERMIT # 1113 CITY OF PORTLAND BUILDING PERMIT APPLICATION

Owner THOMAS & JOHN WYR
 Address W. 22nd Street, Peoria Island
 LOCATION OF CONSTRUCTION Peoria Island
 CONTRACTOR Superior Roofing SUBCONTRACTOR permit to
 ADDRESS P.O. Box 1545 Portland 04101

Est. Construction Cost: 2,000 Type of Use: single family
 Units: 1 Lot Size: 1/4
 Apartment: Apartment
 ONLY IF THE NUMBER OF UNITS WILL CHANGE

COMPLETION ORDER

1. Size
2. Size
3. Size
4. Size
5. Size
6. Size
7. Size
8. Size
9. Size
10. Size
11. Size
12. Size
13. Size
14. Size
15. Size
16. Size
17. Size
18. Size
19. Size
20. Size

1.7. Backs - Front Rear Side(s)

2.8. Backs - Front Rear Side(s)

3.9. Backs - Front Rear Side(s)

4.10. Backs - Front Rear Side(s)

5.11. Backs - Front Rear Side(s)

6.12. Backs - Front Rear Side(s)

7.13. Backs - Front Rear Side(s)

8.14. Backs - Front Rear Side(s)

9.15. Backs - Front Rear Side(s)

10.16. Backs - Front Rear Side(s)

11.17. Backs - Front Rear Side(s)

12.18. Backs - Front Rear Side(s)

13.19. Backs - Front Rear Side(s)

14.20. Backs - Front Rear Side(s)

15.21. Backs - Front Rear Side(s)

16.22. Backs - Front Rear Side(s)

17.23. Backs - Front Rear Side(s)

18.24. Backs - Front Rear Side(s)

19.25. Backs - Front Rear Side(s)

20.26. Backs - Front Rear Side(s)

MAP # LCU

For Official Use Only

1. Fee Limits

2. Fee Code

3. Fee Use

4. Estimated Cost

5. Value Structure

Roofing:

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

Truss or Rafter Size

Sheathing Type

Roof Covering Type

Other

Electrical:

Service Entrance Size

Smoke Detector Required Yes No

1. Approval of test if required
2. No of Tubs or Showers
3. No. of Fixtures
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:

1. Type
2. Pool Size
3. Must conform to National Electrical Code and State Law

Review Required:

Zone Approval: Yes No

Planning Board Approval: Yes No

Conditional Use: Yes No

Shoreland Ordinance: Yes No

Other: (Specify)

Date Approved: 11/1/87

Permit Received By ESL

Signature of Applicant [Signature] Date

Signature of CEO [Signature] Date

Inspection Dates [Signature] Date

White Tag - CEO