

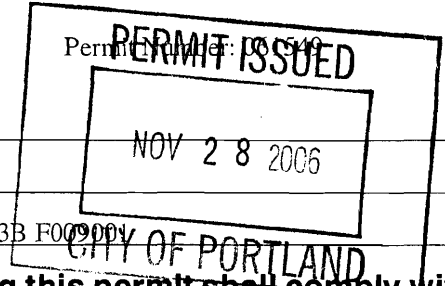
# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

PERMIT



This is to certify that BARTLETT NANCY W & NANCY W BARTLETT CUST MAN

has permission to New 1200 Sq Ft Single Family Home

AT 0 DIAMOND AVE

083B F009001

provided that the person or persons term or condition accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is started or service closed-in. 4 HOUR NOTICES REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

## OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

*Thomas M. Markley* 11/27/06  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

# City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Location of Construction: 93 DIAMOND AVE, Great Diamond		Owner Name: BARTLETT NANCY W & NANCY		Owner Address: 11 SAWYER ST		CBL: 083B F009001			
Business Name:		Contractor Name:		Contractor Address:		Phone:			
Lessee/Buyer's Name:		Phone:		Permit Type: Single Family		Zone: IR1			
Past Use: Vacant Land		Proposed Use: Single Family Home - New 1200 Sq Ft Single Family Home		Permit Fee: \$1,995.00		Cost of Work: \$190,000.00			
Proposed Project Description: New 1200 Sq Ft Single Family Home		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: SB IRC 2003					
				Signature:					
				Signature:					
Permit Taken By: Idobson		Date Applied For: 10/23/2006		Zoning Approval					
				Special Zone or Reviews					
				Zoning Appeal					
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..		<input type="checkbox"/> Shoreland N/A <input type="checkbox"/> Wetland N/A <input type="checkbox"/> Flood Zone power zone C <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan 2006-0307 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> Date: 11/22/06		<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied ABM			
								<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
								Signature: Date:	

## CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

7/23/07 - Factors + Settlements  
OK to Proceed

C&M  
will send letter from  
surveyors +  
pictures of  
work done

6/8/07 - Received Survey letter + Pictures.  
OK - C - M.

6/14/07 - Site Temp.  
CKD Foundation  
walls + Drainage  
OK to Backfill.  
C&M

9/8/07

Framming  
Pumping  
Eled. OK to  
Begin  
C&M

Site - Temp.

Final - Hammer Anvil ✓  
- HVAC Permit ✓  
Heat + Glo Polms  
- Boiler - Clean ✓  
- Cover on 220 ✓  
for Dryer.  
- Dryer vent ✓  
Master  
Bedroom Door equiv

Step - Re-ry

Final Done  
12/13/07 C&M



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 83 DIAMOND AVE

CBL 083B F009001

Issued to BARTLETT NANCY W & NANCY W BARTLETT CUSTO Date of Issue 12/13/2007

**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. 06-1549, 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

ENTIRE

APPROVED OCCUPANCY

SINGLE FAMILY HOME  
R-3 TYPE 5B  
IRC2003

Limiting Conditions: TEMPORARY CERTIFICATE OF OCCUPANCY UNTILL JUNE 1, 2008

This certificate supersedes  
certificate issued

Approved:

(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.



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 83 DIAMOND AVE

CBL 083B F009001

Issued to BARTLETT NANCY W & NANCY W BARTLETT CUSTO Date of Issue 05/08/2008

**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. 06-1549, 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

Entire

APPROVED OCCUPANCY

SINGLE FAMILY HOME  
R-3 TYPE 5B  
IRC2003

Limiting Conditions: NONE

This certificate supersedes  
certificate issued

Approved:

(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.

# ELECTRICAL PERMIT

## City of Portland, Me.



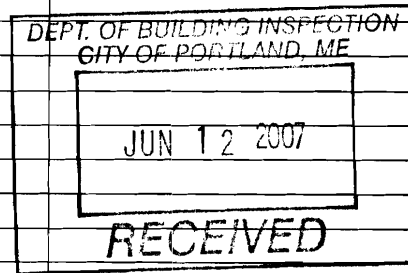
To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 6/12/07  
 Permit # 07-4420  
 CBL# 83 BF 009

LOCATION: Diamond Ave METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER NANCY BARTLETT-DIAMOND PLUMB  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE
OUTLETS	<u>36</u>	Receptacles	<u>14</u>	Switches	<u>5</u>	Smoke Detector	.20 <u>11.00</u>
FIXTURES	<u>12</u>	Incandescent		Fluorescent		Strips	.20 <u>2.40</u>
SERVICES	<u>1</u>	Overhead		Underground	<input checked="" type="checkbox"/>	TTL AMPS /00 <800	15.00 <u>15.00</u>
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
METERS	<u>1</u>	(number of)					1.00 <u>1.00</u>
MOTORS		(number of)					2.00
RESID/COM		Electric units					1.00
HEATING	<u>1</u>	oil/gas units		Interior		Exterior	5.00 <u>5.00</u>
APPLIANCES	<u>1</u>	Ranges		Cook Tops		Wall Ovens	2.00 <u>2.00</u>
		Insta-Hot		Water heaters		Fans	2.00
	<u>1</u>	Dryers		Disposals	<input checked="" type="checkbox"/>	Dishwasher	2.00 <u>4.00</u>
		Compactors		Spa	<input checked="" type="checkbox"/>	Washing Machine	2.00 <u>2.00</u>
		Others (denote)					2.00
MISC. (number of)		Air Cond/win					3.00
		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00
		Signs					10.00
		Alarms/res					5.00
		Alarms/com					15.00
		Heavy Duty(CRKT)					2.00
		Circus/Carnv					25.00
		Alterations					5.00
		Fire Repairs					15.00
		E Lights					1.00
		E Generators					20.00
PANELS	<u>1</u>	Service	<u>1</u>	Remote		Main	4.00 <u>4.00</u>
TRANSFORMER		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
TOTAL AMOUNT DUE							
MINIMUM FEE/COMMERCIAL 55.00							
MINIMUM FEE 45.00							<u>96.40</u>



CONTRACTORS NAME SEACOAST ELECTRIC CO MASTER LIC. # MJ03088  
 ADDRESS 74 GREENWOOD LANE LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 232-9159 or 797-4452

SIGNATURE OF CONTRACTOR [Signature] 8031 & CASH

White Copy - Office

Yellow Copy - Applicant

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: <u>MASTETT</u>	First: <u>MURRAY</u>
----------------------	----------------------

Applicant Name:	<u>Heather M. Mastett</u>
Mailing Address of Owner/Applicant (If Different)	<u>22 South Main Street, Portland, ME 04101</u>

## 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 Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

PORTLAND

PERMIT # 10363

TOWN COPY

Date Permit Issued:

8/7/07

\$ 194.00

☐ If Double Fee Charged

Jeannie Bourke  
Local Plumbing Inspector Signature

L.P.I. # 0732

## 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

## PERMIT INFORMATION

### This Application is for

1. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

### Type of Structure To Be Served:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 11517

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE  
[\$6.00]

### Number

### Column 2

### Type of Fixture

### Number

### Column 1

### Type of Fixture

1 Hosebib / Sillcock

1 Floor Drain

1 Urinal

1 Drinking Fountain

1 Indirect Waste

1 Water Treatment Softener, Filter, etc.

1 Grease / Oil Separator

1 Roof Drain

1 Bidet

1 Other: \_\_\_\_\_

Fixtures (Subtotal)  
Column 2

1 Bathtub (and Shower)

1 Shower (Separate)

1 Sink

1 Wash Basin

1 Water Closet (Toilet)

1 Clothes Washer

1 Dish Washer

1 Garbage Disposal

1 Laundry Tub

1 Water Heater

Fixtures (Subtotal)  
Column 1

Fixtures (Subtotal)  
Column 2

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee  
(Total)

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

# Amendment

247-4733 Revised 1

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	Great Diamond Island, Maine	<div>2056 10034</div> <div>PORTLAND Date Permit Issued: 9/28/07 Local Plumbing Inspector Signature: [Signature] PERMIT # 10425 TOWN COPY \$ 100 FEE Double Fee Charged L.P.I. # 1069</div> <div>838544</div>	
Street or Road	Great Diamond Ave		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Nancy Bartlett		
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	118 Maine Mall Road South Portland, Maine 04106		
Daytime Tel. #	774-5766 EXT 297	Municipal Tax Book # 21380 Page # 76	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: Nancy Bartlett Date: 8/28/07		Local Plumbing Inspector Signature: [Signature] (1st) date approved: 10/30/07	
PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES		DISPOSAL SYSTEM COMPONENTS
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit		<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE		TYPE OF WATER SUPPLY
.41 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: #2 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: ledge CAPACITY: 1000 GAL.	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 594 sq. ft. <input type="checkbox"/> lin. ft.	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input checked="" type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet	180 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS --- for other facilities --- 2 BEDROOMS @ 90 gpd = 180 gpd TOTAL
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION DESIGN 2 / All / 1 at Observation Hole # TP#1&2 Depth 30 " of Most Limiting Soil Factor	<input type="checkbox"/> 1. Small---2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large---5.0 sq. ft. / gpd	<input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	ATTACH WATER METER DATA Lat. 70 d 17 m 00 s Lon. 43 d 40 m 00 s if g.p.s. state margin of error: _____
SITE EVALUATOR STATEMENT			
I certify that on June 7-2007 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
John M. Toothaker Site Evaluator Signature		4347 SE #	June 7-2007 Date
John M. Toothaker Site Evaluator Name Printed		(207) 839-5746 Telephone Number	tooth@maine.rr.com E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			