

COMMENTS

1 Dec. 98 Received more drawings, review plans and date will be 1
and Rich was 14. - \$

1-11-00 checked. Set Backs on cottage + House OK Floor is Forward For
cottage and walls are Forward For Big house features are OK walls are Forward
Back Wall is OK. Electrical conduit is in place, Floor is Ready for
Being done By Electrician

2/18/00 Measured highest point to grade at request of neighbors. They are concerned
that bldg is too tall. 34'1". A.C. Done
2/25/00 Suggestion by S. Smith + Steve Busby of D. DeBacco - Heffernan. Height is ok
Decrease is a problem. Means to be provided. Framing ok but this
point. OK

3/10/2000 Crew told to get amendments for HHS 200. Also told to get
letters to zoning department. "as shown level zoning" even if DeBacco
4/20/00 Framing ok. Some of Plumbing completed. OK
6/13/00 - Checked good house for close-in. all OK. except = vent pipe 6" rain pipe. windows
called Re. Plumber will correct on 6/14/00 OK

12/14/01 12/14/01
Called Re. Plumber will correct on 6/14/00 OK
12/14/01 12/14/01
Called Re. Plumber will correct on 6/14/00 OK
12/14/01 12/14/01
Called Re. Plumber will correct on 6/14/00 OK

Inspection Record

Foundation:

Framing:

Plumbing:

Final:

Other:

Date



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 410 Seashore Ave

CBL 086 A01100101

Issued to Sturrock, Sandra/Ric Weinshenk Builder

Date of Issue 12/14/2001

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. 99-1351, 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

Front Structure ---
Rear Structure ---

Single Family Home
3 Season Bunk House (no kitchen facilities)

Limiting Conditions:

Use Group R3, BOCA 96, Construction Type 5B

Bunk House Shall Not Be Considered a Separate Dwelling Unit

**This certificate supersedes
certificate issued**

Approved:

12/14/01

(Date) *[Signature]*
Inspector

[Signature]

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.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	City of Peabody
Street	150 Peabody Island Ave.
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: <u>Stuercock</u>	First: <u>Sandra</u>
Applicant Name: <u>Colevsky & Sons Plg & Eng'g</u>	
Mailing Address of Owner/Applicant (If Different): <u>P.O. Box 212 Cape Cottage Bldg Cape Elizabeth, Maine 04107</u>	

Date Permit Issued: 10/14/01 \$ 11612.00 Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # 01593

0 8 6 A 0 1 1

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: 12/11/01

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: 12/11/01

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>12309</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR OR OR TRANSFER FEE [\$6.00]	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	5	Shower (Separate)
		Urinal	3	Sink
		Drinking Fountain	7	Wash Basin
		Indirect Waste	6	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	24	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			26	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.



WB

086-A-011

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 JAN 10 2000
 Permit # 22
 CBL# 086-A-011

SITE LOCATION: 710-418 Seaside Ave Peaks Island

OWNER SANDY STURROCK TENANT _____

							TOTAL EACH FEE		
OUTLETS	Receptacles		Switches		Smoke Detectors			.20	
FIXTURES	incandescent		fluorescent		Strips			.20	
SERVICES	Overhead		Underground	X	TTL AMPS	<800	1	15.00	
	Overhead		Underground			>800		25.00	
Temporary Service	Overhead		Underground		TTL AMPS			25.00	
								25.00	
METERS	(number of)	1					1	1.00	
MOTORS	(number of)							2.00	
RESID/COM	Electric units							1.00	
HEATING	oil/gas units		Interior		Exterior			5.00	
APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00	
	Insta-Hot		Water heaters		Fans			2.00	
	Dryers		Disposals		Dishwasher			2.00	
	Compactors		Spa		Washing Machine			2.00	
	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	Service		Remote	X	Main		1	4.00	
									4.00
TRANSFORMER	0-25 Kva							5.00	
	25-200 Kva							8.00	
	Over 200 Kva							10.00	
TOTAL AMOUNT DUE									
MINIMUM FEE/COMMERCIAL 35.00							MINIMUM FEE	25.00	25.00

INSPECTION: Will be ready _____ or will call

CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 CENTENNIAL ST PEAKS ISL LIMITED LIC. # _____
 TELEPHONE 766 2780 ~~875 8758~~ 756 4588

SIGNATURE OF CONTRACTOR *William Flynn*

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 9/2/00
 Permit # 305
 CBL# 30-4-00

SITE LOCATION: 17-48 SEWARD ST PORTLAND ME

OWNER STARBUCK **TENANT** _____

						TOTAL EACH FEE		
OUTLETS	Receptacles	<u>70</u>	Switches	<u>20</u>	Smoke Detectors	<u>7</u>	.20	<u>3.50</u>
FIXTURES	incandescent	<u>60</u>	fluorescent		Strips		.20	<u>12.00</u>
SERVICES	Overhead		Underground	<input checked="" type="checkbox"/>	TTL AMPS	<800	15.00	<u>15.00</u>
	Overhead		Underground			>800	25.00	
Temporary Service	Overhead		Underground		TTL AMPS		25.00	
							25.00	
METERS	(number of)	<u>1</u>					1.00	
MOTORS	(number of)						2.00	
RESID/COM	Electric units						1.00	
HEATING	oil/gas units		Interior		Exterior		5.00	
APPLIANCES	Ranges	<input checked="" type="checkbox"/>	Cook Tops		Wall Ovens		2.00	<u>4.00</u>
	Insta-Hot		Water heaters		Fans	<u>6</u>	2.00	<u>12.00</u>
	Dryers	<input checked="" type="checkbox"/>	Disposals	<input checked="" type="checkbox"/>	Dishwasher	<input checked="" type="checkbox"/>	2.00	<u>2.00</u>
	Compactors		Spa		Washing Machine	<input checked="" type="checkbox"/>	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	Service		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 35.00			
					MINIMUM FEE		25.00	<u>794.00</u>

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Starbucks **MASTER LIC. #** PG67
ADDRESS 17-48 Seward St **LIMITED LIC. #** _____
TELEPHONE _____
SIGNATURE OF CONTRACTOR [Signature]

ELECTRICAL PERMIT

City of Portland, Me.

SIF DC



(4)

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 4/28/00
 Permit # 365
 CBL# 086-A-011

SITE LOCATION: 410-418 SEABREE AVE PEAK ISLAND

OWNER STARBUCK TENANT _____

								TOTAL EACH FEE		
OUTLETS	Receptacles	70	Switches	30	Smoke Detectors	7		.20	21.40	
FIXTURES	incandescent	60	fluorescent	10	Strips			.20	14.00	
SERVICES	Overhead		Underground	✓	TTL AMPS	<800		15.00	15.00	
	Overhead		Underground			>800		25.00		
Temporary Service	Overhead		Underground		TTL AMPS			25.00		
								25.00		
METERS	(number of)	1						1.00	1.00	
MOTORS	(number of)							2.00		
RESID/COM	Electric units							1.00		
HEATING	oil/gas units		Interior		Exterior			5.00		
APPLIANCES	Ranges	✓	Cook Tops		Wall Ovens	✓		2.00	4.00	
	Insta-Hot		Water heaters		Fans	6		2.00	12.00	
	Dryers	✓	Disposals	✓	Dishwasher	✓		2.00	2.00	
	Compactors		Spa		Washing Machine	✓		2.00	2.00	
	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	Service		Remote	✓	Main			4.00	4.00	
TRANSFORMER	0-25 Kva							5.00		
	25-200 Kva							8.00		
	Over 200 Kva							10.00		
								TOTAL AMOUNT DUE		
								MINIMUM FEE/COMMERCIAL 35.00	MINIMUM FEE 25.00	79.40

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME KIRK CROWLEY MASTER LIC. # 8667
 ADDRESS 33 CHAPEL ST SOUTH PORTLAND LIMITED LIC. # _____
 TELEPHONE 799-6107

SIGNATURE OF CONTRACTOR Kirk Crowley

Amendment 12/21/99

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5872 FAX (207) 287-4172

PROPERTY LOCATION

Town or Plantation: **PORTLAND (PEAKS IS)**

Street: **470-478 SEASHORE AVE.**

Subdivision Lot: **SOUTHGATE SUBDIVISION LOTS 12/13**

PROPERTY OWNER'S NAME

Last: **STURROCK** First: **SANDY**

Applicant's Name: **C/O RIC WEINSHENK 828-3900**

Mailing Address of Owner: **91 SUMMER PL. PORTLAND, ME 04103**

Daytime Tel.:

PORTLAND

Date Permit Issued: **11 24 99**

7085 \$ **100.00** TOWN COPY

FEE If Double Fee Charged

L.P.I. # **01, 24**

Local Plumbing Inspector Signature

Owner Statement

I state 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

Albert Frick 11-24-99

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION:

- First Time System
- Replacement System
Type Replaced _____
Year Installed _____
- Expanded System
 a. one time exempted
 b. non exempted
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES:

- No Rule Variance
- New System Variance (Municipal-soil condition)
- First Time System Variance (State)
- Replacement System Variance
 a. Local Plumbing Inspector approval
 b. State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENT(S)

- Non-Engineered System
- Primitive System (graywater & alt toilet)
- Alternative Toilet _____
- Non-Engineered Treatment Tank
- Holding Tank _____ Gallons
- Non-Engineered Disposal Area (only)
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)
- Pretreatment

SIZE OF PROPERTY

6625 SQ. FT. (COMBINED)

DISPOSAL SYSTEM TO SERVE:

- Single Family Dwelling Unit
- Multiple Family Dwelling: Number of Units _____
- Other _____

SHORELAND ZONING

Yes No

TYPE OF WATER SUPPLY

PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete
 a. Regular
 b. Low Profile
- Plastic
- Other _____

SIZE **(2) @ 1000** gallons

DISPOSAL AREA TYPE / SIZE

- Bed _____ Sq. Ft.
- Proprietary Device **24 12** Sq. Ft.
 Cluster Linear
 Regular H-20
- Trench
- Other _____

44 ELJEN UNITS

GARBAGE DISPOSAL UNIT

- No
- Yes
 Multi-compartment tank
 Tank in series
 Increase in tank capacity
 Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

SINGLE FAMILY DWELLING, 5 BEDROOMS @ 90 G.P.D.

DESIGN FLOW: **450** (Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
2	A/C

DEPTH TO MOST LIMITING FACTOR **27"**

DISPOSAL AREA SIZING

- Small - 2.00
- Medium - 2.60
- Medium-Large - 3.30
- Large - 4.10
- Extra-Large - 5.00

PUMPING

- Not required
- May be required
- Required

DOSE _____ Gallons

SITE EVALUATOR'S STATEMENT

On **8/6/99** (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules

Albert Frick
Site Evaluator Signature

K3
SE

8/26/99
Date