

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

PERMIT ISSUED

DEC 09 2004

Permit Number: 041729

CITY OF PORTLAND

Please Read  
Application And  
Notes, if Any,  
AttachedBUILDING DEPARTMENT  
BUILDING PERMIT

This is to certify that Thompson Ous C & Thompson & Johnson Plumbers  
 has permission to Amendment for new single family, permit 04044 relocation of bathroom, pitch of roof, window size and railing  
 AT 225 Brackett Ave City of Portland, Oregon 088 M006001

provided that the person or persons, firm or corporation 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 occupied or closed-in.  
 IF A NOTICE IS 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

*Janice Bourke* 12/8/04  
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

389 Congress Street, 04101 Tel: (207) 874 8763, Fax: (207) 874-8716

Permit No: 04-1729	Issue Date: DEC 9 8 2004	CBL: 088 M006001
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Location of Construction: 225 Bracket Ave	Owner Name: Thompson Otis C &	Owner Address: Seashore Ave	Phone:
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Business Name: n/a	Contractor Name: Thompson & Johnson Woodworkers	Contractor Address: 115 Island Ave Peaks Island	Phone: 2077665219
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Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Amendment to Single Family	Zone: IR-1
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Permit Use: Vacant	Proposed Use: Amendment for new single family; permit # 040448. location of bathroom, pitch of roof, window size and railing detail.	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB
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Proposed Project Description: Amendment for new single family; permit # 040448. location of bathroom, pitch of roof, window size and railing detail.	Signature: JMB 12/8/04
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 11/19/2004	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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.</p>	<p>Special Zone or Reviews</p> <p><input checked="" type="checkbox"/> Shoreland <i>within over 80' to edge of wetlands parcel 15 Zone C</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan <i>conditions per # 04-0448</i></p> <p>Map <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>JMB 12/8/04</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>JMB</i></p>
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**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
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RESPONSIBLE PERSON IN CHARGE OF WORK TITLE	DATE	PHONE
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**City of Portland, Maine - Building or Use Permit**

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

Permit No: 04-1729	Date Applied For: 11/19/2004	CBL: 088 M006001
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Location of Construction: 225 Brackett Ave	Owner Name: Thompson Otis C &	Owner Address: Seashore Ave	Phone:
Business Name: n/a	Contractor Name: Thompson & Johnson Woodworkers	Contractor Address: 115 Island Ave Peaks Island	Phone: (207) 766-5219
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Amendment to Single Family	

Proposed Use: Amendment for new single family; permit # 040448 location of bathroom, pitch of roof, window size and railing detail.	Proposed Project Description: Amendment for new single family; permit # 040448. location of bathroom, pitch of roof, window size and railing detail.
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Dept: Zoning      Status: Approved      Reviewer: Jeanine Bourke      Approval Date: 12/08/2004

Note:      Ok to Issue:

- 1) All conditions apply from permit #04-0448

Dept: Building      Status: Approved with Conditions      Reviewer: Jeanine Bourke      Approval Date: 12/08/2004

Note:      Ok to Issue:

- 1) Specifications for the proposed cable rails need to be submitted to this office if installed.
- 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.



**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

*W. P. 2004*

*Approved by Thompson & Associates Inc. 025 R.D. Westover PI*

Per Construction \$ 3000

Per Fee 3000

Per Plumbing (15) 1 Electrical (12) 1 Site Plan (12) 1

*Approved by the City of Portland # 040448*

*08611006*

Per 2490 Total Collected \$ 3000

**THIS IS NOT A PERMIT**

This work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt, less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

*Stump*

Thompson Johnson Woodworks  
115 Island Avenue  
Peaks Island, Maine 04108  
206.766.5919

November 18, 2004

Planning and Urban Development  
City of Portland  
389 Congress Street  
Room 315 Inspections  
Portland, Maine 04101

RE: 225 Brackett Avenue, Peaks Island  
(ID # 2004-0080, CBL #088M006)

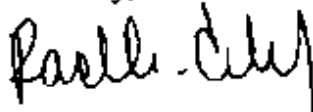
To Whom It May Concern:

Please find enclosed design revisions to a permit for a new single-family house to be located at 225 Brackett Avenue on Peaks Island. It was the client's request that we reduce the scope of the project to accommodate their budget. I have highlighted in red those areas of the design which have been affected by the reduced scope. The primary changes include:

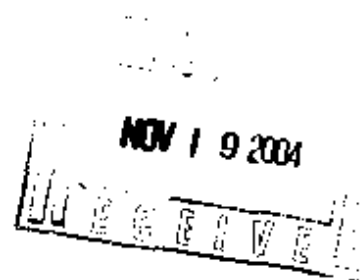
1. Swapping the location of the entry and bathroom.
2. Lowering the pitch of the shed roof and thus reducing the quantities of windows.
3. Different window style and size at same locations.
4. Different railing detail

Please let me know if you need more information, or have any questions.

Sincerely,



Rachel Conly  
Architectural Designer



# ELECTRICAL PERMIT

## City of Portland, Me.



2004-5201

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 10/7/04  
 Permit # 040448  
 CBL# 098 M006001

LOCATION: 219-225 BRACKETT METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # 441-1751818-001 OWNER THOMPSON  
 TENANT THOMPSON/JOHNSON PHONE # 766-5919

							TOTAL	EACH FEE	
OUTLETS	28	Receptacles	14	Switches	3	Smoke Detector	.20	9.00	
FIXTURES	10	Incandescent	2	Fluorescent	3	Strips	.20	3.00	
SERVICES	1	Overhead		Underground		TTL AMPS <800	15.00	15.00	
		Overhead		Underground		>800	25.00		
Temporary Service	1	Overhead		Underground		TTL AMPS	25.00	25.00	
							25.00		
METERS	1	(number of)					1.00	1.00	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING	1	oil/gas units	Interior			Exterior	5.00	5.00	
APPLIANCES	1	Ranges		Cook Tops		Wall Ovens	2.00	2.00	
		Insta-Hot		Water heaters		Fans	2.00		
		Dryers		Disposals	1	Dishwasher	2.00	4.00	
		Compactors		Spa	1	Washing Machine	2.00	2.00	
		Others (denote)					2.00		
MSC. (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/Carmv					25.00		
		Alterations					5.00		
		Fire Repairs					15.00		
E Lights					1.00				
E Generators					20.00				
PANELS		Service		Remote	1	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 45.00							MINIMUM FEE	35.00	\$70.00

CONTRACTORS NAME CONRAD C. BULLLEY MASTER LIC. # MS 600 11867  
 ADDRESS 9 ARADY ST PEAKS ISLAND ME LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 207-766-5919 723-5378

SIGNATURE OF CONTRACTOR Conrad C. Bullley

White Copy - Office • Yellow Copy - Applicant

54.40  
 over paid  
 \$ 156.00/100

(ADDENDUM)

## All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

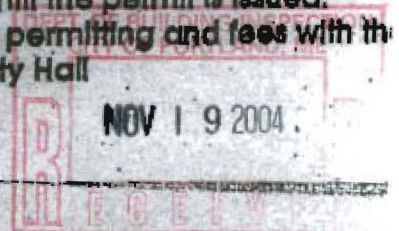
Location/Address of Construction: <u>225 BRACKETT AVE PEALS ISLAND</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>31,230 SF</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>88</u> Block# <u>M</u> Lot# <u>6</u>	Owner: <u>OTIS AND MA VOURNEEN THOMPSON</u>	Telephone: <u>766-5919</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Thompson Johnson Woodworks 115 ISLAND AVE PEALS ISLAND, ME 04108</u>	Cost Of Work: \$ <u>100,000</u> Fee: \$ <u>30.00</u>
Current use: <u>VACANT LAND</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>NEW SFR</u> See cover letter		
Project description: <u>as indicated to # 040448</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>RACHEL CONLY</u>		
Mailing address: <u>THOMPSON JOHNSON WOODWORKS 115 ISLAND AVE PEALS ISLAND, ME 04108</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>207-766-5919</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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

Signature of applicant: Rachel Conly Date: 9-9-04

This is NOT a permit, you may not commence ANY work until the permit is issued.  
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall



FLOORS

**TABLE R502.5(1)**  
**GIRDER SPANS<sup>a</sup> AND HEADER SPANS<sup>a</sup> FOR EXTERIOR BEARING WALLS**  
 (Maximum spans for Douglas fir-larch, hem-fir, southern pine and spruce-pine-fir<sup>b</sup> and required number of jack studs)

GIRDERS AND HEADERS SUPPORTING	SIZE	GROUND SNOW LOAD (psf) <sup>c</sup>											
		30						50					
		Building width <sup>e</sup> (feet)											
		20		28		36		20		28		36	
Span	NJ <sup>d</sup>	Span	NJ <sup>d</sup>	Span	NJ <sup>d</sup>	Span	NJ <sup>d</sup>	Span	NJ <sup>d</sup>	Span	NJ <sup>d</sup>	Span	NJ <sup>d</sup>
Roof and ceiling	2-2x4	3-6	1	3-2	1	2-10	1	3-2	1	2-9	1	2-6	1
	2-2x6	5-5	1	4-8	1	4-2	1	4-8	1	4-1	1	3-8	2
	2-2x8	6-10	1	5-11	2	5-4	2	5-11	2	5-2	2	4-7	2
	2-2x10	8-5	2	7-3	2	6-6	2	7-3	2	6-3	2	5-7	2
	2-2x12	9-9	2	8-5	2	7-6	2	8-5	2	7-3	2	6-6	2
	3-2x8	8-4	1	7-5	1	6-8	1	7-5	1	6-5	2	5-9	2
	3-2x10	10-6	1	9-1	2	8-2	2	9-1	2	7-10	2	7-0	2
	3-2x12	12-2	2	10-7	2	9-5	2	10-7	2	9-2	2	8-2	2
	4-2x8	9-2	1	8-4	1	7-8	1	8-4	1	7-5	1	6-8	1
	4-2x10	11-8	1	10-6	1	9-5	2	10-6	1	9-1	2	8-2	2
4-2x12	14-1	1	12-2	2	10-11	2	12-2	2	10-7	2	9-5	2	
Roof, ceiling and one center-bearing floor	2-2x4	3-1	1	2-9	1	2-5	1	2-9	1	2-5	1	2-2	1
	2-2x6	4-6	1	4-0	1	3-7	2	4-1	1	3-7	2	3-3	2
	2-2x8	5-9	2	5-0	2	4-6	2	5-2	2	4-6	2	4-1	2
	2-2x10	7-0	2	6-2	2	5-6	2	6-4	2	5-6	2	5-0	2
	2-2x12	8-1	2	7-1	2	6-5	2	7-4	2	6-5	2	5-9	3
	3-2x8	7-2	1	6-3	2	5-8	2	6-5	2	5-8	2	5-1	2
	3-2x10	8-9	2	7-8	2	6-11	2	7-11	2	6-11	2	6-3	2
	3-2x12	10-2	2	8-11	2	8-0	2	9-2	2	8-0	2	7-3	2
	4-2x8	8-1	1	7-3	1	6-7	1	7-5	1	6-6	1	5-11	2
	4-2x10	10-1	1	8-10	2	8-0	2	9-1	2	8-0	2	7-2	2
4-2x12	11-9	2	10-3	2	9-3	2	10-7	2	9-3	2	8-4	2	
Roof, ceiling and one clear span floor	2-2x4	2-8	1	2-4	1	2-1	1	2-7	1	2-3	1	2-0	1
	2-2x6	3-11	1	3-5	2	3-0	2	3-10	2	3-4	2	3-0	2
	2-2x8	5-0	2	4-4	2	3-10	2	4-10	2	4-2	2	3-9	2
	2-2x10	6-1	2	5-3	2	4-8	2	5-11	2	5-1	2	4-7	3
	2-2x12	7-1	2	6-1	3	5-5	3	6-10	2	5-11	3	5-4	3
	3-2x8	6-3	2	5-5	2	4-10	2	6-1	2	5-3	2	4-8	2
	3-2x10	7-7	2	6-7	2	5-11	2	7-5	2	6-5	2	5-9	2
	3-2x12	8-10	2	7-8	2	6-10	2	8-7	2	7-5	2	6-8	2
	4-2x8	7-2	1	6-3	2	5-7	2	7-0	1	6-1	2	5-5	2
	4-2x10	8-9	2	7-7	2	6-10	2	8-7	2	7-5	2	6-7	2
4-2x12	10-2	2	8-10	2	7-11	2	9-11	2	8-7	2	7-8	2	
Roof, ceiling and two center-bearing floors	2-2x4	2-7	1	2-3	1	2-0	1	2-6	1	2-2	1	1-11	1
	2-2x6	3-9	2	3-3	2	2-11	2	3-8	2	3-2	2	2-10	2
	2-2x8	4-9	2	4-2	2	3-9	2	4-7	2	4-0	2	3-8	2
	2-2x10	5-9	2	5-1	2	4-7	3	5-8	2	4-11	2	4-5	3
	2-2x12	6-8	2	5-10	3	5-3	3	6-6	2	5-9	3	5-2	3
	3-2x8	5-11	2	5-2	2	4-8	2	5-9	2	5-1	2	4-7	2
	3-2x10	7-3	2	6-4	2	5-8	2	7-1	2	6-2	2	5-7	2
	3-2x12	8-5	2	7-4	2	6-7	2	8-2	2	7-2	2	6-5	3
	4-2x8	6-10	1	6-0	2	5-5	2	6-8	1	5-10	2	5-3	2
	4-2x10	8-4	2	7-4	2	6-7	2	8-2	2	7-2	2	6-5	2
4-2x12	9-8	2	8-6	2	7-8	2	9-5	2	8-3	2	7-5	2	



**SERIES 1 (WCG11)**

19 1/4" (489)	15 1/4" (388)	1109	1309	1509	1809	2309	2709	3109
18 3/4" (476)	14 3/4" (375)	1113	1313	1513	1813	2313	2713	3113
13 3/8" (341)	9 1/2" (240)							

<b>RO</b>	17 1/8" (435)	19 1/8" (485)	21 1/8" (535)	25" (635)	29" (735)	32 7/8" (835)	36 7/8" (935)
<b>FRAME</b>	16 1/8" (410)	18 1/8" (460)	20 1/8" (510)	24" (610)	28" (710)	31 7/8" (810)	35 7/8" (910)
<b>GLASS</b>	11" (280)	13" (330)	15" (380)	18 7/8" (480)	22 7/8" (580)	26 3/4" (680)	30 3/4" (780)

70 3/8" (1788)	62 1/2" (1588)	58 5/8" (1488)	54 3/8" (1388)	46 3/4" (1188)	42 7/8" (1088)	38 1/8" (988)	35" (888)	31" (788)	23 1/8" (588)
69 1/8" (1775)	62" (1575)	58 1/8" (1475)	54 1/8" (1375)	46 1/4" (1175)	42 3/8" (1075)	38 3/8" (975)	34 1/2" (875)	30 1/2" (775)	22 5/8" (575)
64 5/8" (1640)	56 3/4" (1440)	52 3/4" (1340)	48 7/8" (1240)	41" (1040)	37" (940)	33 1/8" (840)	29 1/8" (740)	25 1/4" (640)	17 3/8" (440)
1185	1185	1185	1185	1141	1137	1133	1129	1125	1118
1365	1365	1365	1365	1341	1337	1333	1329	1325	1318
1565	1565	1565	1565	1541	1537	1533	1529	1525	1518
1985*	1985*	1985*	1985*	1941*	1937*	1933*	1929*	1925*	1918
2385**	2385**	2385**	2385**	2341**	2337**	2333**	2329**	2325**	2318
2765**	2765**	2765**	2765**	2741**	2737**	2733**	2729**	2725**	2718
3165**	3165**	3165**	3165**	3141**	3137**	3133**	3129**	3125**	3118

**TRANSOM**

19 1/4" (489)	15 1/4" (388)	1109	1309	1509	1809	2309	2709	3109
18 3/4" (476)	14 3/4" (375)	1113	1313	1513	1813	2313	2713	3113
13 3/8" (341)	9 1/2" (240)							

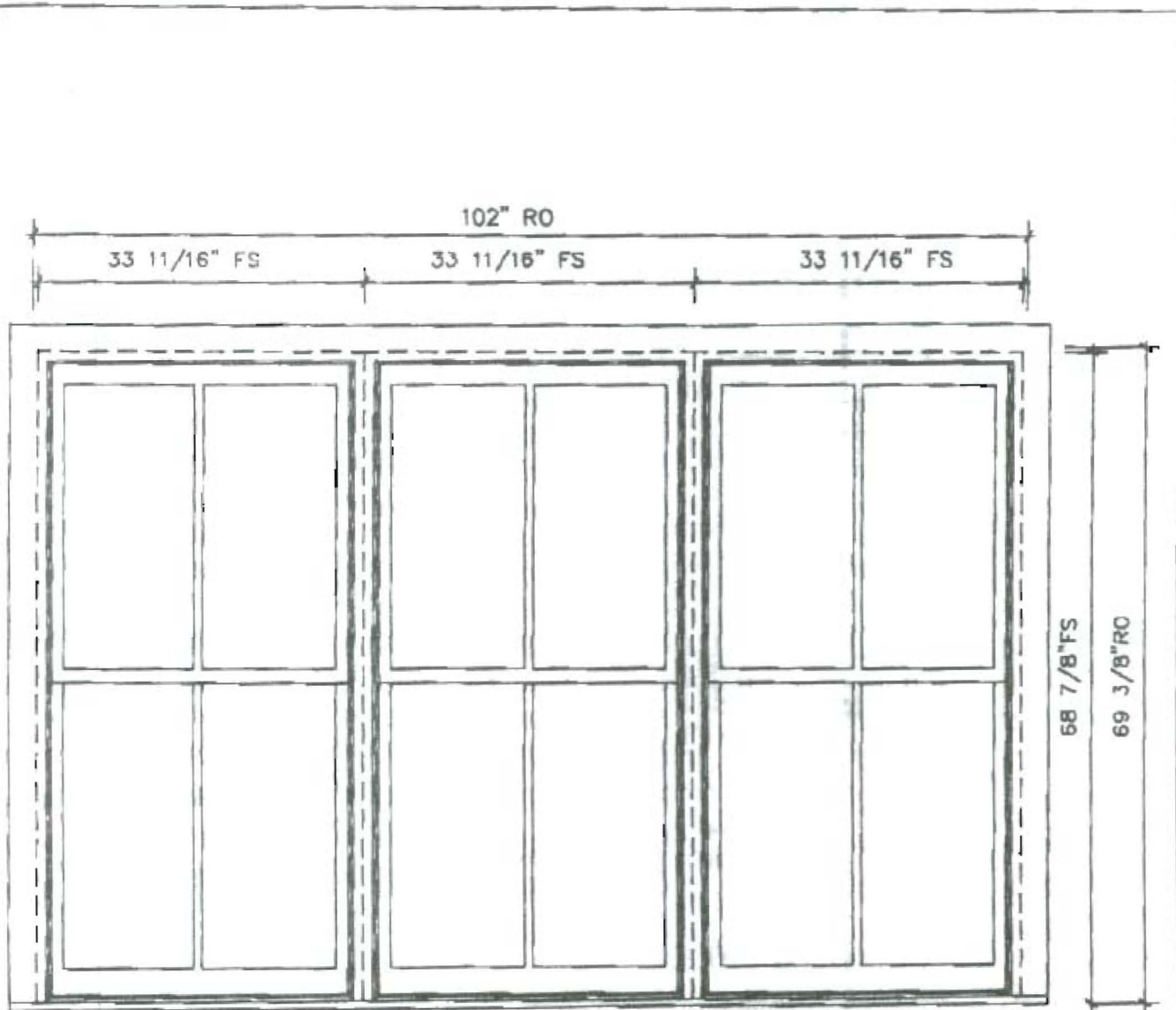
<b>RO</b>	32 3/8" (820)	36 1/4" (920)	40 1/4" (1020)	48 1/8" (1220)	56" (1420)	63 3/4" (1620)	71 3/4" (1820)
<b>FRAME</b>	31 3/8" (795)	35 1/4" (895)	39 1/4" (995)	47 1/8" (1195)	55" (1395)	62 3/4" (1595)	70 3/4" (1795)
<b>GLASS</b>	11" (280)	13" (330)	15" (380)	18 7/8" (480)	22 7/8" (580)	26 3/4" (680)	30 3/4" (780)

70 3/8" (1788)	62 1/2" (1588)	58 5/8" (1488)	54 3/8" (1388)	46 3/4" (1188)	42 7/8" (1088)	38 1/8" (988)	35" (888)	31" (788)	23 1/8" (588)
69 1/8" (1775)	62" (1575)	58 1/8" (1475)	54 1/8" (1375)	46 1/4" (1175)	42 3/8" (1075)	38 3/8" (975)	34 1/2" (875)	30 1/2" (775)	22 5/8" (575)
64 5/8" (1640)	56 3/4" (1440)	52 3/4" (1340)	48 7/8" (1240)	41" (1040)	37" (940)	33 1/8" (840)	29 1/8" (740)	25 1/4" (640)	17 3/8" (440)
1185	1185	1185	1185	1141	1137	1133	1129	1125	1118
1365	1365	1365	1365	1341	1337	1333	1329	1325	1318
1565	1565	1565	1565	1541	1537	1533	1529	1525	1518
1965*	1965*	1965*	1965*	1941*	1937*	1933*	1929*	1925*	1918
2365**	2365**	2365**	2365**	2341**	2337**	2333**	2329**	2325**	2318
2765**	2765**	2765**	2765**	2741**	2737**	2733**	2729**	2725**	2718
3165**	3165**	3165**	3165**	3141**	3137**	3133**	3129**	3125**	3118

*W/EXPRESS  
HARDWARE*

Not to scale  
\* Non-venting doors consider national approval codes. Local codes may differ.  
\*\* These models meet American National Approval codes. Local codes may differ.

**Casement**



\*\*\* CLAD SASH WOOD FRAME \*\*\*  
 3 1/2" FLAT CASING NO FINGERJOINT  
 EXTERIOR VIEW  
 CSMT-1941-1W RH

OK

C  
 QTY. 1    SCALE: 3/4" = 1'-0"

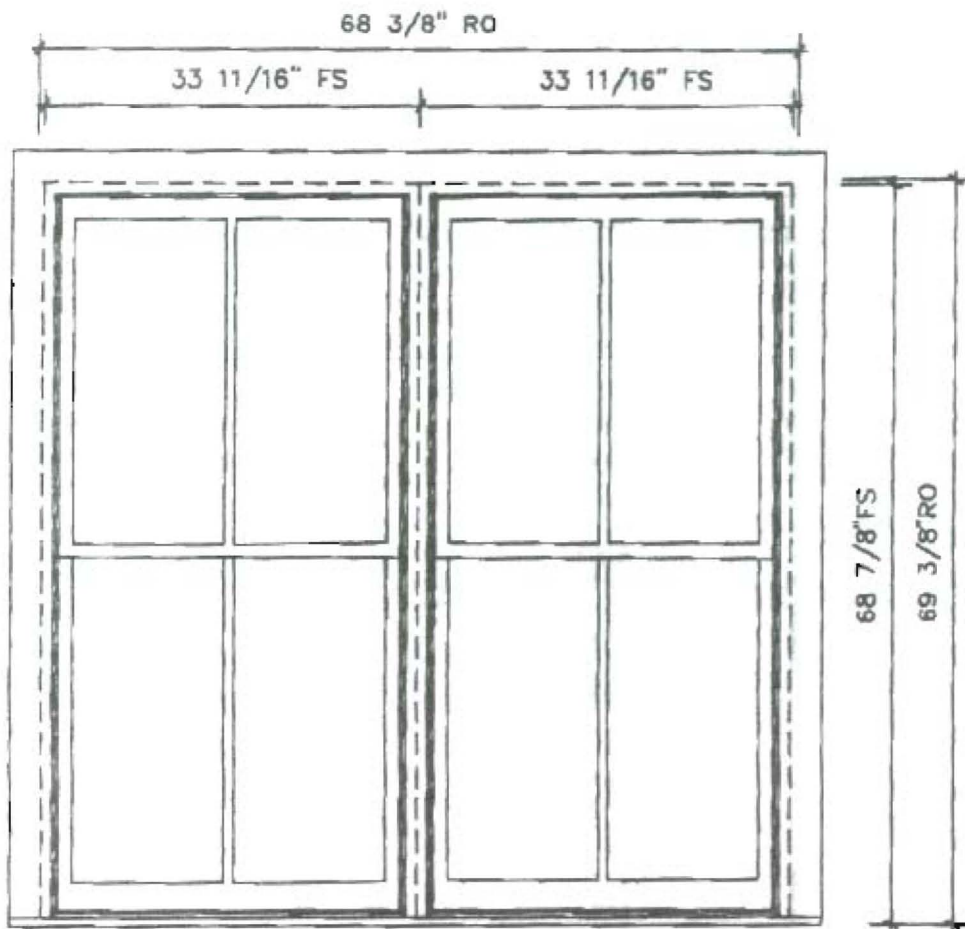
80 COLON ST. BEVERLY MA 01915  
 PHONE: 978-922-0921    FAX: 978-921-4522



ARCHITECTURAL MILLWORK  
 NUMBER: HART03    DATE: 4/21/04  
 DRAWN: GTG    CHECK:

HART  
 SHED

page  
 OF



\*\*\* CLAD SASH WOOD FRAME \*\*\*  
 3 1/2" FLAT CASING NO FINGERJOINT  
 EXTERIOR VIEW  
 WHB2930-2W

OK

B  
 QTY. 1      SCALE: 3/4"=1'-0"

80 COLON ST. BEVERLY MA 01915  
 PHONE: 978-922-0921      FAX: 978-921-4522



ARCHITECTURAL MILLWORK

NUMBER: HARTOZ      DATE: 4/21/04  
 DRAWN: GTG      CHECK:

HART  
 SHED

page  
 OF

# ELECTRICAL PERMIT

## City of Portland, Me.

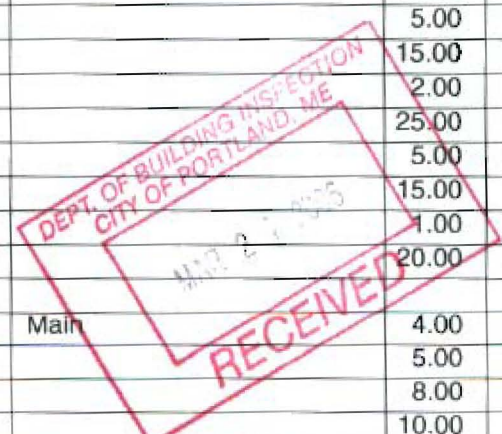


To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date 3/20/06  
 Permit # 2006-4248  
 CBL# 88 MB

LOCATION: 219 Brackett Ave, Peaks Isl. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER A. Mavourneey + Otis C. Thompson  
 TENANT NA PHONE # (207) 764-5219

						TOTAL EACH FEE		
OUTLETS	<u>29</u>	Receptacles	<u>16</u>	Switches	<u>2</u>	Smoke Detector	.20	<u>6.40</u>
FIXTURES	<u>1/20</u>	Incandescent	<u>2</u>	Fluorescent	<u>3</u>	Strips	.20	<u>3.20</u>
SERVICES	<u>/</u>	Overhead		Underground		TTL AMPS <800	15.00	<u>15.00</u>
		Overhead		Underground		TTL AMPS >800	25.00	
Temporary Service	<u>/</u>	Overhead		Underground		TTL AMPS	25.00	<u>25.00</u>
							25.00	
METERS	<u>/</u>	(number of)					1.00	<u>1.00</u>
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units	<u>/</u>	Interior		Exterior	5.00	<u>5.00</u>
APPLIANCES	<u>/</u>	Ranges		Cook Tops		Wall Ovens	2.00	<u>2.00</u>
		Insta-Hot	<u>/</u>	Water heaters		Fans	2.00	<u>2.00</u>
	<u>/</u>	Dryers		Disposals	<u>/</u>	Dishwasher	2.00	<u>4.00</u>
		Compactors		Spa	<u>/</u>	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		Service		Remote	<u>/</u>	Main	4.00	
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		<u>6560</u>
						MINIMUM FEE/COMMERCIAL	45.00	
						MINIMUM FEE	35.00	



CONTRACTORS NAME Thompson Johnson Woodworks MASTER LIC. # MS60011867  
 ADDRESS 115 Island Ave. Peaks Island LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 766-5919

SIGNATURE OF CONTRACTOR Conrad C. Bulley ck# 5706

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Portland  
 Street Subdivision Lot #: 219 Brackett St., Peaks Is.  
**PROPERTY OWNERS NAME**  
 Last: Thompson First: Otis C.  
 Applicant Name: A. M. Mavournech  
 Mailing Address of Owner/Applicant (If Different): 344 Seashore Ave Peaks Island

PORTLAND PERMIT # 9803 CITY OF PORTLAND  
 Date Permit Issued: 3/24/06 \$ 54  Double Fee Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 016141  
88MG

## 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: [Signature] Date: 3/24/06

## Caution: Inspection Required

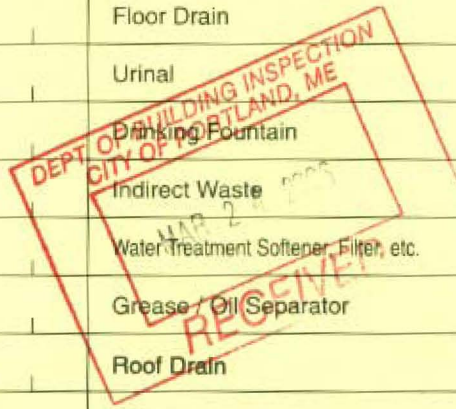
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 1. <input 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____
---	--	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	/ Hosebibb / Sillcock	/ Bathtub (and Shower)
	/ Floor Drain	/ Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	/ Urinal	/ Sink
	/ Drinking Fountain	/ Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]	/ Indirect Waste	/ Water Closet (Toilet)
	/ Water Treatment Softener, Filter, etc.	/ Clothes Washer
	/ Grease / Oil Separator	/ Dish Washer
	/ Roof Drain	/ Garbage Disposal
	/ Bidet	/ Laundry Tub
	/ Other: _____	/ Water Heater
	/ Fixtures (Subtotal) Column 2	/ Fixtures (Subtotal) Column 1
	/	/
	/	/
	/	<b>Total Fixtures</b>
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		<b>Permit Fee (Total)</b>



SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE  
 54  
 10  
 + 104  
 174

54

2004-6006

88 M 006

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5872 Fax: (207) 287-3165

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>	
City, Town, or Plantation	PORTLAND	PORTLAND PERMIT # 9438 TOWN COPY	
Street or Road	BRACKETT AVE. PEAKS ISLAND		
Subdivision, Lot #	LOT 88MG		
<b>OWNER/APPLICANT INFORMATION</b>		Date Permit Issued: 6/28/05	\$ 1100.00 <input type="checkbox"/> Double Fee Charged
Name (last, first, MI)	THOMPSON, OTIS <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Local Plumbing Inspector Signature: <i>[Signature]</i>	L.P.I. # 06410
Mailing Address of Owner/Applicant		Municipal Tax Map # _____ Lot # _____	
Daytime Tel. #			
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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. <i>8/1/05 TM</i> (1st) date approved	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (Date) date approved _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<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 & a.l.t. 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
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TO BE TYPE OF WATER SUPPLY</b>
APPROX. 31,000 SQ. FT. 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 checked="" type="checkbox"/> Undeveloped	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <i>OR</i> <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ 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 checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 720 sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input 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 type="checkbox"/> d. Filter on Tank Outlet	218 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 --
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	
PROFILE CONDITION DESIGN 2, A, 1 at Observation Hole # 1 Depth 15' 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 checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT		
I certify that on <u>5-25-05</u> (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)		
<i>Richard Sweet</i> Site Evaluator Signature	031 SE #	6-22-05 Date
RICHARD A. SWEET Site Evaluator Name Printed	797-2110 Telephone Number	SWERT@MAINE.PR.COM E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5671 Fax: (207) 287-3165

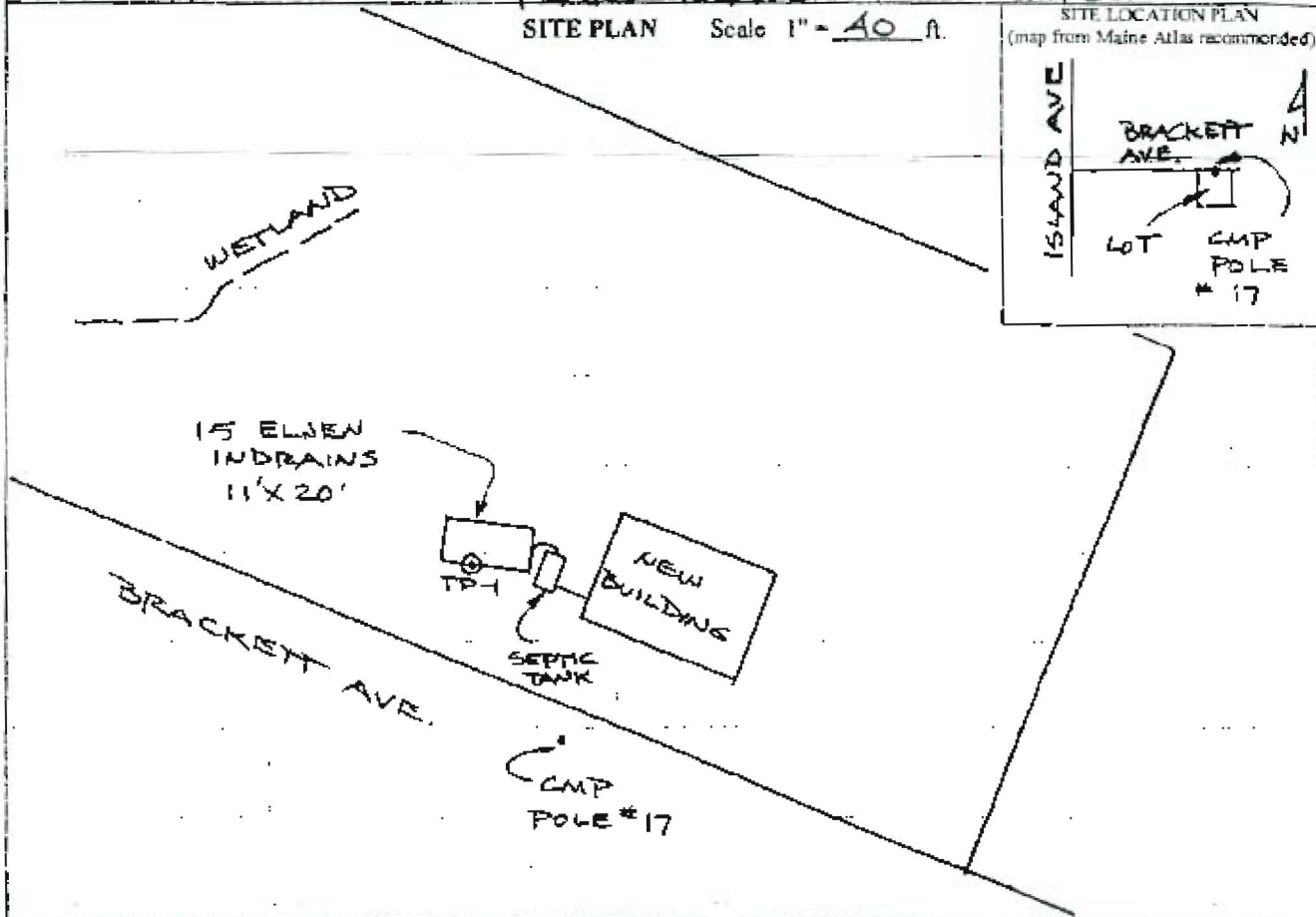
Town, City, Plantation  
**PORTLAND**

Street, Road, Subdivision  
**BRACKETT AVE.  
PEAKS ISLAND**

Owner or Applicant Name  
**THOMPSON**

**SITE PLAN** Scale 1" = 40 ft.

**SITE LOCATION PLAN**  
(map from Maine Atlas recommended)



**SOIL PROFILE DESCRIPTION AND CLASSIFICATION**

(Location of Observation Holes Shown Above)

Observation Hole # TP-1  Test Pit  Boring

Observation Hole # \_\_\_\_\_  Test Pit  Boring

\* Depth of organic horizon above mineral soil

\* Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
STONY			
6	FRIABLE	RED	
FINE SANDY LOAM			
12			
18			
BEDROCK			
24			
30			
36			
42			
48			

Soil Classification: 2 A  
Slope: \_\_\_\_\_  
Limiting Factor: 15  
Soil Profile: 2 Condition: A Percent: \_\_\_\_\_ Depth: \_\_\_\_\_

Groundwater  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Texture	Consistency	Color	Mottling
0			
6			
12			
18			
24			
30			
36			
42			
48			

Soil Classification: \_\_\_\_\_ Slope: \_\_\_\_\_  
Limiting Factor: \_\_\_\_\_  
Soil Profile: \_\_\_\_\_ Condition: \_\_\_\_\_ Percent: \_\_\_\_\_ Depth: \_\_\_\_\_

Groundwater  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*Richard Obert*  
Site Evaluator Signature

034  
SE #

6-22-05  
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-6672 Fax: (207) 287-4172

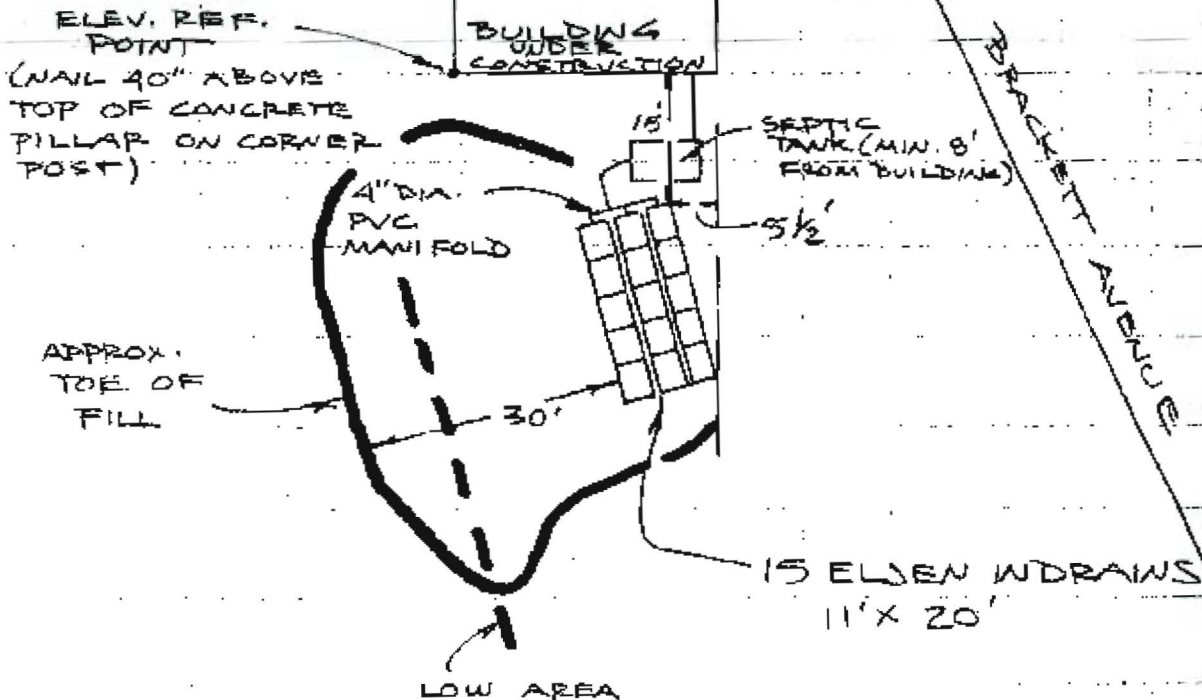
Town, City, Plantation  
**PORTLAND**

Street, Road, Subdivision  
**BRACKETT AVE  
PEAKS ISLAND**

Owner's Name  
**THOMPSON**

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Slope)  $\frac{36''}{36''}$   
Depth of Fill (Downslope)  $\frac{36''}{36''}$

CONSTRUCTION ELEVATIONS

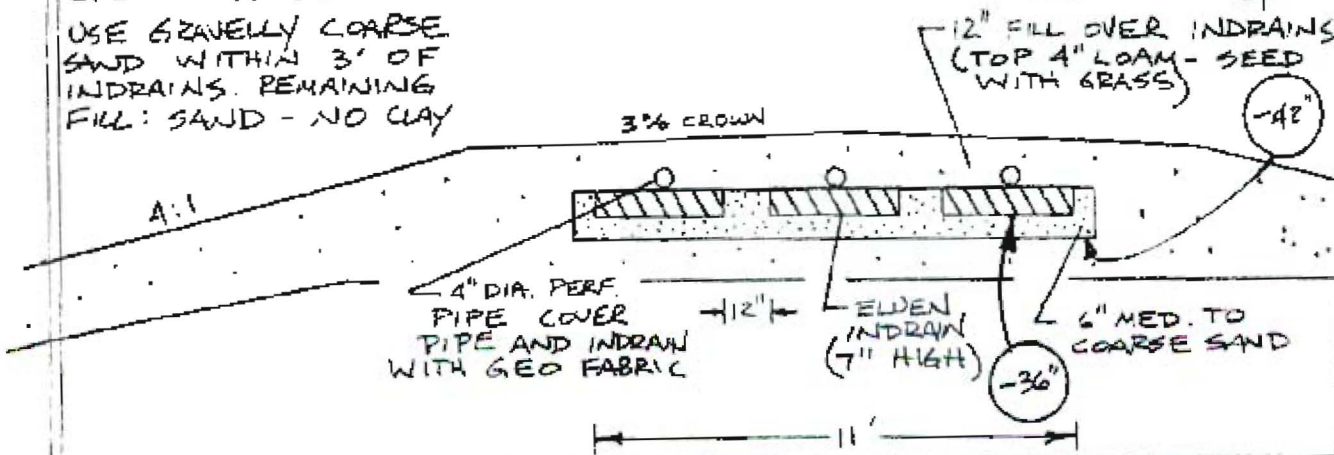
Finished Grade Elevation  $-17''$   
Top of Distributor Pipe or Floorlatory Device  $-25''$   
Bottom of Disposal Area  $-42''$

ELEVATION REFERENCE POINT  
Location & Description **NAIL ON CORNER POST**  
Reference Elevation  $0''$

NOTE: SCARIFY ALL GROUND TO BE FILLED.  
USE GRAVELLY COARSE SAND WITHIN 3' OF INDRAINS. REMAINING FILL: SAND - NO CLAY

DISPOSAL AREA CROSS SECTION

SCALE  
VERTICAL: 1" = 4'  
HORIZONTAL: 1" = 4'



*Richard Hunt*  
Site Evaluator Signature

034  
SE

6-22-05  
Date



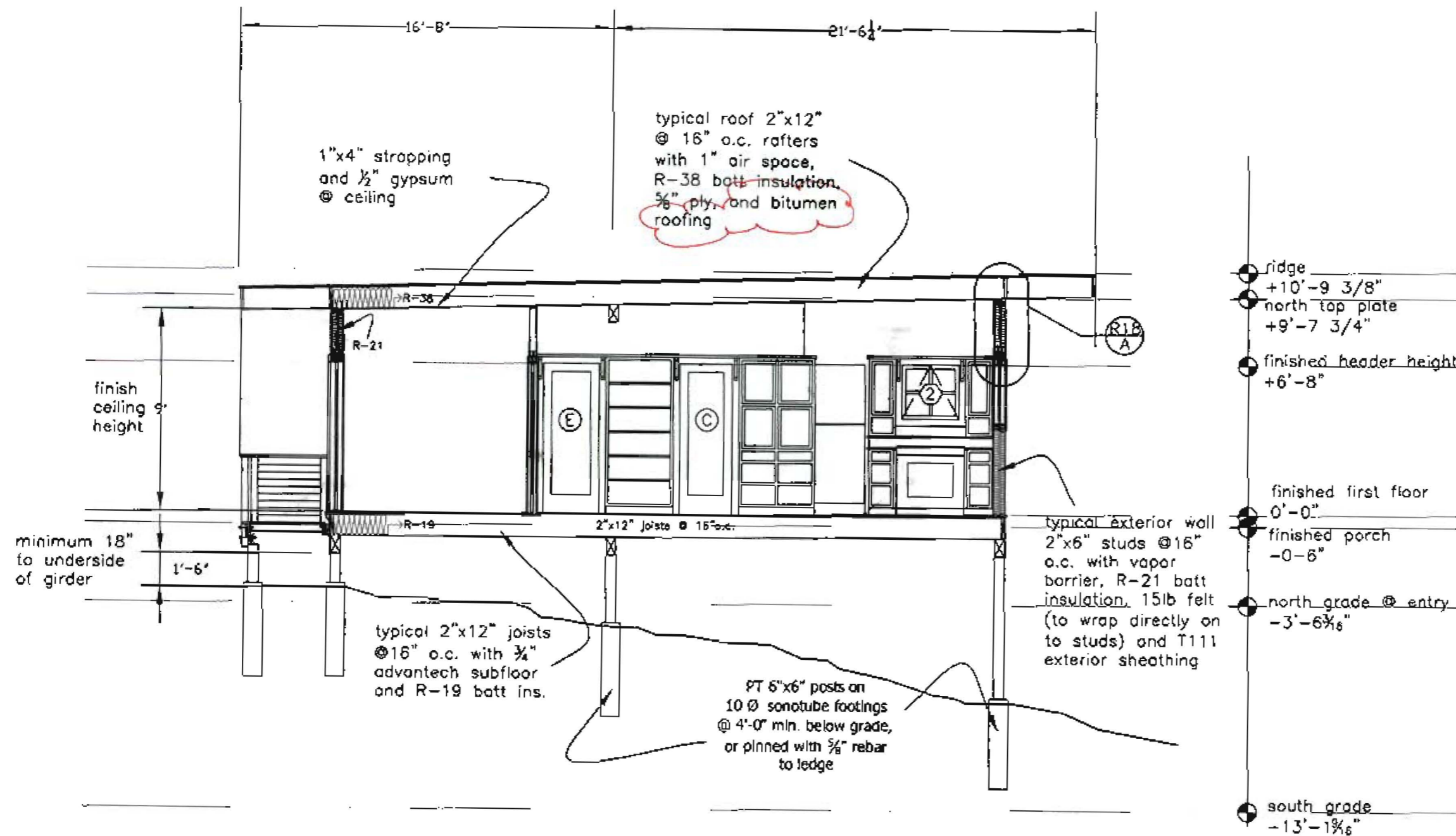
THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
PEAKS ISLAND ME 04108  
207.766.5919

# R7

Notes

Revision:  
Cross Section  
North/South



PROJECT  
THOMPSON RESIDENCE

DATE 8.10.04      REVISED 9.8.04  
11.18.04

SCALE 3/16"=1'-0"      DRAWN BY

ITEM

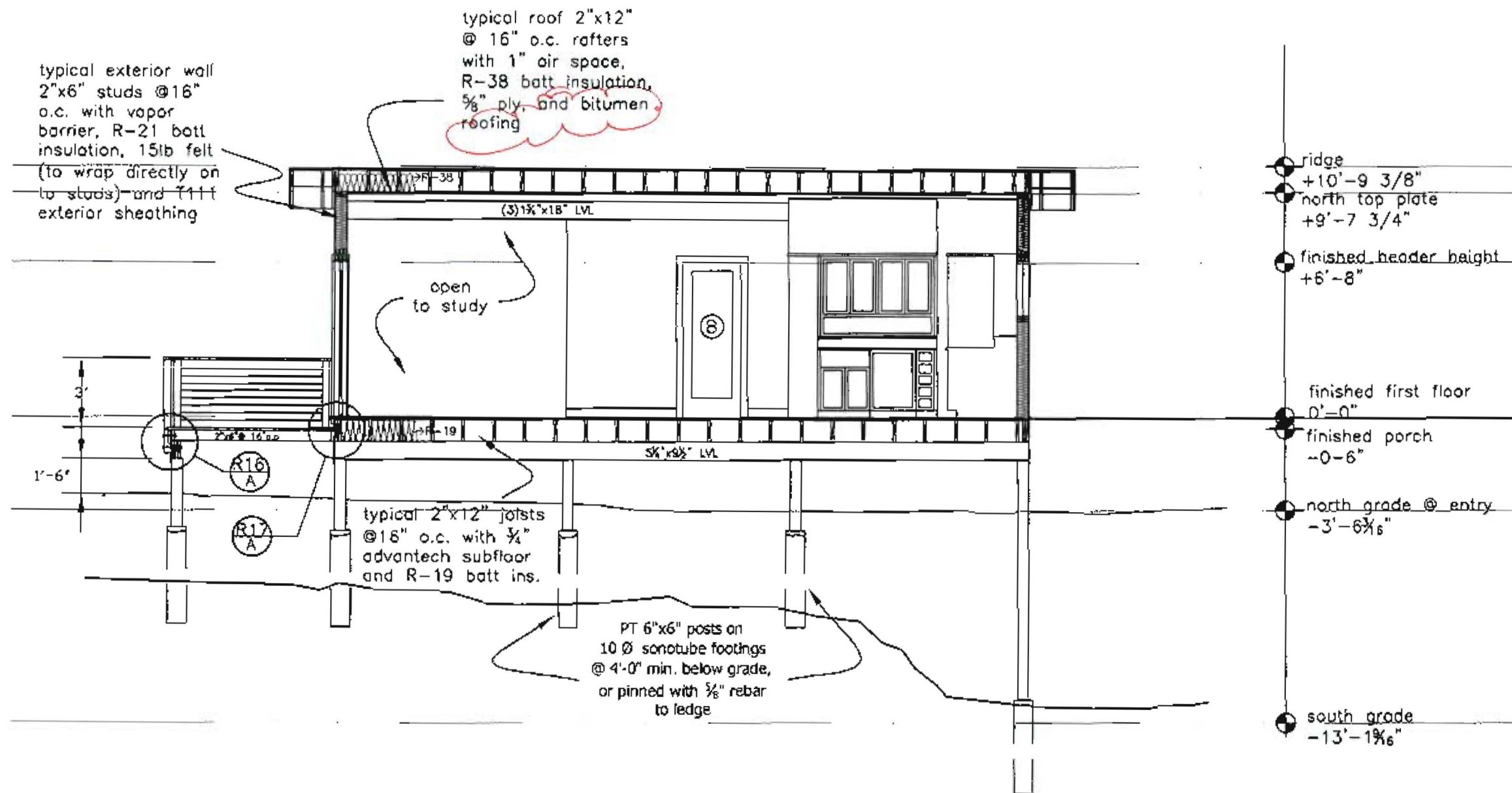
THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
PEAKS ISLAND ME 04108  
207.766.5919

R8

Notes

Revision:  
Longitudinal Section



PROJECT  
THOMPSON RESIDENCE

DATE 8.10.04 REVISED 9.8.04  
11.18.04

SCALE 3/16"=1'-0" DRAWN BY

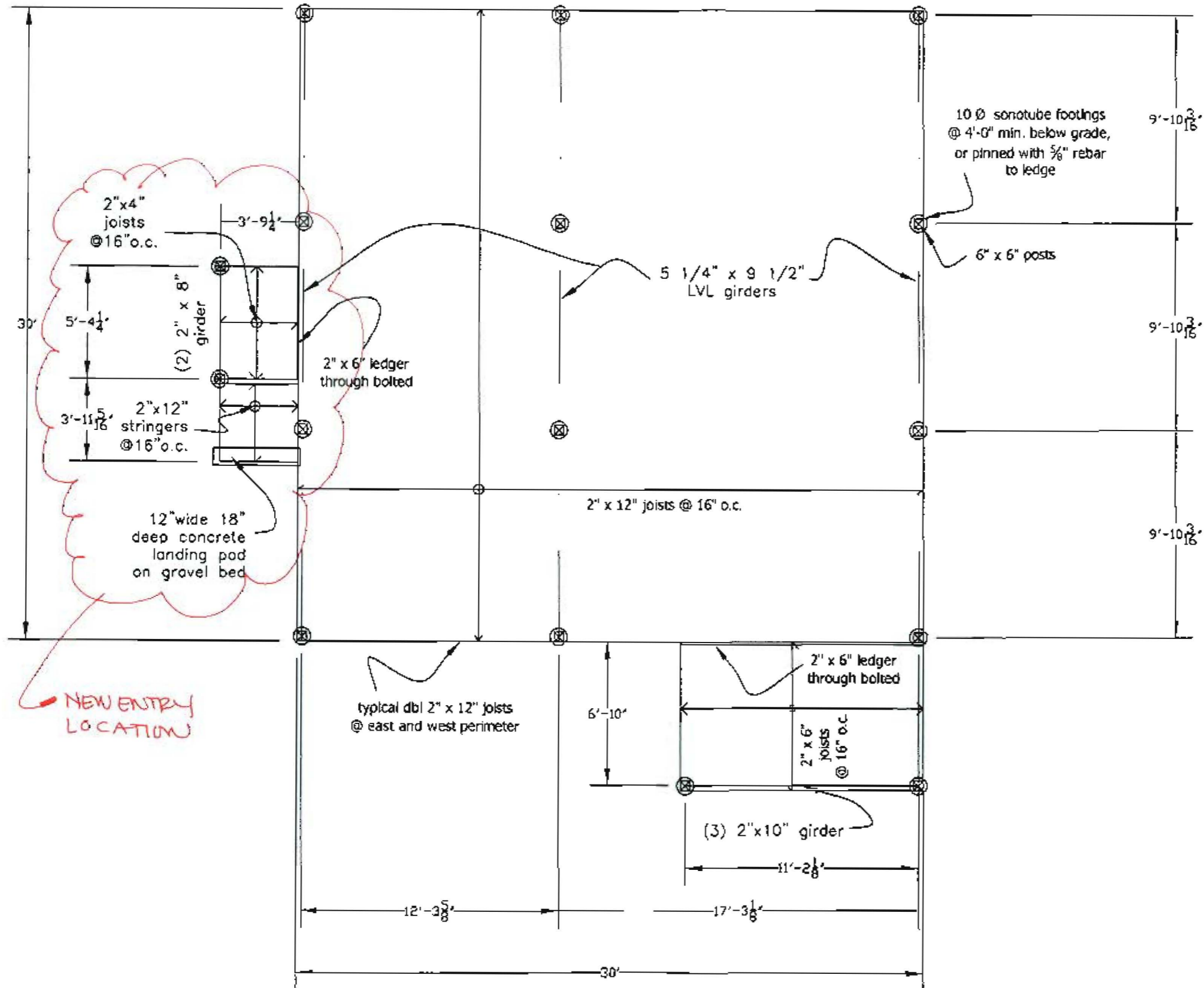
ITEM

THOMPSON JOHNSON WOODWORKS  
 115 ISLAND AVENUE  
 PEAKS ISLAND ME 04108  
 207.766.5919

**R9**

Notes

Revision:  
 Foundation/First  
 Floor Framing



PROJECT THOMPSON RESIDENCE	
DATE 8.10.04	REVISED 9.8.04 11.18.04
SCALE 3/16" = 1'-0"	DRAWN BY
ITEM	

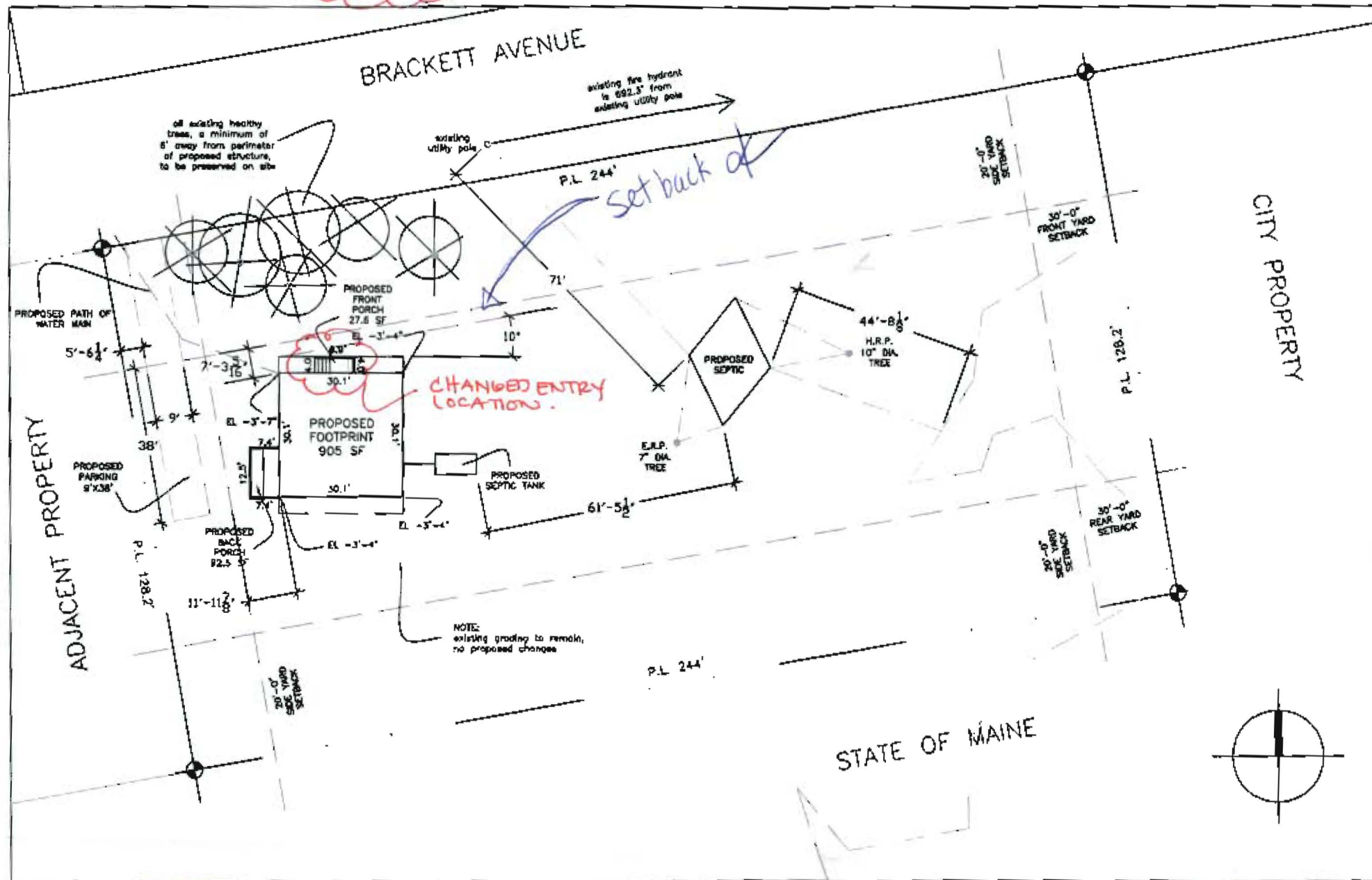


EXISTING LOT AREA 31,230 SF  
 (X.20=6,246 MAXIMUM COVERAGE)  
 TOTAL AREA NEW CONSTRUCTION 1,025.1 SF

THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
 PEAKS ISLAND ME 04108  
 207.766.5919

R1



Notes

PLOT PLAN

REVISION SET

NEW

NOV 9 2004  
 RECEIVED

CITY OF PORTLAND, MAINE  
 APPROVED CONSTRUCTION PLANS  
 DEC - 8 2004  
 SUPERSEDES ALL  
 PRIOR DATED PLANS

CITY OF PORTLAND, MAINE  
 APPROVED CONSTRUCTION PLANS  
 DEC - 8 2004  
 SUPERSEDES ALL  
 PRIOR DATED PLANS

PROJECT THOMPSON RESIDENCE	
DATE 3.11.04	REVISED 4.28.04 6.17.04
SCALE 1/32" = 1'-0"	DRAWN BY 8.11.04 11.10.0
ITEM	

THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
PEAKS ISLAND ME 04108  
207.766.5919

**R2**

Notes

Revision:  
First Floor Plan

PROJECT  
THOMPSON RESIDENCE

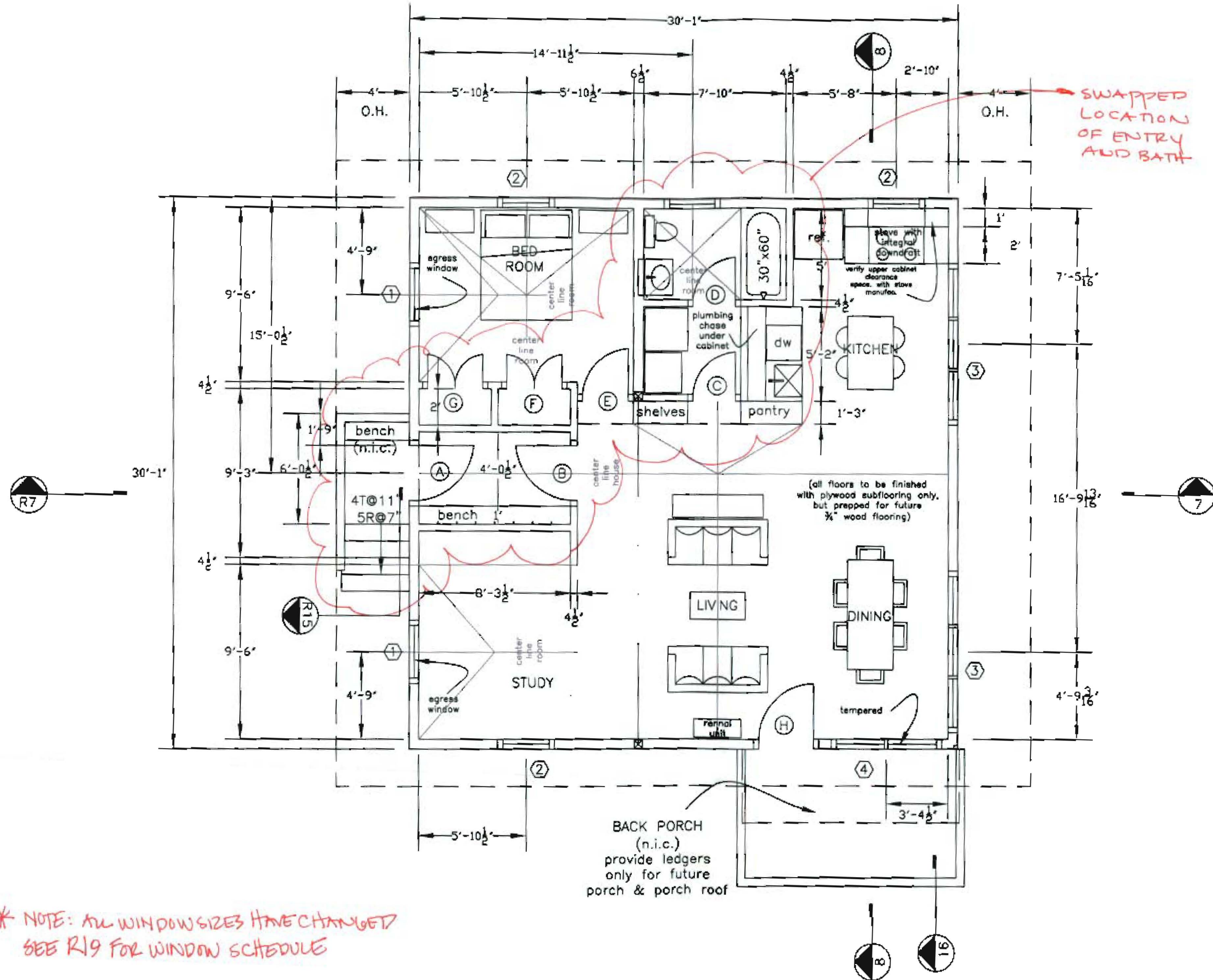
DATE  
8.10.04

REVISED 9.8.04  
11.18.04

SCALE  
3/16"=1'-0"

DRAWN BY

ITEM



\* NOTE: ALL WINDOW SIZES HAVE CHANGED  
SEE R19 FOR WINDOW SCHEDULE

BACK PORCH  
(n.i.c.)  
provide ledgers  
only for future  
porch & porch roof

(all floors to be finished  
with plywood subflooring only,  
but prepped for future  
3/4" wood flooring)

SWAPPED  
LOCATION  
OF ENTRY  
AND BATH

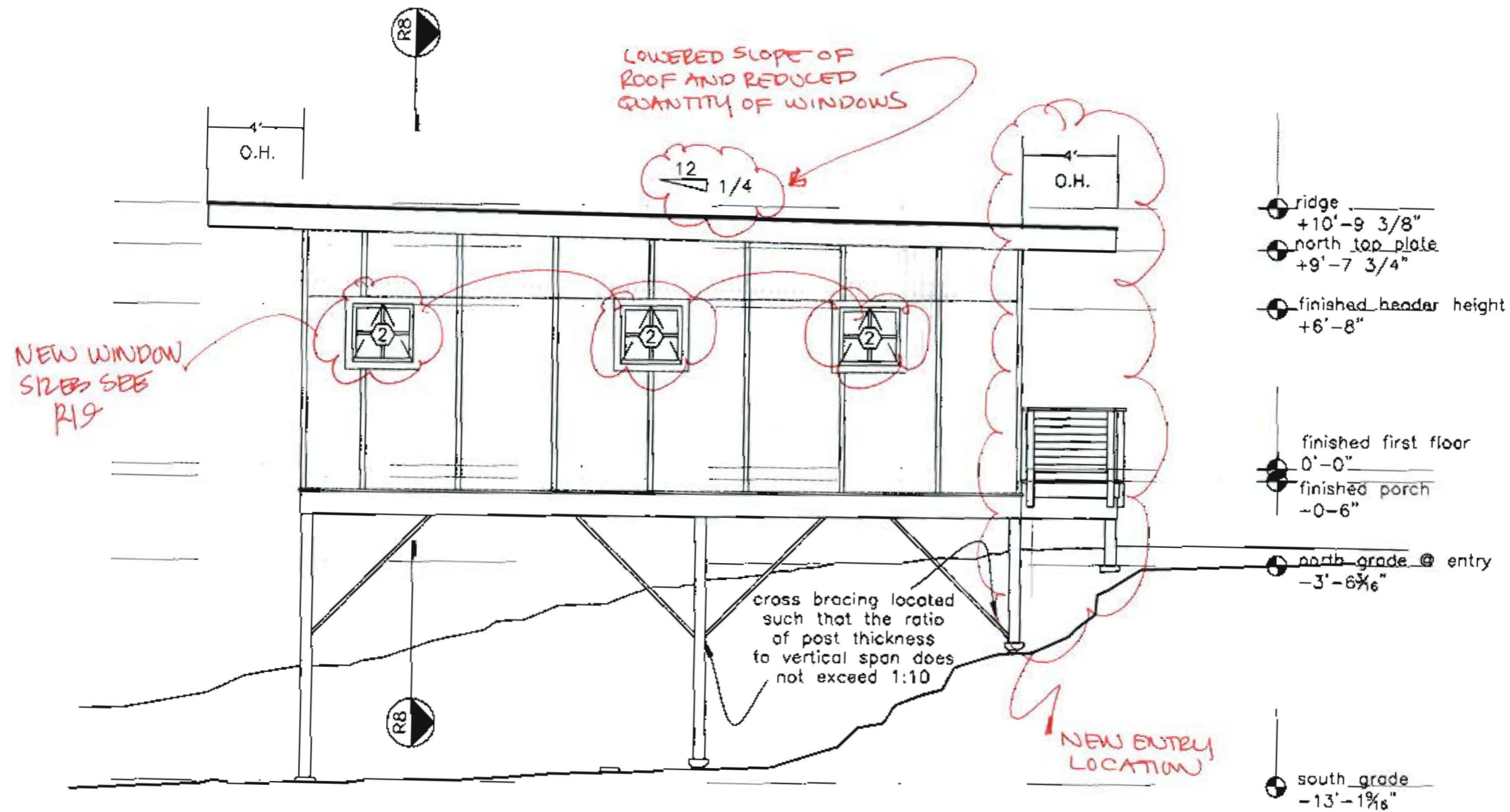
THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
PEAKS ISLAND ME 04103  
207.766.5919

**R6**

Notes

Revision:  
East Elevation



PROJECT  
THOMPSON RESIDENCE

DATE 8.10.04 REVISED 9.8.04  
11.18.04

SCALE 3/16"=1'-0" DRAWN BY

ITEM

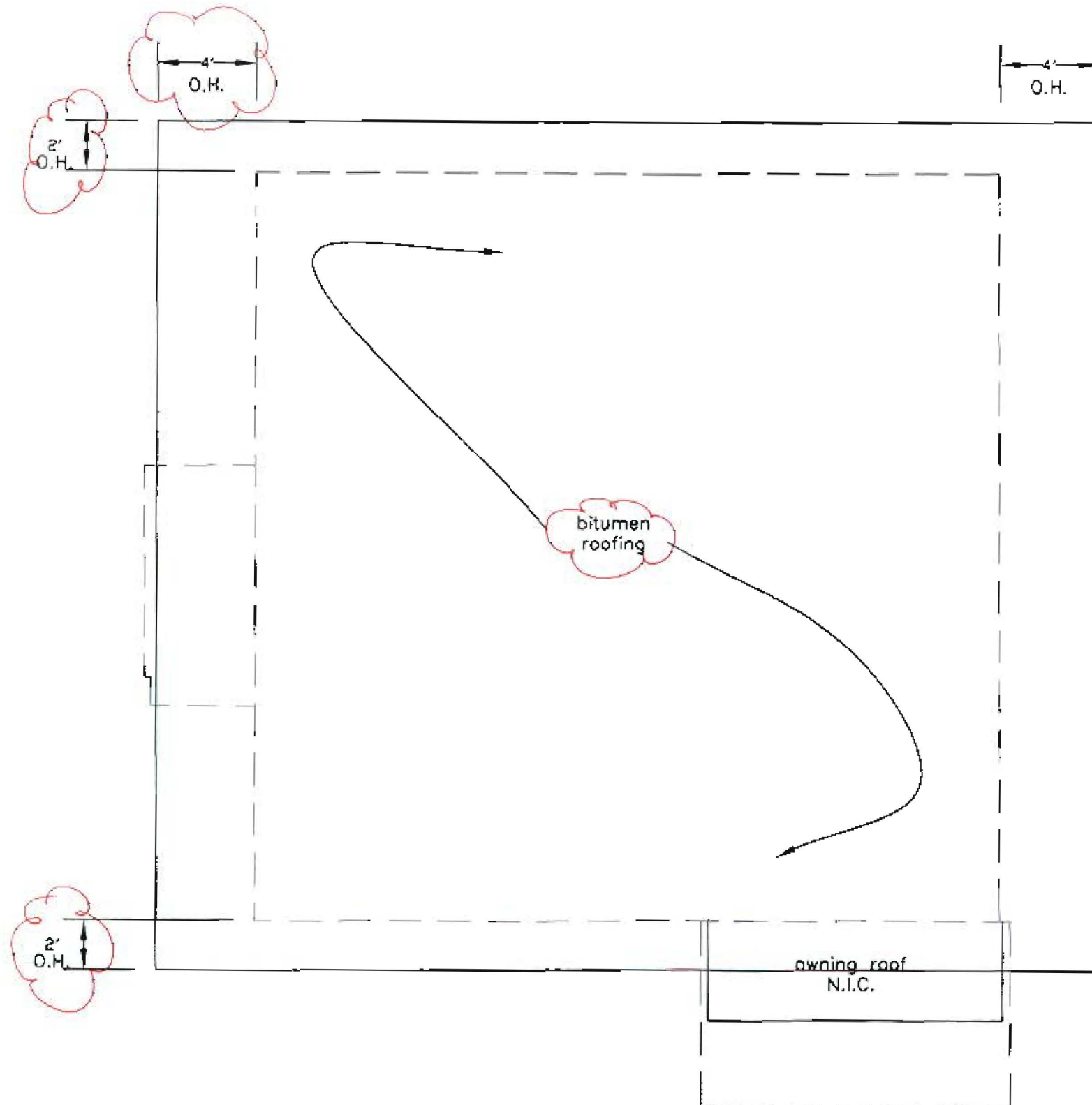
THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
PEAKS ISLAND ME 04108  
207.766.5919

**R11**

Notes

Revision:  
Roof Plan



PROJECT  
THOMPSON RESIDENCE

DATE  
8.10.04

REVISED 9.8.04  
11.18.0

SCALE  
3/16" = 1'-0"

DRAWN BY

ITEM










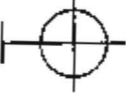



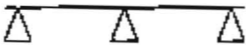

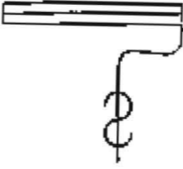

THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
PEAKS ISLAND ME 04108  
207.766.5919

**R12**

Notes

Electrical Key

	duplex		ceiling mount light fixture
	ground-fault circuit interupter		pendant light fixture
	220 volt		recessed can light fixture
	switch		wall sconce light fixture
	3-way switch		wet location wall sconce light fixture
	dimmer switch		trak lighting
	smoke detector		fluorescent locally switched
	minimum 50 cfm vent fan		

MIN.50  
CFM

PROJECT  
THOMPSON RESIDENCE

DATE 8.10.04 REVISED 9.8.04  
11.18.04

SCALE 3/16"=1'-0" DRAWN BY

ITEM

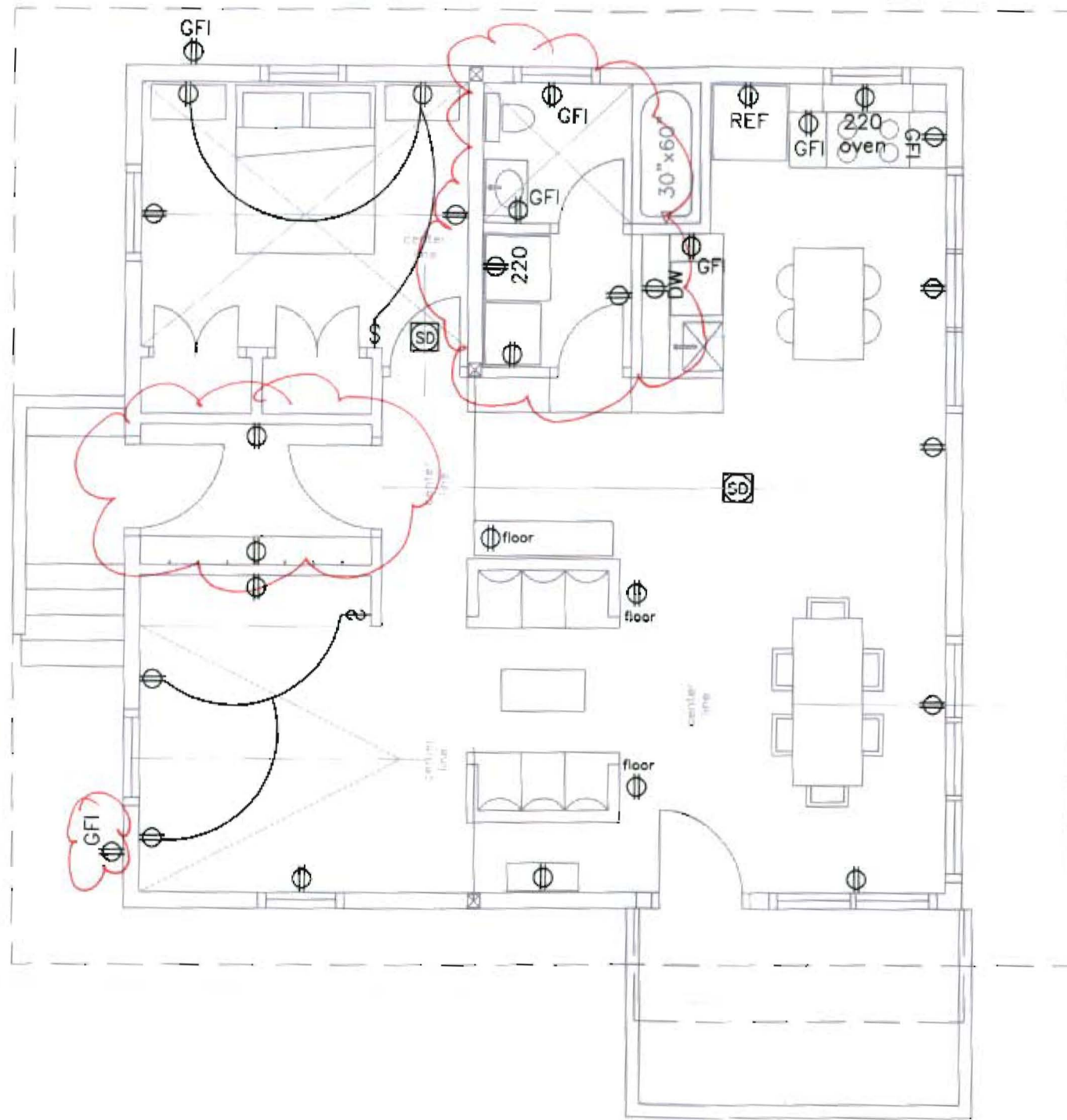
THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
PEAKS ISLAND ME 04108  
207.766.5919

**R13**

Notes

Revision:  
~~Power Plan~~



PROJECT THOMPSON RESIDENCE	
DATE 8.10.04	REVISED 9.8.04 11.18.04
SCALE 3/16" = 1'-0"	DRAWN BY
ITEM	

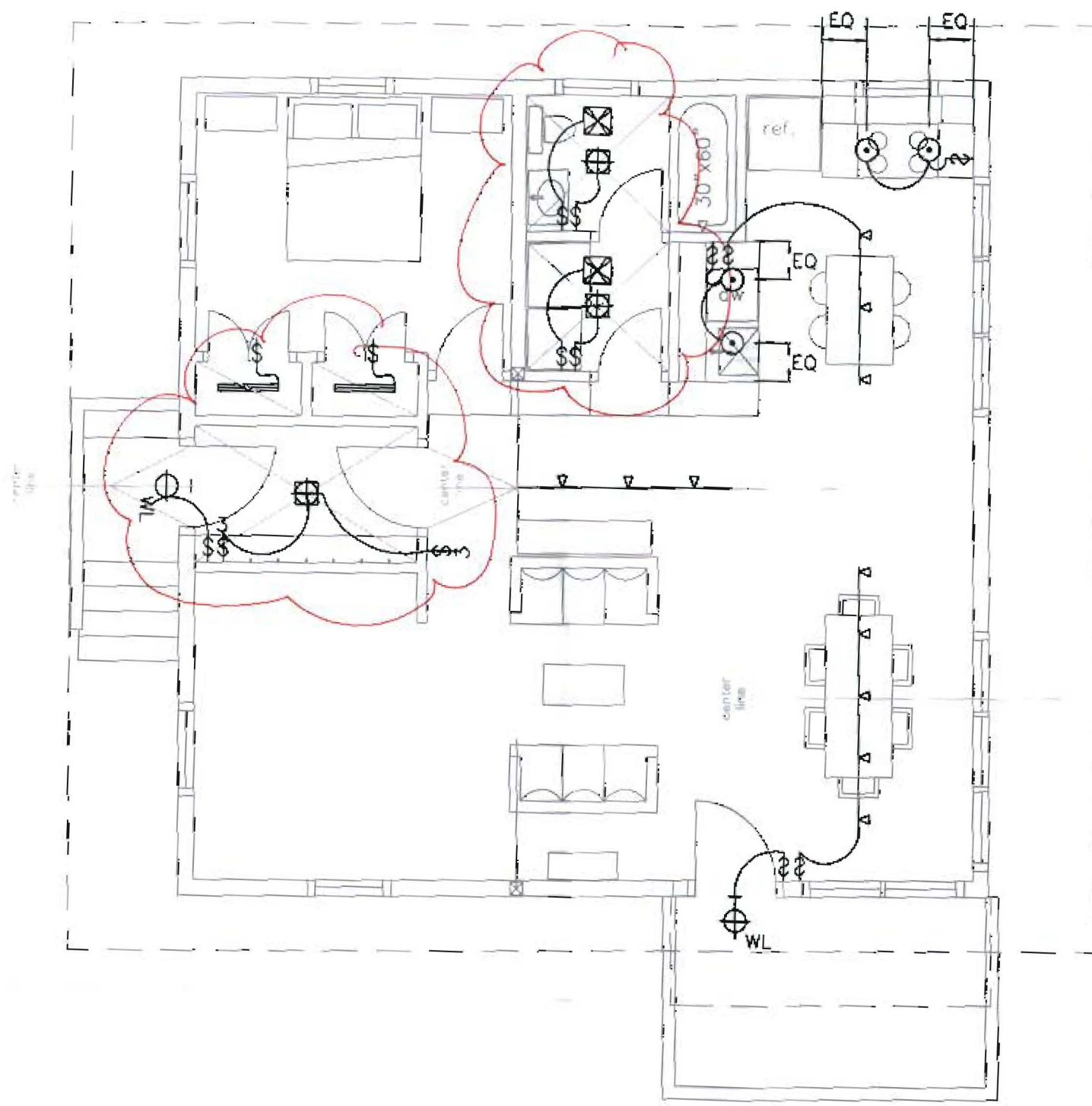
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207.766.5919

**R14**

Notes

Revision:  
Lighting Plan



PROJECT  
THOMPSON RESIDENCE

DATE  
8.10.04

REVISED 9.8.04  
11.18.04

SCALE  
3/16"=1'-0"

DRAWN BY

ITEM

THOMPSON JOHNSON WOODWORKS

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# R18

Notes

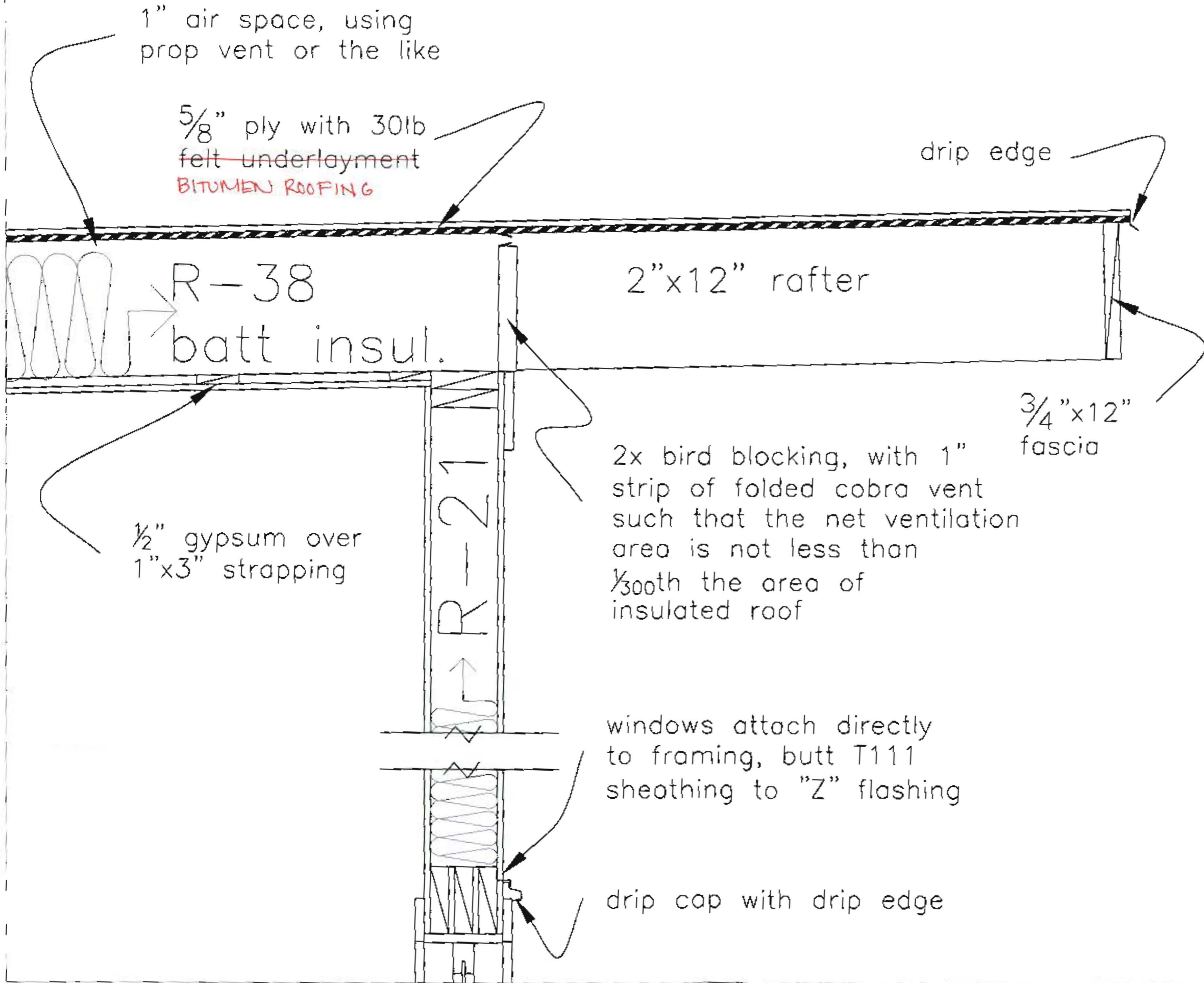
Revision:  
Eave Detail

PROJECT  
THOMPSON RESIDENCE

DATE 8.10.04 REVISED 9.8.04  
11.18.04

SCALE 3"=1'-0" DRAWN BY

ITEM



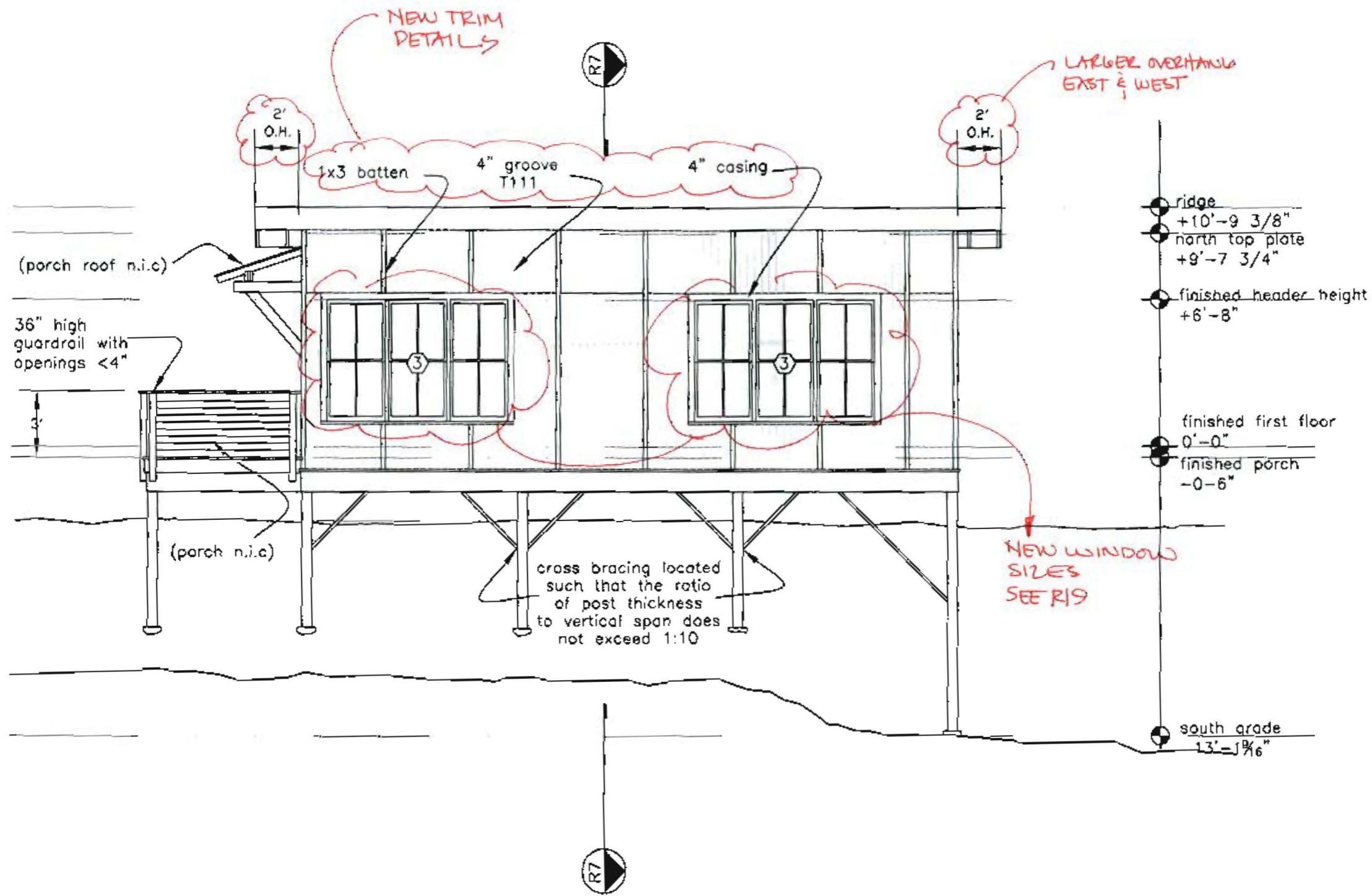
THOMPSON JOHNSON WOODWORKS

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PEAKS ISLAND ME 04108  
207.766.5919

**R3**

Notes

Revision:  
South Elevation



PROJECT  
THOMPSON RESIDENCE

DATE  
8.10.04

REVISED 9.8.04  
11.18.04

SCALE  
3/16" = 1'-0"

DRAWN BY

ITEM

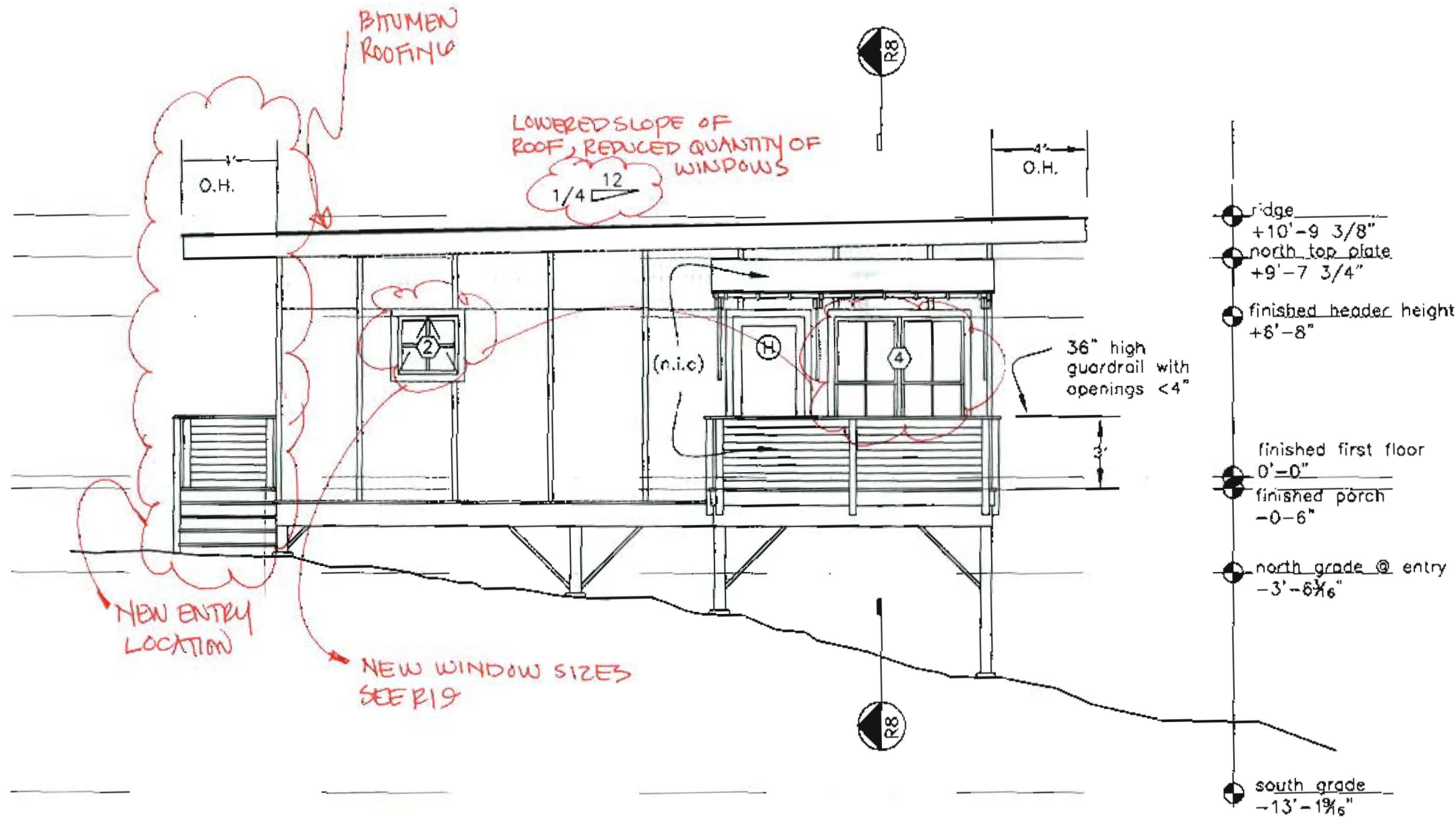
THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
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207.766.5919

R4

Notes

Revision:  
West Elevation



PROJECT  
THOMPSON RESIDENCE

DATE 8.10.04 REVISIONS 9.8.04  
11.18.04

SCALE 3/16"=1'-0" DRAWN BY

ITEM

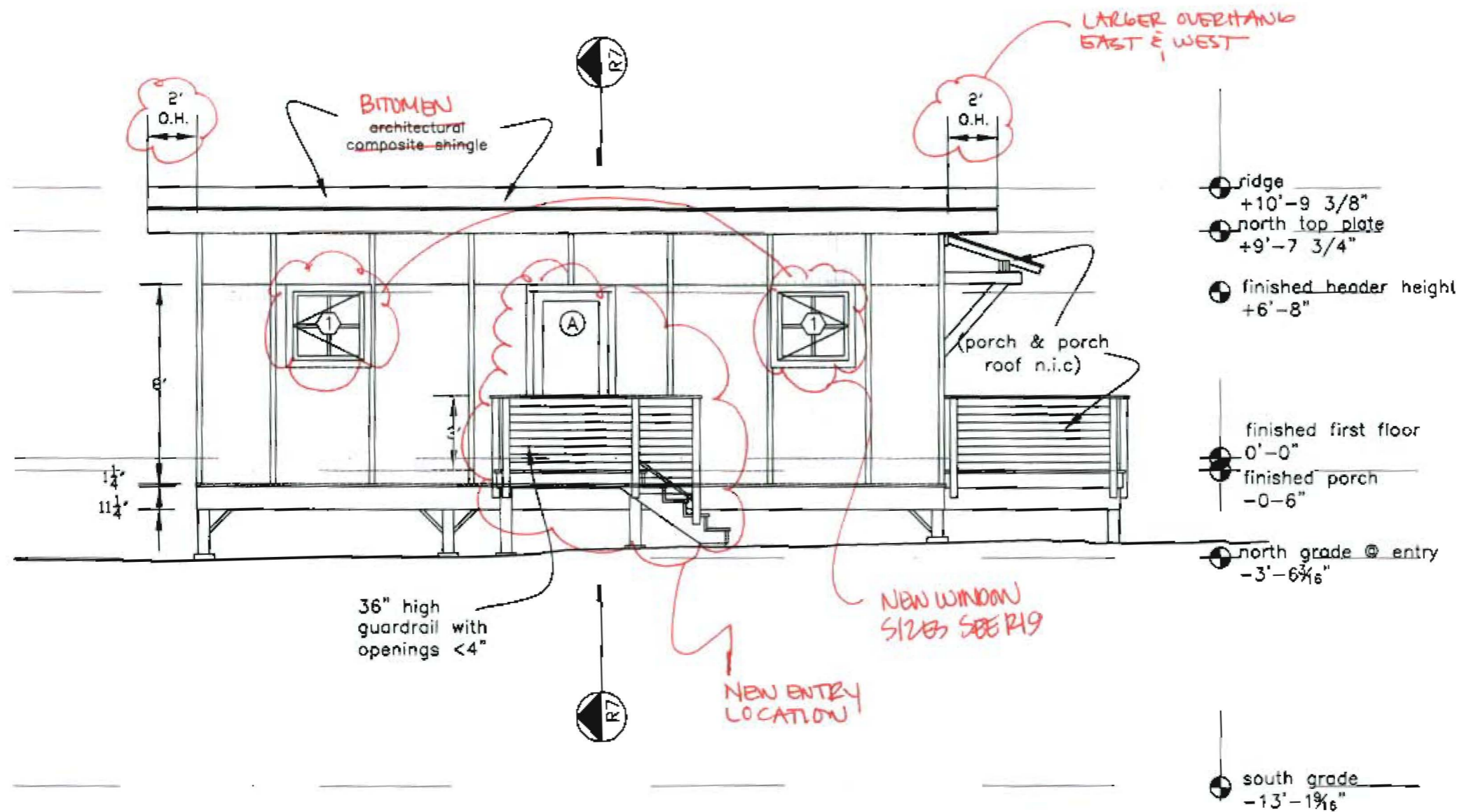
THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
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R5

Notes

Revision:  
North Elevation



PROJECT  
THOMPSON RESIDENCE

DATE 8.10.04 REVISED 9.8.04  
11.18.0

SCALE 3/16"=1'-0" DRAWN BY

ITEM

THOMPSON JOHNSON WOODWORKS

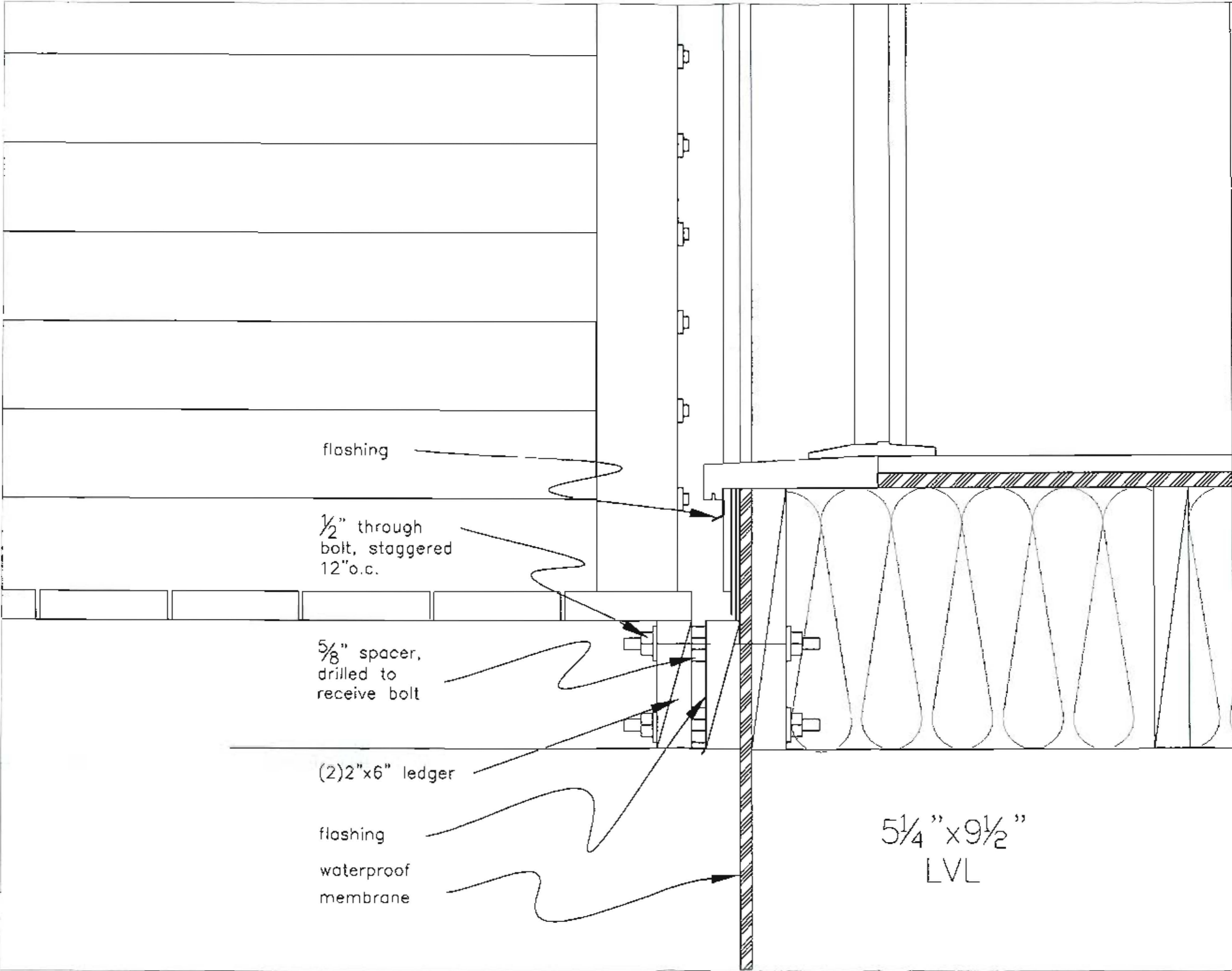
115 ISLAND AVENUE  
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207.766.5919

**R17**

Notes

Revision:  
Ledger Detail

(NO CHANGES)



flashing

1/2" through  
bolt, staggered  
12" o.c.

5/8" spacer,  
drilled to  
receive bolt

(2) 2"x6" ledger

flashing  
waterproof  
membrane

5 1/4" x 9 1/2"  
LVL

PROJECT  
THOMPSON RESIDENCE

DATE  
8.10.04

REVISED 9.8.04  
11.18.04

SCALE  
3" = 1'-0"

DRAWN BY

ITEM



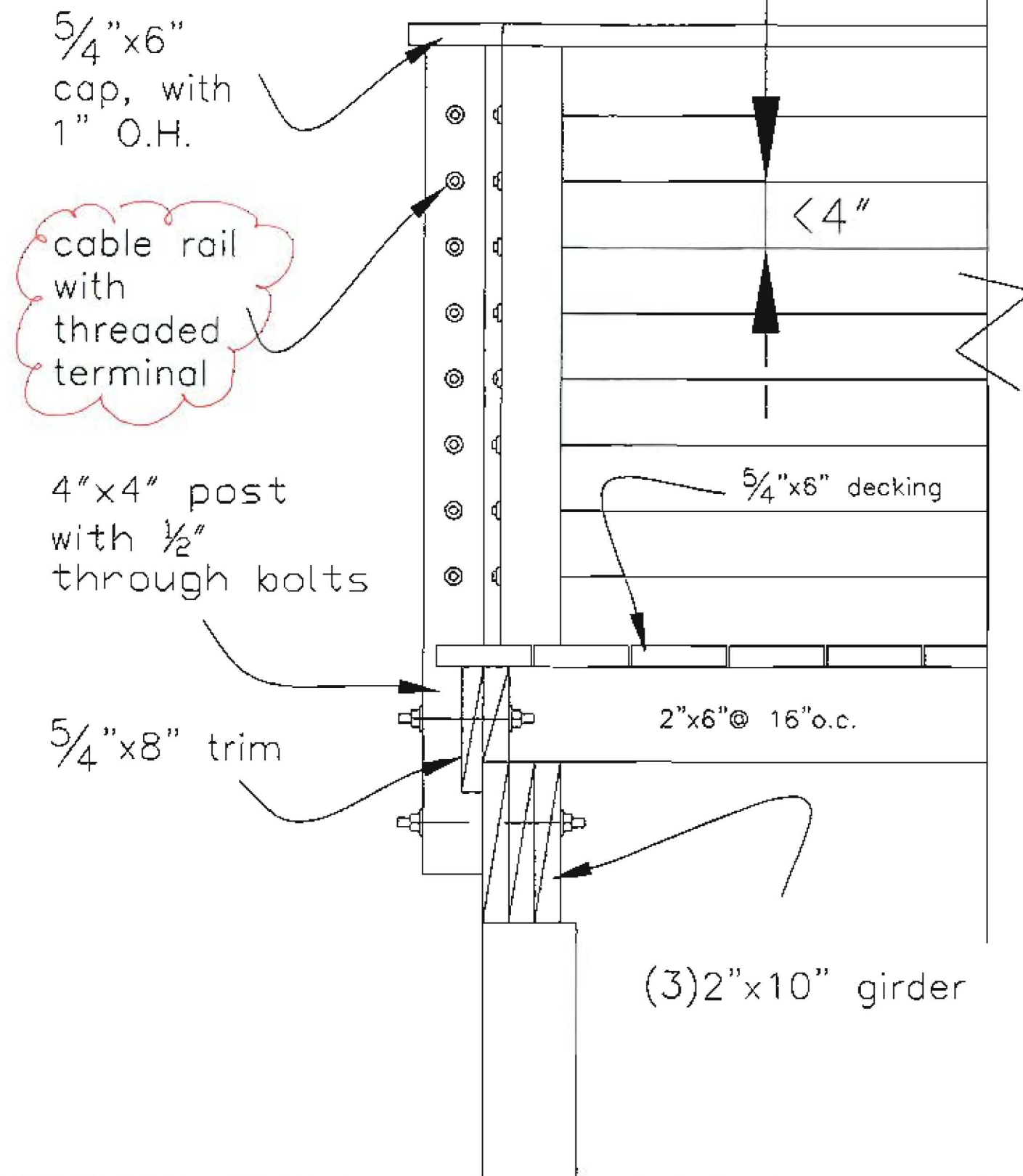
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**R16**

Notes

Revision:  
Railing Detail



PROJECT  
THOMPSON RESIDENCE

DATE  
8.10.04

REVISED 9.8.04  
11.18.04

SCALE  
1 1/2" = 1'-0"

DRAWN BY

ITEM

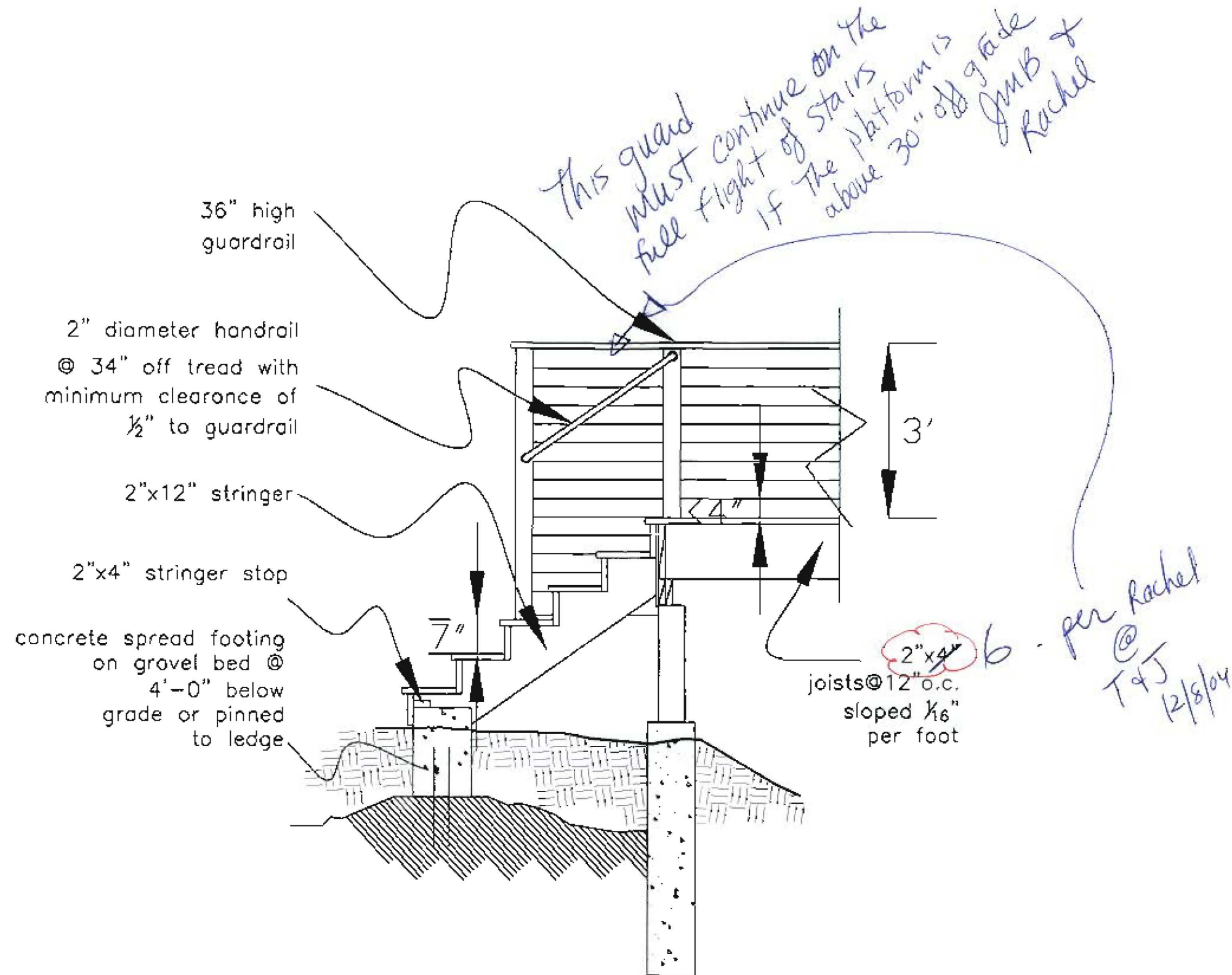
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**R15**

Notes

Revision:  
Stair Detail



PROJECT  
THOMPSON RESIDENCE

DATE  
8.10.04

REVISED 9.8.04  
11.18.04

SCALE  
1/2"=1'-0"

DRAWN BY

ITEM

THOMPSON JOHNSON WOODWORKS

115 ISLAND AVENUE  
PEAKS ISLAND ME 04108  
207.766.5919

# window/door schedule

client: Thompson Residence  
225 Brackett Street  
Peaks Island, Maine 04108

date: 11.18.04

# R19

Notes

qty	window	manufac.	material	glass	oper	width	height	wall thkns	notes
2	1	bonneville	wood with clad sash	SDL	casement	35 7/8	34 1/2	2x6	egress hardware
4	2	bonneville	wood with clad sash	SDL	awning	31 7/8	30 1/2	2x6	
2	3	gove lumber	wood with clad sash	SDL	double hung	101 1/16	68 7/8	2x6	
1	4	gove lumber	wood with clad sash	SDL	double hung	67 3/8	68 7/8	2x6	tempered

window/door schedule

qty	window	manufac.	material	glass	oper	width	height	wall thkns	notes
1	A	bonneville	wood int/wood ext	single pane	LH	36"	80"	2x6	tempered
1	B	bonneville	wood int/wood ext	N/A	RH	36"	80"	2x4	
1	C	bonneville	wood int/wood ext	N/A	RH	28"	80"	2x4	
1	D	bonneville	wood int/wood ext	N/A	RH	28"	80"	2x4	
1	E	bonneville	wood int/wood ext	N/A	RH	30"	80"	2x4	
1	F	bonneville	wood int/wood ext	N/A	RH/LH	pr. 18"	80"	2x4	
1	G	bonneville	wood int/wood ext	N/A	RH/LH	pr. 18"	80"	2x4	
1	H	bonneville	wood int/wood ext	single pane	RH	36"	80"	2x6	tempered

PROJECT  
THOMPSON RESIDENCE

DATE 8.10.04 REVISIONS  
9.8.04  
11.18.04

SCALE 3"=1'-0" DRAWN BY

ITEM