

Permit # **940346** City of **Portland** BUILDING PERMIT APPLICATION Fee **520.00** Zone _____ Map # _____

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

Owner: **George Bell** Phone # _____
 Address: _____
 LOCATION OF CONSTRUCTION **083-F-A-027 Great Diamond Island**
 Contractor: **Wright-Ryan** Sub: **Building # 27**
 Address: **10 Danforth St Portland, ME 04101** Phone # **773-3625**
 Est. Construction Cost: **100,000.00** Propose Use: **1-fam**
 Past Use: **Jail**
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: **Change of Use from Jail to 1-fam with Int Reno**

For Official Use Only APR 29 1994
 Date: **17 March 1994** Subdivision: _____
 Inside Fire Limits: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: _____
 Ownership: _____
 Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Zoning: **IR-1**
 Street Frontage Provided: _____
 Provided Setbacks Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Special and Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain): _____

as per plans
 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: _____ Spacing **16" O.C.**
 5. Bridging Type: _____
 6. Floor Sheathing Type: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____
 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. Siding Type _____ Weather Exposure _____
 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 Materials _____

Roof:
 1. Ceiling Joists Size _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type of Ceiling _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Jct. _____ Sp. _____
 2. Sheath Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type _____ Number of Fire Places _____
 Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approval of _____ if required Yes _____ No _____
 2. No. of Tube at Elbow _____
 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.

Permit Received By: **Mary Crasik**
 Signature of Applicant: **Bill Paschke** Date **17 March 94**
 Signature of Approving Official: _____
 CEO's District: _____

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEC
PERMIT ISSUED WITH REQUIREMENTS
 White - Tax Assessor

766-2961 Ins. No.
 Paper 870-9539

HISTORIC PRESERVATION

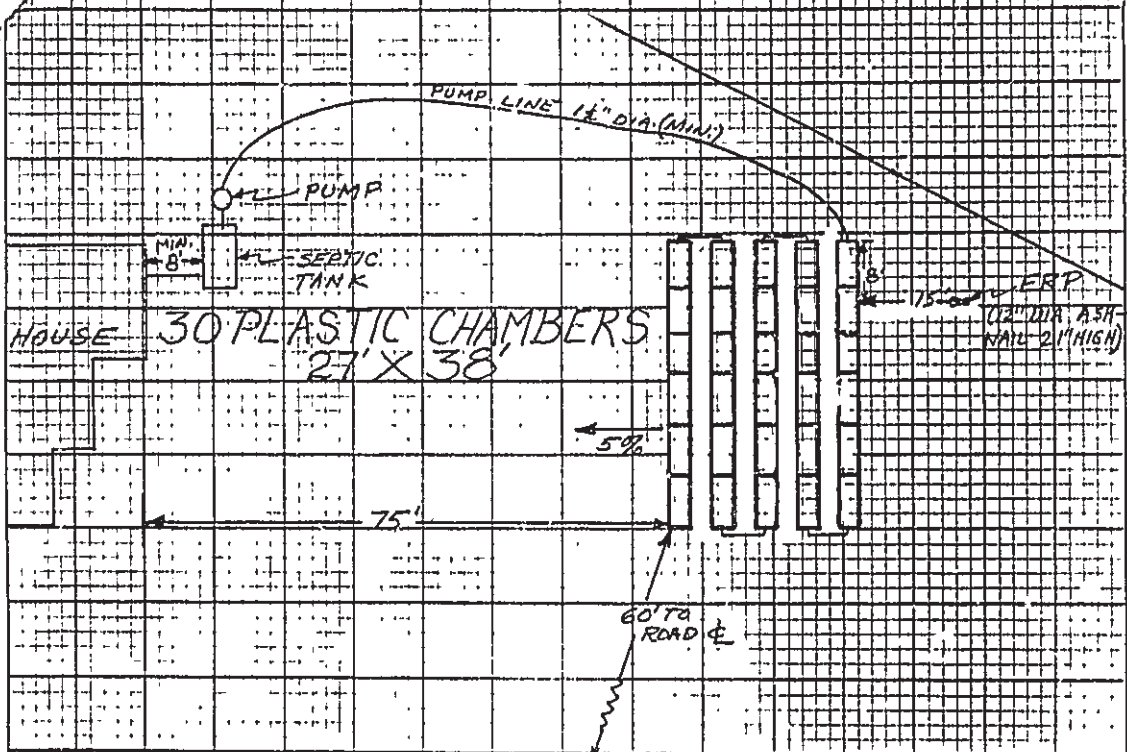
WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Location: GREAT DIAMOND ISLAND
Street, Road, Subdivision: BAY AVE.
Owner's Name: TIM FLAHERTY

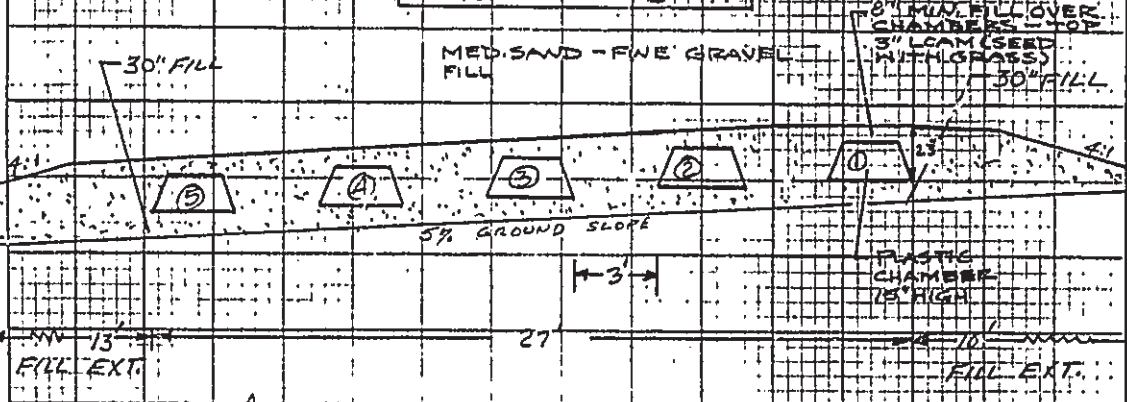
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>30"</u>	Reference Elevation is <u>0</u>	NAIL IN ORANGE SQUARE ON LOCUST TREE.
Depth of Fill (Downslope) <u>30"</u>	Bottom of Disposal Area (ROW #1) <u>-32"</u>	
	Top of Distribution Lines or Chambers <u>-17"</u>	

5% CHAMBER SLOPE NOTE: SCARIFY GROUND SURFACE BELOW ALL FILL	DISPOSAL AREA CROSS SECTION			Scale:
	BOTTOM OF ROW #1	2-36"	Vertical: 1 inch = 5' Ft.	8" MIN. FILL OVER CHAMBERS - TOP 3" LAM (SEED WITH GRASS) 30" FILL.
	" "	3-40"	Horizontal: 1 inch = 15' Ft.	
	" "	4-43"		
	" "	5-47"		
" "				



Richard O'Sneil
Site Evaluator Signature

034 SEP

9-6-90 Date

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