OAKLAND AVENUE
84-C-12
PEAKS ISLAND

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION

COMPLAINT

FILE COPY

COMPLAINT NO. 79/55 Date Received 5-29-79

84-C-12

Location: Corner of Oakland Ave. & Merridian St. Peaks Island, Me.

Location Peaks Island - Corner of Oakland Ave. & Merridian St. Use of Building vacant 773-5293 - B

Owner's name and address Udell Bramson - 189 Stevens Ave. Telephone 774-7314 - H

Tenant's name and address _____ Telephone _____

Complainant's name and address Alicia Floherty - Oakland Ave. (neighbor) Telephone 774-6174 - work number

Description: House vacant and dilapidated, wide open to vandalls and fire.

NOTES:

INQUIRY BLANK

ZONE A

FIRE DIST. no

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION

Verbal
By Telephone

84-C-12

Date May 9, 1951

LOCATION Oakland Ave., Peaks Island OWNER Mrs. Stanley H. Eaton

MADE BY Same TEL.

ADDRESS

PRESENT USE OF BUILDING Dwelling

CLASS OF CONSTRUCTION 3rd NO. OF STORIES

REMARKS:

INQUIRY: Can owner serve tea and refreshments on her porch for pay?

ANSWER: This is an Apartment House Zone where this is not allowed.

DATE OF REPLY 5/8/51 REPLY BY WMcD

54-C-12

(A) APARTMENT HOUSE ZONE

APPLICATION FOR PERMIT

PERMIT ISSUED
00619
APR 16 1946

Class of Building or Type of Structure Third

Portland, Maine, April 15, 1946

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Oakland Avenue, Peaks Island Within Fire Limits? no Dist. No.

Owner's name and address Mrs. S. H. Eaton, 162 Whitney Avenue

Lessee's name and address Telephone

Contractor's name and address George A. Keening, Willow St., Peaks Island Telephone no

Architect Specifications Plans No. of sheets

Proposed use of building summer cottage No. families 1

Last use name No. families same

Material wood No. stories 1½ Heat Style of roof pitch Roofing

Other buildings on same lot none

Estimated cost $ 150.00

Fee $ 1.00

General Description of New Work

To build outside fireplace, CHIMNEY on easterly side of building

CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

Is any plumbing work involved in this work? no Is any electrical work involved in this work? no

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation stone in mortar Thickness, top bottom cellar

Material of underpinning below frost Height Thickness

Kind of roof Rise per foot Roof covering

No. of chimneys 1 Material of chimneys brick of lining tile Kind of heat fuel wood

Framing lumber—Kind Dressed or full size?

Corner posts Sills Girt or ledger board? Size

Girders Size Columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor, 2nd, 3rd, roof

On centers: 1st floor, 2nd, 3rd, roof

Maximum span: 1st floor, 2nd, 3rd, roof

If one story building with masonry walls, thickness of walls? height?

If a Garage

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

Miscellaneous

Will work require disturbing of any tr. : on a public street? no

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

APPROVED:

INSPECTION COPY

Signature of owner Mrs. S. H. Eaton Geo. A. Keening 4/53D5

INSPECTION NOT COMPLETED

Permit No. #7619

Location Mrs. L. H. Eaton

Owner Oakland Ave. Pharm

Date of permit 4/16/46

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

NOTES:

(A) APARTMENT HOUSE ZONE

PERMIT ISSUED

JUN 11 1940

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, June 11, 1940

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Peaks Island

Location Harrison Street, Peaks Island Within Fire Limits? no Dist. No.

Owner's or Lessee's name and address Mrs. Stanley Eaton, Peaks Island Telephone

Contractor's name and address A. P. Foss, Pleasant Ave. Peaks Telephone 260

Architect Plans filed no No. of sheets

Proposed use of building Cottage No. families

Other buildings on same lot

Estimated cost $ 30. Fee $ .50

Description of Present Building to be Altered

Material wood No. stories 1½ Heat Style of roof Roofing

Last use Cottage Hillhurst No. families

General Description of New Work

To change window to door on end of building
To enclose end of existing piazza (6' wide) - at least 20' to lot line

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED

Is any plumbing work involved in this work?

Is any electrical work involved in this work? Height average grade to top of plate

Size, front depth No. stories Height average grade to highest point of roof

To be erected on solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Material of underpinning Height Thickness

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining

Kind of heat Type of fuel Is gas fitting involved?

Framing Lumber—Kind Dressed or Full Size?

Corner posts Sills Girt or ledger board? Size

Material columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

Joists and rafters: 1st floor, 2nd, 3rd, roof

On centers: 1st floor, 2nd, 3rd, roof

Maximum span: 1st floor, 2nd, 3rd, roof

If one story building with masonry walls, thickness of walls? height?

If a Garage

No. cars now accommodated on same lot, to be accommodated

Total number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Signature of owner Mrs. Stanley Eaton

By A. P. Foss

INSTRUCTION COPY

Permit No. 40/737

Location Meridian St. Peaks

Owner [illegible] Stanley Eaton

Date of permit 6/11/40.

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn. 6/21/40. [illegible]

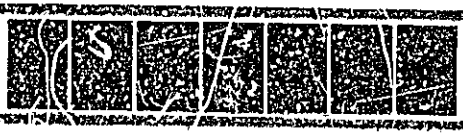
Cert. of Occupancy issued None

NOTES

Cor. [illegible] and 84

Meridian [illegible] 0

[illegible] St. 12



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date March 16, 1983

Receipt and Permit number B09656

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 84-C-12 Oakland Ave. Peaks Island

OWNER'S NAME: Paul Harney ADDRESS: same

	FEES
OUTLETS: Receptacles ____ Switches ____ Plug-mold ____ ft. TOTAL ____	
FIXTURES: (number of) Incandescent ____ Flourescent ____ (not strip) TOTAL ____	
Strip Flourescent ____ ft.	
SERVICES: Overhead x Underground ____ Temporary ____ TOTAL amperes 100	3.00
METERS: (number of) 1	.50
MOTORS: (number of) Fractional ____	
1 HP or over ____	
RESIDENTIAL HEATING: Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) ____	
Oil or Gas (by separate units) ____	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of) Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS: (number of) Branch Panels ____	
Transformers ____	
Air Conditioners Central Unit ____	
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential ____	
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____	
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery ____	
Emergency Generators ____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16 b)	
TOTAL AMOUNT DUE:	3.50

INSPECTION:

Will be ready on ____, 19__; or Will Call xx

CONTRACTOR'S NAME: Frank Herbert

ADDRESS: Pettingill Pond, So. Windham

TEL.: ____

MASTER LICENSE NO.: 025 76 SIGNATURE OF CONTRACTOR: Joe Hayes

LIMITED LICENSE NO.: ____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

INSPECTIONS: Service ✓ by Libby

Service called in 4-13-83

Closing-in ______ by ______

PROGRESS INSPECTIONS: ______ / ______ / ______

CODE COMPLIANCE COMPLETED

DATE 4-13-83

DATE:	REMARKS:

ELECTRICAL INSTALLATIONS—

Permit Number 29656

Location 84-C-12 Oakland Park Blvd Oakland

Owner O. Harvey

Date of Permit 3-18-83

Final Inspection 4-13-83

By Inspector Libby

Permit Application Register Page No. 142

PERMIT # 002431 - CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Dr. Glen Robinsons 773-5573

Address: X PO Box 8125, Portland 04104

LOCATION OF CONSTRUCTION 19 Oakland St. Peaks Island

CONTRACTOR: owner SUBCONTRACTORS _____

ADDRESS: _____

Est. Construction Cost: $1500 Type of Use: single family

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____ Conversion - Explain interior renovations to bathroom and ref. aming.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE Complete rehab.

Residential Buildings Only: 1 plan submitted.

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: _____ Sills must be anchored.
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 _____ 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 _____

For Official Use Only

Date July 2, 1989 Subdivision: Yes / No

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit: _____ Block _____

Estimated Cost $1,500 Permit Expiration: _____

Value/Structure _____ Ownership: _____ Pub.Nr. _____

Fee $10.00 _____ Private

PERMIT ISSUED

AUG 8 1989

City of Portland

Ceiling:

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

Roof:

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

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 00.2 ___
3. No. of Flushes _____
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 R-2 Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____ 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 ___ Special Exception ___

Other ___ (Explain) _____

OK Date Approved 8-7-89

Permit Received By Nancy Grossman

Signature of Applicant _____ Date _____

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White-Tax Copy

PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee $ 25.00
Subdivision Fee $
Site Plan Review Fee $
Other Fees $ 5.00
(Explain)
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS 2-13-88-015 2nd

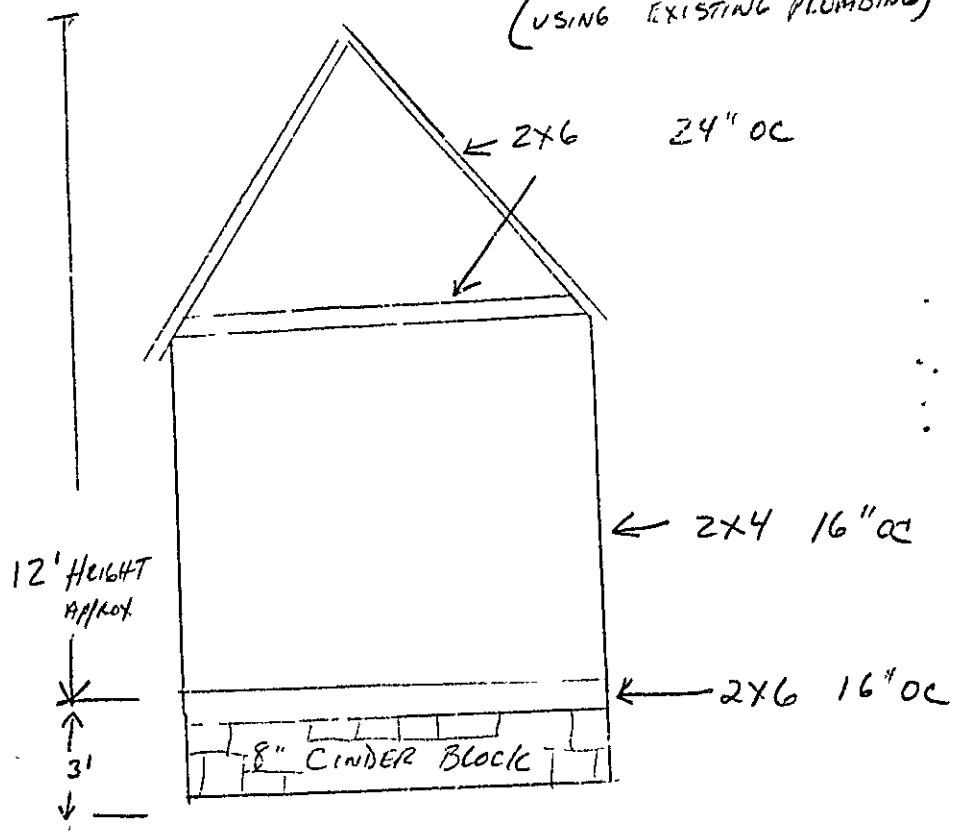
Signature of Applicant

Date 02-31-87

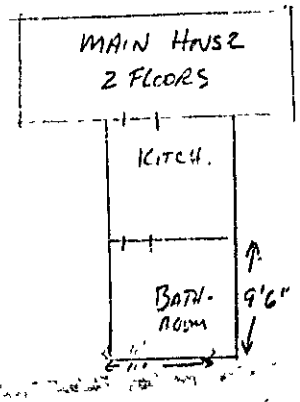
DR. GLENN ROBINSON

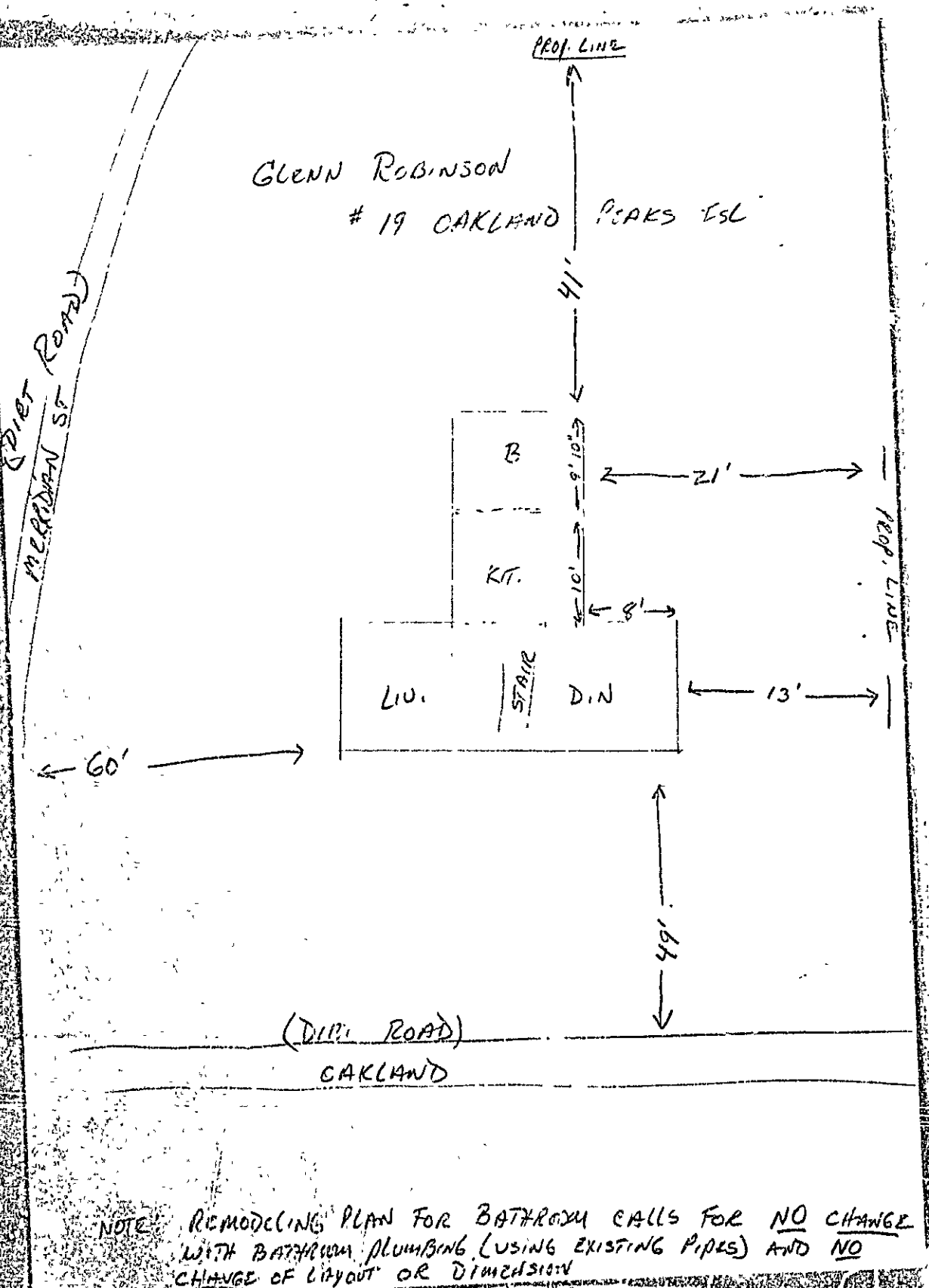
19 OAKLAND PEAKS ISL.

(BATHROOM RENOVATION) SAME DEMENSIONS AS OLD BATHROOM (USING EXISTING PLUMBING)



EXISTING HOUSE PLAN





NOTE: REMODELING PLAN FOR BATHROOM CALLS FOR NO CHANGE WITH BATHROOM PLUMBING (USING EXISTING PIPES) AND NO CHANGE OF LAYOUT OR DIMENSION

CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

July 31, 1989

RE: 19 Oakland Street, Peaks Island

Dr. Glen Robinson
P.O. Box 8125
Portland, Maine 04104

Dear Dr. Robinson:

This is in reference to your application for a building permit for a rehabilitation of the bathroom at 19 Oakland Street on Peaks Island. We shall require a more detailed plot plan showing the setbacks for the front, side and rear of your building and its proposed addition.

Do you have a recent Form HHE-200 for soils analysis results for inground septic disposal? I feel certain that any plumbing permit would be subject to the review of the soils test results for your building location.

Before this office can issue a permit for your reframing and rehabilitation of the bathroom addition, we shall require a more detailed plot plan for the proposed bathroom location, even though it may be placed on the same footprint as the original building addition. There are new setback requirements which may have been adopted since your building was built.

Sincerely,

William D. Giroux
Zoning Enforcement Officer

/el

cc: P. Samuel Hoffses, Chief of Inspection Services
Arthur Addato, Code Enforcement Officer
Ernest Goodwin, City Plumbing Inspector
Warren J. Turner, Administrative Assistant

PERMIT # 002392 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Dr. Glen Robinson 773-5573

Address: PO Box 4125, Portland 04104

LOCATION OF CONSTRUCTION 19 Oakland St., Peaks Island

CONTRACTOR: Barry Shaw SUBCONTRACTORS: 766-2677

ADDRESS: Adams St., Peaks Island

Est. Construction Cost: $11,000 Type of Use: single family

Past Use:

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

Is Proposed Use: Seasonal Condominium Apartment

Conversion: Explain To construct deck on 3 sides of house existing and for cinder block wall.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 plan submitted.

Residential Buildings Only:

Of Dwelling Units # Of New Dwelling Units

For Official Use Only

Date July 14, 1989
Inside Fire Limits
Bldg Code
Time Limit
Estimated Cost $11,000
Value of Structure
Fee $15

Subdivision Yes / No
Name
Lot
Block
Permit Expiration:
Ownership: Public / Private

PERMIT ISSUED
AUG 1 1989
CITY OF PORTLAND

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: Size:
3. Lally Column Spacing: Spacing 16" O.C.
4. Joists Size: Size:
5. Bridging Type: Size:
6. Floor Sheathing Type:
7. Other Material:

Exterior Walls:
1. Studding Size Spacing
2. No. windows
3. No. Doors Span(s)
4. Header Sizes
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

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

Roof:
1. Truss or Rafter Size Span
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 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: x Square Footage
3. Must conform to National Electrical Code and State Law.

Zoning:
District R-2 Street Frontage Req.: Provided
Required Setbacks: Front Back Side 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. Special Exception
Other (Explain)
Date Approved 7-31-89

Permit Received By Nancy Grossman

Signature of Applicant Date 07-14-89

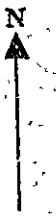
PERMIT ISSUED WITH LETTER

Signature of CEO Date

Inspection Dates

White-Tax Assesor Yellow-GPCOG White Tag-CEO

PLOT PLAN



FEES (Breakdown From Front)

Base Fee $ ~~25~~ 25.00

Subdivision Fee $

Site Plan Review Fee $

Other Fees $ 50.00

(Explain)

Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS 2-13-90 OK as

Signature of Applicant

Date 02-14-89

BUILDING PERMIT REPORT

ADDRESS: 1904 Kland ST. PI DATE: 11 Aug 89

REASON FOR PERMIT: deck 3 sides of house

BUILDING OWNER: DR. Glen Robinson

CONTRACTOR: Barry Shaw

PERMIT APPLICANT:

APPROVED: */*9 DENIED:

CONDITION OF APPROVAL OR ~~DENIAL~~:

*1.) Before concrete for foundation is placed, approvals from ~~Public Works~~ and Inspection Services must be obtained.

2.) Precaution must be taken to protect concrete from freezing.

3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.

4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.

5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.

6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m^2). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).

7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fireresistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

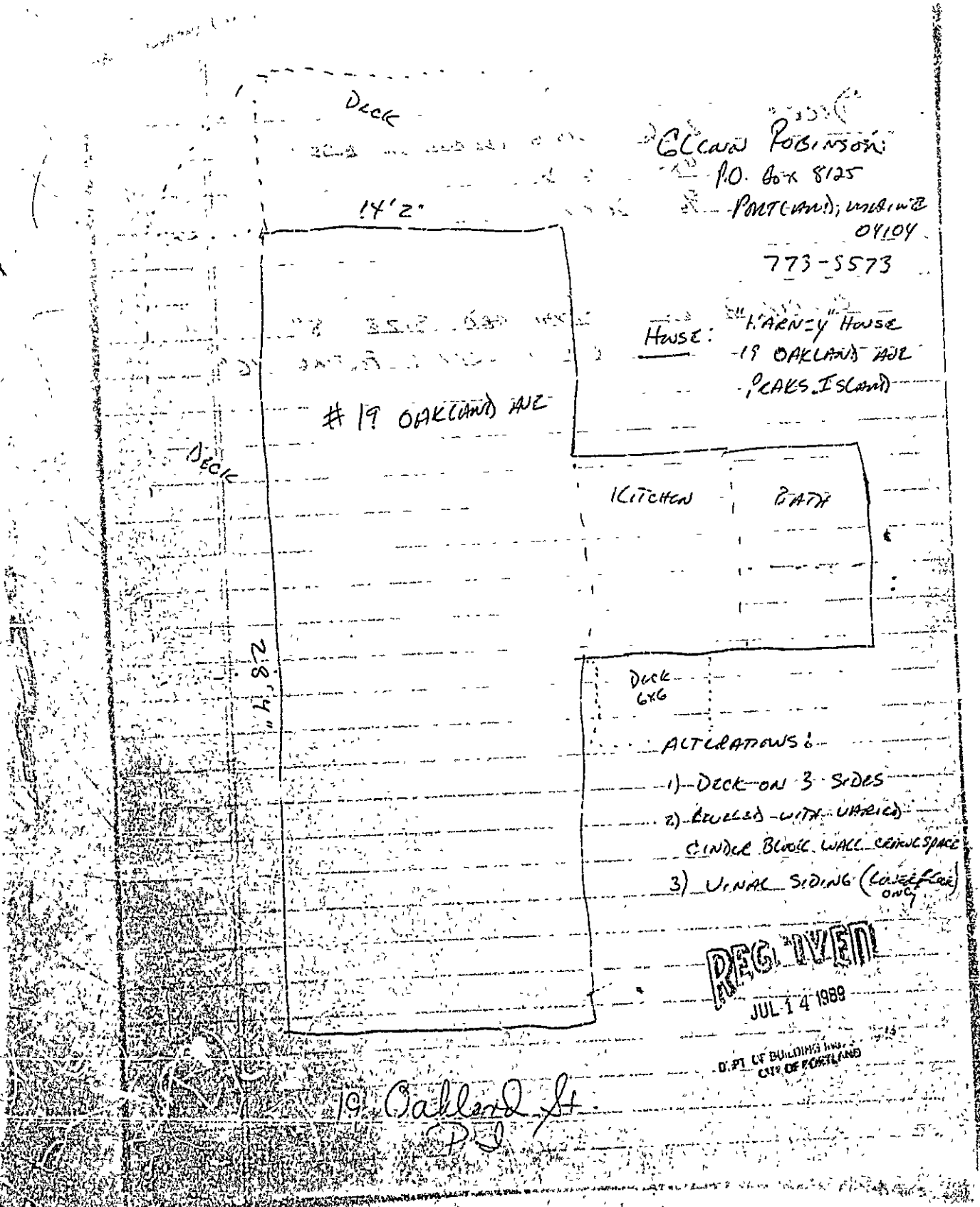
10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,

Samuel Hoffses
Chief of Inspection Services

/el
11/16/88



C/O Carol Robinson
P.O. Box 8125
Portland, Maine
04104
773-5573

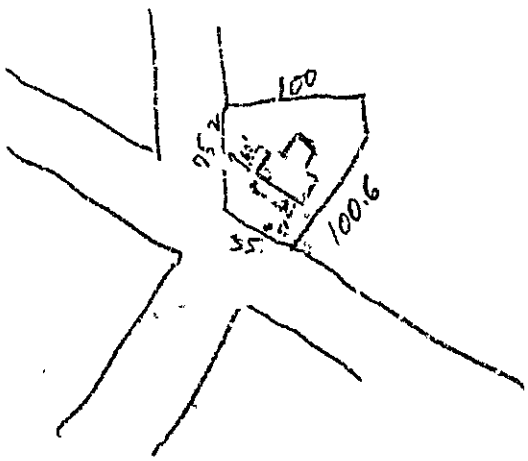
House: "Barney" House
19 Oakland Ave
Oaks Island

ALTERATIONS:

1) Deck on 3 sides
2) Leveled with Varied Cinder Block Wall crawlspace
3) Vinal Siding (Lower floor only)

RECEIVED
JUL 14 1989
DEPT OF BUILDING INSP.
CITY OF PORTLAND

19 Oakland St



setbacks 50'+

MAP REF. 84-C-12

PREVIOUS HARNEY
OWNER:

NEW OWNER - ROBINSON
19 OAKLAND
PEAKS ISL

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289 3826

PROPERTY ADDRESS

Town, Jr Plantation	Peaks Island ME
Street Subdivision Lot #	141 Ocklond St

PROPERTY OWNERS' NAME

Robinson Glenn
Last First

Applicant Name	Glenn Robinson
Mailing Address of Owner/Applicant (If Different)	Torrey Mast Peaks Island ME

PORTLAND PERMIT # 3,542 TOWN COPY

Date Permit Issued 8/29/89 FEE $ [illegible] ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. #

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.

Signature of Owner/Applicant Date 8-29-89

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 # [illegible]

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number	Column 2 Type of Fixture	Column 1 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.		Hosebibb / Sillcock	1	Bathtub (and Shower)
			Floor Drain		Shower (Separate)
	OR		Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain		Wash Basin
			Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Number of Hook-Ups & Relocations		Other _____		Water Heater
	Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					[illegible]
					Fixture Fee
$					Hook-Up & Relocation Fee
$					[illegible]

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY