

CRUSCENT AVENUE
84-H-15 PLAKS ISLAND

Crescent St. (Assrs. 84-8-15)

Peaks Island

16, 1971

Ronald Pierson
Crescent Street
Peaks Island

cc to: Elwood Peaks Island
White

Dear Mr. Pierson:

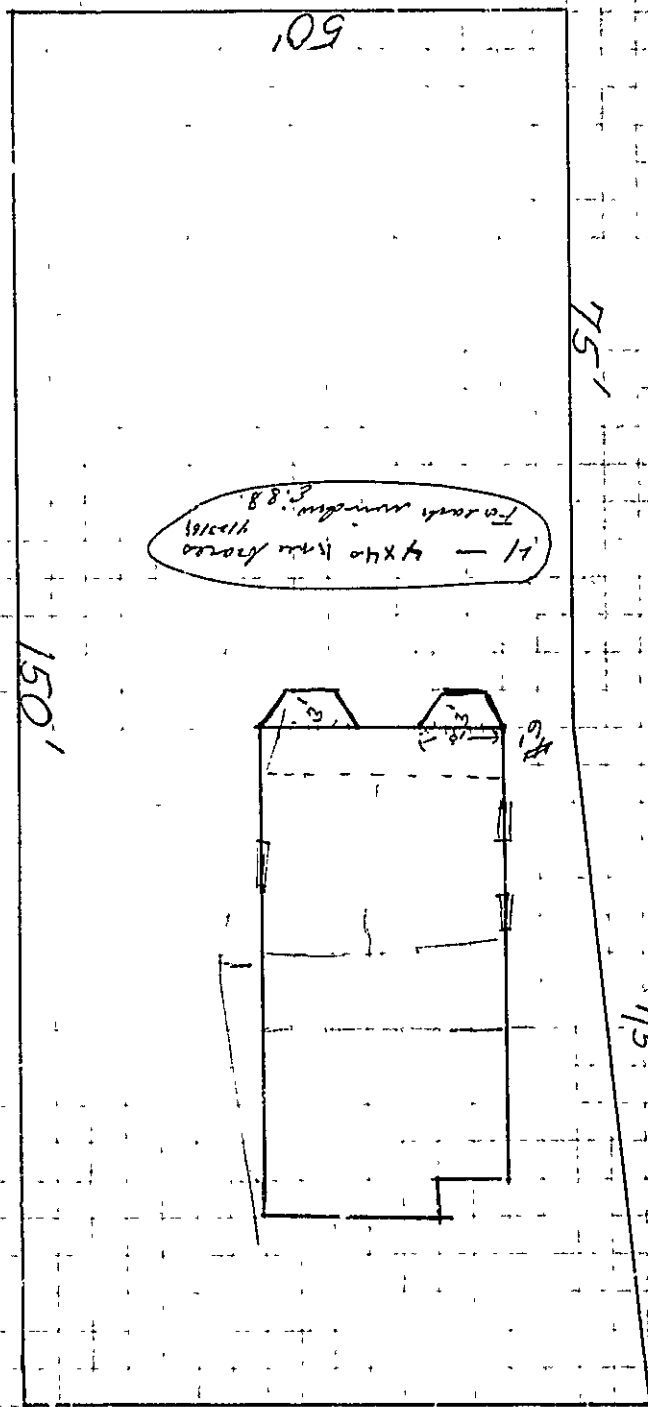
It has come to the attention of this department that you are now constructing a fence on the right side of your property as you face it from the street that is approximately 9 feet high. A permit is not required to construct a fence in the City of Portland but fences have to meet Portland Building Code and Zoning Ordinance. Section 602.19 of the Zoning Ordinance states: within 25 feet of a street line shall be no more than 4 feet in height. It will therefore be necessary at this fence, where it is located in the front yard, or as stated above within 25 feet of the street line, shall not be more than 4 feet high. If 25 feet from the street line however, you may go as high as you want as far as the requirements of the Zoning Ordinance.

If you have any questions of the above, please do not hesitate to call me here at this office in Room 3, City Hall.

Very truly yours,

A. Allen Soule
Assistant Director

AAS:m



50'

Street Crescent arc
Beaks Street



R3 RESIDENCE ZONE

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, April 21, 1969

PERMIT ISSUED

APR 24 1969 312

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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 Crescent Ave., Peaks Island 84-H-15 Within Fire Limits? _____ Dist. No. _____

Owner's name and address Ronald Pierson, Crescent Ave., Peaks Island Telephone 766-2021

Lessee's name and address _____ Telephone _____

Contractor's name and address _____ Telephone _____

Architect _____ Specifications _____ Plans yes No. of sheets 1

Proposed use of building Dwelling No. families 1

Last use _____ No. families 1

Material frame _____ No. stories 1 1/2 Heat _____ Style of roof _____ Roofing _____

Other buildings on same lot _____

Estimated cost \$ 500. Fee \$ 3.00

General Description of New Work

To enclose existing front piazza of dwelling existing roof

To construct two bay windows - 9' long and projecting out 3' on front of dwelling existing header over bay windows - diagonal bracking ^{down to foundation} to be used for support of bay windows

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. **PERMIT TO BE ISSUED TO** owner

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____

Is connection to be made to public sewer? _____ If not, what is proposed for sewage? _____

Has septic tank notice been sent? _____ Form notice sent? _____

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

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

Material of foundation _____ Thickness, top _____ bottom _____ cellar _____

Kind of roof _____ Rise per foot _____ Roof covering _____

No. of chimneys _____ Material of chimneys _____ of lining _____ Kind of heat _____ fuel _____

Framing Lumber - Kind _____ Dressed or full size? _____ Corner posts _____ Sills _____

Size Girder _____ 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? _____

APPROVED:

G.K. 2.8.8. 7/23/69

Miscellaneous

Will work require disturbing of any 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

CS 301

INSPECTION COPY

Signature of owner

Ronald Pierson

NOTES

8-2-69 Completed

Handwritten notes on a lined page, including a large 'X' mark.

Permit No. 69/312

Location *General Gas Tank*

Owner *Paul & Patricia*

Date of permit *4/24/69*

Notifi. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

Staking Out Notice

Form Check Notice

Large empty lined area for additional notes or data.



R3 RESIDENCE ZONE
 CITY OF PORTLAND, MAINE
 DEPARTMENT OF BUILDING INSPECTION
COMPLAINT

Location:
 84-H-15 Crescent Avenue
 Peaks Island, Maine

INSPECTION COPY

COMPLAINT NO. 69/17

Date Received March 28, 1969

Assessor's Plans or Numbers _____

Location 84-H-15 Crescent Avenue, Peaks Island. Use of Building _____

Owner's name and address Ronald Pierson, Crescent Avenue, P. I. Telephone _____

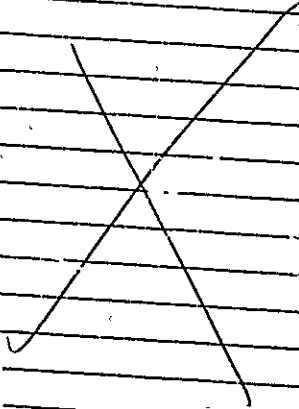
Tenant's name and address _____ Telephone _____

Complainant's name and address (Unknown) by telephone Telephone _____

Description: Work has been done this winter on this building without a permit. Open veranda and work is now being done. This dwelling is known as the former McDowell Residence. (K.C.)

NOTES:

4/25/69: Permit for same work was issued on 4/24/69.



Complt. 69/17
Crescent Ave., Peaks Island
(Assessors 84-H-15)

April 16, 1969

Mr. Ronald Pierson
Crescent Ave.
Peaks Island, Maine

Dear Mr. Pierson:

We have received a complaint about work going on in the building reported to be owned by you on Crescent Ave, Peaks Island.

It is necessary for you to contact this office and let us know what work you are doing or you have done in order that we may know whether or not a permit is required.

If you have not contacted us before April 23, 1969 we will make an inspection of the building to see what has been done.

Very truly yours,

R. Lovell Brown
Director

CITY OF PORTLAND, MAINE
Application for Permit to Install Wires

Permit No. 57484

Issued 1-10-69

Portland, Maine Jan 10, 1969

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

*Form
Tel
McDowell*

(84-14-15)
 (This form must be completely filled out - Minimum Fee, \$1.00)

Owner's Name and Address R L Pearson Crescent Ave Tel. Peaks Island
 Contractor's Name and Address P P Corcoran Peaks Island
 Location Crescent Ave P 9 Use of Building Dwelling
 Number of Families 1 Apartments _____ Sig es _____ Number of Stories _____
 Description of Wiring: New Work _____ Additions Alterations _____

Pipe _____ Cable _____ Metal Molding _____ BX Cable _____ Plug Molding (No. of feet) _____
 No. Light Outlets _____ Plugs _____ Light Circuits _____ Plug Circuits _____
 FIGURES: No. _____ Fluor. or Strip Lighting (No. feet) _____
 SERVICE: Pipe _____ Cable _____ Underground _____ No of Wires _____ Size _____
 METERS: Relocated _____ Added _____ Total No. Meters _____
 MOTORS: Number _____ Phase _____ H. P. _____ Amps _____ Volts _____ Starter _____
 HEATING UNITS: Domestic (Oil) _____ No. Motors _____ Phase _____ H.P. _____
 Commercial (Oil) _____ No. Motors _____ Phase _____ H.P. _____
 Electric Heat (No. of Rooms) _____
 APPLIANCES: No. Ranges _____ Watts _____ Brand Feeds (Size and No.) _____
 Elec. Heaters _____ Watts _____
 Miscellaneous Dryer Watts 3000 Extra Cabinets or Panels _____
 Transformers _____ Air Conditioners (No. Units) _____ Signs (No. Units) _____
 Will commence Jan 11, 1969 Ready to cover in Jan 11, 1969 Inspection _____ 19 _____
 Amount of Fee \$ 1.50

Signed P P Corcoran

DO NOT WRITE BELOW THIS LINE

SERVICE	METER	GROUND
VISITS: 1 2	3 4	5 6
..... 7 8	9 10	.. 11 12

REMARKS:

INSPECTED BY F W Arthur
 (OVER)

Peaks Island

LOCATION Crescent Av.
INSPECTION DATE 1/14/69
WORK COMPLETED 1/14/69
TOTAL NO. INSPECTIONS

REMARKS:

FEEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963

WIRING

1 to 30 Outlets \$ 2.00
31 to 60 Outlets 3.00
Over 60 Outlets, each Outlet .05
(Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).

SERVICES

Single Phase
Three Phase

MOTORS

Not exceeding 50 H.P.
Over 50 " " "

HEATING UNITS

Domestic (Oil)
Commercial (Oil)
Electric Heat (Each Room)

APPLIANCES

Ranges, Cooking Tops, Ovens, Water Heaters, Dishwashers, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit

MISCELLANEOUS

Temporary Service, Single Phase 1.00
Temporary Service, Three Phase 2.00
Circuses, Carnivals, Fairs, etc. 10.00
Meters, relocate
Distribution Cabinet or Panel, per unit 1.00
Transformers, per unit 1.00

PERMIT
NUMBER

8683

PERMIT TO INSTALL PLUMBING

Address: 84/H/15 Crescent Avenue Portland

Date Issued: 4-3-60

Installation For: 7-1/2" Dia. Iron Pipe

By: J. P. Welch
PORTLAND PLUMBING INSPECTOR

Owner of Bldg: Theodore G. ...

Owner's Address: Crescent Avenue Portland

Plumber: W. P. ... Date: 4-10-60

APPROVED - FIRST INSPECTION

NEW	REP'L	PROPOSED INSTALLATIONS	PERM. NUMBER	FEE
	1	SINKS		2.00
	1	LAVATORIES		2.00
	1	TOILETS		2.00
	1	BATH TUBS		2.00
		SHOWERS		
		DRAINS		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS	3	
		GARBAGE GRINDERS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS (conn. to house drain)		
				Total <u>8.00</u>

Date: 4/22/60

By: C. ...
APPROVED - FINAL INSPECTION

Date: 4/26/60
JOSEPH P. WELCH

- By: J. P. Welch
TYPE OF BUILDING:
 COMMERCIAL
 RESIDENTIAL
 SINGLE
 MULTI FAMILY
 NEW CONSTRUCTION
 REMODELING

SM 12-53

PORTLAND HEALTH DEPT.

PLUMBING INSPECTION

Total 8.00

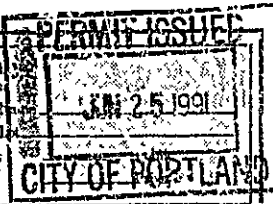
912750

Permit # _____ City of Portl. BUILDING PERMIT APPLICATION Fee 58.00 Zone _____ Map # _____ Lot# _____

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

Owner: Jack Bishop, Jr. Phone # 766-5144
 Address: 9 Crescent Ave., P.I.
 LOCATION OF CONSTRUCTION 9 Crescent Ave., P.I. Peak's Isl
 Contractor: George DeLorne Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: 7500.00 Proposed Use: single family
 Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. 7540 sq. ft.
 # Stories: 2 # Bedrooms 3 Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion exterior renovations and deck

For Official Use: On _____
 Date 6/21/91 Subdivision _____
 Inside Fire Limits _____
 Bldg. Code _____
 Time Limit _____
 Estimated Cost: 7500.00 City of Portland
 Zoning: F-2
 Street Frontage Provided: _____
 Provided 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 _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: WDP - P 6-25-91 (Repeal)



Foundations
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footing SL _____
 4. Foundation Size _____
 5. Other _____

Floors
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size _____
 3. Wall Column Spacing: _____ Size: _____
 4. Joist 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 _____ Spun(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 _____ Spun(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Material _____

Ceiling:
 1. Ceiling Joists Size _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height _____
 Historic Preservation
 3000 20000000000000000000

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Approved _____

Chimneys:
 Type _____ Number of Fire Places _____ Date _____
 Approved _____

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 _____ Square Footage _____
 3. Refer to National Electrical Code and State Law.

Signature of Applicant _____ Date 6-21-91
 Signature of CEO _____ Date _____
 Inspection Date: _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO © Copyright GPCOG 1988

7 179-9040

PERMIT ISSUED WITH REQUIREMENTS
 PERMIT ISSUED WITH REQUIREMENTS



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 8 November 3, 1988
 Receipt and Permit number 29750

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: RR 84-H-15 Crescent Avenue, Peaks Island

OWNER'S NAME: Jack Bishop ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>1-30</u> Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	<u>3.00</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL	
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	<u>3.00</u>
METERS: (number of) <u>1</u>	<u>.50</u>
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	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: <u>6.50</u>

INSPECTION:
 Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: Walter J. Hayes
ADDRESS: RR 5 Box 302, Gorham, ME 04038
TEL.: 727-3939

MASTER LICENSE NO.: 08268 **SIGNATURE OF CONTRACTOR:**
Walter J. Hayes

LIMITED LICENSE NO.: _____

PERMIT # **001272**

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP # _____

LOT# _____

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

Owner: Jake and Diana Bishop

Address: Crescent Avenue, Peaks Island, 04108

LOCATION OF CONSTRUCTION: Crescent Avenue, Peaks Island

CONTRACTOR: Peak Construction SUBCONTRACTORS: 766-2141

ADDRESS: PO Box 3, Peaks Island 04108

Est. Construction Cost: XXXX \$15,500 Type of Use: single family

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Constructing 2 full length shed dormers onto
REAR EXISTING single
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE family as per plan.

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: _____ Sills must be anchored.
2. Girder Size: _____
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 _____ 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 _____ Spacing _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date: <u>October 12, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$15,500</u>	Permit Expiration: _____
Value Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$100.00</u>	

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 _____
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 _____

Review Required:

Required Setbacks: Frnt _____ Back _____ Side _____

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: O.R. McTurner Oct 13, 1988

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 10/12/88

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White-Tag-CEO

© Copyright GPCOG 1987

[Signature]

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ 75.00
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant Ed Reynold agent for owner Date _____



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

October 13, 1988

Peak Construction
P.O. Box 3
Peaks Island, Maine

RE: Crescent Ave. Peaks Island, Maine 04108

Dear Sir:

Your application to construct 2 full domers has been reviewed and a permit is herewith issued subject to the following requirements:

- 1.) Your plan doesn't show any framing detail, therefore this permit is being issued with the understanding that a minimum of 2"X8" 16 O.C. will be used for rafters.
- 2.) With 2"X4"X16 O.C. stud walls.
- 3.) Headers size minimum 2-2"X4" on edge.

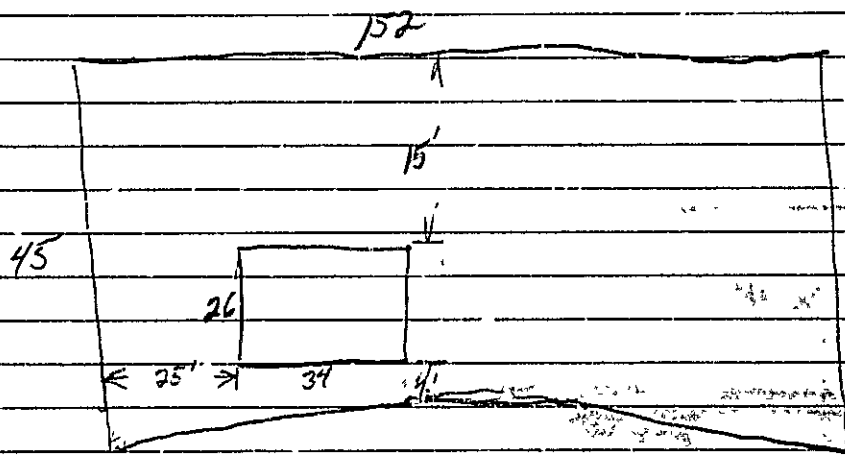
If you have any questions regarding these requirements, please do not hesitate to contact this office:

Sincerely,

P. Samuel Hoffses
Chief, Inspection Services

Plot Plan for BISHOP

84-14-15



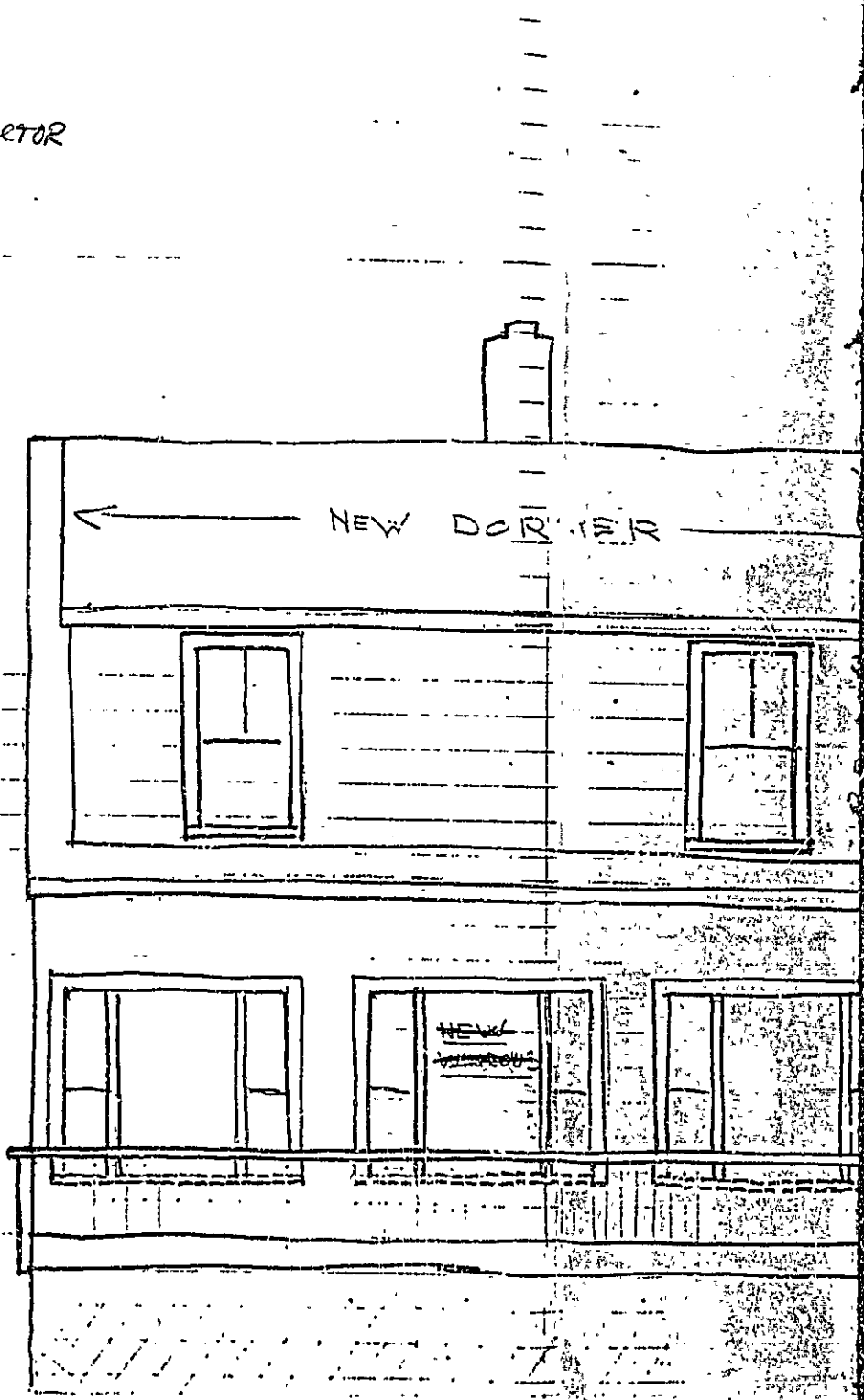
DEPT. OF LANDS & SURVEY
CITY OF PORTLAND
MS

OCT 12 1988

RECEIVED

JAKE BISHOP - OWNER

PEAK CONSTRUCTION - CONTRACTOR





RECEIVED

OCT 12 1988

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

WATER ELEVATION
1/4" = 1'-0"



RECEIVED

OCT 12 1998

DEPT OF BUILDING REGULATIONS
CITY OF PORTLAND

STREET ELEVATION
 $\frac{1}{4}'' = 1'-0''$

Floor

Floor

Floor

Floor

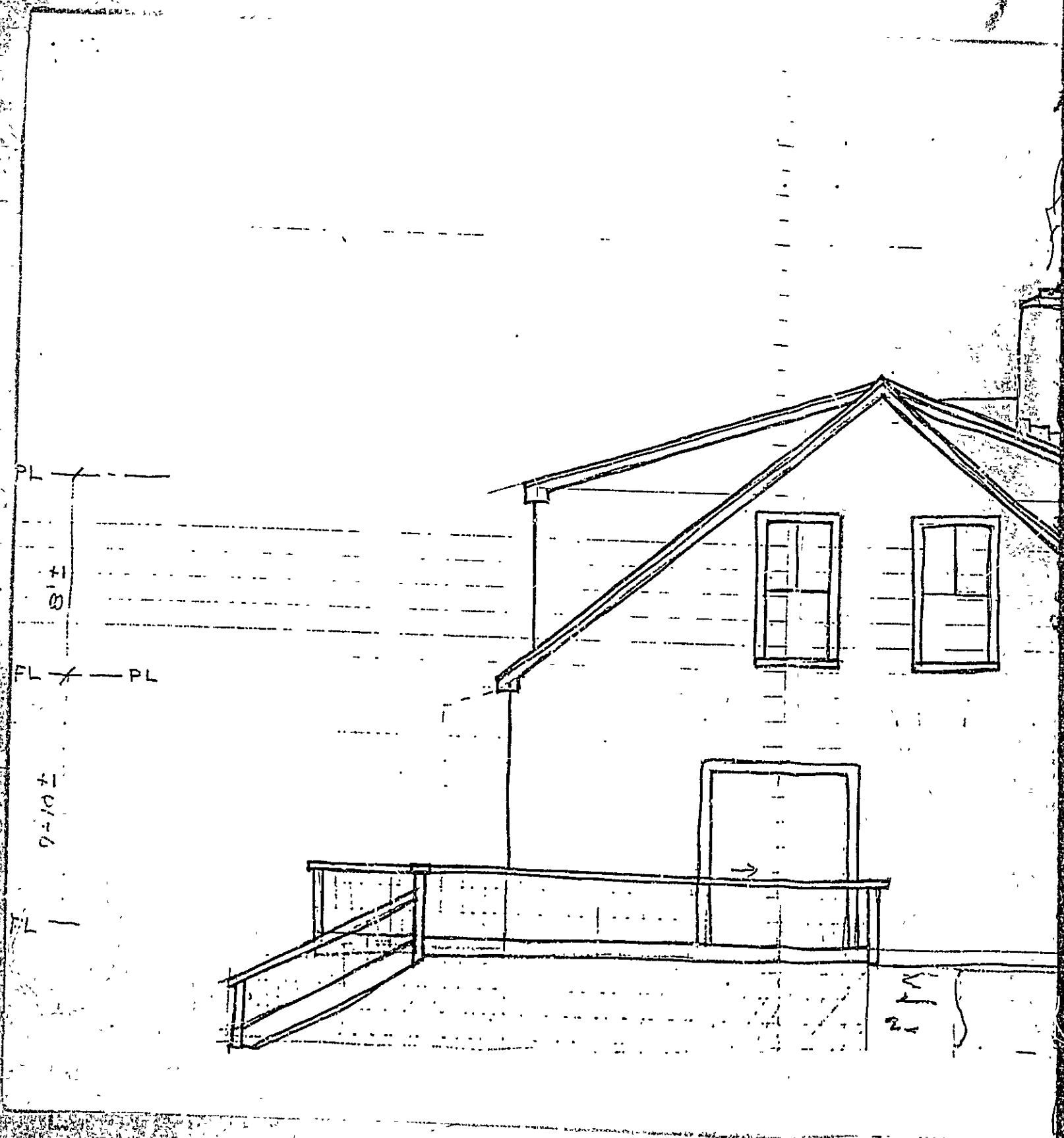
Floor

Floor



NEW DORMER

NEW PORCH



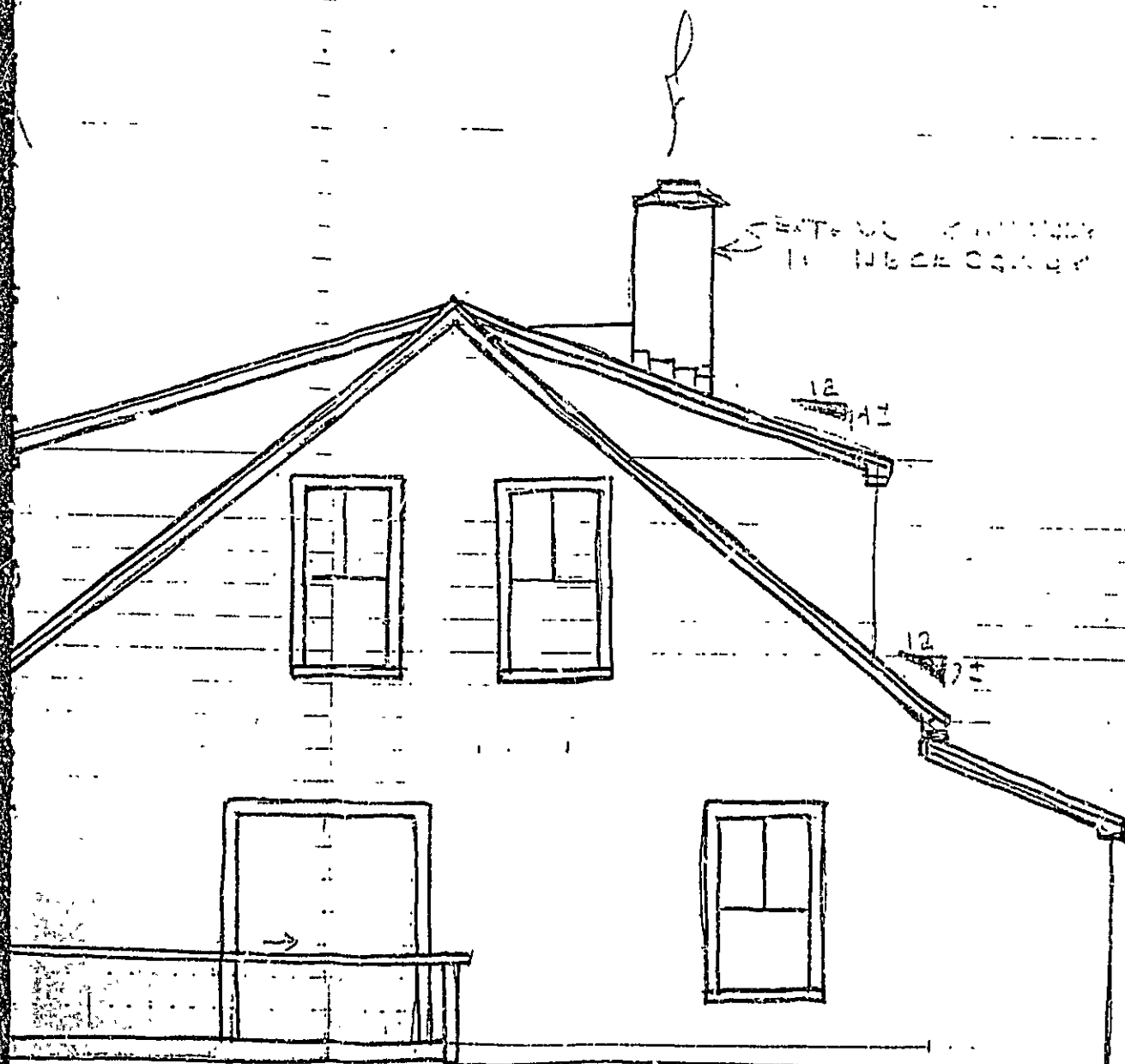
PL

+1
0

FL X PL

9-10-6

2-



SEPT. 20 1938
11' NECK CORNER

12
12

12
12

RECEIVED

OCT 12 1938

DEPT. OF BUILDING & CONSTRUCTION
CITY OF PORTLAND

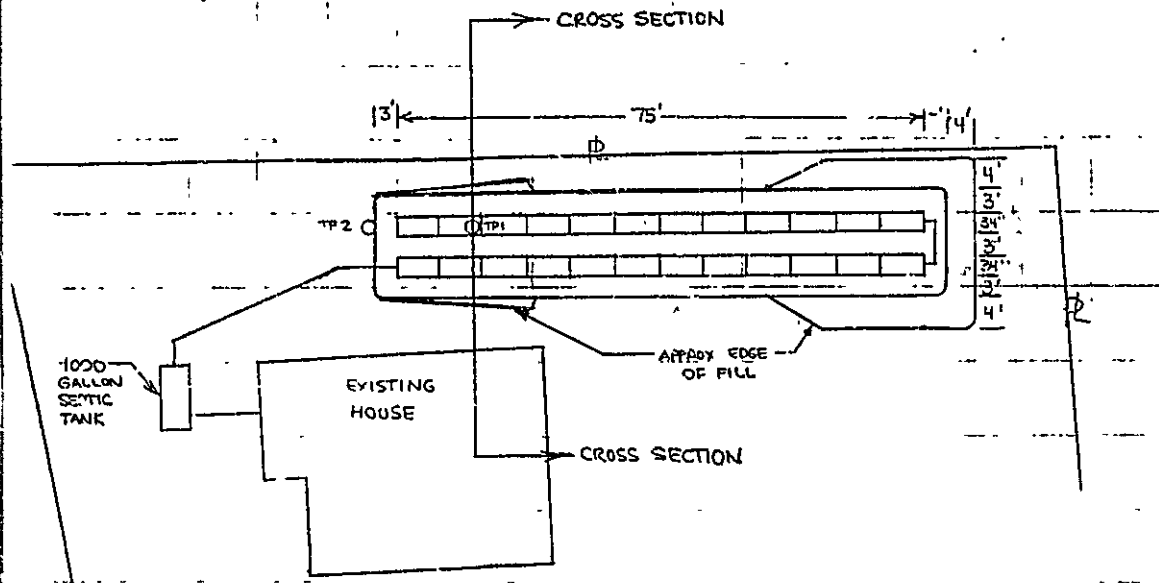
SIDE ELEVATION
1/4" = 1'-0"

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, & Jurisdiction: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **CRESCENT AVENUE 84-H-15** Owners Name: **DIXIE LEE SEAQUAY**

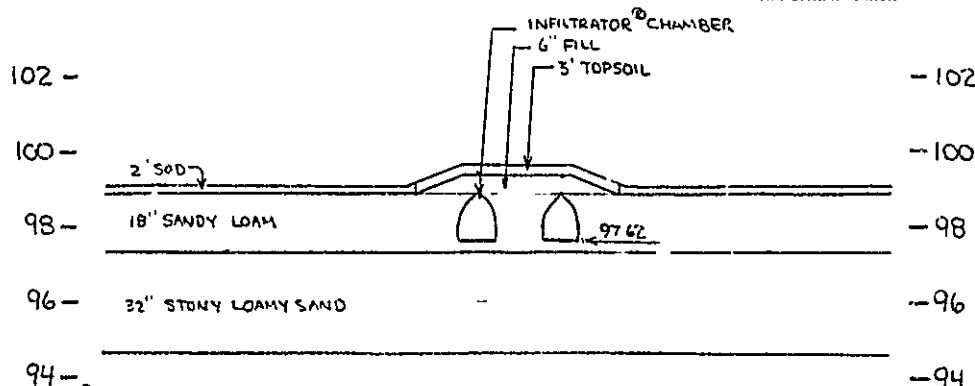
SUBSURFACE WASTEWATER DISPOSAL PLAN Scale 1" = 20' Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>0</u>	Reference Elevation Is <u>100.00</u>	TOP OF NORTHEAST END OF CONCRETE WALL
Depth of Fill (Downslope) <u>10</u>	Bottom of Disposal Area <u>97.62</u>	
	Top of Distribution Lines or Chambers <u>98.87</u>	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4 Ft.
Horizontal: 1 inch = 10 Ft.



William B. Jordan
Site Evaluator or Professional Engineer's Signature

0003/4814
SE # / PE #

SEP 1 - 1987
Date

Page 3 of 2
HHE 200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

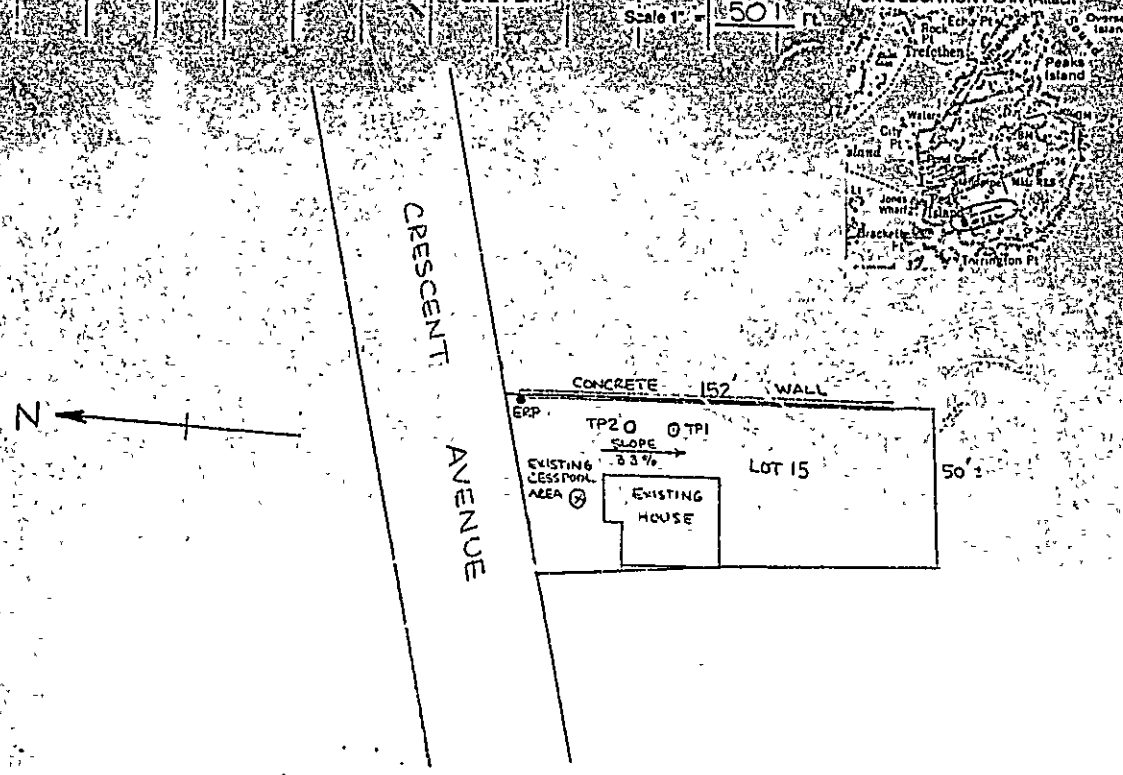
Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **CRESCENT AVE 34TH 15** Owners Name: **DIXIE LEE SEARWAY**

SITE PLAN

Scale 1" = **50'**

SITE LOCATION PLAN (Attach



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1				Observation Hole 2			
2" SOD				2" SOD			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
	LOOSE	DARK BROWN			LOOSE	DARK BROWN	
SANDY LOAM	MODERATELY FRIABLE	RED BROWN	NONE	SANDY LOAM	MODERATELY FRIABLE	RED BROWN	NONE
STONY LOAMY SAND	SLIGHTLY FRIABLE	BROWN	FEW	STONY LOAMY SAND	SLIGHTLY FRIABLE	BROWN	FEW
				BEDROCK			

Soil Profile: 4	Classification: C	Slope: 3.3%	Limiting Factor: 34	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Rooted Layer
				<input type="checkbox"/> Bedrock

Soil Profile: 4	Classification: AIII	Slope: 33%	Limiting Factor: 32	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Rooted Layer
				<input type="checkbox"/> Bedrock

William B. Jordan
Site Evaluator or Professional Engineer's Signature

0003/4814
SE# / PE#

SEP 1 - 1987
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town or Plantation: **PORTLAND PEAKS ISLAND**

Street: **CRESCENT AVENUE**

Subdivision/Lot #: **TAX MAP, B4 BLOCK H LOT 15**

PROPERTY OWNERS NAME

SEARWAY DIXIE LEE

Last: **DIXIE LEE** First: **SEARWAY**

Applicant Name: **DIXIE LEE SEARWAY**

Mailing Address of Owner/Applicant (If Different): **252 HIGH STREET PORTLAND MAINE 04101**

PORTLAND PERMIT # **21968** TOWN COPY

Date Permit Expires: **7 7 88** Fee: **\$40** Other Fee Charged:

L.P.I. # _____

Local Plumbing Inspector Signature

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.

Dixie L. Searway **Aug 30, 1987**
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.

Donald R. Davis **AUG 11 1988**
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input checked="" type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED 1900*</p> <p>TYPE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> PFD 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHANNEL 4. <input checked="" type="checkbox"/> OTHER CESS POOL</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY 7650 S.F.</p> <p>ZONING I R 2</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DGSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 34</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 600* Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: 450 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT USED 24 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On **AUGUST 9 1987** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules

William B. Goodwin **202/4211** **SEP 1 - 1987**
Site Evaluator or Professional Engineer's Signature SE#/FE#

SITE EVALUATION WAIVED BY LOCAL OPTION

Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver Under a Local Option

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to	
Soils Soil Profile: Soil Condition from HHE-200	Ground Water Table	to 6"		Inches	
	Restrictive Layer	to 6"		Inches	
	Bedrock	to 10"		Inches	
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
	Potable Water Supplies	1. Well: > 2000 gal/day	100a	300a	
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		6
Property Line		5'	5'		5

Other Specify:

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

William B. Goodwin
Site Evaluator's Signature

SEP 1 - 1987
Date

LPI Statement ERNOLD R. GOODWIN, R. S.
CHIEF PLUMBING INSPECTOR
ROOM 113, CITY HALL

LPI for the City of Portland

have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- a. (I approve, do not approve) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.
- or:
- b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (I recommend, do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

ER Goodwin
LPI's Signature

SEP 8 1987
Date

FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed the variance(s) and (X) docs, () docs not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter

James A. ...
Signature of the Department

10/27/87
Date

Replacement System Variance Request

OCT 15 1987

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of PORTLAND

Town Code 0170

Permit No. 2768 E

Permit Issued JUL 7 - 1988
month/day/yr.

Property Owner's Name: DIXIE LEE SEARWAY

System's Location: CRESCENT AVENUE
Street

PEAKS ISLAND
Town

MAINE

Property Owner's Address
(If different from above) 252 HIGH STREET
Street

PORTLAND
Town

MAINE
State

04101
Zip

Specific Instructions to the:

- LPI: If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)
- Site Evaluator: If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.
- Property Owner: It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Dixie Searway
(Property Owner's Signature)

Aug 30, 1987
Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority	Variance Requested to
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6'	Inches
	Restrictive Layer	to 6'	Inches
	Bedrock	to 10'	Inches
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area
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			5

Other Specify:

Footnotes:

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- b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

William B. Goodwin
Site Evaluator's Signature

SEP 1 - 1987
Date

LPI Statement ERNOLD R. GOODWIN, R. S.
CHIEF PLUMBING INSPECTOR
ROOM 113, CITY HALL

I, _____, LPI for the City of Portland have conducted an on-site inspection of the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- a. (approve, do not approve) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.
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- b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (recommend, do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

ER Goodwin
LPI's Signature

SEP 8 1987
Date

FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed the variance(s) and (does, does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

James A. Jacobson W&PC
Signature of the Department

10/27/87
Date

Replacement System Variance Request

OCT 15 1987

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

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6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of: PORTLAND

Town Code 5770

Permit No. 2960 E

Date Permit Issued III 7 - 1988
month/day/yr.

Property Owner's Name: DIXIE LEE SEARWAY

Tel. No. _____

System's Location: CRESCENT AVENUE
Street

off S. Main Road

PEAKS ISLAND

Town

MAINE 04108
Zip

Property Owner's Address
(if different from above)

252 HIGH STREET
Street

PORTLAND

Town

MAINE 04101
State Zip

Specific Instructions to the:

LPI: If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)

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Dixie Searway
(Property Owner's Signature)

Aug 30, 1987
Date