

PERMIT # 002050 CITY OF PORTLAND BUILDING PERMIT APPLICATION

MAP # 85 LOT# C0-4-5

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

Owner: Joseph H. Cary - 883-5847 - Call

Address: 7 Colonial Drive, Seaside 04074

LOCATION OF CONSTRUCTION PEAKS ISLAND, S.C. 04-5

CONTRACTOR: FS Plummer SUBCONTRACTORS: Edwards

ADDRESS: 25 Mechanic Street Gorham ME. 04038

Est. Construction Cost: 68,000.00 Type of Use: Residential

Past Use: vacant lot

Building Dimensions: W 22' Sq Ft 528' Stories: 2 Lot Size: 11,178' A

Is Proposed Use: A Seasonal Condominium Apartment

Conversion - Explain the tract New Seaside family

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE (Already with site plan)

Residential Buildings Only:

Of Dwelling Units: 0 # Of New Dwelling Units: 1

Foundation:

1. Type of Soil: per site plan
2. Set Backs - Front: 20' Rear: 20' Side(s): 24' (corner)
3. Footings Size: 8" x 16"
4. Foundation Size: 8' wall w/ 48" F. c. wall
5. Other: 2 sets of plans

Floor:

1. Sills Size: 2x6 Sills must be anchored.
2. Girder Size: (2x12)
3. Lally Column Spacing: 8' o.c. Size: 3/4" steel + concrete
4. Joists Size: 2x10 Spacing 16" O.C.
5. Bridging Type: wood - solid Size: 1/2" x 10
6. Floor Sheathing Type: plywood Size: 5/8" o.p.x
7. Other Material: 3/4" subfloor

Exterior Walls:

1. Studding Size: 2x6 Spacing 24" o.c.
2. No. windows: 10
3. No. Doors: 3
4. Header Sizes: var per plan Span(s) var per plan
5. Bracing: Yes No: No
6. Corner Posts Size: as required
7. Insulation Type: fiberglass Size: 1 1/2"
8. Sheathing Type: plywood Size: 5/8" o.p.x
9. Siding Type: white cedar clapboards Weather Exposure:
10. Masonry Materials:
11. Metal Materials:

Interior Walls:

1. Studding Size: 2x4 Spacing 16" o.c.
2. Header Sizes: var per plan Span(s) var per plan
3. Wall Covering Type: 1/2" drywall
4. Fire Wall if required: not required
5. Other Materials:

For Official Use Only	
Date: <u>July 14, 89</u>	Subdivision: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inside Fire Limit: <u>0</u>	Name: <u></u>
Blde Code: <u></u>	Permit Expiration: <u>July 19, 1989</u>
Time Limit: <u></u>	Ownership: <u>Public</u>
Estimated Cost: <u>71,000</u>	City of Portland
Value/Structure: <u></u>	
Fee: <u>360.00</u>	

Ceiling:

1. Ceiling Joists Size: 2x10 / hollow end of truss
2. Ceiling Strapping Size: 1x3 Spacing: 16" o.c.
3. Type Ceiling: plaf / cathedral w/ 1/2" drywall
4. Insulation Type: Fiberglass Size: 1 1/2" minimum
5. Ceiling Height: 11' min.

Roof:

1. Truss or Rafter Size: per plan Span: 2' max
2. Sheathing Type: plywood Size: 5/8" w/ 1/2" o.p.x
3. Roof Covering Type: 2x4 ft asphalt / fiberglass
4. Other:

Chimneys:

of Chimneys: 0 Number of Fire Places: 0

Heating:

Type of Heat: Electric

Electrical:

Service Entrance Size: 200 Smoke Detector Required: Yes No

Plumbing:

1. Approval of soil test if required: 0086 X No
2. No. of Tubs or Showers: 1
3. No. of Flushes: 2
4. No. of Lavatories: 2
5. No. of Other Fixtures: 300 ZEE

Swimming Pools:

1. Type: 11A
2. Pool Size: x Square Footage:
3. Must conform to National Electrical Code and State Law.

Zoning:

District: TR-2 Street Frontage Req: Provided

Review Required:

Required Setbacks: Front: Back: Side: 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: 7-18-89

Permit Received By: Nancy Crossman

Signature of Applicant: Joseph H. Cary Date: 7/14/89

Signature of PCBO: Date:

Inspection Dates:

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

© Copyright GPCOG 1987

PLOT PLAN

N
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FEES (Breakdown From Front)

Base Fee \$	<u>25.00</u>
Subdivision Fee \$	_____
Site Plan Review Fee \$	_____
Other Fees \$	<u>335.00</u>
(Explain)	_____
Late Fee \$	_____

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

COMMENTS

Signature of Applicant Joseph H. Raddy

Date July 14, 1989



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

March 15, 1989

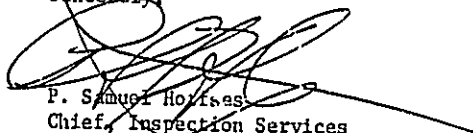
Mr. Joseph H. Cody
210 Seventh Street
St. Augustine Beach
Florida 32084

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Dear Sir:

I have reviewed your request for a 90 day extension of your minor-minor site plan on Peaks Island, receipt dated November 21, 1988 and will grant a 90 day extension or until August 21, 1989.

Sincerely,



P. Samuel Hoffses
Chief, Inspection Services

Receipt - Applicant's Copy

9-13

CITY OF PORTLAND, MAINE

Department of Building Inspection

Received from Joseph Cady a fee of 100 21 1988
 of 7 Colonial Dr. Scarborough /100 Dollars \$ 50.00
 for permit to install
erect
alter Menard Menard Sittler
move
finish
 at Fifty dollars Est. Cost \$
 #511
 check
 Inspector of Buildings
 Per [Signature]

THIS IS NOT A PERMIT

No 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. PRE-SERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$5, or 10% whichever is greater.

 **George Business Forms, Inc.**
 MADE IN THE UNITED STATES OF AMERICA

Applicant: Joseph Cady

Address: 85-CL-4-5

Date: 7-18-89

Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date - 7-18-89

Zone Location - IR-1

Interior or corner lot -

Use - single

Sewage Disposal - septic OK

Rear Yards - 30'

30' req

Side Yards - 24'

20' req

Front Yards - 30'

30' req

Projections - front steps

Height - 2 story

Lot Area - 11,178 sq ft

Building Area - 22' x 26'

Area per Family - single

Width of Lot - 102'

100' req

Lot Frontage - 102'

100' req.

Off-street Parking - 2 cars

Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -



CITY OF PORTLAND, MAINE

38th CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

July 19, 1989

Joseph H. Cady
7 Colonial Drive
Scarborough, Maine 04074

Re: 85-CC-45 Edward Street, Peaks Inland, Maine

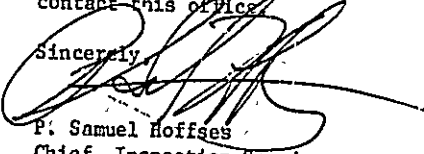
Dear Sir:

Your application to construct a new single family dwelling has been reviewed and a permit is herewith issued subject to the following requirements:

This permit is being issued with the understanding that all the previous site plan and building requirements are met.

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

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: S. Harris, Public Works Department

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town or Plantation: **PORTLAND**
 Street: **PEAKS ISLAND**
 ONWAY AVENUE 4
 Subdivision Lot #: **TAX MAP 85 BLOCK CC LOTS 4,5**

PROPERTY OWNERS NAME

Last: **CADY**
 First: **JOSEPH**

Applicant Name: **JOSEPH CADY**

Mailing Address of Owner/Applicant (if different):
**7 COLONIAL DRIVE
 SCARBOROUGH MAINE 04074**

PORTLAND PERMIT # 3,520 APPLICANTS COPY

Date Permit Issued: **11/14/89**

FEE: _____
 Double Fee Charged

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

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

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: *Joseph Cady* Date: **11/14/89**

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input 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 checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input 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 type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS:</p> <p>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 PAID SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH 3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</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>DRILLED WELL</p>
<p>SIZE OF PROPERTY: 11,178 SF</p> <p>ZONING: IR 1</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 Prc</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET 45</p> <p>DESIGN FLOW: 405</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROBLEMS: 2 CONDITION: AIII</p> <p>PERMITTING FACTOR: 24</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" 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 700 Sq. Ft. <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>	

SITE EVALUATOR STATEMENT * USED 23 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION

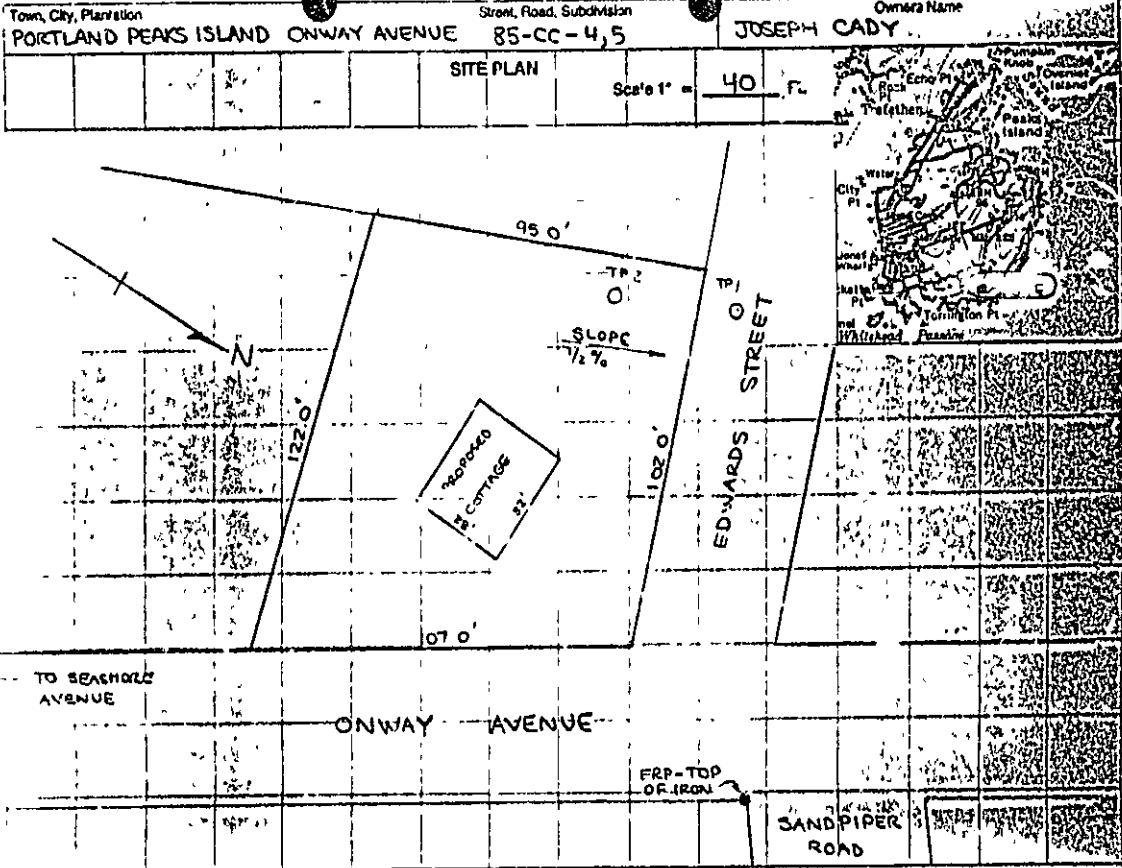
On **NOVEMBER 13, 1989** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature of Site Evaluator or Professional Engineer's Signature: *William B. Jordan* SE # IPE# **0003/4814** Date: **11/14/89**

Site Evaluation Waived by Local Option:

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes, Shown, Above)			
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil				Observation Hc <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
GRAVELLY LOAM	LOOSE	DARK BROWN		GRAVELLY LOAM	LOOSE	DARK BROWN	
SANDY LOAM	SLIGHTLY FRIABLE	MEDIUM BROWN	NONE	SANDY LOAM	SLIGHTLY FRIABLE	RED BROWN	NONE EVIDENT
SHALY BEDROCK				SHALY BEDROCK			
Soil Profile	Classification A1E	Slope 1/2%	Limiting Factor 35	Soil Profile	Classification A1E	Slope 1/2%	Limiting Factor 24

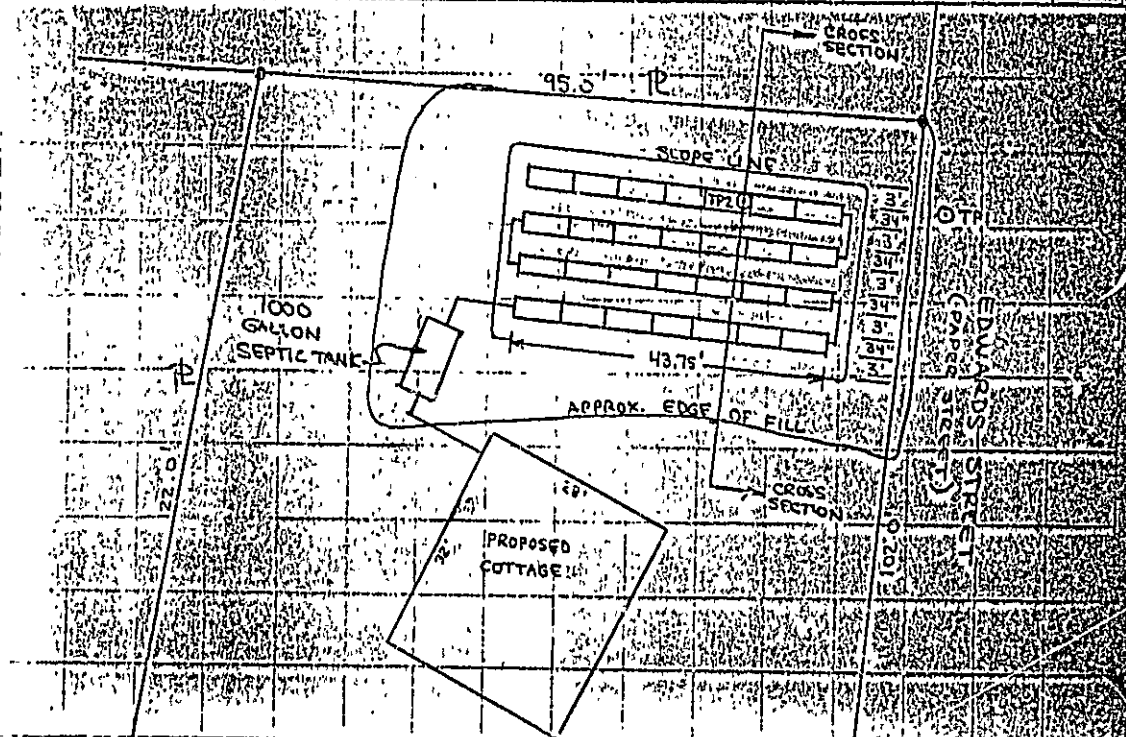
William B. Goodwin 0003/4814 11/14/88

Evaluator or Professional Engineer's Signature Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

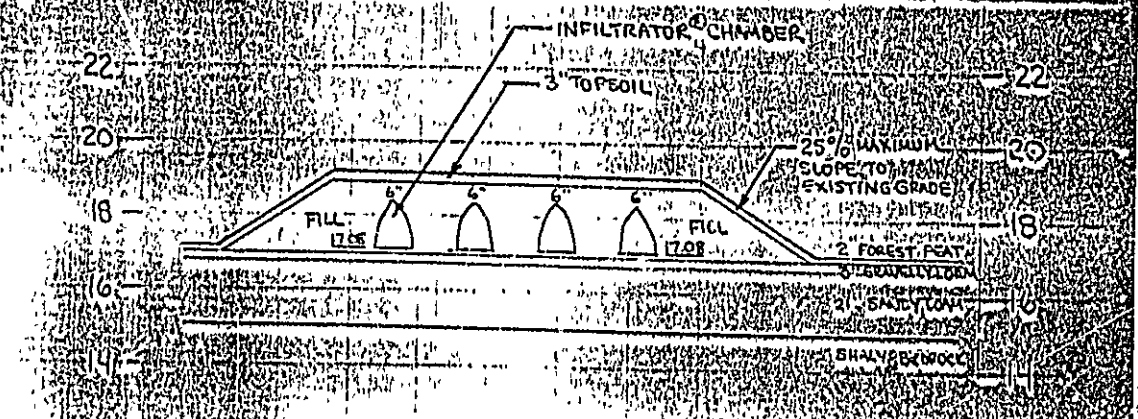
Department of Human Services
Division of Health Engineering

Town, City, Planation PORTLAND PEAKS ISLAND		Street, Road, Subdivision ONWAY AVENUE 85-CC-4,5		Owners Name JOSEPH CADY	
SUBSURFACE WASTEWATER DISPOSAL PLAN					Scale: 1" = 20' FL



FILL REQUIREMENTS	Depth of Fill (Upslope): $\frac{28}{56}$	CONSTRUCTION ELEVATIONS	Reference Elevation is 16.13	ELEVATION REFERENCE POINT	LOCATION & DESCRIPTION
	Depth of Fill (Downslope): $\frac{56}{56}$		Bottom of Disposal Area: SEE CROSS SECTION		TOP OF IRON PIPE AT SAND PIPER ROAD @ ONWAY AVE.
			Top of Distribution Lines or Chambers: SEE CROSS SECTION		

DISPOSAL AREA CROSS SECTION		Scale:	Vertical: 1" = 4' FL	Horizontal: 1" = 10' FL
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William B. Jordan
Site Evaluator or Professional Engineer's Signature

Doc 3/4814
SE #1PE #

11/14/88
Date



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to **Joseph H. Cady**

LOCATION: **85-CC-4 & 5, Edwards St., Poulis Island**

Date of Issue **11/17/89**

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. **89/2352**, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

entire

APPROVED OCCUPANCY

single family dwelling

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

11-17-89 [Signature]
(Date) Inspector

[Signature]
Inspector of Buildings

This certificate identifies lawful use of building or premises, and must be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

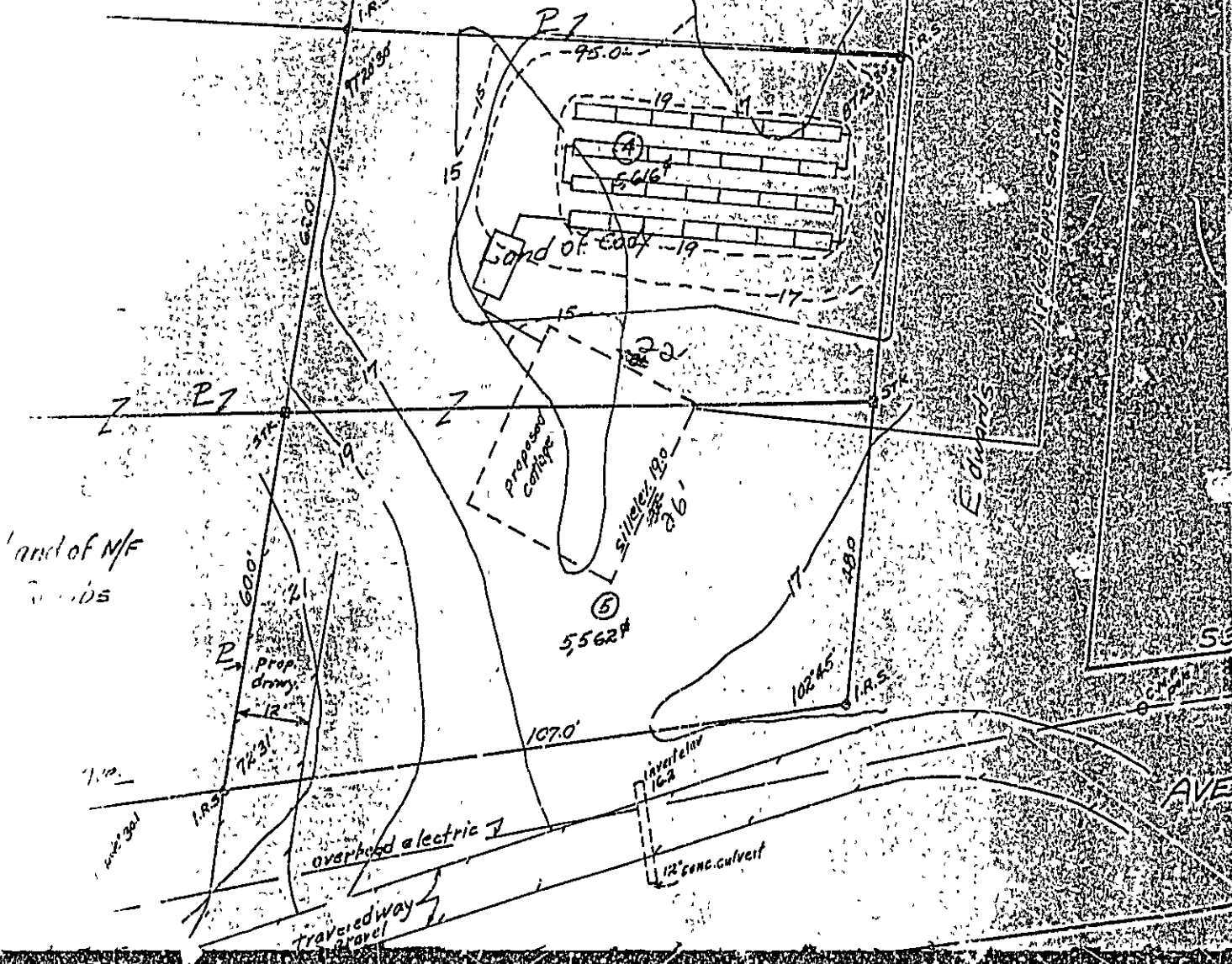
North 1988

Leeman cottage

Sumner

land of N/F Gould

land of Leeman

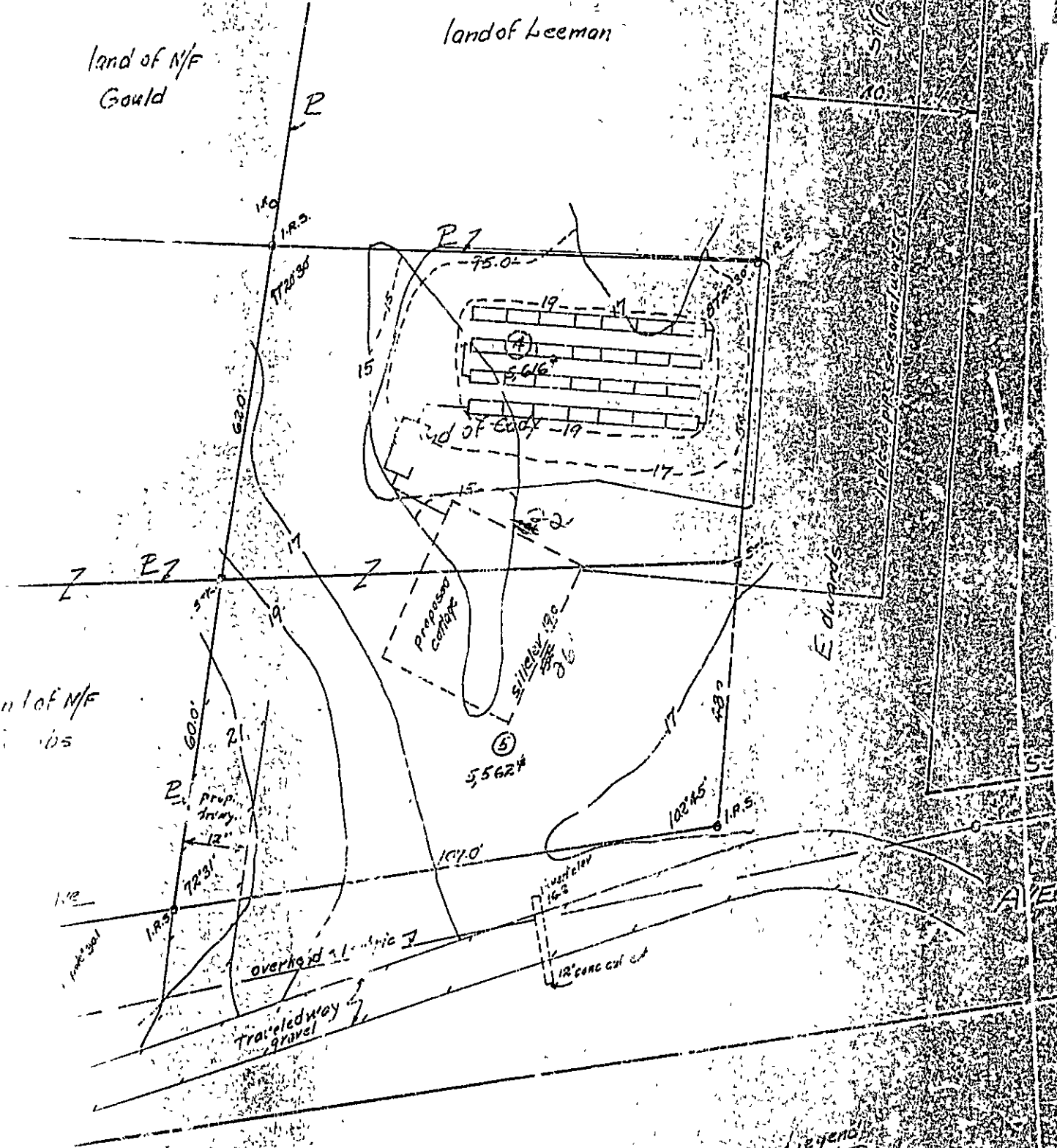


North 1988

concrete
silage

land of M/F
Gould

land of Leeman



land of M/F
Gould

Legend
 11.5' - 11.5' concrete
 12' - 12' concrete
 12' - 12' concrete
 12' - 12' concrete
 12' - 12' concrete
 12' - 12' concrete
 12' - 12' concrete

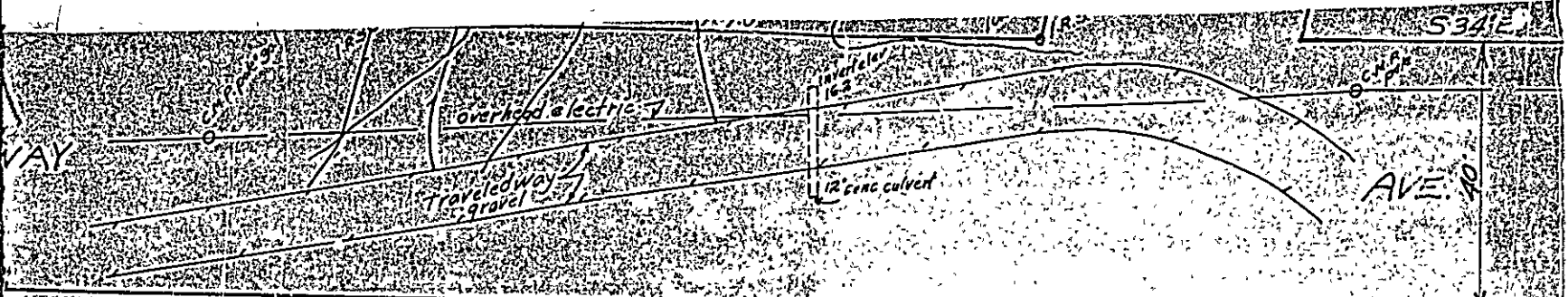
No. 1
 Owner of Record
 J. H. M. H. CADY
 Colonial Dr.
 04074

Notes

- 1) Owner of Record
J.H. & M.H. CADY
7 Colonial Dr.
Scarborg, Me. 04074
- 2) Total area of both lots 1,178[±]
- 3) City Street line information from
C of P records
- A) Elev. Ref.
Mon bolt 3' off S.W.C. Island Ave. Central Ave.
Elev. 49.317
- 5) Plan of the H.M. Brackett Estate
dated Oct. 1900, recorded in C.C.R.D.
Plan Book 9, page 57

Legend

- I.R.S. = 1/2" iron rebar set
- E = street line
- P = property line
- N/F = now or formerly
- C.M.P. = Central Me. Power
- 17 — = existing contours
- - - 17 - - - = proposed contours
- I.F. = iron found
- STK = wood stake



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town or Plantation: **PORTLAND**
 Street: **PEAKS ISLAND**
 Subdivision Lot #: **ONWAY AVENUE of Edwards TAX MAP 95 Block CC Lots 4,5**

PROPERTY OWNERS NAME

Last: **CADY** First: **JOSEPH**

Applicant Name: **JOSEPH CADY**

Mailing Address of Owner/Applicant (if different): **7 COLONIAL DRIVE SCARBOROUGH MAINE 04074**

PORTLAND PERMIT # **3,520** TOWN COPY

Date Permit Issued: **11/11/88** FEE: **401** Double Fee Charged:

Local Plumbing Inspector Signature: *[Signature]*

Owner/Applicant Statement

I hereby state 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: *[Signature]* Date: **11/11/88**

Caution: Inspection Required

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

Local Plumbing Inspector Signature: *[Signature]* Date Approved: **11/11/88**

PERMIT INFORMATION

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<p>SIZE OF PROPERTY: 11,185 SF</p> <p>ZONING: IR-1</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 type="checkbox"/> NONE</p> <p>2. <input checked="" 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 (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, BATHS, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM 450</p> <p>CONSERVATING 450</p> <p>LOW VOLUME 45</p> <p>TOILET 45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: AIII</p> <p>DEPTH TO LAYER AND FACTOR: 24</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 700 Sq. Ft.</p> <p>3. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 _____ Sq. Ft.</p> <p>4. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>5. <input type="checkbox"/> OTHER: _____</p>	

SITE EVALUATOR STATEMENT * USED 28 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION

On **NOVEMBER 2, 1988** (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.

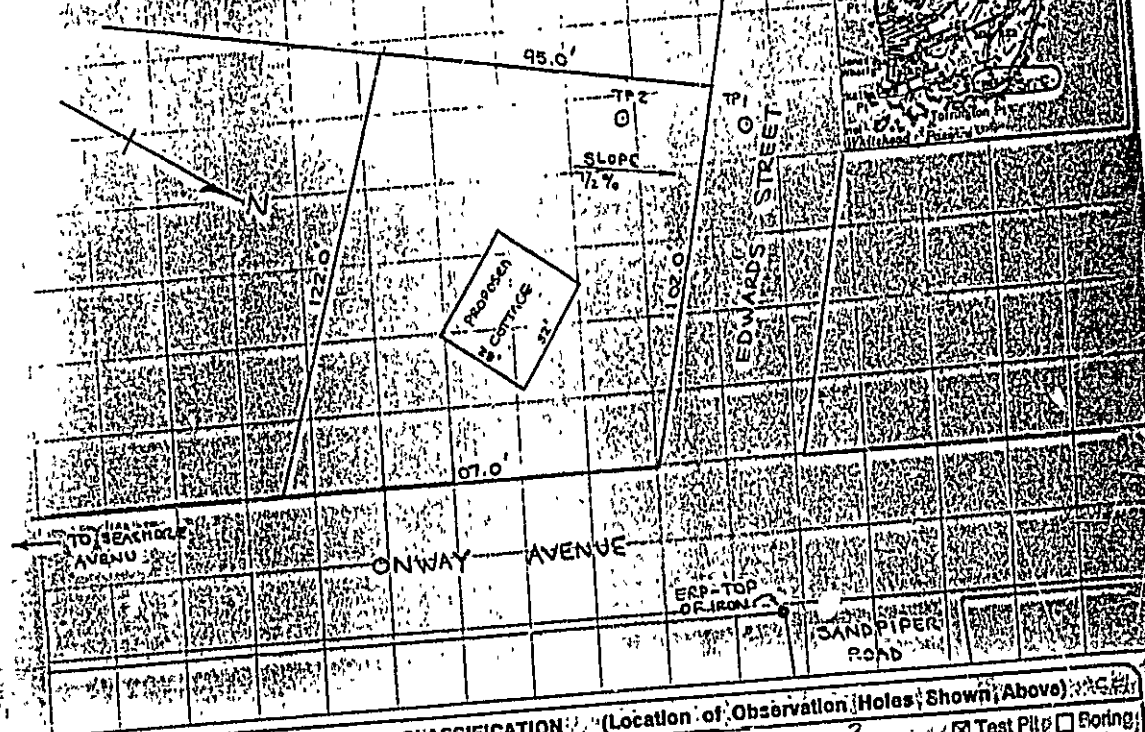
Signature of Site Evaluator or Professional Engineer: *[Signature]* Date: **11/11/88**

Permit # **0003/4814** Page 1 of 3

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Div. of Health Engineering

Town, City, Plantation: **PORTLAND PEAYS ISLAND**
 Street, Road, Subdivision: **ONWAY AVENUE 85-CC-4,5**
 Owners Name: **JOSEPH CADY**
 Scale: **1" = 40'**



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

Observation Hole: 2 Test Pit Boring

2" FOREST FEAT * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-2	GRAVELLY LOAM	LOOSE	DARK BROWN	
2-10	SANDY LOAM	SLIGHTLY FRAGILE	MEDIUM BROWN	NONE
10-15				
15-20				
20-25				
25-30				
30-35				
35-40				
40-45				
45-50				
50-55				
55-60				
60-65				
65-70				
70-75				
75-80				
80-85				
85-90				
90-95				
95-100				

Soil Classification: **AIII** Slope: **1/2%** Linking Factor: **24**

Soil Profile: **2** Organic Matter Rooted Layer Surface Crust

Signature: *B. Goodwin* 0003/4814
 Date: **11/14/88**
 Site Evaluator or Professional Engineer's Signature

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

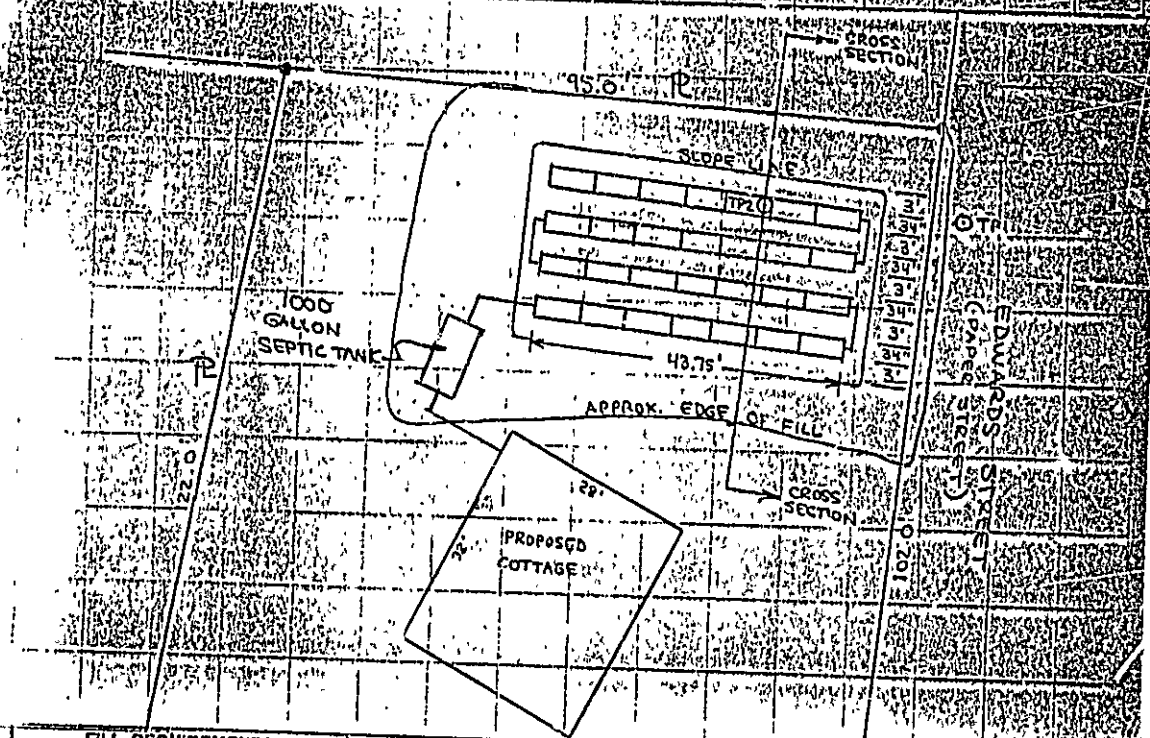
Town, City, Plantation

PORTLAND, PEAKS ISLAND

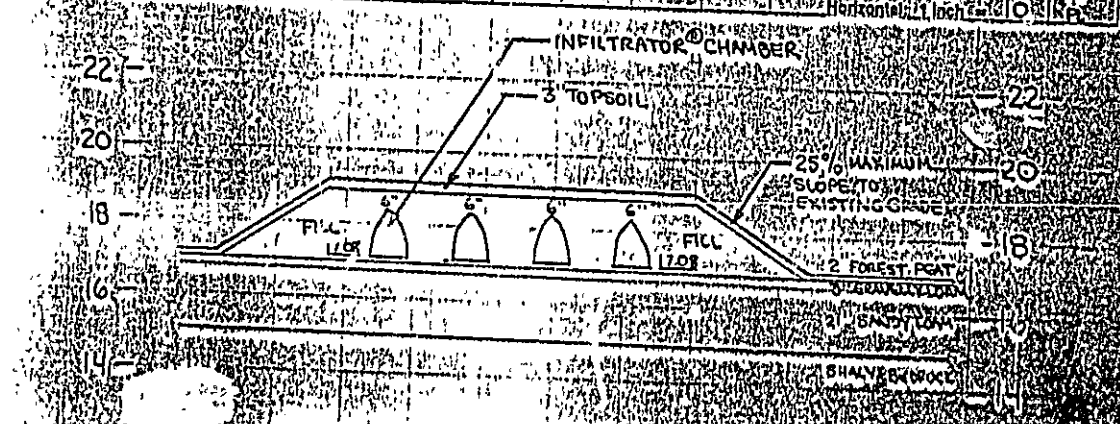
Street, Road, Subdivision
ONWAY AVENUE 95-CC-4, S.

Owner's Name
JOSEPH CADY

SUBSURFACE WASTEWATER DISPOSAL PLAN										Scale: 1" = 20' FT
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FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	28"	Reference Elevation is	6.13	TOP OF IRON PIPE AT SAND PIPER ROAD @ ONWAY AVE	
Depth of Fill (Downslope)	56"	Bottom of Disposal Area	SEE CROSS SECTION		
		Top of Distribution Line or Chambers SEE CROSS SECTION			



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

0003/4814
SE # / PE #

11/14/88
Date

Page 50 of 50
118-200-817-000



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date October 2, 1989, 19
 Receipt and Permit number 00753

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: Edwards Street 85 - CC- 4,5, Peaks Island
 OWNER'S NAME: Joseph Cady ADDRESS: _____

OUTLETS:	FEE
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1 to 10.....	3.00
FIXTURES: (number of)	
Incandescent <u>12</u> Fluorescent _____ (not strip) TOTAL <u>12</u>	3.20
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes <u>\$ 200</u>	3.00
METERS: (number of) <u>1</u>	.50
MOTORS: (number of)	
Fractional _____	
<u>1</u> HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) <u>6</u>	6.00
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 _____ <u>1</u> Water Heaters _____ <u>1</u>	
Cook Tops _____ Disposals _____ <u>1</u>	
Wall Ovens _____ Dishwashers _____ <u>1</u>	
Dryers _____ Compactors _____	
Fans _____ <u>2</u> Others (denote) _____	
TOTAL <u>6</u>	9.00
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: _____	24.70

INSPECTION: _____ or 72 hrs
 Will be ready on Oct-2, 1989; or Will Call _____
 CONTRACTOR'S NAME: Ames Elec
 ADDRESS: P.O. Box 633 Ptld 04104
 TEL: _____
 MASTER LICENSE NO.: 2336 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

Palo Verde

ELECTRICAL INSTALLATIONS -

Permit Number 00753

Location P5-CC 445

Owner George Cook

Date of Permit 10/18/94

Final inspection 10/18/94

By Inspector [Signature]

Permit Application Register Page No. 174

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 10/18/94 by [Signature]

PROGRESS INSPECTIONS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE:	REMARKS:

George Cook

CONTRACTOR'S COPY - GREEN
OFFICE COPY - CANARY
REGISTERER'S COPY - WHITE

REGISTERED ELECTRICAL CONTRACTOR
STATE OF ARIZONA
REGISTERED LICENSE NO.
[Blank]
[Blank]

TOTAL WORK THIS DATE
[Blank]
EXPIRES THIS DATE
[Blank]
STATION NO. THIS DATE
[Blank]

PERMIT # _____ **CITY OF** Portland **BUILDING PERMIT APPLICATION**

MAP # _____ **LOT #** _____

For Official Use Only

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

Date: Nov. 21, 1988
 Subdivision: Yes No
 Name: _____
 Lot: _____
 Block: _____
 Permit Expires: _____
 Ownership: Public Private
 Estimated Cost: _____
 Value: _____
 Fee: 150.00

Owner: Joseph and Mary Cadv
 Address: 7 Colonial Drive, Scarborough, Maine 04074

LOCATION OF CONSTRUCTION: Edwards and Onway PEAKS, Island

CONTRACTOR: _____ SUBCONTRACTORS: 35-CC-4 and 5
883-5247

ADDRESS: _____

Est. Construction Cost: _____ Type of Use: Single Family

Past Use: vacant lot

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: Minor Minor Site Plan Review

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:
 # Of Dwelling Units: _____ # Of New Dwelling Units: _____

Foundation: _____ 85-C-C-4/5

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

Floor: 12-20-91 **PERMIT NEVER** Sills must be anchored _____ 00.02\$ w/ 1/2" x 1/2" TOILET

1. Sills Size: _____
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Spacing 16" O.C. _____
 4. Joists Size: _____
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____ **ISSUED**

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. Sidlog Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls: _____

1. Studding Size: _____ Spacing _____
 2. Header Size: _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall If required _____
 5. Other Materials _____

Ceilings: _____

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

Roof: _____

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

Chimneys: _____

Type: _____ Number of Fire Places _____

Heating: _____

Type of Heat: _____

Electric: _____

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: _____ Square Footage _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Law.

Zoning: _____

District: _____ Street Frontage: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required: _____

Zoning Board Approval: Yes No Date: _____
 Planning Board Approval: Yes No Date: _____
 Conditional Use: _____ Variance: _____ Site Plan _____
 Shore and Floodplain Mgmt: _____ Special Exception _____
 Other: _____ (Explain) _____
 Date Approved: _____

Permit Received By: Latini

Signature of Applicant: Joseph H. Cadv Date: 11/21/88

Signature of CEO: _____ Date: _____

Inspection Dates: _____