



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

25-00-3

Date July 7, 19 93
 Receipt and Permit number 3132

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: 6 Alderbrook Rd., Peaks Island
 OWNER'S NAME: Michael Roberts ADDRESS _____

OUTLETS:	FEES
Receptacles <u>60</u> Switches <u>40</u>	
FIXTURES (number of) _____	20.00
Incandescent <u>20</u> Fluorescent _____ (not strip) TOTAL <u>20</u>	4.00
Strip Fluorescent _____ ft.	_____
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>200</u>	15.00
METERS: (number of) <u>1</u>	1.00
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 _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____	
Fans _____	
Water Heaters _____	
Disposal _____	
Dishwashers _____	
Compactors _____	
Others (denote) _____	
TOTAL <u>3</u>	6.00
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 <u>46.00</u>

INSPECTION: Will be ready on _____ 19__; or Will Call X
 CONTRACTOR'S NAME: Robert Bradley
 ADDRESS: Yarmouth, ME 04096
 TEL.: 773-0147
 MASTER LICENSE NO.: 03134 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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

934141

Site Plan 50.00 + Building Permit 1,120.00 = 1,170.00

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee XXXX Zone _____ Map # _____ Lot# _____

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

Owner: Suellen & Michael Roberts Phone # 818-351-0374
 Address: 3944 Skycrest Dr Pasadena, CA 91107
 LOCATION OF CONSTRUCTION 6 Alderbrook Section: 1-1c, Peaks Island
 Contractor: Philip Cincotta Sub: 85-00-004
 Address: _____ Phone # 85-00-3,4
 Est. Construction Cost: 220,000 Proposed Use: 1-fam
 Past Use: Vacant Land
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Minor-Minor Site Plan/Const 1-fam Dwelling w garage

PERMIT ISSUED
 For Official Use Only
 Date September 11, 1992 Subdivision: _____
 Inside Fire Limits _____
 Bldg Code: _____
 Time Limit _____
 Estimated Cost _____
 Name: SEP 23 1992
 City: _____
 State: _____
 Ownership: _____
CITY OF PORTLAND
 Zoning: T-1
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: (explain) 9-22-92

Philip Cincotta, Welch St, Peaks Island 07108

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

Floor: 85-00-3,4
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally 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 _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulator 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 _____

PERMIT ISSUED WITH DEFER
Wills - Tax Assessor

HISTORIC PRESERVATION
 Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing 7 Not in District nor Landmark.
 3. Type Ceilings: _____ Does not require review.
 4. Insulation Type _____ Size _____ Requires review.
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size _____ Span Action: APPROVED
 2. Sheathing Type _____ Size _____ Approved with conditions.
 3. Roof Covering Type _____
 Chimneys:
 Type: _____ Number of Fire Places _____ Date: 9/22/92
 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.

Permit Received By Mary Gresham
 Signature of Applicant Suellen Roberts Date Sept 11, 1992
 CEO's District 16

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO 16 Mr. Rowe



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 6 Alderbrook, Peaks Island 085-DD-003/004

Issued to Susan & Michael Roberts

Date of Issue 27 July 1994

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. 92/4141, 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

APPROVED OCCUPANCY

Entire

Single Family Dwelling

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

7/27/94 *G. P. [Signature]*
(Date) Inspector

[Signature]
Inspector of Buildings

313
Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3328

PROPERTY ADDRESS

Town Or Plantation: Portland (Peak Is)
Street Subdivision Lot #: 6 Alderbrook Rd

PROPERTY OWNERS NAME

Last: Roberts First: Michael

Applicant Name: Carl J. Henriksen

Mailing Address of Owner/Applicant (if different):
PO Box 255
C.E. ME 04107

PORTLAND 4854 TOWN COPY

Fee: \$168.00
LPI # 3/12/4

Local Plumbing Inspector Signature: A. Rowe

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: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: A. Rowe Date Approved: 5-18-94

PERMIT INFORMATION

This Application is for: <input checked="" type="checkbox"/> NEW PLUMBING <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: <input checked="" type="checkbox"/> MASTER PLUMBER <input type="checkbox"/> OIL BURNERMAN <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>010945</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not required and inspected by the local Sanitary District. OR HOOK-UP to an existing subsurface wastewater disposal system.	2	Hosebibb / Silcock	3	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter etc.	1	Clothes Washer
		Grease/Oil Separator	1	Dish Washer
Number of Hook-Ups & Relocations		Dental Cuspidor	1	Garbage Disposal
		Pidet		Laundry Tub
Hook-Up & Relocation Fee	2	Other _____	1	Water Heater
		Fixtures (Subtotal) Column 2	15	Fixtures (Subtotal) Column 1

Joe Henriksen
Please call around 5:00 799 7449
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

2	Fixtures (Subtotal) Column 2
1.7	Local Fixtures
\$68-	Fixture Fee
\$	Hook-Up & Relocation Fee
\$68-	Permit Fee (Total)

984141

Site Plan 50.00 + Building Permit 1,120.00 = 1,170.00

Permit # 984141 City of Portland BUILDING PERMIT APPLICATION Fee XXXXX Zone XXXX Map # XXXX Lot# XXXX
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Suellen & Michael Roberts Phone # 318-351-0374
 Address: 3944 Skycrest Dr Pasadena, CA 91107
 LOCATION OF CONSTRUCTION (Range) Seaside Ave. Peaks Island
 Contractor: Philip Cincotta Sub: XXXXXXXX 258-D-003/004
 Address: _____ Phone # 85-00-3,4
 Est. Construction Cost: 220,000 Proposed Use: 1-fam
 Past Use: Vacant Land
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Minor-Minor Site Plan/Const 1-fam Dwelling w garage

ERMIT ISSUED
For Official Use Only
 Date: September 23, 1992 Subdivision: _____
 Inside Fire Limits: _____ Name: SEP 23 1992
 Blde Code: _____
 Time Limit: _____
 Estimated Cost: _____
CITY OF PORTLAND

Zoning: T-PA
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: (Explain) 9-22-92

Philip Cincotta, Welch St, Peaks Island 04102
 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 Size _____ 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 Size _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling: **HISTORIC PRESERVATION**
 1. Ceiling Joists Size _____
 2. Ceiling Strapping Size _____ Spacing _____ No. in District nor Landmark.
 3. Type Ceiling: _____ Size _____ Does not require review.
 4. Insulation Type: _____
 5. Ceiling Height _____ Required Review.

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

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

Heating:
 Type of Heat: 16 mm below

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____
 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. Must conform to National Electrical Code and State Law.

Permit Received By: Sary Gresik

Signature of Applicant: Suellen Roberts
 CEO's District: _____

CONTINUED TO REVERSE SIDE

Ivory Tag CEO

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)

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

Inspection Record

Type	Date
<i>Visit</i>	6/6/94
<i>[Signature]</i>	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

CERTIFICATION

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

[Signature]
 SIGNATURE OF APPLICANT

3944 [illegible]
 ADDRESS

818 351-0374
 PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

September 26, 1992

RE: 6 Alderbrook Road - 85-DP-3,4, Peaks Island, ME

Suellen & Michael Robert
3944 Skycrest Drive
Pasadena, CA 91107

Dear Mr. & Mrs. Robert:

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

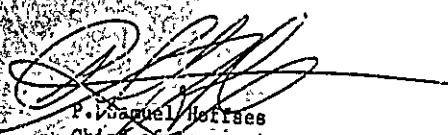
No certificate of occupancy can be issued until all requirements of this letter are met.

Site Plan Review Requirements
Inspection Services Approved William Giroux
Public Works Approved with requirements Melodie Esterberg

Building Code Requirements
Please read and implement items 1, 6, 7, 8, 9, 12, 13 and 14 of the attached building permit report.

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

Sincerely,


S. P. Hoffses
Chief of Inspection Services

/el

cc: William D. Giroux, Zoning Administrator
Melodie Esterberg, Development Review Coordinator

85- DD-3 BUILDING PERMIT REPORT

ADDRESS: 6 Alderbrook Rd. Park Is DATE: 22/SEPT/92

REASON FOR PERMIT: To Construct a Single Family dwelling w/ garage

BUILDING OWNER: Juelles & Michael Roberts

CONTRACTOR: Philip Cicotta

PERMIT APPLICANT: 11-11-11 11

APPROVED: *1, *6, *7, *8, *9, *12, *13, *14

CONDITION OF APPROVAL:

- * 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection.)
- 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 providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- * 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 (0.53m²). 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.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 101 Chapter 18 & 19).

*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 fire-resistance 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.

X9.) 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 4 inches cannot pass through any opening. Handrails on stairs shall be no less than 34 inches nor more than 38 inches. Handrails within individual dwelling units shall not be less than 30 inches nor more than 38 inches. For more detail on guards & handrails see Article 8 section 824.0 and 825.0 of the BCGA National Building Code.

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.

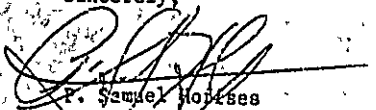
11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of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

*12.) Stair construction in Use Group R-3, R-4, is a minimum of 9" tread and 8-1/4" maximum rise.

*13.) Headroom in habitable spaces is a minimum of 7'6".

X14.) The minimum headroom in all parts of a stairway shall not be less than 6 feet 8 inches.

Sincerely,


P. Samuel Hopkins
Chief of Inspection Services

/el
11/16/88
11/27/90
8/14/91
9/2/92

CITY OF WASHINGTON

PLANNING BOARD

PLANNING BOARD

PLANNING BOARD

PLANNING BOARD

PLANNING BOARD

NO.	NAME	ADDRESS	CITY	STATE	ZIP
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PLANNING BOARD

PLANNING BOARD

Applicant: Swellen & Michael Roberts Date: 9-22-92
Address: 1/2 Alderbrook Rd Peaks Island
Assessors No.: 85-00-3,4

CHECK-LIST AGAINST ZONING CPDT 2E

Date -

Zone Location - IRL

Interior or corner lot -

Use - single

Sewage Disposal - septic

Rear Yards - 30'+ 30' req.

Side Yards - 20'+ side yard on side street 20' req. (20' on other side)

Front Yards - frontage on seashore 30+ 30' req.

Projections - none

Height - 2 story

Lot Area - 41,181 sq ft

Building Area - 1,470 sq ft ground coverage

Area per Family - entire

Width of Lot - 133'

Lot Frontage - 133' +

Off-street Parking - 2 cars

Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -

17-75-MM

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Melodie Esterby
- Planning

Michael & Suellen Roberts

Applicant
3944 Skycrest Dr. Pasadena, Ca 91107

Mailing Address
1770 Downing

Proposed Use of Site
1770 sq ft

Acreage of Site / Ground Floor Coverage

6 Alderbrook Rd
Date 7/17/92

Address of Proposed Site
085-D-L-003/004

Site Identifier(s) from Assessors Maps
IR-1

Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No

Proposed Number of Floors 2

Board of Appeals Action Required: () Yes () No

Total Floor Area 2515 sq ft

Planning Board Action Required: () Yes () No

Other Comments:

Date Dept. Review Due:

PUBLIC WORKS DEPARTMENT REVIEW

9/14/92
(Date Received)

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	PAVEMENT	SIGNIFICATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBS	SIDEWALKS	OTHER	CONDITIONS SPECIFIED BELOW
APPROVED															
APPROVED CONDITIONALLY															CONDITIONS SPECIFIED BELOW
DISAPPROVED															CONDITIONS SPECIFIED BELOW

REMARKS: Please see attached conditions

(Attach Separate sheet if necessary)

Melodie Esterby 7/17/92
SIGNATURE OF REVIEWING STAFF / DATE

PUBLIC WORKS DEPARTMENT COPIES

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW (ADDENDUM)
CONDITIONS OF APPROVAL

APPLICANT: Michael & Suellen Roberts

ADDRESS: 3944 Skymist Dr. Pasadena CA 91107

SITE ADDRESS/LOCATION: Seaside ave / Alderbrook Rd Peaks Island

DATE: 9/14/92

Review by the Development Review Coordinator is for General Conformance with ordinances and standards only and does not relieve the applicant, his contractors or agents from the responsibility to provide a completely finished site, including but not limited to not increasing or concentrating of all surface runoff onto adjacent or downstream properties, issues regarding vehicle sight distance, location of public utilities and foundation elevations.

CONDITIONS CHECKED OFF BELOW ARE IN FORCE FOR YOUR SITE PLAN

- All damage to sidewalk, curb, street, or public utilities shall be repaired prior to issuance of a Certificate of Occupancy.
- Two (2) City of Portland approved species and size trees must be planted on your street frontage prior to issuance of a Certificate of Occupancy.
- Your new street address is now 6 Alderbrook Road, the number must be displayed on the street frontage of your house prior to issuance of a Certificate of Occupancy.
- The Development Review Coordinator (874-8300, ext. 8722) must be notified five (5) working days prior to date required for final site inspection. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. Please schedule any property closings with these requirements in mind.
- A sewer permit is required for your project. Please notify Paul Niehoff at 874-8300 ext 8838. The Sewer Division of Parks and Public Works (Jackie Wurslin at 797-5302) must be notified five (5) working days prior to sewer connection to schedule an inspector for your site.
- As-built record information for sewer and storm service connections must be submitted to Parks & Public Works Engineering Division (55 Portland St.) and approved prior to issuance of a Certificate of Occupancy.
- A street opening permit(s) is required for your site. Please contact Carol Poliskey at 874-8300, ext. 8822. (Only excavators licensed by the City of Portland are eligible).
- _____

cc: P. Niehoff

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **GENETRETT @ ALDER BROOK RD**

Subdivision Lot #: **TAX MAP 85- BLOCK DD LOTS 3,4**

PROPERTY OWNERS NAME

ROBERTS SUELLEN + MICHAEL

Last: **ROBERTS** First: **SUELLEN**

Applicant Name: **MICHAEL ROBERTS**

Mailing Address of Owner/Applicant (if Different): **3944 SKYCREST DRIVE PASADENA CALIFORNIA 91107**

PORTLAND PERMIT # **4587** STATE COPY

DATE: **129 11 1992** FEE: **116.05**

Signature: **Chief Plumbing Inspector**

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: *Michael W. Roberts* Date: **9/8/92**

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 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 _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <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>PUBLIC WATER</p>
<p>SIZE OF PROPERTY: 43,960 SF</p> <p>ZONING: I.R.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 type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: 15 GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECCROS, ETC.)</p> <p>3 BEDROOM 450</p> <p>CONSERVATIVE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 24</p>	<p>SIZERATINGS 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 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>LOW VOLUME TOILET --45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>

SIT EVALUATOR STATEMENT * USED 28 INFILTRATOR POLYETHELENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On **MARCH 20 1992** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: *Thomas R. Adams* SE# / PE# **277/4798** Date: **4/23/98**

Site Evaluator or Professional Engineer's Signature

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation
PEAKS ISLAND

Street, Road, Subdivision
SEASHORE AVE @ ALDER BROOK RD 85-DD-3,4

Owners Name
SUELLEN & MICHAEL ROBERTS

SITE PLAN										Scale 1" = _____ Ft.	SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)
1	2	3	4	5	6	7	8	9	10		

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

Observation Hole 5 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

Texture	Consistency	Color	Mottling
LOAM		DARK BROWN	
GRAVELLY LOAM	FRIABLE	REDDISH BROWN	NONE EVIDENT
EXTREMELY STONY SANDY LOAM	LOOSE	BROWN	
FRACTURED SHALY BEDROCK			

Soil Profile: Z Classification: AIII Slope: 4 1/2% Limiting Factor: 30

Ground Water Restrictive Layer Bedrock

Thomas R. Adams
Site Evaluator or Professional Engineer's Signature

277/4798
GE# / PE#

4/23/92
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Public Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

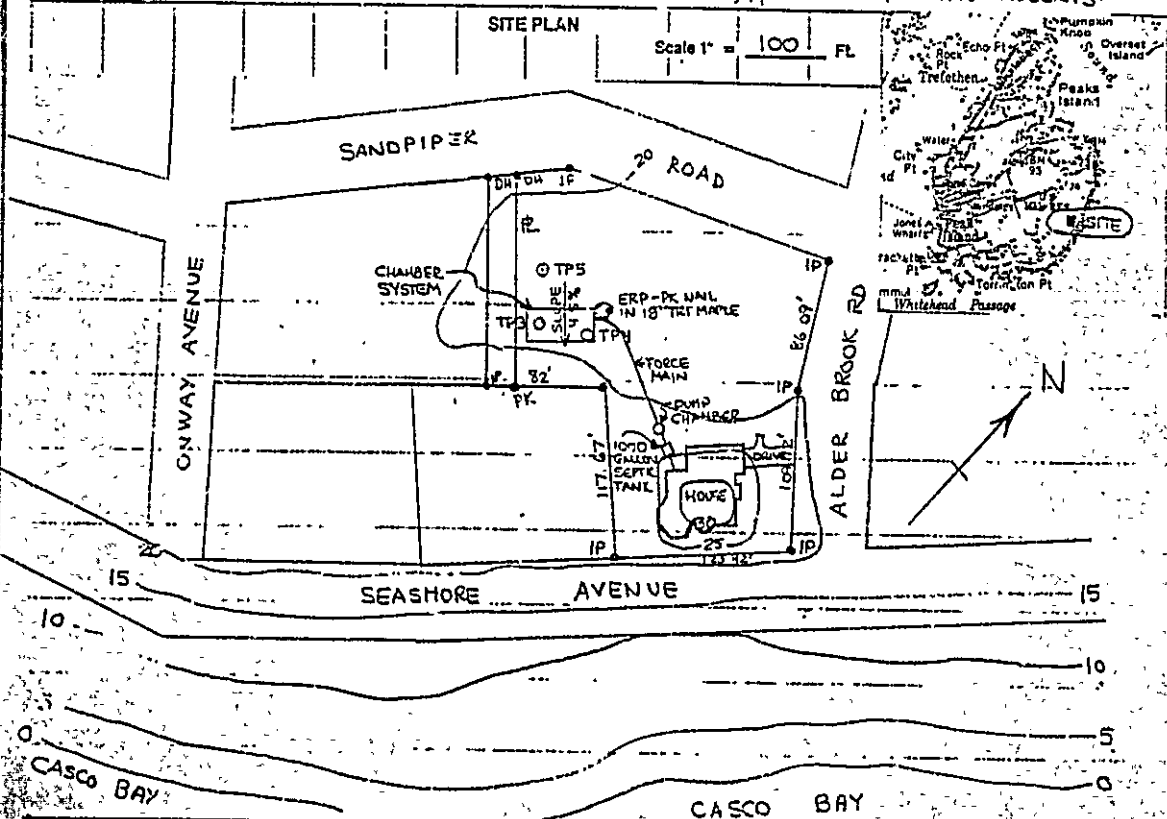
PEAKS ISLAND

SEASHORE AVE @ ALDER BROOK RD 25-DD-3,4

SUELLEN & MICHAEL ROBERTS

SITE PLAN

Scale 1" = 100' FL



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>3</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
Depth of Organic Horizon Above Mineral Soil				
Texture	Consistency	Color	Mottling	
LOAM		DARK BROWN		
	FRILABLE			
LOAM WITH MANY FINE FRAGMENTS		REDDISH BROWN	NONE EVIDENT	
FRRACTURED SILTY BEDROCK				
Soil <u>2</u>	Classification <u>AIII</u>	Slope <u>4 1/2%</u>	Limiting Factor <u>24</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
Observation Hole <u>4</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
Depth of Organic Horizon Above Mineral Soil				
Texture	Consistency	Color	Mottling	
LOAM		DARK BROWN		
	FRILABLE			
LOAM WITH MANY ANGULAR COARSE FRAGMENTS		REDDISH BROWN	NONE EVIDENT	
EXTREMELY STONY SANDY LOAM	LOOSE			
FRRACTURED SILTY BEDROCK				
Soil <u>2</u>	Classification <u>AIII</u>	Slope <u>4 1/2%</u>	Limiting Factor <u>34</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock

Thomas R. Adams 277/4798 4/23/92
Site Evaluator or Professional Engineer's Signature SEE / PE# Date

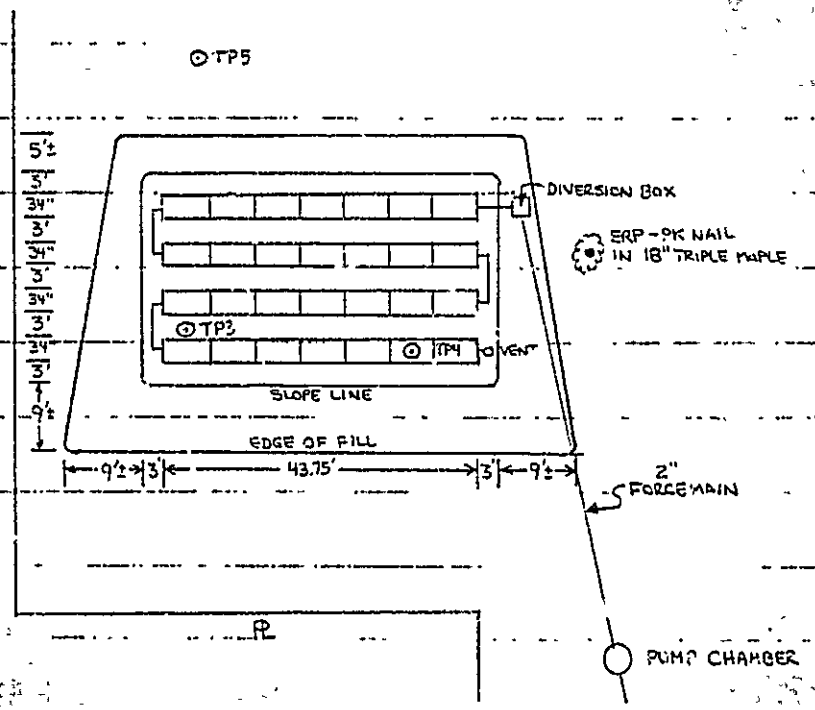
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE @ ALDER BROOK RD 85-DD-3,4** Owners Name: **SUELLEN & MICHAEL ROBERTS**

SUBSURFACE WASTEWATER DISPOSAL PLAN

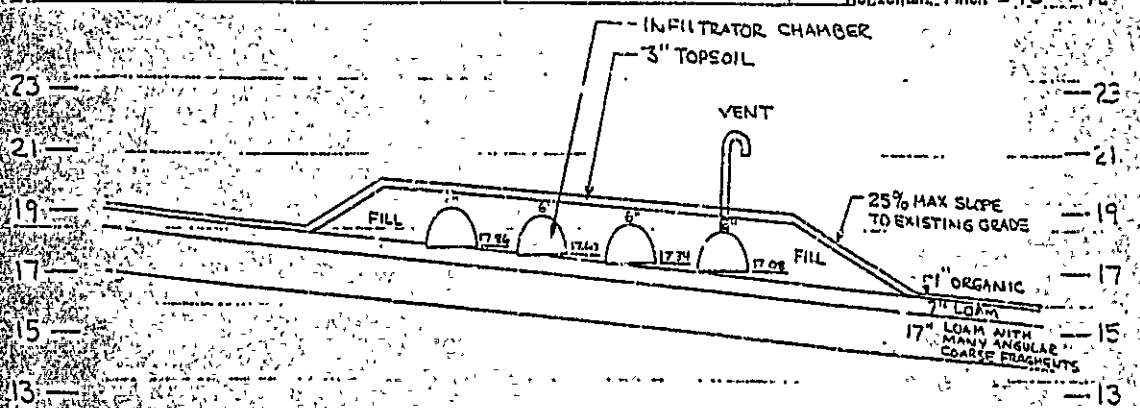
Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	26'	Reference Elevation is	20.11'	PK NAIL IN 18" TRIPLE MAPLE	
Depth of Fill (Downslope)	26'	Bottom of Disposal Area	SEE X-SECTION		
		Top of Distribution Lines or Chambers	" "		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5' FL
Horizontal: 1 inch = 10' FL



Thomas R. Adams
Site Evaluator or Professional Engineer's Signature

277/4798
SU #1 PE #

4/23/92
Date

Page 3 of 4
PHE-200 Rev. 4.02