

PLUMBING APPLICATION

GREEN VINYL SIDING
RIGHT SIDE OF ST.
WASHING MACH. OUT FRONT

Department of Human Services
Division of Health Engineering
(207) 289-3026

PROPERTY ADDRESS

Town Or Plantation: DEARBORN
Street: NEW ISLAND AVE
Subdivision Lot #

PROPERTY OWNERS NAME

Last: ANDRIE First: RALPH
Applicant Name: PAT ANDRIE
Mailing Address of Owner/Applicant (If Different): ELIZ ST DEARBORN

PORTLAND PERMIT # 1,322 TOWN COPY

Date Issued: 10/17/85 \$ FEE [] Double Fee Charged

Local Plumbing Inspector Signature: [Signature]

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: 10/17/85

Caution: Inspection Required

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

Local Plumbing Inspector Signature: [Signature]

Date: OCT 25 1985

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D HOUSING DEALER/MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # [12,567]

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hose/Sillcock	1	Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain	1	Wash Basin
			Direct Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.	1	Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE					
				\$ 18.	Permit Fee
				\$	
				\$ 12.	Permit Fee (Total)

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APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 1116

SEP 30 1985

ZONING LOCATION PORTLAND, MAINE Sept. 30, 1985

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

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

LOCATION 85-0-1-2-3-4 Peaks Island Ave. Peaks Island Fire District #1 #2

1. Owner's name and address Ralph Ashmore - same Telephone 766-2765

2. Lessee's name and address Telephone 766-3348

3. Contractor's name and address Todd Kaynor - Elizabeth St. Pk. Isl Telephone

Proposed use of building Dwelling No. of sheets 1

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 3,000 Appeal Fees \$ 35.00

FIELD INSPECTOR—Mr. @ 775-5451 Base Fee

Late Fee

TOTAL \$

To enclose existing porch on side of dwelling as per plans. 1 sheet of plans.

send permit to #1 04108 Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

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

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 land? 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 masonry 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?

IS 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?

APPROVALS BY: DATE MISCELLANEOUS no

BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street?

ZONING: Will there be in charge of the above work a person competent

BUILDING CODE: to see that the State and City requirements pertaining thereto

Fire Dept.: are observed?

Health Dept.: Others:

Signature of Applicant Ralph Ashmore same

Type Name of above Ralph Ashmore 1 2 3 4

Other and Address

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FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

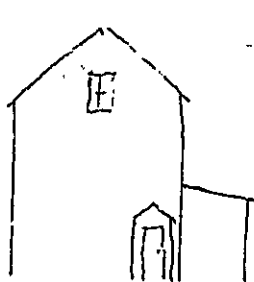
Sept. 30, 1985

Request to enclose existing deck. Deck has existing concrete sanna tubes (10") $\frac{1}{4}$ down below frost. Deck built to current code for post and beam foundation and subfloor. Floor joists 16" on center with bridging, (2" x 10"). Enclosure of existing deck would require, a shed roof and 2 walls. Area to be enclosed 8' x 8'. Walls of enclosure 2" x 4", 16" on center, rafters 2" x 10", 16" on ctr.

RECEIVED

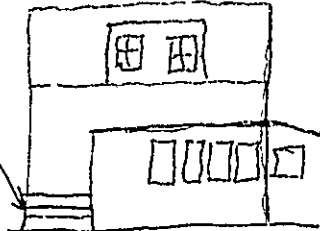
SEP 30 1985

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



Front view

existing deck



side view

Ralph Ashmore NEW ISLAND AVENUE
Peaks Island, Me. 04108

Map 85-G-1,2,3,4

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

972 30 1985

B.O.C.A. TYPE OF CONSTRUCTION 001116

ZONING LOCATION PORTLAND, MAINE ..Sept. 30, 1985

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND MAINE

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

- LOCATION ... 85-G-1-2-3-4 New Island Ave... Peaks Island ... Fire District #1 [] #2 []
1. Owner's name and address Ralph Ashmore - same Telephone ... 766-2765
2. Lessee's name and address Telephone ...
3. Contractor's name and address Ted Kaynor - Elizabeth St. Pks. Isl Telephone ... 766-3348

Proposed use of building dwelling No. of sheets ... No. families ... 1
Last use ... same No. families ...
Material ... No. stories ... Heat ... Style of roof ... Roofing ...
Other buildings on same lot ...
Estimated contractual cost \$... 3,000 ...

FIELD INSPECTOR—Mr. @ 775-5451

Appeal Fees \$
Base Fee ... 35.00
Late Fee
TOTAL \$

To enclose existing porch on side of dwelling as per plans. 1 sheet of plans.

send permit to #1 04108

Stamp of Special Conditions

NOTE TO APPLICANT Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

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 porch ... No. stories ... solid or filled land? ... 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 post ... 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? ...

APPROVALS BY: DATE
BUILDING INSPECTION—PLAN EXAMINER ...
ZONING ...
BUILDING CODE: ...
Fire Dept. ...
Health Dept. ...
Others ...

MISCELLANEOUS
Will work require disturbing of any tree on a public street? ...
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? YES ...

Signature of Applicant Ralph Ashmore Phone # ... same ...
Type Name of above ... Ralph Ashmore ... 1 [] 2 [] 3 [] 4 []
Other ...
and Address ...

NOTES

12-6-85 - All closed in
OK. Interim closed in
WIP/OK. *Ad*
12-13-85 - Complete
OK. *Ad*

Permit No. 85-1116
Location *29 km S of ...*
Owner *Chapman ...*
I per *31-85*
of *9-30-85*
action pack

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EMPLOYEE HEALTH SERVICES

Coordinator - Anne Greacen RN, MS -- Family Nurse Practitioner

Purpose:

To help employees, families, and retirees to:

- prevent disease, injury, and disability
- improve their health
- use health benefits and resources effectively
- minimize unnecessary lost work time and related costs

Role:

The Family Nurse Practitioner is available to employees, families, retirees, and City government groups, such as, departments and divisions as a:

- clinician to evaluate, diagnose, and treat (including prescription of medication) minor illness and injury; monitor chronic problems, such as, hypertension, diabetes, and weight control.
- health educator to teach individuals and groups about prevention, health risk factors, self-care skills, family health care, and consumer issues related to health care.
- consultant to individuals and to the organization on making decisions about where, when and how to use health benefits and resources

Health Clinic Sites:

City Hall - Room 409, 775-5451 x216, M-F 8-5 p.m.
walk-in and by appointment.

Parks and Public Works Dept. - Lower level X400
55 Portland Street Mondays 7-8:30 AM

Public Safety Building - Youth Aid Conference Room
775-6361 x288

1st, 3rd and 5th Wednesdays 3-6 PM
1st, 3rd and 5th Fridays 7-9 AM