

1919

No. 5600

APPLICATION FOR
PERMIT TO BUILD 3d CLASS BUILDING
LOCATION

No. Swachora Ave. Peaks Island

Ward _____

Inspector 920

CONDITIONS

OK 99
85 3678

PERMIT GRANTED

Nov 10, 1919 191

Permit filled out by _____

Permit number _____

Plan number _____

FINAL REPORT

191

Has the work been completed in accordance with
this application and plans filed and approved?

Law been violated? _____

Nature of violation? _____

Violation removed when? _____ 191

Estimated cost of building, etc., \$ _____

Building Inspector.

APPROVAL OF PL

Supervisor

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland
 Street: 15th St
 Subdivision Lot #: 15

PROPERTY OWNERS NAME

Last: Smith First: J

Applicant Name: John Smith

Mailing Address of Owner/Applicant (If Different): 15th St

PORTLAND PERMIT # 951 TOWN COPY

Local Plumbing Inspector Signature: [Signature]

FEE: \$ _____

L.P.I. # _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 3-11-85

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: [Signature] Date Approved: APR 2 - 1985

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

- B-J
- CHAMBER
- TRENCH
- OTHER _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY

Public Water

SIZE OF PROPERTY: _____ ZONING: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: _____ GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 2 CONDITION: 2

DEPTH TO LIMITING FACTOR: 20

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq Ft.
- CHAMBER _____ Sq Ft.
- TRENCH _____ Linear Ft.
- OTHER _____

DESIGN FLOW: 710 (GALLONS/DAY)

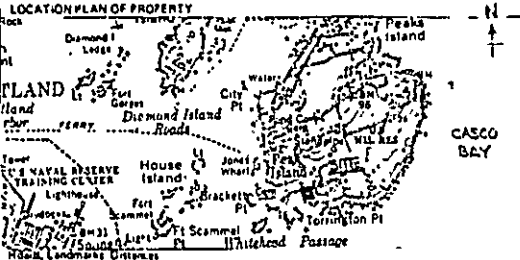
SITE EVALUATOR STATEMENT

On 3-15-85 (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.

Site Evaluator or Professional Engineer's Signature: [Signature] Date: 3/15/85

Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option: _____ Date: _____

TOWN COPY

| | | | | | |
|--|--|--|--|---|--|
| This Application is For | | <input checked="" type="radio"/> New System <input type="radio"/> Replacement Of Entire System <input type="radio"/> Expanded System <input type="radio"/> Replacement Of Disposal Area Only <input type="radio"/> Corrosion Permit | | Variance <input checked="" type="radio"/> None Required <input type="radio"/> New System Variance <input type="radio"/> LPI Approval <input type="radio"/> Dist. Review | |
| PROPERTY LOCATION PORTLAND - PEAKS ISLAND Town, Plantation | | SEASHORE AVE @ RYEFIELD ST. Street, Road | | TAX MAP 85 BLOCK N Subdivision Name | |
| PROPERTY OWNER or APPLICANT Ronald Shaw | | TYPE OF STRUCTURE, DESIGN FLOW <input checked="" type="radio"/> Single Family Dwelling Number of Bedrooms <u>2</u> Design Flow <u>210</u> GPD | | | |
| 95 River Rd. Street | | Design Flow based on <input checked="" type="radio"/> Minimum <input type="radio"/> Moderate <input type="radio"/> Commercial | | | |
| Merrimack Town | | <input checked="" type="radio"/> Production in Design Flow due to Water Conservation Reduced to Minimum Design Flow. No home laundry or dishwasher allowed. If so, specify type of flow: <u>laundry & dishwasher flow restricted shower only</u> | | | |
| Tel No No. 01860 Zip Code | | <input type="radio"/> Other Construction Detail _____ Test # _____ | | | |
| LOCATION PLAN OF PROPERTY  | | Area of Property <u>11,370</u> Sq Ft. <input checked="" type="radio"/> Se Ft. <input type="radio"/> Acres <input checked="" type="radio"/> Zoned <input type="radio"/> Not Zoned If zoned, type of zoning <u>R-3</u> Property on Water Body, if so Name of Water Body _____ Water Supply is <input checked="" type="radio"/> Public Utility, <input type="radio"/> Drilled Well _____ depth <input type="radio"/> Dug Well _____ depth <input type="radio"/> Well Point <input type="radio"/> Spring <input type="radio"/> Surface Water | | | |

| SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2 | | | |
|--|---|---|---|
| TEXTURAL DESCRIPTION OF EACH SOIL STRATS ENCOUNTERED | Observation Hole No <u>1</u> <input checked="" type="radio"/> Test Pit <input type="radio"/> Boring Organic Strata <input type="radio"/> SOD Thickness <u>2</u> " 1st Original Mineral Soil Strata <u>DARK BROWN LOAM</u> Depth from 0 " to <u>18</u> " Thickness <u>18</u> " | Observation Hole No _____ <input type="radio"/> Test Pit <input type="radio"/> Boring Organic Strata or (Existing Fill) _____ Thickness _____ 1st Original Mineral Soil Strata _____ Depth from 0 " to _____ Thickness _____ | Observation Hole No _____ <input type="radio"/> Test Pit <input type="radio"/> Boring Organic Strata or (Existing Fill) _____ Thickness _____ 1st Original Mineral Soil Strata _____ Depth from 0 " to _____ Thickness _____ |
| | 2nd <u>LIGHT BROWN SANDY LOAM</u> Depth from <u>18</u> " to <u>24</u> " Thickness <u>6</u> " | 2nd _____ Depth from _____ to _____ Thickness _____ | 2nd _____ Depth from _____ to _____ Thickness _____ |
| | 3rd <u>GRAY BROWN SILTY SAND</u> Depth from <u>24</u> " to <u>36</u> " Thickness <u>12</u> " | 3rd _____ Depth from _____ to _____ Thickness _____ | 3rd _____ Depth from _____ to _____ Thickness _____ |
| | 4th <u>GRAY CLAY</u> Depth from <u>36</u> " to <u>60</u> " Thickness <u>24</u> " | 4th _____ Depth from _____ to _____ Thickness _____ | 4th _____ Depth from _____ to _____ Thickness _____ |
| | Total Depth of Observation Hole <u>60</u> " | Total Depth of Observation Hole _____ | Total Depth of Observation Hole _____ |
| | Depth from top of ORIGINAL UNALTERED SOIL Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Water Table Depth <u>24</u> " Depth to Restrictive Layer <input type="radio"/> None evident <input type="radio"/> 36" Depth to Bedrock <input checked="" type="radio"/> None evident | Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Water Table Depth _____ Depth to Restrictive Layer <input type="radio"/> None evident <input type="radio"/> _____ Depth to Bedrock <input type="radio"/> None evident | Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Water Table Depth _____ Depth to Restrictive Layer <input type="radio"/> None evident <input type="radio"/> _____ Depth to Bedrock <input type="radio"/> None evident |
| PROFILE <u>2</u> CONDITION <u>C</u> SLOPE <u>3 %</u> | PROFILE _____ CONDITION _____ SLOPE _____ % | PROFILE _____ CONDITION _____ SLOPE _____ % | |

| DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2 | | | |
|--|--|--|---|
| TYPE OF SYSTEM <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system, type of black waste disposal system to be used: <input type="radio"/> Compost <input type="radio"/> Pit Privy <input type="radio"/> Sealed Vault Privy <input type="radio"/> Churn <input type="radio"/> Sewered Laundry System <input type="radio"/> Primitive System <input type="radio"/> Other | TREATMENT TANK <input checked="" type="radio"/> Septic Tank <input type="radio"/> Aerobic Tank Size <u>150</u> Gals. DOSAGE <input checked="" type="radio"/> Pumping is not required <input type="radio"/> Pumping is required The dose should be _____ Gals. Design chamber capacity shall be _____ GPD <input checked="" type="radio"/> System should be vented | SUBSURFACE DISPOSAL AREA/TYPE <input type="radio"/> Trench Disposal Area Total linear feet of trench _____ ft. Number of Trench Lines _____ ft. Length of each trench line _____ ft. Depth of Stone _____ inches. Reduction on trench length due to stone depth _____ % <input checked="" type="radio"/> Bed Disposal Area Total bed area <u>700</u> sq. ft. Number of beds _____ Width <u>20</u> ft. Length <u>35</u> ft. <input type="radio"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of chambers _____ Width _____ ft. Length _____ ft. <input type="radio"/> H 20 required | SYSTEM SIZE RATING <input type="radio"/> Small <input type="radio"/> Medium <input checked="" type="radio"/> Medium Large <input type="radio"/> Large <input type="radio"/> Extra Large DISPOSAL AREA ELEVATION Depth of Upslope Fill required <u>9</u> inches Depth of Downslope Fill required <u>18</u> inches Reference Elevation Point established at <u>20.00</u> Elevation Disposal Area Bottom to be established at <u>16.75</u> Elevation Top of Distribution Lines or Top of Chambers <u>17.83</u> Elevation <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and, courses like, pond, ocean, brook stream, river, swamps, marshes, and bogs. <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and spring producing 2000 gallons or more of water per day and any public water supplies. |
| FOR USE BY SITE EVALUATOR On <u>8/11/85</u> (date), a site investigation for this project was completed. I conducted this site evaluation and certify that the reports indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on sheet 2. | | Signature of Site Evaluator <u>William B. Goodwin</u> Site Evaluator License Number <u>0003</u> Date signed <u>2/7/85</u> | |
| FOR USE BY OWNER/APPLICANT I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given. | | Signature of Owner/Applicant <u>Ronald K. Shaw</u> Date Signed <u>3/8/85</u> | |
| FOR USE BY LPI: <input type="radio"/> This Application is approved. If conditions, specify _____ <input type="radio"/> This Application is Denied due to: <input type="radio"/> System is not in accordance with Rules <input type="radio"/> Application is incomplete <input type="radio"/> Application is unclear, <input type="radio"/> Development is in violation of other Regulations. Specify _____ | | Signature of LPI <u>Walter D. Goodwin</u> PERMIT NO <u>751</u> Date <u>3/11/85</u> | |

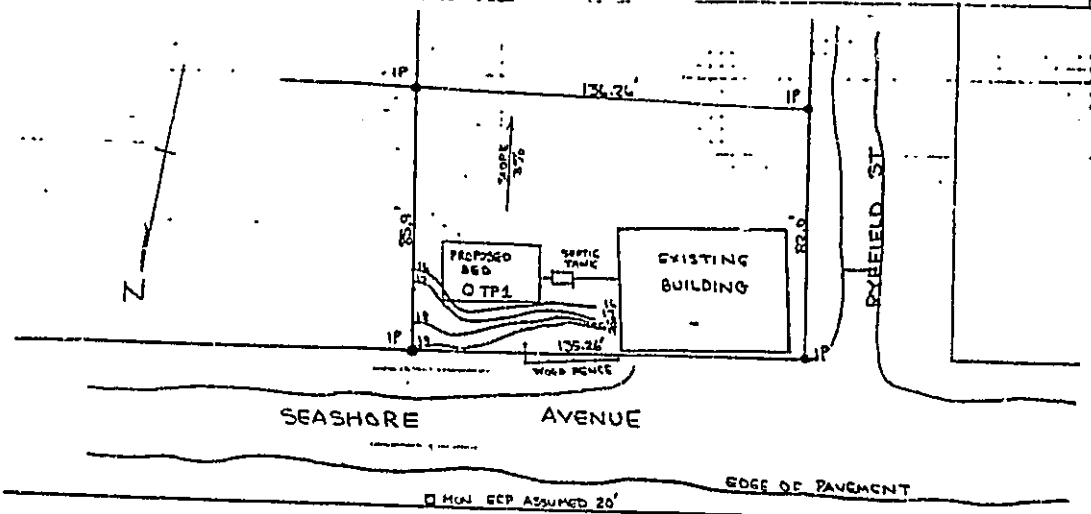
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

Page 2 of 2

| | | | |
|--|---|--|-------------------------------|
| PROPERTY LOCATION PORTLAND PEAKS ISLAND <small>Town, Plantation</small> | SEASHORE AVE @ RYEFIELD ST <small>Street Road</small> | TAX MAP 85 BLOCK N | 1,2 <small>Lot No.</small> |
| PROPERTY OWNER or APPLICANT Ronald Shaw | DISPOSAL AREA ELEVATION Depth of Upper Fill required <u>9</u> inches Depth of Downside Fill required <u>18</u> inches | Reference Elevation Point established at <u>20.20</u> Elevation Disposal Area Bottom to be established at <u>16.75</u> Elevation Top of Distribution Lines or Top of Chambers <u>17.83</u> Elevation | |

Site Plan

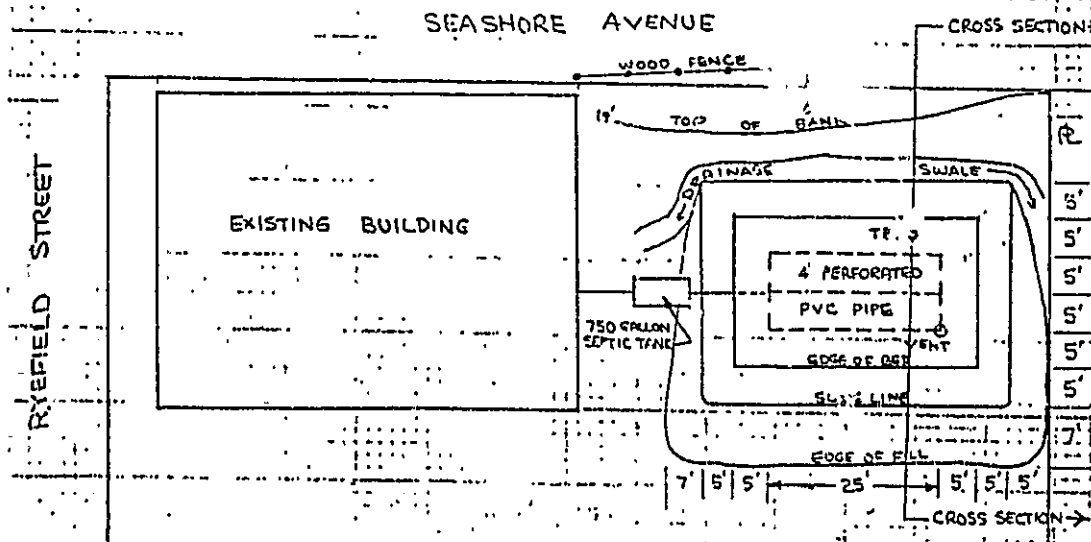
Scale 1" = 50 ft.



Subsurface Wastewater Disposal Plan

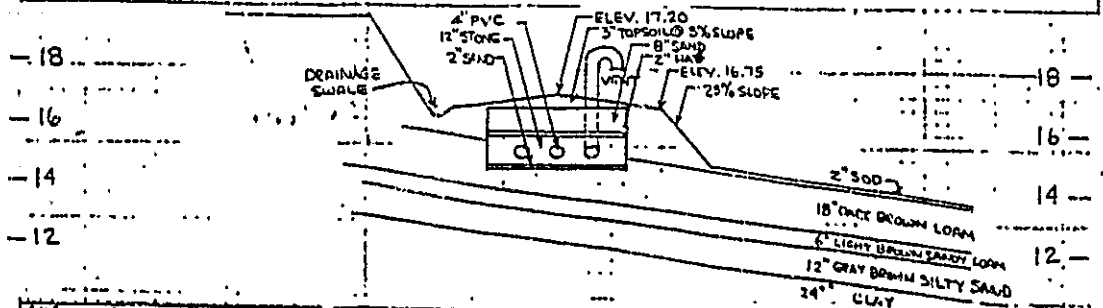
Scale 1" = 20' drawn by NVT

- Designates Elevation Reference Point (ERP)
- Designates Observation Hole (TP or B)



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 20'



| | | |
|----------------------------------|-----------------------|-------------------------------|
| Site Plan <i>William Byrd</i> | Date 2/7/85 | License Number 0003 |
|----------------------------------|-----------------------|-------------------------------|

HHE-200 A RV780

PERMIT ISSUED

FEB 7 1985

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP B.O.C.A. TYPE OF CONSTRUCTION ZONING LOCATION PORTLAND, MAINE

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-N-1-2 Seashore Avenue, Peaks Island, Fire District #1 [] #2 []
1. Owner's name and address Ronald E & Catherine C Shaw -95 River Rd, Merrilland, Ma Telephone ... 617-346-0051
2. Lessee's name and address Telephone
3. Contractor's name and address OWBAC Telephone

Proposed use of building 1. family dwelling No. families
Last use store variety No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot

Estimated contractual cost \$ 17,500.00 Appeal Fees \$
Base Fee 100.00
ch of use 25.00
Late Fee
TOTAL \$ 125.00

FIELD INSPECTOR—Mr. @ 775-5451

Change of use from variety store to single family dwelling, with alterations with addition 4' x 24' to existing deck, also to decrease size of garage as per plans. 5 sheets of plans

Stamp of Special Conditions

send permit to # 1 01860

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? Yes Is any electrical work involved in this work? Yes
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 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?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING:
BUILDING CODE: Will there be in charge of the above work a person competent
Fire Dept. to see that the State and City requirements pertaining thereto
Health Dept. are observed?
Others:

Signature of Applicant Catherine C Shaw Phone #
Type Name of above Catherine C Shaw [] [] [] []
Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

85-N-1-2 Seashore Ave. Pks Isl

Date of Issue

Nov. 21, 1985

Issued to
Ronald Shaw

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. 85-692, 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

11-22-85

(Date)

Inspector

Inspector of Buildings

Note: 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.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

95-N-1-2 Seashore Ave. Pk. Isl.

Date of Issue

Nov. 21, 1965

Issued to

Ronald Shaw

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. 65-092, 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.

11-22-65

(Date)

Inspector

Inspector of Buildings

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 leasee for one dollar.



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 6, 1985

Ronald K. & Catherine C. Shaw
95 River Rd.
Merrimac, MA 01860

Re: 85-N-1-2 Seashore Avenue, Peaks Island

Dear Mr. & Mrs. Shaw:

Your application to change the use of above reference from a retail store to a single family dwelling has been reviewed and a building permit is herewith issued subject to the following requirements:

See attached building code sections 809.4 and 1716.3.4.

If you have any question(s) on these requirements, please call this office at 775-5451 ext. 349.

Sincerely,

A handwritten signature in dark ink, appearing to read "P. Samuel Hoffses".

P. Samuel Hoffses
Chief of Inspection Services

APPLICATION FOR PERMIT

PERMIT ISSUED
FEB 7 1985
CITY of PORTLAND

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 00092
ZONING LOCATION ... R-3 PORTLAND, MAINE .. Feb. 4, 1985

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-N-1-2 Seashore Avenue, Peaks Isl. Fire District #1 #2
1. Owner's name and address Ronald K & Catherine C Shaw -95 River Rd, Merrimac, Ma. Telephone 617-3469861
2. Lessor's name and address
3. Contractor's name and address Owner Telephone

Proposed use of building family dwelling No. of sheets
Last use store-variety No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 17,500....

FIELD INSPECTOR—Mr.
@ 775-5451

Appeal Fees \$
Base Fee 100.00
Ch of use 25.00
Late Fee
TOTAL \$ 125.00

Change of use from variety store to single family dwelling, with alterations with addition 4' x 24' to existing deck, also to decrease size of garage as per plans. 5 sheets of plans

Stamp of Special Conditions

PERMIT ISSUED
WITH LETTER

send permit to # 1 01860
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? ..yes Is any electrical work involved in this work? ..yes
Is cornice to be made to public sewer? If no, what is proposed for sewage?
Has sump tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Thickness, top bottom cellar
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 Girders 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: O.R. M.S.T.
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

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?

Signature of Applicant Catherine C Shaw Phone # same
Type Name of above Catherine C Shaw (X2) 30 40
Other
and Address

PERMIT ISSUED
WITH LETTER
FIELD INSPECTOR'S COPY

Handwritten signature/initials

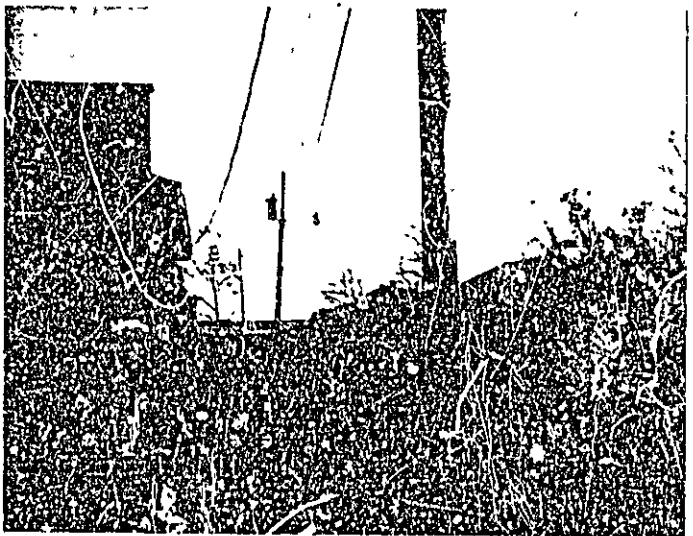
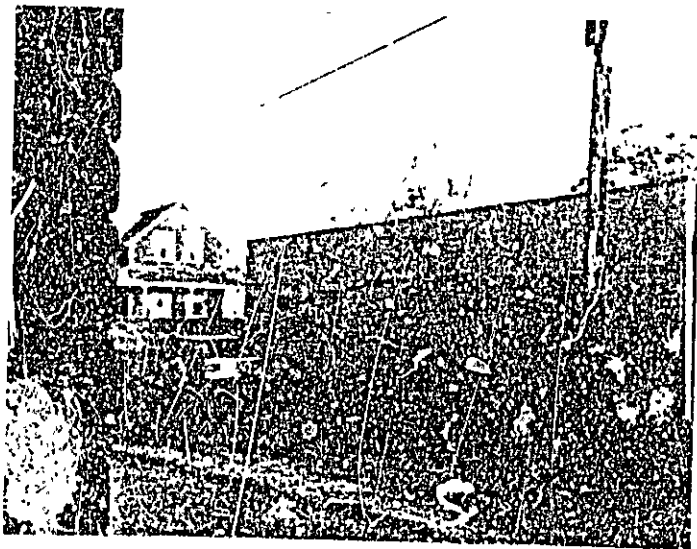
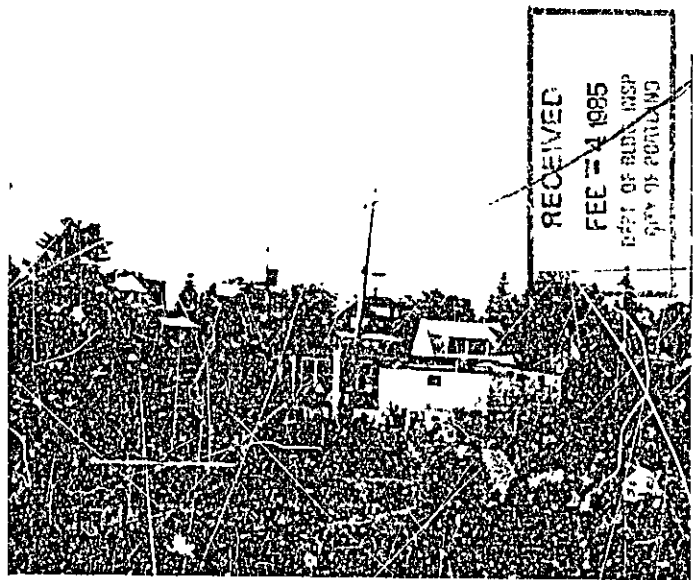
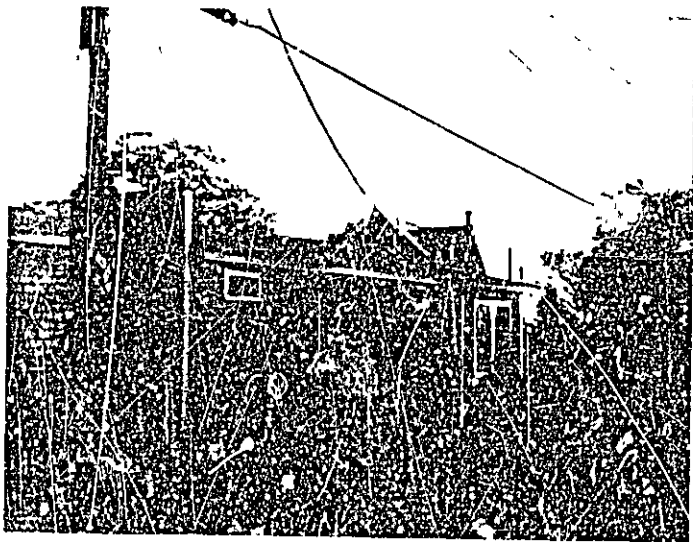
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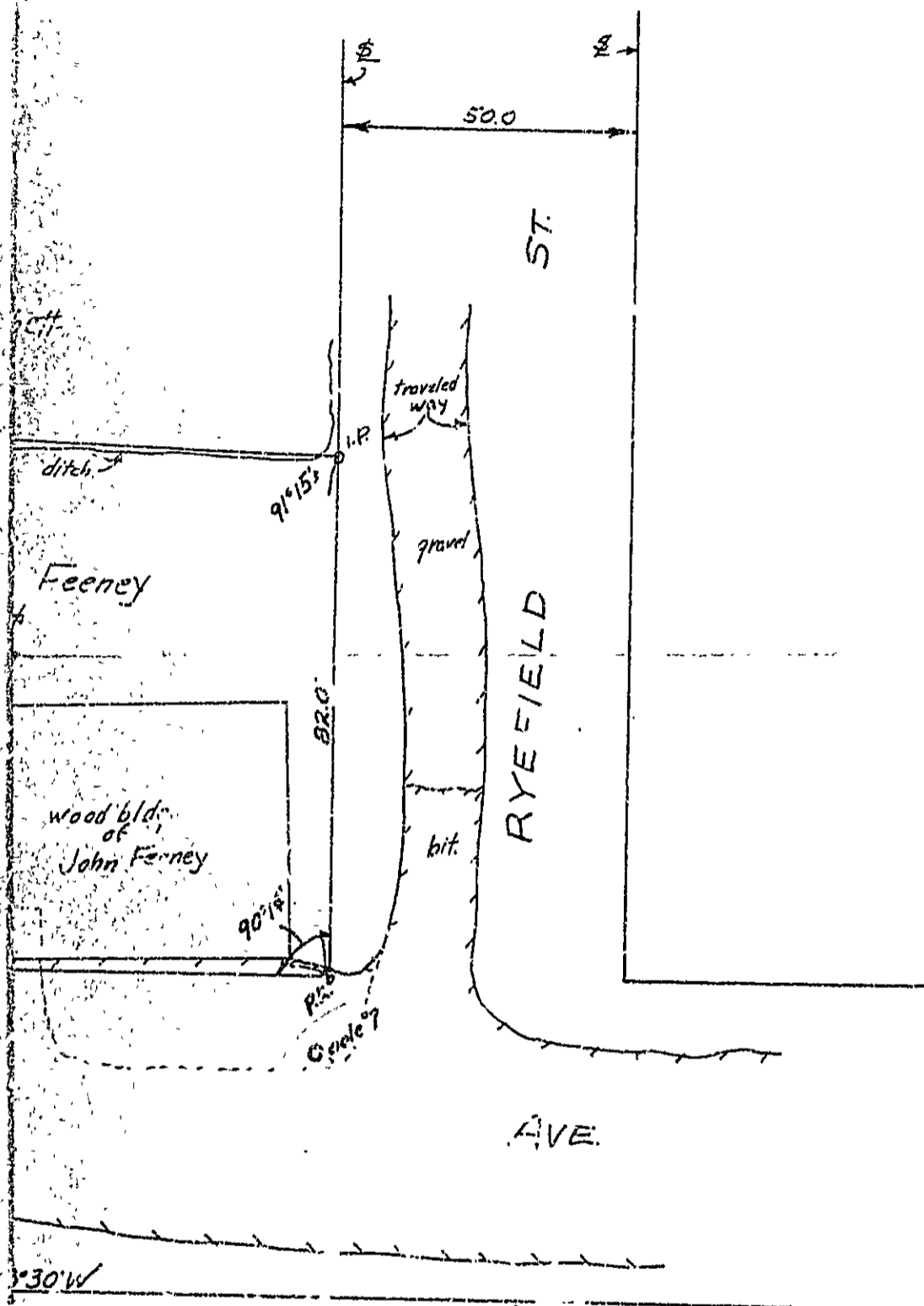
NCIES

3-1-85 - NP - yet - aa
 Site OK
 4-18-85 - WIP/OK aa
 7-19-85 - WIP/OK Close
aa
 10-30-85 - Almost ready
 of for C.O. WIP/OK aa
 11-17-85 - 13 Done
 C of O.

Alteration
 Garage
 Dwelling
 Approved
 Date of permit
 Owner
 Location
 Permit No. 85/092

~~[Large section of the page is crossed out with a large 'X' over a grid of horizontal lines.]~~

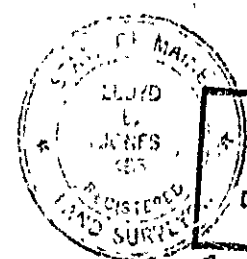
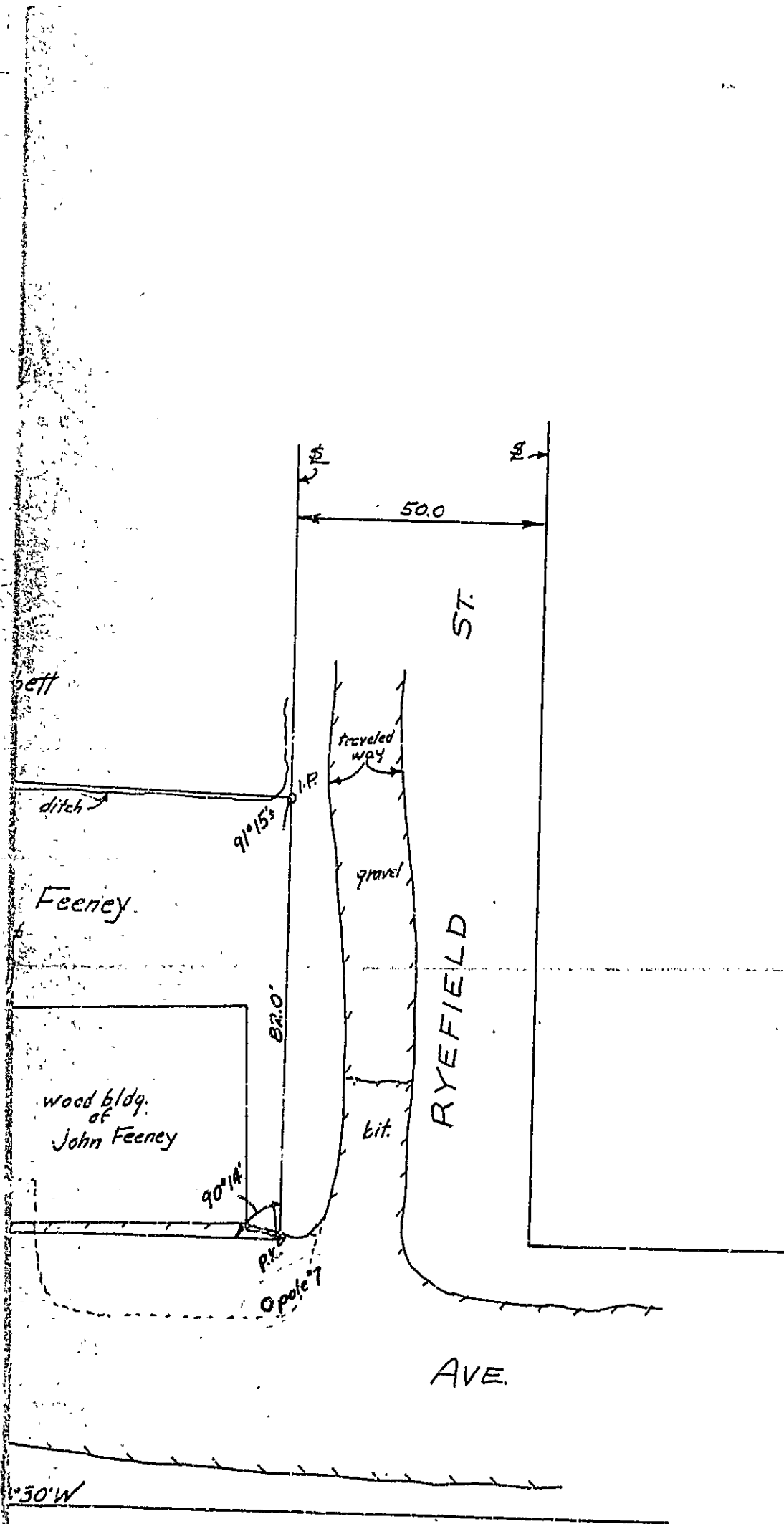




RECEIVED
 FEB. 7 1925
 DEPT. OF BLDG. INSP.
 CITY OF PORTLAND

Lloyd E. Jones

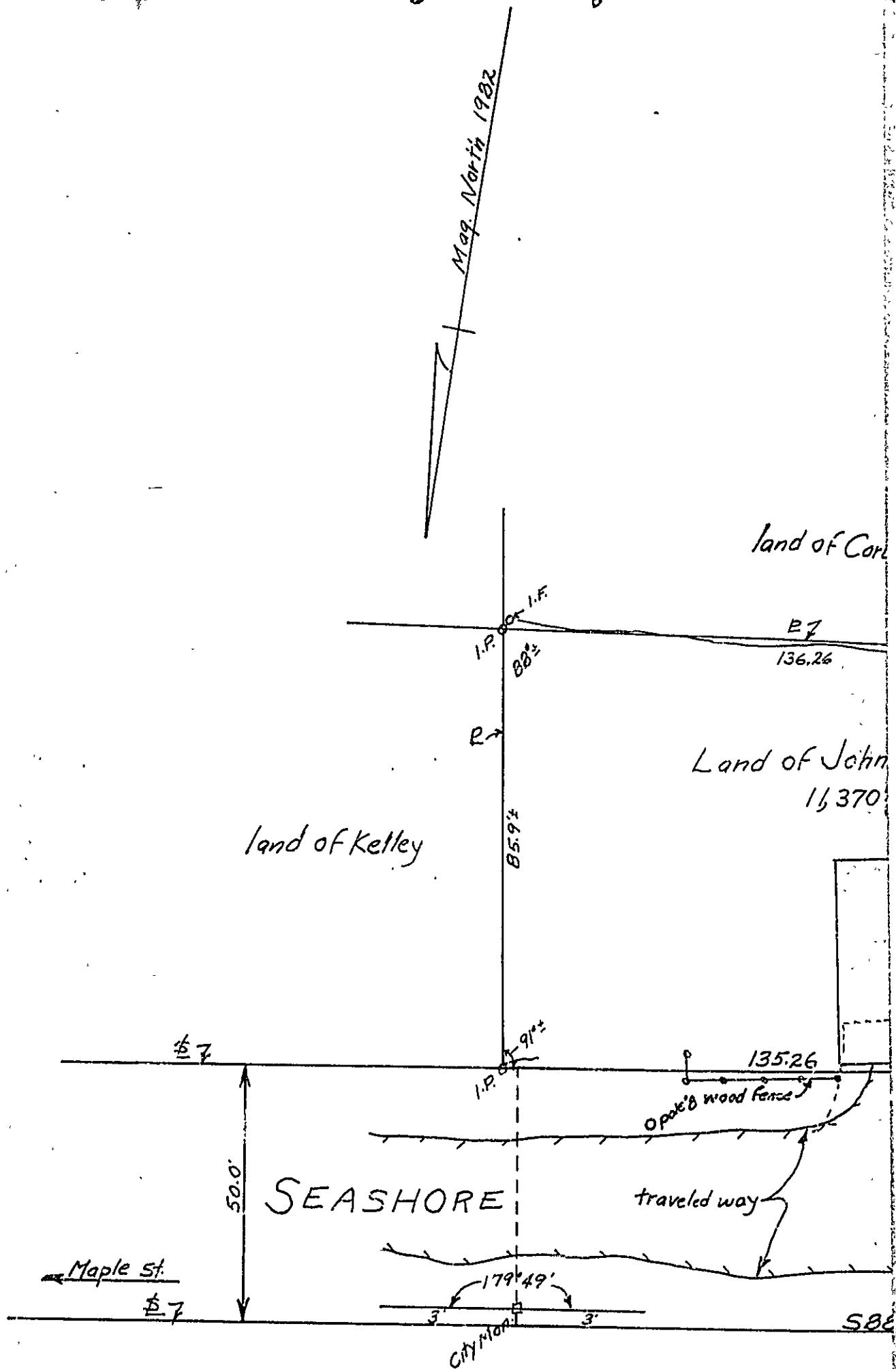
| | |
|-------------------------|--------------|
| PLAN OF PROPERTY | |
| IN | |
| PEAKS ISLAND | |
| PORTLAND, MAINE | |
| MADE FOR | |
| JOHN FEENEY | |
| Lloyd E. Jones Surveyor | |
| Scale: 1"=20' | DATE 6-14-22 |
| Assessors Plan 25-N-1-2 | |

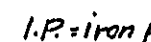
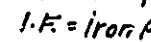
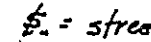
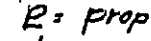
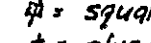
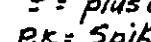
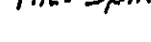


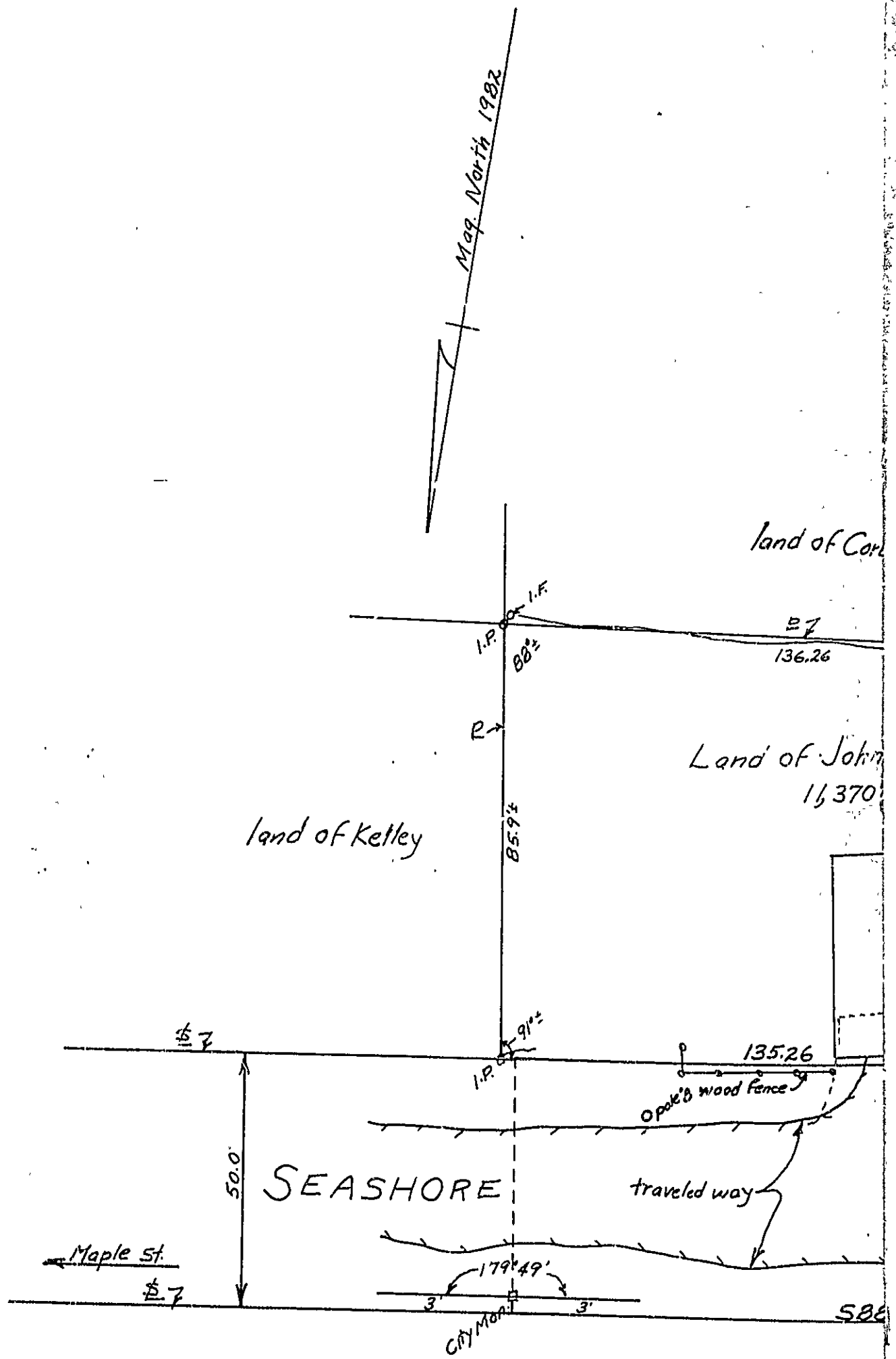
RECEIVED
 FEB 24 1935
 DEPT. OF BLDG. INSP.
 CITY OF PORTLAND

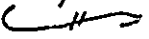
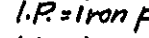
Lloyd L. Jones

PLAN OF PROPERTY IN



- Legend
-  I.P. = iron pipe
 -  I.F. = iron found
 -  ± = street line
 -  R = property line
 -  φ = square foot
 -  ± = plus or minus
 -  P.K. = Spike



Legend

 I.P. = iron pipe

 I.F. = iron found

APPLICATION FOR BUILDING PERMIT
For Renovations and Change of Occupancy

Plans - Attached

Address: Corner of Seashore & Ryfield Street
Peaks Island

Former Paeney Store

Owners: Ronald K. & Catherine C. Shaw
95 River Road
Marimac, MA 01860

Contractor: Homeowner, and Walter Semon, Peaks Island

Plumber: Homeowner

Electrician: Joseph Hayes, Lic. #08268

Estimated Completion Cost: \$17,500.

RECEIVED

FEB - 4 1985

OFFICE OF ELDER INSP.
CITY OF PORTLAND

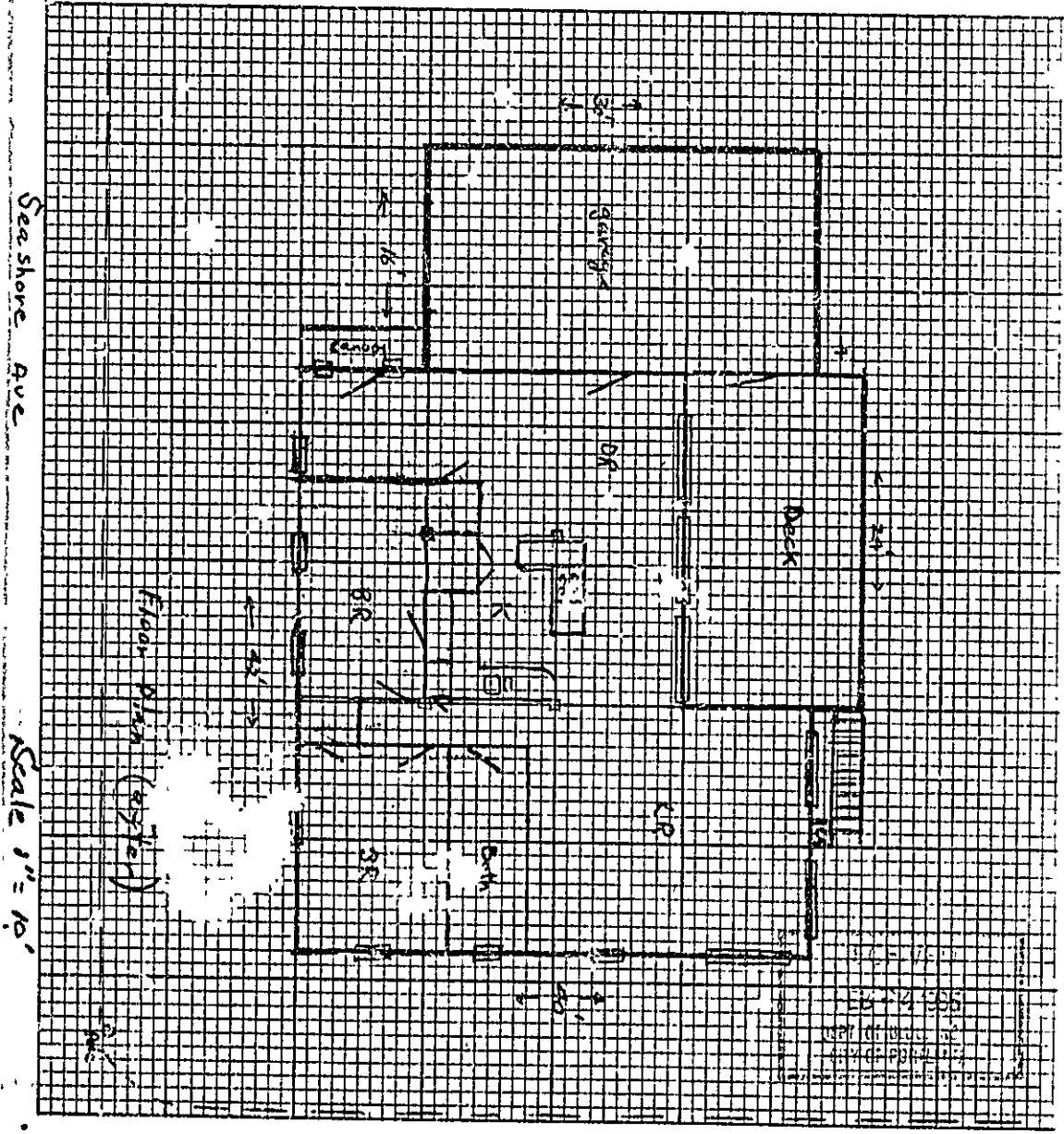
Loss Control Services, Inc.

DIAGRAM
(For Internal Use Only)

| | | |
|--|--|--------------------------|
| Property of: <i>Ronald K Shaw</i> <i>Catharine C Shaw</i> | LOCATION SURVEYED <i>1/2 Seashore Ave & Rye field St.</i> | |
| DATE OF SURVEY: <i>1/26/85</i> | SURVEYED BY: <i>Ron Shaw</i> | <i>Peabody Island Me</i> |

INDICATE AGE, CONSTRUCTION, OCCUPANCY, FIRE WALLS, FLOOR AND WALL OPENINGS, PROTECTION, ACCESS ROADS AND EXPOSURES.

SCALE: 1/4" = 10' 1/8" = 10' OTHER (SPECIFY) 1" = 10'



Rye field St.

Loss Control Services, Inc.

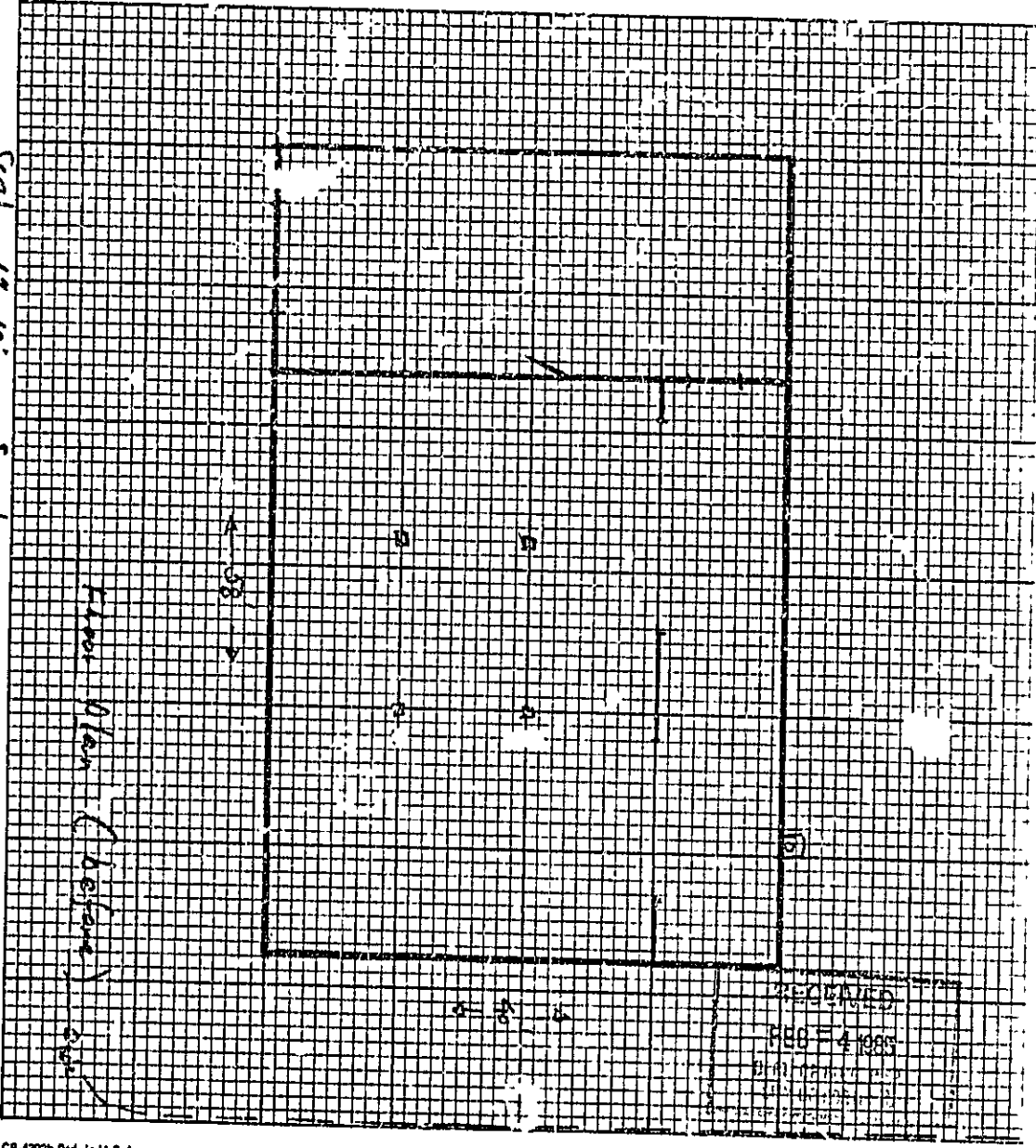
DIAGRAM
(For Internal Use Only)

Property of *Ronald K. Shaw & Catherine C. Shaw*

| | | |
|---|--------------------------------|--|
| DATE OF SURVEY <i>1/26/85</i> | SURVEYED BY <i>Ron Shaw</i> | LOCATION SURVEYED <i>% Seashore Ave & Rye Field St.</i> |
| INDICATE AGE, CONSTRUCTION, OCCUPANCY, FIF" WALLS, FLOOR AND WALL OPENINGS, PROTECTION, ACCESS ROADS AND EXPOSURES. | | PEAKS ISLAND, ME. |

SCALE: 1" = 50' 1" = 100' OTHER (SPECIFY) 1" = 10'

Scale 1" = 10'
Seashore Ave.



Rye Field St.

Loss Control Services, Inc.

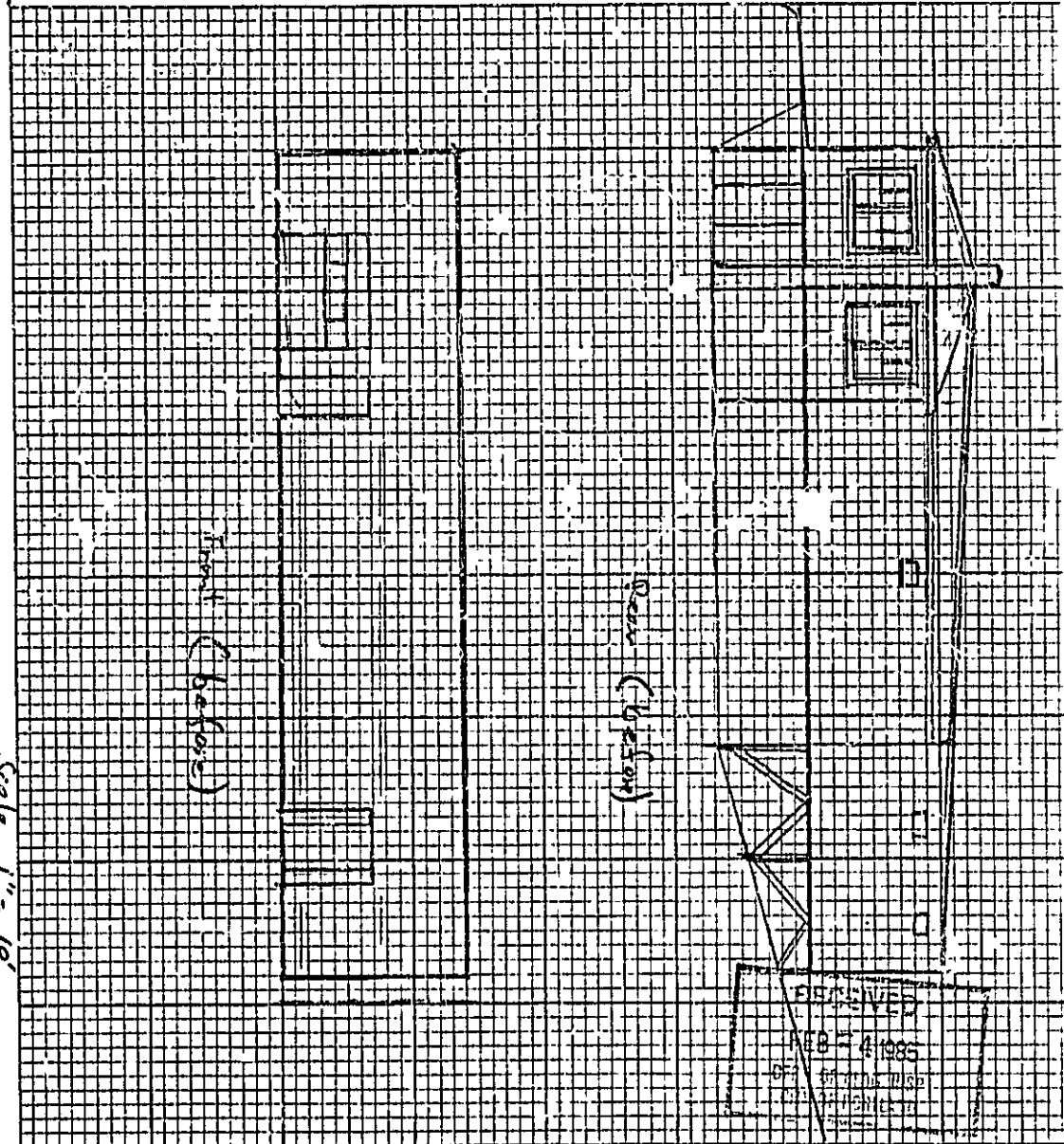
DIAGRAM
(For Internals Use Only)

| | | |
|---|--|---|
| PROPERTY OF: <i>Ronald K. Shaw & Catherine C. Shaw</i> | | LOCATION SURVEYED: <i>7/8 Seashore Ave. & Bayfield St.</i> |
|---|--|---|

| | | |
|-----------------------------------|---------------------------------|--|
| DATE OF SURVEY: <i>1/26/85</i> | SURVEYED BY: <i>Ron Shaw</i> | CITY: <i>Piscataway Island, Me.</i> |
|-----------------------------------|---------------------------------|--|

INDICATE AGE, CONSTRUCTION, OCCUPANCY, FIRE WALLS, FLOOR AND WALL OPENINGS, PROTECTION, ACCESS ROADS AND EXPOSURES.

SCALE: 1" = 50' 1" = 100' OTHER (SPECIFY) *1" = 10'*



Scale 1" = 10'

Loss Control Services, Inc.

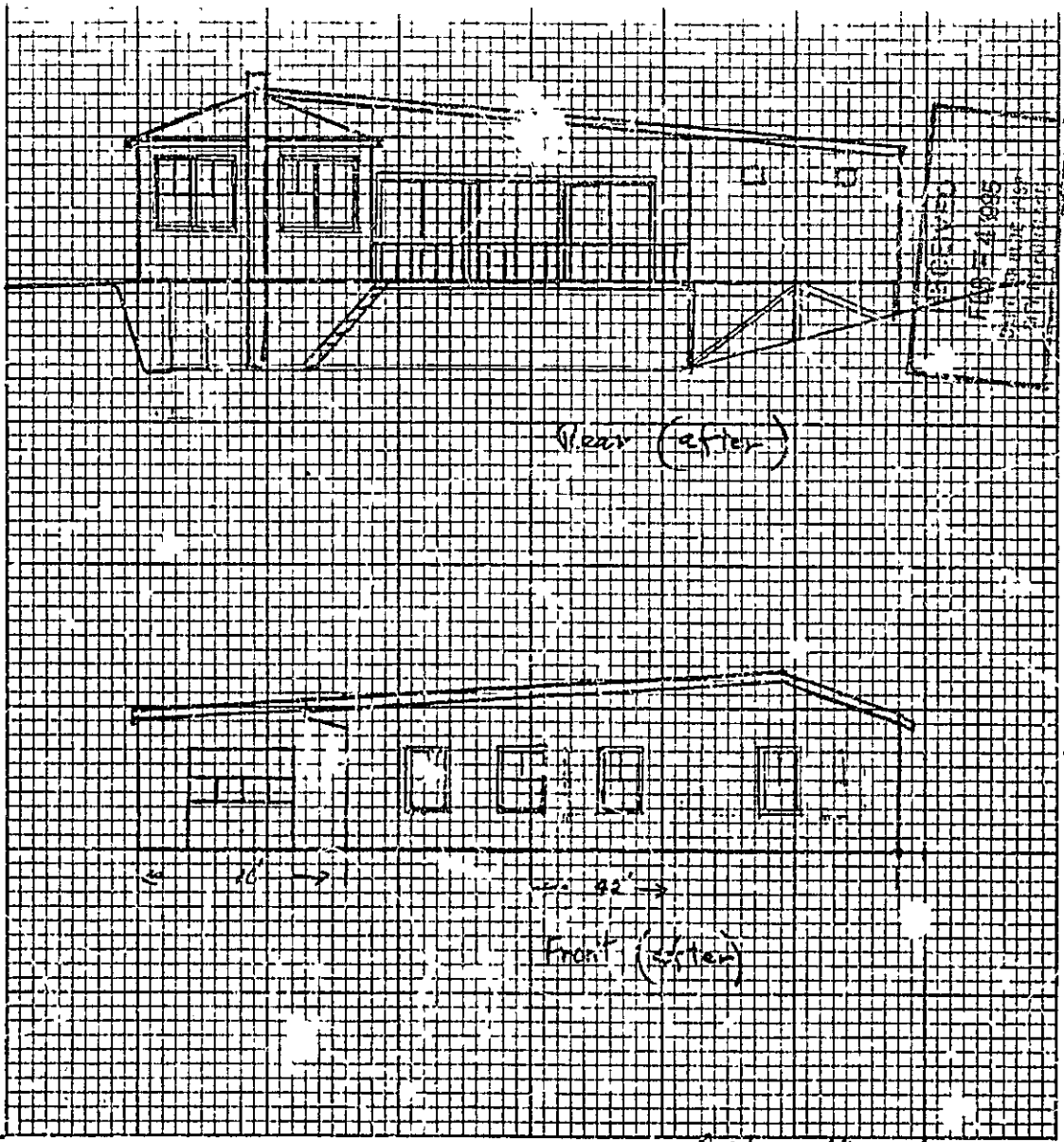
FORM NO. 1000 (REV. 11-83) 20

DIAGRAM
(For Internal Use Only)

| | |
|---|--|
| PROPERTY OF: <i>Ronald K. Shaw & Catherine C. Shaw</i> | LOCATION SURVEYED: <i>1/6 Seashore Ave & Pigeonhole St., Peaks Island, Me</i> |
| DATE OF SURVEY: <i>1/26/85</i> | SURVEYED BY: <i>Ron Shaw</i> |

INDICATE AGE, CONSTRUCTION, OCCUPANCY, FIRE WALLS, FLOOR AND WALL OPENINGS, PROTECTION, ACCESS ROADS AND EXPOSURES.

SCALE: □ 1" = 50' □ 1" = 100' ~~OTHER (SPECIFY)~~ *1" = 10'*



SP-1000 PALM USA

Leas Control Services, Inc.

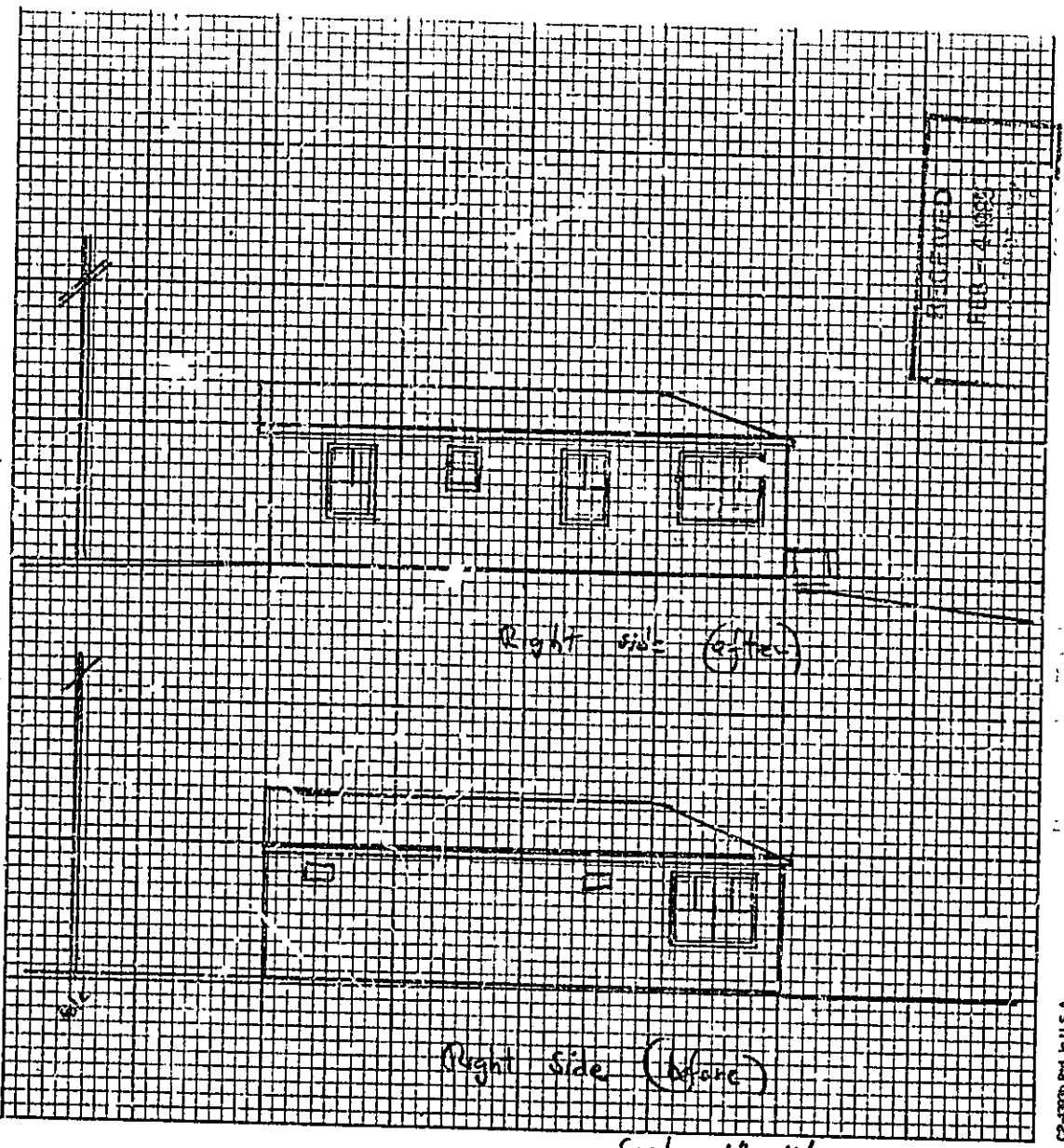
Property of

DIAGRAM
(For Internal Use Only)

LOCATIONS SURVEYED
SURVEYED BY
DATE OF SURVEY
1/26/85
Ron Shaw
Catherine C. Shaw
% Seaside Ave. & Ryefield St.
Beals Island Ave.

INDICATE AGE, CONSTRUCTION, OCCUPANCY, FIRE WALLS, FLOOR AND WALL OPENINGS, PROTECTION,
ACCESS RC ADS AND EXPOSURES:

SCALE: □ 1" = 50' □ 1" = 100' OTHER (SPECIFY) 1" = 10'



Scale 1" = 10'

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Page 1 of 2

Is Application For New System Replacement Of Entire System Expansion System Replacement Of Disposal Area Only Conversion Permit

Varies None Required Replacement System Variance With LPI Approval Direct Review New System Variance

PROPERTY LOCATION
PORTLAND - PEAKS ISLAND SEASHORE AVE @ RYEFIELD ST. TAX MAP 85 BLOCK N 1,2
Town, Plantation Street Name Subdivision Name Lot No


PROPERTY OWNER OR APPLICANT
JOHN FEENEY

TYPE OF STRUCTURE, DESIGN FLOW
 Single Family Dwelling Number of Bedrooms **2** Design Flow **210** GPD
 Design Flow based on Minimum Moderate Conservative
 Reduction in Design Flow due to System Configuration Reduced to Minimum Design Flow. No home Leach Tests or Discharge Measurements. If so, specify type of **Low Water Use Toilet Flow restricted Shower**

Other Establishment Specify _____ Type of Facility _____
 (Number of Employees, Seating Capacity, Building Size, etc.)
 Design Flow _____ GPD
 If greater than 2000 GPD, Specify Professional Engineer _____

MAILING ADDRESS
158 RIC LAND AVE **767-2896**
Street Tel No

SOUTH PEAK ISLAND MAINE 04106
Town State Zip Code

LOCATION PLAN OF PROPERTY
 CASCO BAY

PROPERTY INFORMATION
 Area of Property **11,570** Sq Ft. 50 Ft. Acre Zoned Not Zoned
 If zoned, type of zoning **R-3**
 Property on Water Body, if so, Name of Water Body _____
 Water Supply is Public Utility Drilled Well _____ depth _____
 Dug Well _____ depth Well Point Spring Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

| TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED | Observation Hole No <u>1</u> | Observation Hole No _____ | Observation Hole No _____ |
|--|---|---|---|
| | <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Core | <input type="checkbox"/> Test Pit <input type="checkbox"/> Core | <input type="checkbox"/> Test Pit <input type="checkbox"/> Core |
| Organic Strata or (Existing Fill) SOD Thickness 2 " | Organic Strata or (Existing Fill) _____ Thickness _____ | Organic Strata or (Existing Fill) _____ Thickness _____ | Organic Strata or (Existing Fill) _____ Thickness _____ |
| 1st Original Mineral Soil Strata DARK BROWN LOAM Depth from 0" to 18 " Thickness 18 " | 1st Original Mineral Soil Strata _____ Depth from 0" to _____ Thickness _____ | 1st Original Mineral Soil Strata _____ Depth from 0" to _____ Thickness _____ | 1st Original Mineral Soil Strata _____ Depth from 0" to _____ Thickness _____ |
| 2nd LIGHT BROWN SANDY LOAM Depth from 18 " to 24 " Thickness 6 " | 2nd _____ Depth from _____ to _____ Thickness _____ | 2nd _____ Depth from _____ to _____ Thickness _____ | 2nd _____ Depth from _____ to _____ Thickness _____ |
| 3rd GRAY BROWN SILTY SAND Depth from 24 " to 36 " Thickness 12 " | 3rd _____ Depth from _____ to _____ Thickness _____ | 3rd _____ Depth from _____ to _____ Thickness _____ | 3rd _____ Depth from _____ to _____ Thickness _____ |
| 4th GRAY CLAY Depth from 36 " to 60 " Thickness 24 " | 4th _____ Depth from _____ to _____ Thickness _____ | 4th _____ Depth from _____ to _____ Thickness _____ | 4th _____ Depth from _____ to _____ Thickness _____ |
| Total Depth of Observation Hole 60 " | Total Depth of Observation Hole _____ | Total Depth of Observation Hole _____ | Total Depth of Observation Hole _____ |
| Maximum Seasonal High Ground <input type="checkbox"/> None evident <input checked="" type="checkbox"/> Water Table Depth 24 " | Maximum Seasonal High Ground <input type="checkbox"/> None evident <input type="checkbox"/> Water Table Depth _____ | Maximum Seasonal High Ground <input type="checkbox"/> None evident <input type="checkbox"/> Water Table Depth _____ | Maximum Seasonal High Ground <input type="checkbox"/> None evident <input type="checkbox"/> Water Table Depth _____ |
| Depth to Restrictive Layer <input type="checkbox"/> None evident <input checked="" type="checkbox"/> 36 " | Depth to Restrictive Layer <input type="checkbox"/> None evident <input type="checkbox"/> _____ | Depth to Restrictive Layer <input type="checkbox"/> None evident <input type="checkbox"/> _____ | Depth to Restrictive Layer <input type="checkbox"/> None evident <input type="checkbox"/> _____ |
| Depth to Bedrock <input checked="" type="checkbox"/> None evident | Depth to Bedrock <input type="checkbox"/> None evident <input type="checkbox"/> _____ | Depth to Bedrock <input type="checkbox"/> None evident <input type="checkbox"/> _____ | Depth to Bedrock <input type="checkbox"/> None evident <input type="checkbox"/> _____ |
| PROFILE 2 CONDITION C SLOPE 3% | PROFILE _____ CONDITION _____ SLOPE _____ | PROFILE _____ CONDITION _____ SLOPE _____ | PROFILE _____ CONDITION _____ SLOPE _____ |

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM
 Combined System
 Separated System
 If proposed system, type of black water disposal system to be used
 Compost Pit Privy Sealed Vault Privy Toilet
 Specify _____
 Separated Leach System Planchette System Holding Tank

TREATMENT TANK
 Septic Tank Aerobic Tank
 Size **150** Gals.
 DRAINAGE
 Pumping is not required Pumping is required
 The dose should be _____ Gals.
 Drainage chamber capacity shall be _____ gals.
 System would be used

SUBSURFACE DISPOSAL AREA/TYPE
 Trench Disposal Area
 Total linear feet of trench _____ ft.
 Number of Trench Lines _____ ft.
 Length of each trench line _____ ft.
 Depth of Stone _____ inches.
 Reduction in trench length due to stone depth _____ %
 Bed Disposal Area
 Total bed area **700** sq ft.
 Number of beds _____
 Width **20** ft. Length **35** ft.
 Chamber Disposal Area
 Total chamber area _____ sq ft.
 Number of chambers _____
 Width _____ ft. Length _____ ft.
 H 20 required

SYSTEM'S ZONING
 Small Medium Medium Large Large Extra Large
 DISPOSAL AREA ELEVATION
 Depth of Upslope Fill required **9** inches.
 Depth of Downslope Fill required **18** inches.
 Reference Elevation Point established at **20.00** Elevation
 Disposal Area Bottom to be situated at **16.75** Elevation
 Top of Distribution Lines or Top of Chambers **17.83** Elevation
 Yes No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), camps, marshes, and bogs.
 Yes No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and spring producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR
 On **2/11/82** I visited, site investigation for this project was completed. I conducted this soil evaluation and the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator **William B. Goulet** Site Evaluation License No. **0003**
 Date signed **February 2, 1983**
 Signature of Owner/APPLICANT _____
 Date signed _____

FOR USE BY OWNER/APPLICANT
 I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

FOR USE BY LPI
 This Application is approved. If conditions, specify _____
 This Application is denied due to: System is not in accordance with Rules Application is incomplete Application is unclear Development is in violation of other Regulations. Specify _____

Signature of LPI _____
 Date _____

PERMIT NO. [] [] [] [] [] [] [] [] [] []
 Date Issued / / 1982

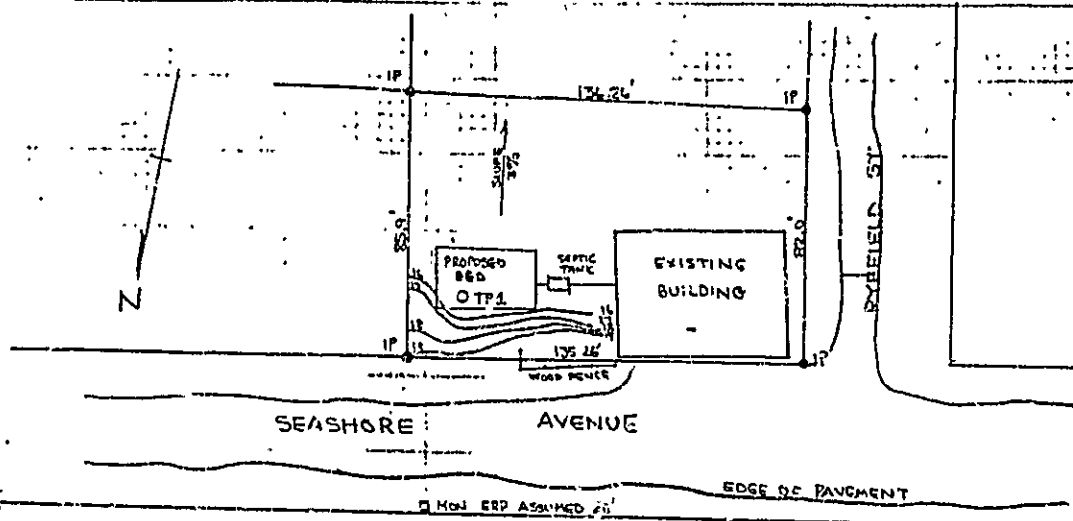
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

Page 2 of 2

| | | | |
|--|---|--|--------------------------------------|
| PROPERTY LOCATION PORTLAND PEAKS ISLAND <small>Town, Plantation</small> | SEASHORE AVE @ RYEFIELD ST <small>Street Road</small> | TAX MAP 85 BLOCK N <small>Subdivision Name</small> | 1,2 <small>Lot No.</small> |
| PROPERTY OWNER or APPLICANT JOHN FEENEY | DISPOSAL AREA ELEVATION Length of Upslope Fill required <u>9</u> inches Depth of Downslope Fill required <u>18</u> inches | Reference Elevation Point established at <u>20.00</u> Elevation Disposal Area Bottom to be established at <u>16.75</u> Elevation Top of Distribution Lines or Top of Chambers <u>17.83</u> Elevation | |

Site Plan

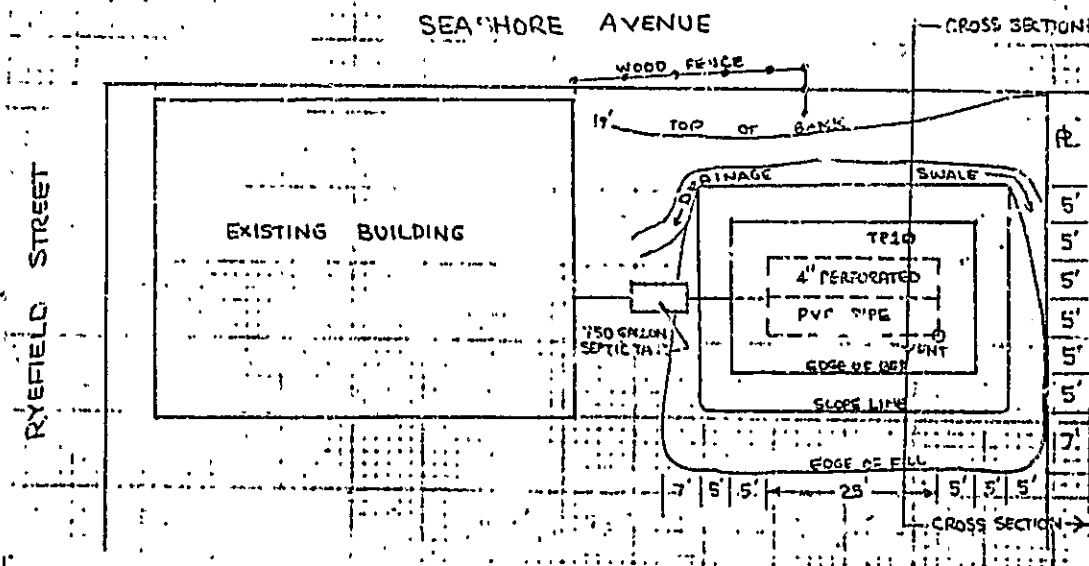
Scale 1" = 50 ft.



Subsurface Wastewater Disposal Plan

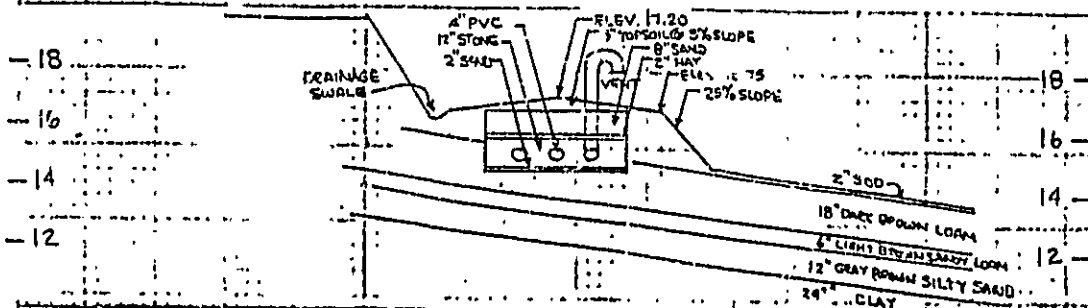
Scale 1" = 20' drawn by N.V.T.

- Designates Elevation Reference Point (ERP)
- Designates Observation Hole (TP or D)



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 20'



Site Engineer's Signature
William B. Johnson

Date **2/7/83**

License Number **0003**

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3820

PROPERTY ADDRESS

Town Or
Municipality: PORTLAND

Street:
Subdivision/Lot #: 85 N. 12 STASHIRE

PROPERTY OWNERS NAME: PKS USA

Last: SWAN First: R. WILKINS

Applicant
Name: OWNER

Mailing Address of
Owner/Applicant
(if different): 95 RIVER ROAD
PORTLAND ME

Caution: Permit Required

PORTLAND PERMIT # 884 TOWN COPY

Date Permit Issued: 2-4-85

Local Plumbing Inspector Signature: [Signature]

FEE: \$ _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any false statement is a violation of the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 2-4-85

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: _____ Date Approved: SEP 30 1985

PERMIT INFORMATION

This Application is for:

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

MAR 1 1985

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 BURNER MAN
- 3. MFG'D HOUSING DEALER/MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # _____

| 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 | | Hosebibb / Silcock | 1 | Bathtub (and Shower) |
| | | | Floor Drain | | Shower (Separate) |
| | | | Urinal | 2 | Sink |
| | HOOK-UP to an existing subsurface wastewater disposal system | | Drinking Fountain | | Wash Basin |
| | | | Indirect Waste | 1 | Water Closet (Toilet) |
| | | | Water Treatment Softener, Filter, etc | | Clothes Wash |
| | 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: _____ | | Water Heater |
| \$ | Hook-Up Fee | | Fixtures (Subtotal) Column 2 | 4 | Fixtures (Subtotal) Column 1 |
| | | | | | Fixtures (Subtotal) Column 2 |
| | | | | 4 | Total Fixtures |
| \$ | | | | | Fixture Fee |
| \$ | | | | | Permit Fee |
| \$ | | | | | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Feb. 4, 1985
 Receipt and Permit number D-00359

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: 85-N-1-2 Seashore Avenue, Peaks Isl.
 OWNER'S NAME: Ronald & Catherine Shaw ADDRESS: Merrimac, Mass

| | FEES |
|--|------|
| OUTLETS: | |
| Receptacles <u> </u> Switches <u> </u> Plugmold <u> </u> ft. TOTAL <u>1-30</u> | 3.00 |
| FIXTURES: (number of) | |
| Incandescent <u>xx</u> Fluorescent <u> </u> (not strip) TOTAL <u>1-10</u> | 3.00 |
| Strip Fluorescent <u> </u> ft. | |
| SERVICES: | |
| Overhead <u> </u> Underground <u> </u> Temporary <u> </u> TOTAL amperes <u> </u> | |
| METERS: (number of) | |
| 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 <u> </u> Over 20 kws <u> </u> | |
| APPLIANCES: (number of) | |
| Ranges <u> </u> <u>x</u> Water Heaters <u> </u> <u>x</u> | |
| Cook Tops <u> </u> Disposals <u> </u> | |
| Wall Ovens <u> </u> Dishwashers <u> </u> | |
| Dryers <u> </u> Compactors <u> </u> | |
| Fans <u> </u> Other (denote) <u> </u> | |
| TOTAL | 3.00 |
| 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 <u>xx relocating service 1st floor to basement</u> | 2.00 |
| Repairs after fire | |
| Emergency Lights, battery | |
| Emergency Generators | |
| INSTALLATION FEE DUE: | |
| FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: | |
| FOR REMOVAL OF A "STOP ORDER" (304-16.b) | |
| TOTAL AMOUNT DUE: <u>11.00</u> | |

INSPECTION:
 Will be ready on _____, 19____; or Will Call xx
CONTRACTOR'S NAME: Joe Hayes
ADDRESS: Peaks Island, Me.
TEL.: _____
MASTER LICENSE NO.: 8268 **SIGNATURE OF CONTRACTOR:** Ronald K. Shaw
LIMITED LICENSE NO.: (Joe Hayes)

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

ELECTRICAL INSTALLATIONS -

Permit Number 0359

Location P5-N-1,2 Seashore Ave Pacific Ave

Owner Shaw

Date of Permit 2-4-85

Final Inspector 7-19-85

By Inspector Kelly

Permit Application Register Page No. 162

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 7-19-85 by Kelly

PROGRESS INSPECTIONS: 3-1-85

7-19-85

| DATE: | REMARKS: |
|----------------|------------------|
| <u>6/19/86</u> | <u>Completed</u> |
| | |
| | |
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Fishbein