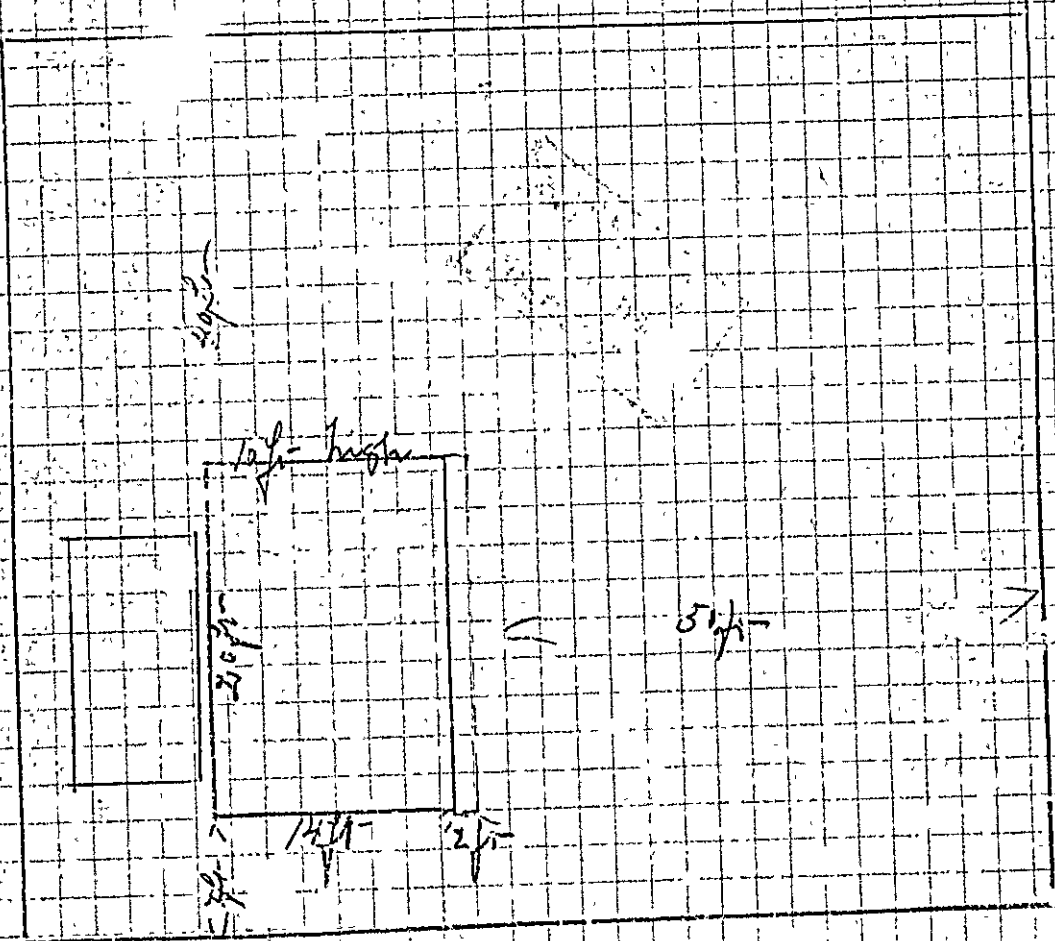


(A) APARTMENT HOUSE ZONE





(6) APARTMENT HOUSE ZONE

PERMIT ISSUED
Permit No. 1609
AUG 14 1929

APPLICATION FOR PERMIT

Class of Building or Type of Structure Single House

Portland, Maine, August 13 1929

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter or repair the following building structure or equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Forest City Lodge, Peaks Island Ward 1 Within Fire Limits? no Dist. No. _____
Owner's name and address Mr. F. B. Robinson, Advan Street, PE. Telephone _____
Contractor's name and address W. H. Wallace, Peaks Island Telephone _____
Architect's name and address _____
Proposed use of building 2 car garage No. families _____
Other buildings on same lot garage (1 car)

Description of Present Building to be Altered

Material wood No. stories 1 Heat _____ Style of roof pitch Roofing flintstone
Last use 1 car garage No. families _____

General Description of New Work

To widen garage 2' on side, making a two car garage out of a one car garage. BEFORE LATHING OR CLOSING IN IS WAIVED.
DATE OF OCCUPANCY REQUIREMENT IS WAIVED.

Details of New Work

Size, front _____ depth _____ No. stories 1 Height average grade to highest point of roof 8'-6"
To be erected on solid or filled land? solid earth or rock? earth 100%
Material of foundation rock Thickness, top _____ bottom _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof _____ Roof covering asph. shingles flintstone
No. of chimneys _____ Material of chimneys _____ of lining _____
Kind of heat _____ Type of fuel _____ Distance, heater to chimney _____
If oil burner, name and model _____
Capacity and location of oil tanks _____
Is gas fitting involved? _____ Size of service _____
Corner posts 4x4 Sills 6x4 Girt or ledger board? _____ Size _____
Material columns under girders _____ Size _____ Max. on centers _____
Studs (outside walls and carrying partitions) 2x4-16" O.C. Girders 6x8 or larger Bridging in every floor and flat roof span over 3 feet. Sills and corner posts all one piece in cross section.
Joists and rafters: 1st floor 2x3, 2nd _____, 3rd _____, roof 2x3
On centers: 1st floor 12", 2nd _____, 3rd _____, roof 16"
Maximum span: 1st floor 6', 2nd _____, 3rd _____, roof _____
If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot two, to be accommodated three
Total number commercial cars to be accommodated 1-20
Will automobile repairing be done other than minor repair to cars habitually stored in the proposed building? no

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
Plans filed as part of this application? yes No. sheets 1 Fee \$ 5.00
Estimated cost \$ 100.

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

INSPECTION APPROVED

Oliver P. Saubon
CHIEF OF FIRE DEPT.

Signature of owner W. H. Wallace

722-48

Ward 1 Permit No. 81609
P.C.

Location Ocean Terrace Beach
S.E. 1st St.

Owner Mrs. W. B. Robinson

Permit 8/14/26

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Occupancy issued

NOTES

3/11/29

P.T.F.



CITY OF PORTLAND, MAINE
Department of Building Inspection

85-0-~~38~~
28, 29, 30, 31

Certificate of Occupancy

LOCATION Lots 28, 29, 30 and part of 31, Beach Street, Portland, Maine

Date of Issue Nov. 13, 19

Issued to Joseph Bean

This is to certify that the building, premises, or part thereof, at the above location, built or changed as to use under Building Permit No. 89/1934, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

11-13-39 *William J. Schuch*
(Date) Inspector

Wm. J. Schuch
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 lessee for one dollar.

City of Portland

PERMIT # **001934**

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP # _____

LOT# _____

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

Owner: Joseph Bean - 773-5124

85-0-28, 29, 30

Address: Suite 502, 178 Middle St., Portland, 04101

LOCATION OF CONSTRUCTION: lots 28, 29, 30 & pt 31, Seashore Ave., Peaks Island

CONTRACTOR: CGWK Designer Builders CONTRACTORS: 603 772-5567

ADDRESS: Rt. 111, Box 16A, Exeter, N.H. 03833

Est. Construction Cost: \$150,000 Type of Use: single family

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion: Explain Minor, minor site plan and to construct new.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE construction plan

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

Foundation:

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

Floor: _____ Girders must be anchored.

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

Exterior Walls: _____ Spacing _____

1. Studding Size: _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes: _____ Spacing _____
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: _____ Spacing _____

1. Studding Size: _____ Spacing _____
2. Header Sizes: _____
3. Wall Covering Type: _____
4. Fire Wall if required: _____
5. Other Materials: _____

PERMIT ISSUED
WHITE LETTER

White - 1 Assessor

Yellow - GPCOG

White Tag - CEO

© Copyright GPCOG 1987

For Official Use Only

Date: March 28, 1989

Subdivision: Yes _____ No _____

Name: _____

Lot: _____

Block: _____

Permit Expiration: _____

Ownership: _____ Public _____ Private _____

Valued for _____

For: 550.00 - MINOR, MINOR site plan

170.00 Building Fee

Ceiling:

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

PERMIT ISSUED

APR 18 1989

Roof:

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

City of Portland

Chimneys:

Type: _____ Number of Fire Places: _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

Approval of soil tests required: Yes _____ No _____

1. No. of Tubs or Showers: _____
2. No. of Flushes: _____
3. No. of Lavatories: _____
4. No. of Other Fixtures: _____
5. No. of Other Fixtures: _____

Swimming Pools:

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

Zoning:

District: IR-2 Street Frontage Req: _____ Provided: _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Special and Floodplain Mgmt: _____ Special Exception _____

Other (Explain): _____

Date Approved: 4-12-89

Permit Received By: Nancy Grossman

Signature of Applicant: _____ Date: 3/28/89

Signature of CEO: _____ Date: _____

Inspection Dates: _____

PLCOT PLAN

N
▲

FEES (Breakdown From Front)

Base Fee \$25.00

Subdivision Fee \$

Site Plan Review Fee \$ 50.00 - minor, minor

Other Fees \$ 745.00

(Explain)

Late Fee \$

Type

In portion Record

Date

COMMENTS

8-22-89 - Drop site. Due to complaints
a height limit. Performed. C.N. in accordance
Advised contractor to get approval for changes to grade
11-13-89 - OK for P.C. Paul Kirkhoff verbally OK'd.

Signature of Applicant

Joseph J. [Signature]

Date

3/28/89

CITY OF PORTLAND, MAINE

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



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

April 12, 1989

GMR Designer Builders
Route 111, Box 16-A
Exeter, New Hampshire 03833

Re: Lots #28, 29, 30 part of 31 Seashore Avenue, Peaks Island, Maine

Dear Sir:

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

Site Plan Review Requirements

Inspection Services
Public Works

Approved
Approved

W. Giroux
S. Harris

Building Code Requirements

Please read and implement items 1, 2, 6, 7 and 9 of the attached Building Permit Report.

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

Sincerely,

P. Samuel Hoffses
Chief, Inspection Services

cc: S. Harris, Public Works

BUILDING PERMIT REPORT

ADDRESS: lots 28, 29, 30 and lot 31 Sea Shore Pt. E. DATE: 12/APR/89
REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: Joseph Bean

CONTRACTOR: GMR Designer Builders

PERMIT APPLICANT: " "

APPROVED: *1, *2, *5, *7, *9 DEEDS:

CONDITION OF APPROVAL ~~GENERAL~~:

- *1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- *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 placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- *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.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

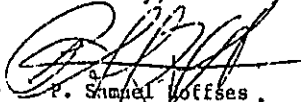
8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely 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.

*9.) 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 6 inches cannot pass through any opening.

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.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el
11/16/88

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town or Plantation: **PORTLAND PEAKS ISLAND**

Street: **SEASHORE AVENUE**

Subdivision/Lot #: **TAX MAP 85 BLOCK C LOTS 28-30PTA1**

PROPERTY OWNERS NAME

Last: **BEAN** First: **JOSEPH**

Applicant Name: **JOSEPH BEAN**

Mailing Address of Owner/Applicant (if Different): **178 MIDDLE STREET SUITE 502 PORTLAND MAINE 04101**

PORTLAND PERMIT # **3,346** APPLICANTS COPY

Date Permit Issued: **3 28 89**

Local Plumbing Inspector Signature: *[Signature]*

Local Plumbing Inspector License # _____

FEE or Fee Charged

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

Owner/Applicant Statement

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

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

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

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>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>4. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>5. <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"/> RED 2. <input type="checkbox"/> TYPICAL</p> <p>3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO BE USED:</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 20,000 SF</p> <p>ZONING I R 2</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK:</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> 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 checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING:</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, CEILING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BED ROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET - 45</p> <p>SEPARATED LAUNDRY - 90</p> <p>DESIGN FLOW: 315 (GALLONS DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>4</u> CONDITION: <u>ATB</u></p> <p>DEPTH TO LIMITING FACTOR: <u>38</u></p>	<p>SIZING RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> TRENCH _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>425</u> Sq Ft</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>4. <input type="checkbox"/> OTHER _____</p>	

SITE EVALUATOR STATEMENT * USED 17 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On APRIL 5 1986 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Jordan 0003/4814 2/27/89

Site Evaluator or Professional Engineer's Signature SE# / PE# Date

* Local Plumbing Inspector Signature # & Local Site Evaluation Form under a Local Permit

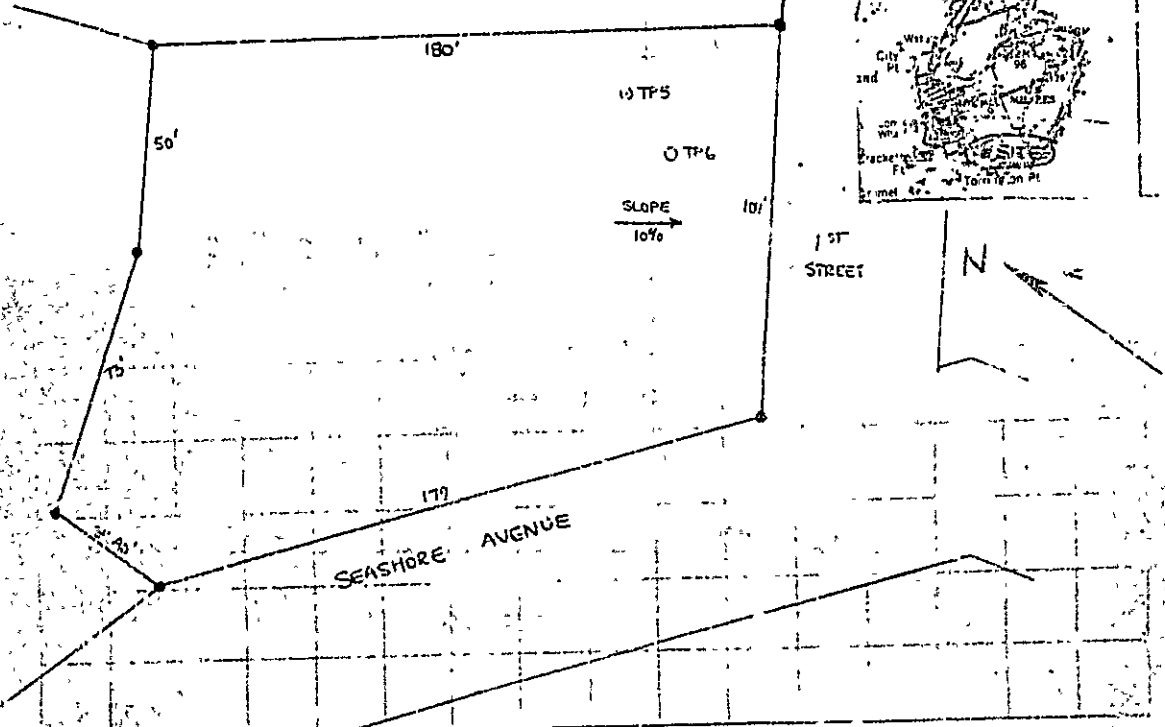
Page 1 of 3 HME - 200 Rev 4 83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE 85-0-29 thru 37, pt. 31** Owners Name: **JOSEPH BEAN**

SITE PLAN Scale 1" = 40' Ft.



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

Observation Hole 5 Test Pit Boring
3' FOREST FEAR Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-15				
15-20	STONY SANDY LOAM	LOOSE	RED BROWN	NONE
20-30				
30-40	STONY LOAMY GRAVEL			COMMON
40-50	SHALY BEDROCK			

Soil Classification: AII Slope: 10% Limiting Factor: 38
 Ground Water An undrained layer Contact

Observation Hole 6 Test Pit Boring
3' FOREST FEAR Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-10				
10-20	STONY SANDY LOAM	LOOSE	DARK BROWN	NONE
20-30				
30-40	STONY LOAMY GRAVEL		LIGHT BROWN	COMMON
40-50	SHALY BEDROCK			

Soil Classification: AII Slope: 10% Limiting Factor: 38
 Ground Water An undrained layer Contact

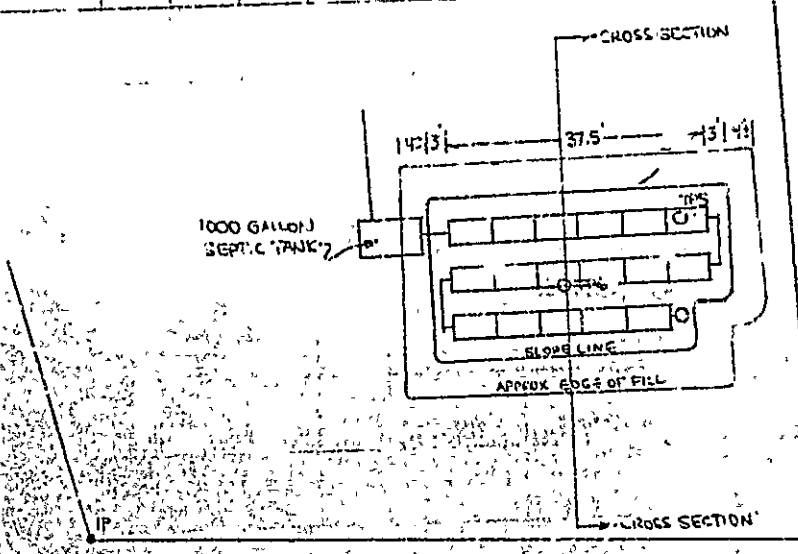
William B. Jordan 0003/4814 2/27/89
 Evaluator or Professional Engineer's Signature SE# 1797 Date

Page 2 of 3
H E 201 Rev 403

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

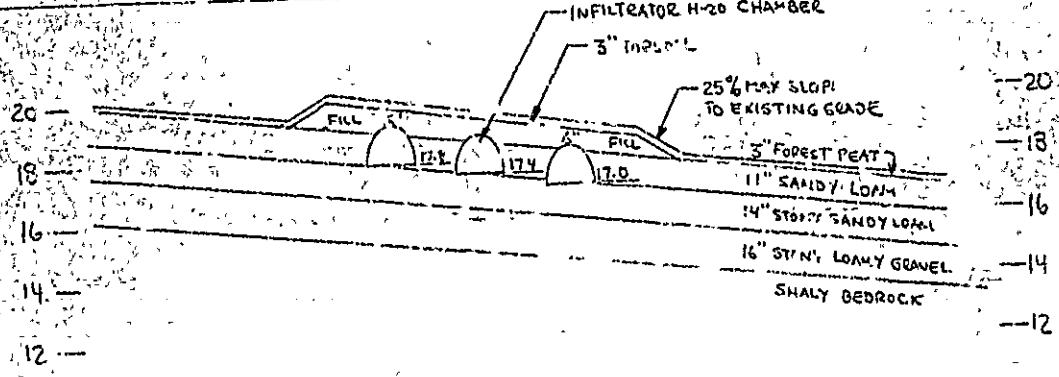
Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision SEASHORE AVE 85-0-28th & 30, pt. 31	Owners Name JOSEPH DEAN
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20 Ft.



1ST STREET

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>10</u>	Reference Elevation is <u>14.2</u>	TOP OF IRON PIPE, SOUTHEAST CORNER OF LOT
Depth of Fill (Downslope) <u>10</u>	Bottom of Disposal Area SEE X SECTION	
	Top of Distribution Lines or Chambers SEE X SECTION	
DISPOSAL AREA CROSS SECTION		
Scale: Vertical: 1 inch = 5 Ft. Horizontal: 1 inch = 10 Ft.		



William G. Johnson
San Engineer of Professional Engineer's Signature

2003/4814
DATE

2/27/89
Date

Page 3 of 3
(HPE 20) Rev 4/83

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Joseph Bean - 773-5134 March 28, 1989
 Applicant Suite 502 Date
 178 Middle St., Portland 04101 Lots #28, 29, 30 & pt. 31 Seashore Avenue,
 Mailing Address Address of Proposed Site Peaks Island
 single family 85-0-28, 29, 30 & pt 31
 Proposed Use of Site Site Identifier(s) from Assessors Maps
 20,000 / 1100 sq ft IR-2
 Acreage of Site / Ground Floor Coverage 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 2400 sq ft
 Planning Board Action Required: () Yes () No

Other Comments: _____
 Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW

(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
 - Requires Board of Appeals Action
 - Requires Planning Board/City Council Action

Explanation _____

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 211)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: _____

Joseph Bean
See Plan

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant: <u>Joseph Bean - 773-5134</u>	Date: <u>March 28, 1989</u>
Mailing Address: <u>Suite 502</u>	Address of Proposed Site: <u>Lots #28,29,30 & pt. 31 Seashore Avenue,</u>
<u>178 Middle St., Portland, 04101</u>	<u>Peaks Island</u>
Proposed Use of Site: <u>single family</u>	Site Identifier(s) from Assessors Maps: <u>85-0-28, #9, 30 & pt 31</u>
Acreage of Site: <u>20,000</u> / Ground Floor Coverage: <u>1100 sq ft</u>	Zoning of Proposed Site: <u>IR-2</u>
Site Location Review (DEP) Required: () Yes () No	Proposed Number of Floors: <u>2</u>
Board of Appeals Action Required: () Yes () No	Total Floor Area: <u>2400 sq ft</u>
Planning Board Action Required: () Yes () No	

Other Comments: _____

Date Dept. Review Due: _____


PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																
APPROVED CONDITIONAL																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: _____

(Attach Separate Sheet if Necessary)


 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

Applicant: J. Bean

Date:

Address: Lot #28, 29, 31, + pt of 31.

Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date - 4-12-89

Zone Location - I R 2

Interior or corner lot -

Use - single

Sewage Disposal - septic approved

25' req.

Rear Yards - 80'

20' req.

Side Yards - ~~31' 98'~~ 25' + 45'

25' req.

Front Yards - 45'

Projections - none

35' allowed

Height - 34'

Lot Area - 20,000 sq ft

Building Area - ~~DK~~

Area per Family - single

80' req.

Width of Lot - 100'

70' req.

Lot Frontage - 100'

Off-street Parking - OK

Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -

PLUMBING APPLICATION

850-28
29
30
31

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

PROPERTY ADDRESS

Town City Plantation: PEWEE TOWN - PORTLAND

Street: BIENHOUE AVENUE

Subdivision: BIENHOUE AVENUE

PROPERTY OWNERS' NAME

Last: BEAN First: JOSEPH

Applicant Name: BOBS PLUMBING

Mailing Address of Owner/Applicant (if Different): 1211 KINGSTON RD
EVERETT, NH 03301

PORTLAND 3601 TOWN COPY

Date of Permit: 12/27/89 Fee: \$1510.00

Local Plumbing Inspector Signature: [Signature] L.P.I. # 11217

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 it's Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 12/27/89

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 Approved: 12/27/89

PERMITS INFORMATION

This Application is for: NEW PLUMBING RELOCATED PLUMBING

Type Of Structure To Be Served:

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

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNER/MAN
- MFG'D: HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLO/EE
- PROPERTY OWNER

LICENSE # 102778

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system.	0.3	Hosebibb / Silcock	0.1	Bathtub (and Shower)
	0.0	Floor Drain	0.1	Shower (Separate)
	0.0	Urinal	0.6	Sink
	0.0	Drinking Fountain	0.0	Wash Basin
	0.0	Indirect Waste	0.3	Water Closet (Toilet)
	0.0	Water Treatment: Softener, Filter, etc.	0.1	Clothes Washer
	0.0	Grease/Oil Separator	0.1	Dish Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	0.0	Dental Cuspidor	0.1	Garbage Disposal
	0.1	Bidets	0.1	Laundry Tub
		Other: _____	0.1	Water Heater
Number of Hook-Ups & Relocations				
Hook-Up & Relocation Fee				
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			16	Fixtures (Subtotal) Column 1
			4	Fixtures (Subtotal) Column 2
			20	Total Fixtures
			\$	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 50.	Total Fee (Total)

85-0-28-31

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **FORTLAND PEAKS ISLAND**

Street: **SEASHORE AVENUE**

Subdivision Lot #: **TAX MAP 85 BLOCK 0 LOTS 28-30 PTA**

PROPERTY OWNERS NAME

Last: **BEAN** First: **JOSEPH**

Applicant Name: **JOSEPH BEAN**

Mailing Address of Owner/Applicant (If Different): **178 MIDDLE STREET SUITE 502 PORTLAND MAINE 04101**

PORTLAND PERMIT # 3,346 TOWN COPY

Permit Fee: **3,288.89** \$140.00 FEE

Local Plumbing Inspector Signature: _____ 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 _____ Date _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature _____ Date Approved: **AUG 21 1989**

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 No. 1 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:

- BED
- CHAMBER
- TRENCH
- OTHER _____

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY 20,000 SF **ZONING** I R 2

TYPE OF WATER SUPPLY PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: **1000** GALS.

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

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

DCSE: _____ GALS

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

3 BED ROOM CONSERVATIVE **450**

LOW VOLUME TOILET **- 45**

SEPARATED LAUNDRY **- 90**

DESIGN LOW **315** (GALLONS DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE **4** CONDITION **AIII**

DEPTH TO LIMITING FACTOR **38**

SIZING RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq Ft
- CHAMBER **425** Sq Ft
- TRENCH _____ Linear Ft
- OTHER: _____

REGULAR H 20

SITE EVALUATOR STATEMENT I USED 17 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On **APRIL 5 1986** (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: **William B. Johnson** 0003/4814 2/27/89

Local Plumbing Inspector Signature _____ Date _____

Page 1 of 3 HHE-200 Rev 4 83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

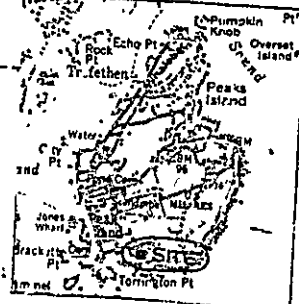
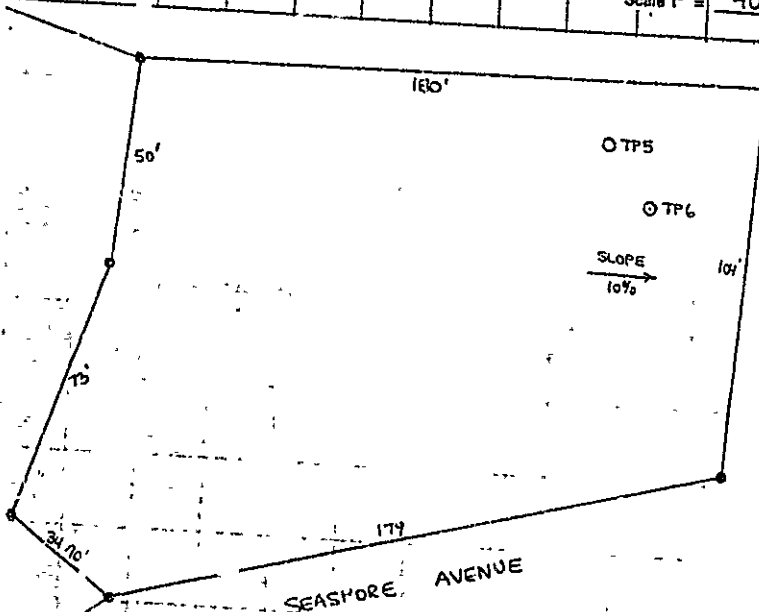
Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road, Subdivision
SEASHORE AVE 85-7-29 thru 30, pt. 31

Owners Name
JOSEPH BEAN

SITE PLAN

Scale 1" = 40 F.



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>5</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>6</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-8 SANDY LOAM		DARK BROWN		0-8 SANDY LOAM		DARK BROWN	
8-15 STONY SANDY LOAM	LOOSE	RED BROWN	NONE	8-15 STONY SANDY LOAM	LOOSE	RED BROWN	NONE
15-20 STONY LOAMY GRAVEL				15-20 STONY LOAMY GRAVEL		LIGHT BROWN	
20-30 SHALY BEDROCK			COMMON	20-30 SHALY BEDROCK			COMMON
Soil Profile <u>4</u>	Classification <u>A III</u>	Slope <u>10%</u>	Limiting Factor <u>38</u>	Soil Profile <u>4</u>	Classification <u>A III</u>	Slope <u>10%</u>	Limiting Factor <u>38</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock			

William B. Goodwin 0003/4814
SE#1PE#

2/27/89

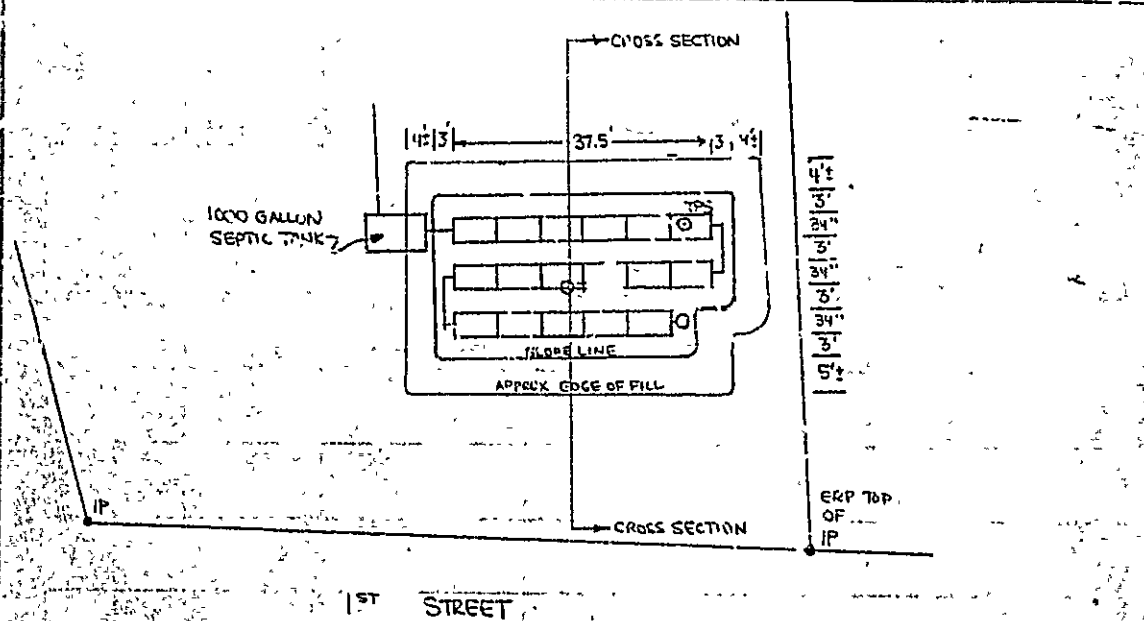
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE 85-0-281430, pt. 31** Owners Name: **JOSEPH ELEAN**

SUBSURFACE WASTEWATER DISPOSAL PLAN

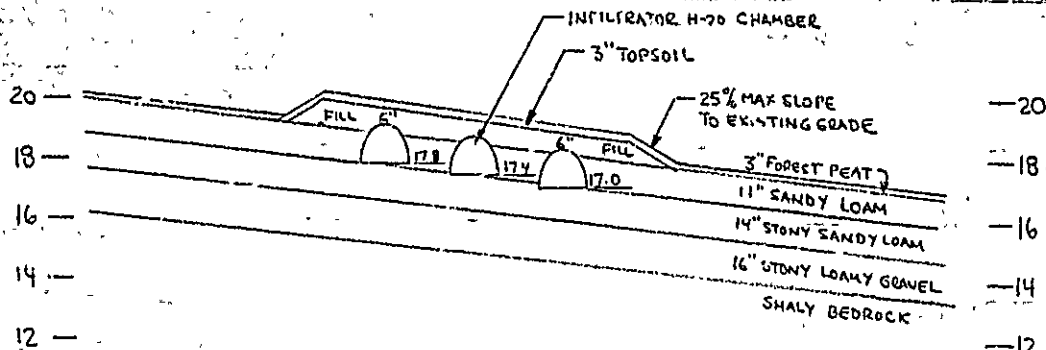
Scale 1" = 20' Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>10'</u>	Reference Elevation is <u>14.2</u>	TOP OF IRON PIPE, SOUTHEAST CORNER OF LOT
Depth of Fill (Downslope) <u>10'</u>	Bottom of Disposal Area SEE X SECTION	
	Top of Distribution Lines or Chambers SEE X SECTION	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 5' Ft.
Horizontal: 1 Inch = 10' Ft.



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

0003/4814
SE: PE #

2/27/89
Date

Page 3 of 3
HHE-200 Rev. 4/83

85-0-28, 29, 30, 31



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 5, 1989
Receipt and Permit number 00375

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: Peaks Island Seashore Ave. 85-0-4-7, 28, 31
OWNER'S NAME: Joseph Bean ADDRESS: _____

		FEE\$
OUTLETS:		
Receptacles	Switches	Plugmold
ft. TOTAL <u>31 to 60</u>		<u>5.00</u>
FIXTURES: (number of)		
Incandescent <u>XX</u>	Flourescent	(not strip) TOTAL <u>30</u>
Strip Flourescent	ft.	<u>5.00</u>
SERVICES:		
Overhead <u>XX</u>	Underground	Temporary
TOTAL amperes: <u>100</u>		<u>3.00</u>
METERS: (number of)	<u>1</u>	<u>.50</u>
MOTORS: (number of)		
Fractional		
HP or over		<u>3.00</u>
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	<u>1</u>	Water Heaters <u>1</u>
Cook Tops		Disposals <u>1</u>
Wall Ovens		Dishwashers <u>1</u>
Dryers	<u>1</u>	Compactors
Fans		Others (denote)
TOTAL	<u>4</u>	<u>6.00</u>
MISCELLANEOUS: (number of)		
Branch Panels		
Transformers		
Air Conditioners	Central Unit	Separate Units (windows)
Signs	29 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: 22.50

INSPECTION: Will be ready on _____, 19__; or Will Call XX
CONTRACTOR'S NAME: Dyer Elec
ADDRESS: 12 Coffee Town Rd Deeffield New Hampshire
TEL: _____
MASTER LICENSE NO.: 109810 SIGNATURE OF CONTRACTOR: Thomas C. Dyer
LIMITED LICENSE NO.: _____

PERMIT # 001934

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Joseph Bean - 7/3-5134

Address: Suite 502, 173 Middle St., Portland, 04101

LOCATION OF CONSTRUCTION Lots #28, 29, 30 & pt. 31, Seashore Ave.,

CONTRACTOR: GMR Designer Builders CONTRACTORS 603 Peaks Island

ADDRESS: Rt. 111, Box 16A, Exeter, N.H. 03827

Est. Construction Cost: \$150,000 Type of Use: single family

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Minor, Minor Site Plan and to construct new.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 2 site plans and 1

Residential Buildings Only: _____ construction plan

Of Dwelling _____ # Of New Dwelling Units submitted

Foundations:

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. Girders Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing: _____ J.C. _____
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

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

For Official Use Only	
Date: <u>March 28, 1989</u>	Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Fire Limits: _____	Name: _____
BlDG Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>\$150,000</u>	Permit Expiration: _____
Value Structure: _____	Ownership: _____
Yes: <u>\$50,000</u> - Minor - Minor Site Plan	Public: _____
Private: _____	

\$770.00 - Building Fee

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Span _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling, Height: _____ APR 13 1989

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes No

Plumbing:

1. Approval of soil test if required Yes No
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type _____
2. Pool Size: _____ x _____ square Footage _____
3. Must conform to National Electrical Code and State Laws.

Zoning:

District _____ Street Frontage Req. _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other: _____ (Explain) _____

Date Approved: _____

Permit Received By Nancy Grossman

Signature of Applicant: [Signature] Date 3/28/89

Signature of CEO _____ Date _____

Inspection Dates: [Signature]

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

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HOWARD HELLER
PHONE (207) 775-
(207) 786-3

WELCH STREET
PEAKS ISLAND 04108
334 FORE STREET
P.O. BOX 7341
PORTLAND, MAINE 04112

June 7, 1988

Mr. Warren Turner
Zoning Enforcement Inspector
Inspection Services
City Hall
389 Congress St.
Portland, Maine 04101

Dear Warren:

You will recall that I talked with you this morning regarding Robert W. and Dolores M. Wilhoite's property on Peaks Island. The property consists of City Assessor's Lots 85-0-4, 5, 6, 7, 28, 29, 30, 31, 32 and 33 with a total of 53,990 Sq. Ft.. There have been a couple of soils analysis which are both satisfactory.

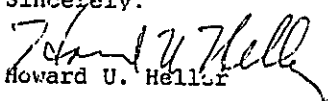
A potential buyer wishes to divide the property in two, leaving the existing house on a lot with more than 20,000 Sq. Ft. and building a new residence on the balance, which would also be in excess of 20,000 Sq. Ft. It is my understanding that dividing the property in two does not constitute a sub-division and does not require City approval, though permits for the new structure would have to be ^{filed with} filed with the City in the usual manner.

It is also my understanding that the set-back from "mean high water" for a residential structure in this area must be 75 feet.


Would you please sign the enclosed copy of this letter if my information is correct. If not, I would appreciate a reply.

Thank you for being your usual, helpful self.

Sincerely,


Howard U. Heller

HUH/kg
enc.


Warren Turner Date

ANTIQUE, ARCHITECTURALLY DISTINGUISHED, PORT, AND ISLAND PROPERTY

934557

85-0-28

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$70 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Applicant: Joseph B. Bean Phone # 800-734-4132
 Address: 150 Seashore Ave- Peaks Island, ME 04108
 LOCATION OF CONSTRUCTION 150 Seashore Ave- Peaks Isl
 Contractor: GMR Genl Contrs. Sub: 772-5567
 Address: 64 Kingston Rd-Exeter, NH Phone # 03833
 Est. Construction Cost: 10,000 Proposed Use: 1-fam w intr renov
 Past Use: 1-fam

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 interior renovations - attic area

Foundation: 05 0 28

- Type of Soil: _____
- Net Backs - Front _____ Rear _____ Sides _____
- Footings Size: _____
- Foundation Size: _____
- Other _____

Floor: _____ Sills must be anchored.

- Sills Size: _____
- Girder Size: _____
- Lally Columns: Spacing: _____ Size: _____ Spacing 16" O.C.
- Joists Size: _____ Size: _____
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size: _____ Spacing _____
- No. windows _____
- No. Doors _____ Span(s) _____
- Header Sizes _____
- Bracing: Yes _____ No _____
- Corner Posts: Size _____
- Insulation Type: _____ Size _____
- Sheathing Type: _____ Size _____ Weather Exposure _____
- Sliding Type _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size: _____ Spacing _____
- Header Size: _____ Span(s) _____
- Wall Covering: _____
- Fire Wall if required _____
- Other Materials _____

White-Tax Assessor

Yellow-GPCOG

White Tag - 1980

Copyright © GPCOG 1988

For Official Use Only	
Date <u>2/9/93</u>	Subdivision: _____
Inside Fire Limits: _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Ownership: <u>CITY</u> Public _____ Private _____
Estimated Cost: <u>10,000</u>	

FEB 10 1993

Zoning: Street Frontage Provided: _____ Back _____ Side _____
 Provided Deck: 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: WSD (Explain) 2-10-93 HISTORIC OBSERVATION

Ceiling:

- Ceiling Joists Size: _____ Spacing _____ Not in District or Landmark
- Ceiling Strapping Size: _____ Spacing _____ Does not require permit
- Type Ceiling: _____ Size _____ Requires Review
- Insulation Type: _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size: _____ Span _____ Approved with conditions
- Sheathing Type: _____ Size _____
- Roof Covering Type: _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

1. Approval of soil test if required Yes _____ No _____

- No. of Tubs or Showers _____
- No. of Fixtures _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

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

Permit Received By _____

Signature of Applicant Ray Raymond

Signature of CEO _____

Inspection Dates _____

PERMIT ISSUED

WITH REQUIREMENTS

Date 2-9-93

Date _____

Permit # **934557** City of **Portland** BUILDING PERMIT APPLICATION Fee \$70 Zone _____ Map # _____ Lot # _____

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

Owner: **Joseph B. Bean** Phone # **800-734-4133**
 Address: **150 Seashore Ave - Peaks Island, ME 04108**
 LOCATION OF CONSTRUCTION: **150 Seashore Ave - Peaks Isl**
 Contractor: **GMR Gerl Concs.** Sub: **772-5567**
 Address: **64 Kingston Rd - Exeter, NH 03833**
 Est. Construction Cost: **10,000** Proposed Use: **1-fam w intr renov**
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft _____
 # Stories _____ # Bedrooms _____ Lot Size _____
 Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: **interior renovations - attic area**

Foundation: **8' 0 28**

- Type of Soil _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other _____

Floors:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spac: **g 16" O.C.**
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Size _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

For Official Use Only

Date: **2/9/93** Subdivision: _____
 Inside Fire Limits: _____
 Bid Code: _____ Ownership: **Public**
 Time Limit: _____
 Estimated Cost: **10,000**

Zoning: _____
 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: **WPA** **HISTORIC PRESERVATION**

Ceilings:

- Ceiling Joists Size: _____ Spacing _____
- Ceiling Strapping Size: _____
- Type Ceiling: _____
- Insulation Type: _____ Size: _____
- Ceiling Height: _____

Action: **Approved**
 Approved with Conditions _____
 Denied _____

Roof:

- Truss or Rafter Size: _____ Span _____
- Sheathing Type: _____ Size _____
- Roof Covering Type: _____

Chimneys:

Type: _____ Number: _____ Fire Places: _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

- Approval of septic tank if required: Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

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

Permit Received By: **Louise E. [Signature]** Date: **2-9-93**

Signature of Applicant: **[Signature]** Date: _____

Signature of CEO: **[Signature]** Date: _____

Inspection Dates: _____

White Tag Assessor: **Yellow** GPCOG White Tag CEO: **[Signature]** Copyright GPCOG 1989

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED EQUIPEMENTS

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 70-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Inspection Record	
Type	Date
<i>Done w/out</i>	<i>6-18-94</i>
<i>inspector</i>	<i>1/1</i>
<i>[Signature]</i>	<i>1/1</i>
	<i>1/1</i>

COMMENTS

Signature of Applicant

[Signature]

766-5113(4)

Date

BUILDING PERMIT REPORT

ADDRESS: Joseph B Bean DATE: 10/Feb/93
REASON FOR PERMIT: Interior renovations (Attic Broc)

BUILDING OWNER: Joseph B. Bean

CONTRACTOR: GMA Genl Contr.

PERMIT APPLICANT: "

APPROVED: *6 *7 *9 *12 *13 *14 *15

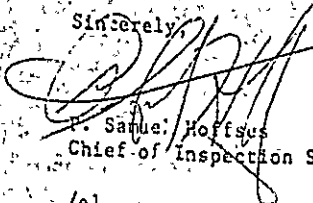
CONDITION OF APPROVAL:

- 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-1 and R-2 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 (1130 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.

(over)

- 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.
- *9.) 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 BOCA 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".
- 14.) The minimum headroom in all parts of a stairway shall not be less than 6 feet 8 inches.
- 15.) All construction and demolition debris must be disposed at the RWS by a licensed carrier or solid waste at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final certificate of occupancy is issued or demolition permit is granted.

Sincerely,


P. Samuel Hoffcus
Chief of Inspection Services

/el

11/16/88 11/27/90-8/14/91-9/2/92-10/14/92