

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND PEAKS ISLAND  
Street: PLEASANT AVENUE  
Subdivision/Lot #: 7-11A 27 BLOCK A LOT 3

**PROPERTY OWNERS NAME**

KAYNOR TED  
Last: First

Applicant Name: TED KAYNOR

Mailing Address of Owner/Applicant (If Different): 7 PITT STREET PORTLAND MAINE 04103

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

**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.

*Ted Kaynor* 8/6/89  
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><b>THIS APPLICATION IS FOR:</b></p> <p><input checked="" type="checkbox"/> NEW SYSTEM</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM</p> <p><input type="checkbox"/> EXPANDED SYSTEM</p> <p><input type="checkbox"/> SEASONAL CONVERSION</p> <p><input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></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><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> OGD      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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><b>TYPE OF WATER SUPPLY</b></p> <p>PUBLIC WATER</p>
<p><b>SIZE OF PROPERTY</b> 34,592 SF</p> <p><b>ZONING</b> IR-2</p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET -45</p> <p>DESIGN FLOW 405 (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: 5      CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 25</p>	<p><b>SIZING RATINGS USED FOR DESIGN PURPOSES</b></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"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525 Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

**SITE EVALUATOR STATEMENT** \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On July 27, 1985 (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. Goodwin* 0003/4814 5/30/89  
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

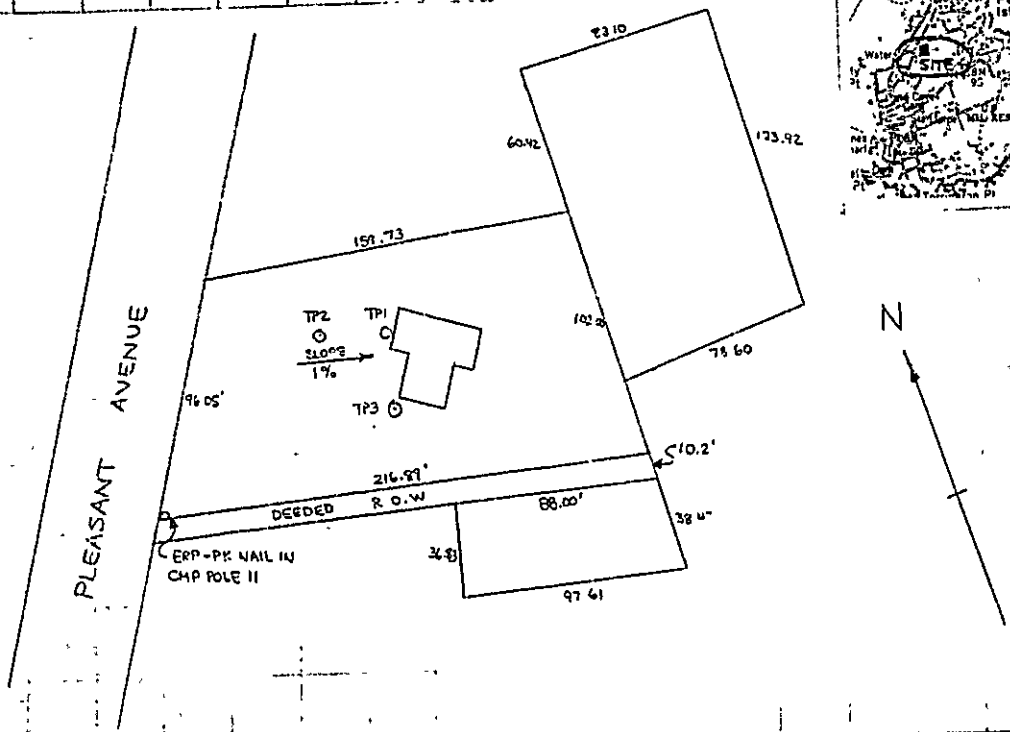
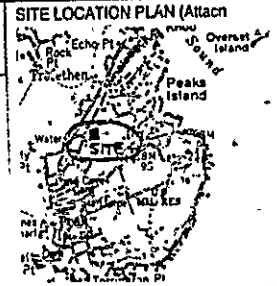
Local Plumbing Inspector's Signature & a Licensed Evaluation Worker under a Local Order

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**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND PLEASANT AVENUE</b>	Street, Road, Subdivision <b>87-A-3</b>	Owners Name <b>TED KAYNOR</b>
SITE PLAN		Scale 1" = <b>60</b> Ft.



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

Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring
2' SOD * Depth of Organic Horizon Above Mineral Soil	2' SOD * Depth of Organic Horizon Above Mineral Soil
Texture Consistency Color Mottling	Texture Consistency Color Mottling
0-6" SANDY GRAVEL BROWN	0-6" SANDY LOAM BROWN NONE
6-15" LOOSE NONE	6-15" SAND RED YELLOW COMMON
15-30" SAND YELLOW	15-30" STRATIFIED FINE SAND AND GRAVEL LAYERS SAND-YELLOW GRAVEL-RED YELLOW FEW
30-45" SANDY GRAVEL COMBINED HARD PAN YELLOW BROWN	
Soil Profile <u>S</u> Classification <u>C</u> Slope <u>1</u> % Limiting Factor <u>34</u>	Soil Profile <u>S</u> Classification <u>C</u> Slope <u>1</u> % Limiting Factor <u>25</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock

*William B. Gardner* 0003/4814 5/30/89  
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

Town, City, Plantation: PORTLAND PEAKS ISLAND Street, Road, Subdivision: PLEASANT AVE 87-A-3 Owners Name: TED KAYNOR

SITE PLAN										Scale 1" = _____ FL.		SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" SOD _____ Depth of Organic Horizon Above Mineral Soil		_____ Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
<p>0</p> <p>6</p> <p>10</p> <p>15</p> <p>20</p> <p>25</p> <p>30</p> <p>35</p> <p>40</p> <p>45</p> <p>50</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DEPTH BELOW MINERAL SOIL SURFACE (Inches)</p>	<p>LOOSE</p>	<p>BROWN</p> <p>RED BROWN</p>	<p>NONE</p> <p>COMMON</p> <p>FEW</p>
<p>FINE SANDY LOAM</p> <p>SANDY GRAVEL</p> <p>BEDROCK</p>			
Soil Profile: <u>AT1E</u>	Slope: <u>1</u> %	Limiting Factor: <u>24</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

Site Evaluator or Professional Engineer's Signature: William B. Goodwin      0003/4814      5/30/89      Date  
 SE# / PE#      Page 2 of 3  
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**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

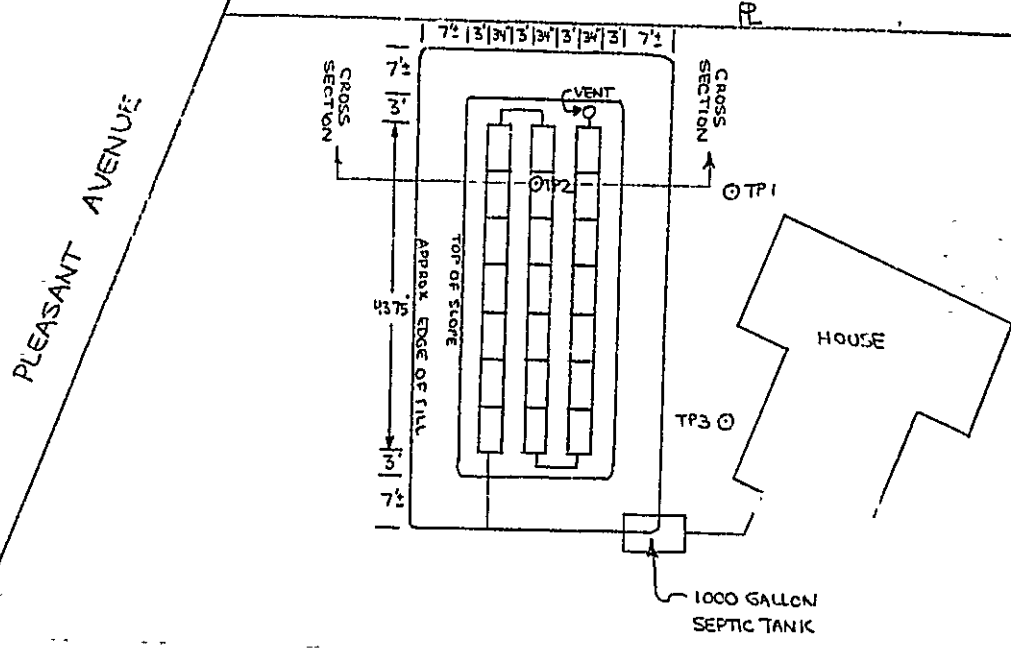
Department of Human Services  
Division of Health Engineering

Town, City, Plantation  
**FORTLAND PEAKS ISLAND PLEASANT AVENUE 87-A-3**

Owners Name  
**TED KAYNOR**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

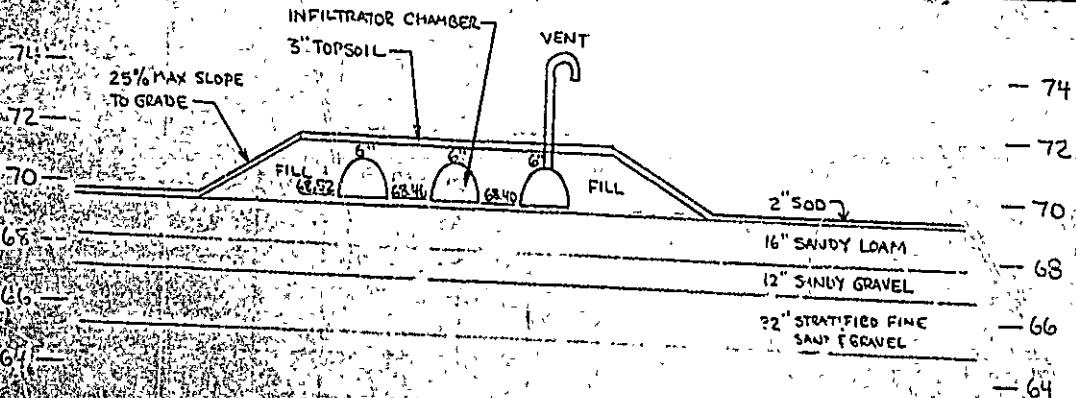
Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION PICKUP IN CMP POLE #11
Depth of Fill (Upslope)	22'	Reference Elevation is	73.85	
Depth of Fill (Downslope)	22'	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' FL  
Horizontal: 1 inch = 10' FL



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

0003/4814  
SE/TYPE #

5/30/89  
Date

PERMIT # 002203 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Peaks Construction - Ted Kaynor - 774-4730

Address: 76 Pitt St., Portland 04103

LOCATION OF CONSTRUCTION: 87-A-3 Pleasant Avenue, Peaks Island

CONTRACTOR: owner SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Est. Construction Cost: \$110,000 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 review and to construct

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

Residential Buildings Only: 1 construction plan

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units submitted

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

Floors:  
 1. Sill Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing: \_\_\_\_\_  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

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

Interior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Size \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

For Official Use Only

Date: <u>June 5, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits: _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>\$110,000</u>	Permit Expiration: _____
Value/Structure: _____	Owning: _____ Public _____
Fee: <u>\$50.00 minor minor site plan review</u>	PERMIT ISSUED _____

Celling: \$570.00 - building fee JUN 9 1989

1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing: \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

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

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

ting: Type of Heat: \_\_\_\_\_  
 Electrical: Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

Swimming Pools:  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Zoning:  
 Dist: \_\_\_\_\_ 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: Leslie Kaynor (as owner) Date: 6/5/89

Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Dates: See

PERMIT

Please fill

Owner:

Address:

LOCATION OF CONSTRUCTION 37-A-3 Pleasant Avenue, Peaks Island

CONTRACTOR: owner SUBCONTRACTORS:

ADDRESS: 00060

Est. Construction Cost: \$110,000 Type of Use: single family

Past Use:

Building Dimensions: L:      W:      Eq Ft:      # Stories:      Lot Size:     

Is Proposed Use:      Seasonal:      Condominium:      Apartment:     

Conversion: Explain Minor, minor site plan review and to construct

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE now. 2 site plans in

Residential Building: Only: 1 construction plan

# Of Dwelling Units:      # Of New Dwelling Units:     

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

BUILDING PERMIT APPLICATION

MAP #

LOT#

Company form.

For Official Use Only

Date: <u>June 5, 1989</u>	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Fire Limits <u>    </u>	Name <u>    </u>
Bldg Code <u>    </u>	Lot <u>    </u>
Time Limit <u>    </u>	Block <u>    </u>
Estimated Cost <u>\$110,000</u>	Permit Expiration: <u>    </u>
Value Structure <u>    </u>	Ownership: <u>    </u> Public <input type="checkbox"/> Private <input type="checkbox"/>
Fee <u>\$50.00</u> minor minor site plan review	
<u>\$50.00 - building fee</u>	

Ceiling:

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

Roof:

1. Truss or Rafter Size      Span JUN 9 1989
2. Sheathing Type      Size
3. Roofing 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 OK Yes  No
2. No. of Tubs or Showers
3. No. of Sinks 00.00
4. No. of Lavatories 00.00
5. No. of Other Fixtures 00.00

Swimming Pools:

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

Zoning:

District TR-1 Street Frontage Req:      Provided     

Required Setbacks:

Front      Back      Side      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: 6-7-89

Permit Received By

Nancy Crossman

**PERMIT ISSUED**  
**WITH LETTER**

Inspection Dates

Signature of Applicant      Date 6/5/89

Signature of Official      Date     

577210

White-Tax Assessor

Yellow-GPCOG

White-Tax

CEO, and SUCR (Copyright) GPCOG 1987

177 Main, Add 470

PLOT PLAN



FEES (Breakdown from Front)

Base Fee \$ 25.00

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ 50.00 - minor, minor

Other Fees \$ ~~570.00~~ 570.00

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

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

COMMENTS: <sup>8-25</sup> ~~12-20-89~~ - ~~Time @ it granted to~~ 11-24-89

12-6-89 - WT x granted to 3-7-89

12-11-89 - checked site, OK. OK

5-20-91 - Owner left town. It cancelled permit.

OK

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant Leslie Keynor (an agent for a nec) Date 6/5/89

Applicant: Peak Const.  
Address: 47-A-3  
Assessors No.

Date:

CHECK THIS AGAINST ZONING ORDINANCE

Date - 6-6-89

Zone Location - I.R.-1

Interior or corner lot -

Use - single fam.

Sewage Disposal - on site

Rear Yards - 52'

OK

Side Yards - 25'

OK

Front Yards - 92'

OK

Projections -

Height

Lot Area -

Building Area -

Area per Family -

Width of Lot -

Lot Frontage -

Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -



**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Peak Construction - Ted Kaynor - 774-4730

Applicant  
76 Pitt St., Portland 04103

June 5, 1989

Mailing Address  
single family

87-A-3 Pleasant Avenue, Peaks Island

Proposed Use of Site 1,076  
34,592 sq ft / 888 sq ft

Address of Proposed Site

87-A-3

Acreage of Site / Ground Floor Coverage

Site Identifier(s) from Assessors Maps

IR-1

Zoning of Proposed Site

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

Proposed Number of Floors 2

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

Total Floor Area 1,914 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

ZONE LOCATIO.	INTERIOR OR COVERED LOT	40 FT. SETBACK AREA (Sec. 21)	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

REASON: *OK. W.B. Staff 6-6-89*

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Peak Construction - Ted Laynor - 774-4730

June 5, 1989

Applicant: \_\_\_\_\_

Date

76 Pitt St., Portland 04103

87-A-3 Pleasant Avenue, Peaks Island

Mailing Address

Address of Proposed Site

single family

87-A-3

Proposed Use of Site 1,300

Site Identifier(s) from Assessors Maps

34,592 sq ft / 2,500 sq ft

IR-1

Acres 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 1,984 sq ft

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	C. RIBBING	SIDEWALKS	OTHER	
APPROVED																
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_

(Attach Separate Sheet if Necessary)

*Stephen K. Harris* 6/5/89  
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

June 8, 1989

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

Peaks Construction  
76 Pitt Street  
Portland, Maine 04103

Re: 87-A-3 Pleasant Avenue, Peaks Island

Dear Sir:

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

Site Plan Review Requirements

Inspection Services  
Public Work

W. Giroux  
S. Harris

June 6, 1989  
June 5, 1989

Approved  
Approved

Building Code Requirements

Please read and implement items 1,6,7 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

BUILDING PERMIT REPORT

ADDRESS: 87-A-3 Pleasant Ave. Park ID. DATE: 8/June/89

REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: Ted Kaykov

CONTRACTOR: " "

PERMIT APPLICANT: " "

APPROVED: \*1 \*6 \*7 \*9 DENIED: \_\_\_\_\_

CONDITION OF APPROVAL OR DENIAL:

- \*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 (0.53m<sup>2</sup>). 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 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 Hoffes  
Chief of Inspection Services

/el  
11/16/88



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

December 6, 1989

RE: SF/Const. Permit # 89/2208

Peak Construction Co.  
76 Pitt St.  
Portland, ME 04103

Attn: Ted Kaynor

Dear Sir:

Pertaining to your request of 12-5-89 for a time extension due to construction delay, a time extension is hereby granted for 90 days for the period ending March 7, 1990.

Please keep me advised on progress of this site.

Sincerely,

Arthur Addato (7)  
Code Enforcement Officer

AA/jmr

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

PROPERTY ADDRESS		PORTLAND PERMIT # 3,456 APPLICANTS COPY Date Permit Issued: <u>6.9.89</u> <u>405</u> <input type="checkbox"/> Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # _____ THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	PLEASANT AVENUE	
Subdivision Lot #	TAX MAP 87 BLOCK A LOT 3	
PROPERTY OWNERS NAME		
KAYNOR TED		
Last:	First:	
Applicant Name:	TED KAYNOR	
Mailing Address of Owner/Applicant (If Different)	76 PITT STREET PORTLAND MAINE 04103	
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: <u>[Signature]</u> Date: <u>6/9/89</u>		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		
<b>THIS APPLICATION IS FOR:</b> 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM</b> 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED    2. <input type="checkbox"/> TRENCH 3. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER _____	<b>DISPOSAL SYSTEM TO SERVE:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b> PUBLIC WATER
SIZE OF PROPERTY: 34,592 SF    ZONING: IR 2		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> SEPTIC. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	<b>WATER CONSERVATION</b> 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	<b>PUMPING</b> 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET -45 DESIGN FLOW: 405 (GALLONS/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: 5    CONDITION: C DEPTH TO LIMITING FACTOR: 25	<b>SIZING RATINGS USED FOR DESIGN PURPOSES</b> 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft. <input checked="" type="checkbox"/> PECULAR 'H' 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

**SITE EVALUATOR STATEMENT \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION**  SITE EVALUATION WAIVED BY LOCAL OPTION

On July 27, 1989 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Goodwin 0003/4814 5/30/89  
 Site Evaluator or Professional Engineer's Signature    GE# / PE#    Date

\* Local Plumbing Inspector Signature & Local Site Evaluation Waiver under a Local Order

Page 1 of 3  
HHE - 200 Rev. 4/83

Town, City, Plantation

PORTLAND PEAKS ISLAND

Street, Road, Subdivision

PLEGANT AVE .87-A-3

Owner's Name

TED KAYNOR

SITE PLAN

Scale 1" = \_\_\_\_\_ ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for Now System Variance)

Large empty grid area for site plan or location plan.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 3  Test Pit  Boring

2" SOD Depth of Organic Horizon Above Mineral Soil

Soil description table with columns: Texture, Consistency, Color, Mottling. Rows include: 0-4" FINE SANDY LOAM (BROWN, NONE), 4-20" LOOSE, 20-28" SANDY GRAVEL (RED BROWN, COMMON), 28-50" BEDROCK (FEW).

Summary box for observation hole 3: Soil 5, Classification AIII, Slope 1%, Limiting Factor 24. Includes checkboxes for Ground Water, Rooting Layer, and Bedrock.

Observation Hole \_\_\_\_\_  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil

Empty soil description table with columns: Texture, Consistency, Color, Mottling. Rows for depth from 0 to 50 inches.

Empty summary box for observation hole with fields for Soil, Classification, Slope, Limiting Factor, and checkboxes for Ground Water, Rooting Layer, and Bedrock.

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

0003/4814 SE, PE

5/30/89 Date



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

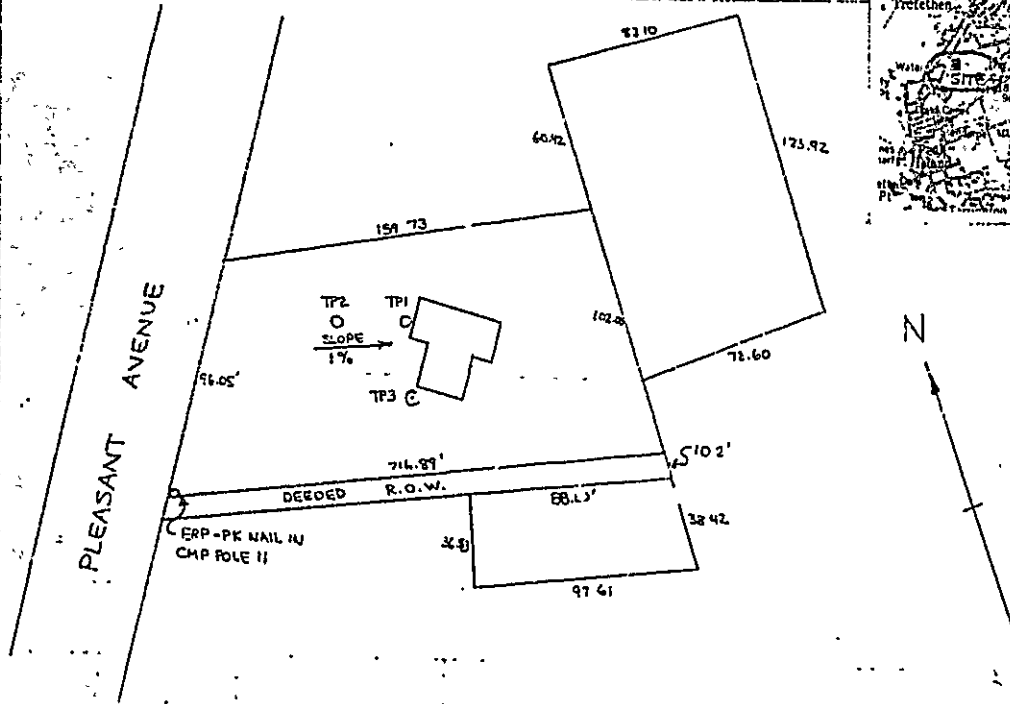
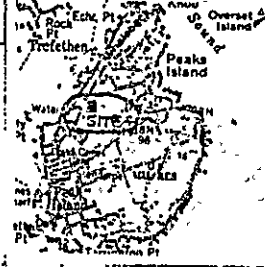
PORTLAND PEAKS ISLAND PLEASANT AVENUE 87-A-3

TED KAYNOR

SITE PLAN

Scale 1" = 60' FL.

SITE LOCATION PLAN (Attach)



## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 2  Test Pit  Boring  
2" SCJ Depth of Organic Horizon Above Mineral Soil

Observation Hole 2  Test Pit  Boring  
2" SCJ Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	LOAMY GRAVEL		BROWN	
6-15		LOOSE		NONE
15-30	SAND		YELLOW	
30-40				FEW
40-50	SANDY GRAVEL	CEMENTED HARDPAN	YELLOW BROWN	

Sol Profile <u>S</u>	Classification <u>C</u> Common	Slope <u>1</u> %	Limiting Factor <u>34</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Aquifers Layer <input type="checkbox"/> Bedrock
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DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		BROWN	NONE
6-15				
15-20	SANDY GRAVEL	LOOSE	RED YELLOW	COMMON
20-30	STRATIFIED FINE SAND AND GRAVEL LAYERS		SAND-YELLOW GRAVEL-RED YELLOW	FEW

Sol Profile <u>S</u>	Classification <u>C</u> Common	Slope <u>1</u> %	Limiting Factor <u>25</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Aquifers Layer <input type="checkbox"/> Bedrock
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*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE# / PE#

5/30/89  
Date

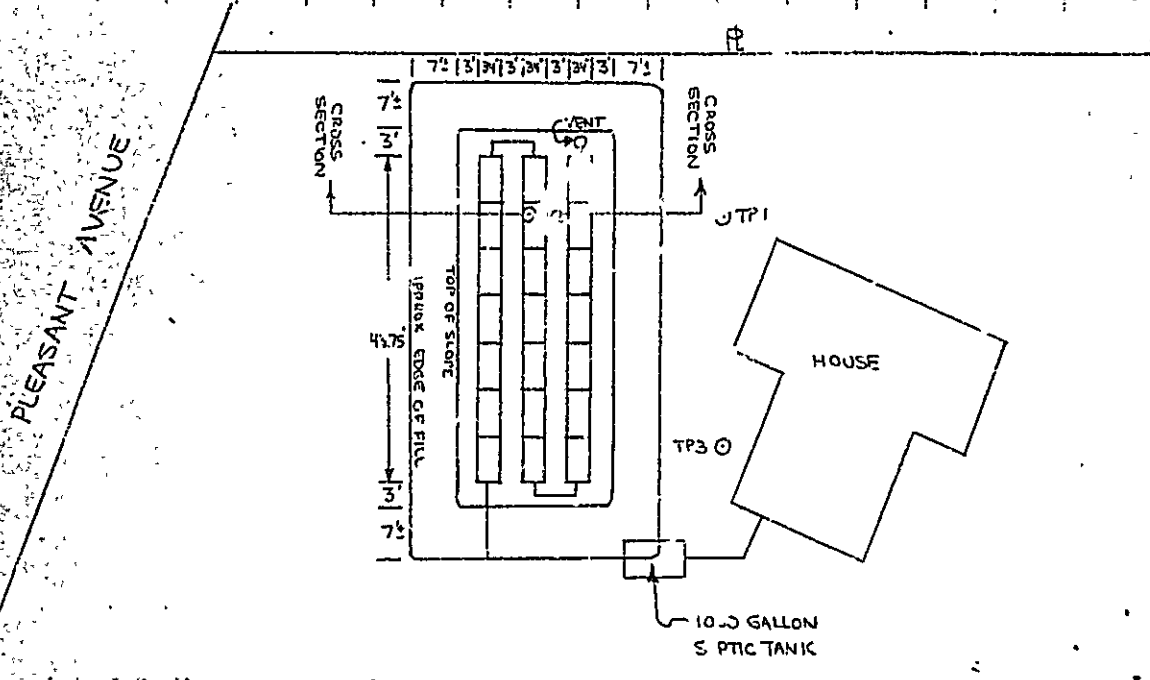
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town/City/Plantation: **PORTLAND PEAKS-ISLAND** Street/Road/Subdivision: **PLEASANT AVENUE 87-A-3** Owner's Name: **TED KAYNOR**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

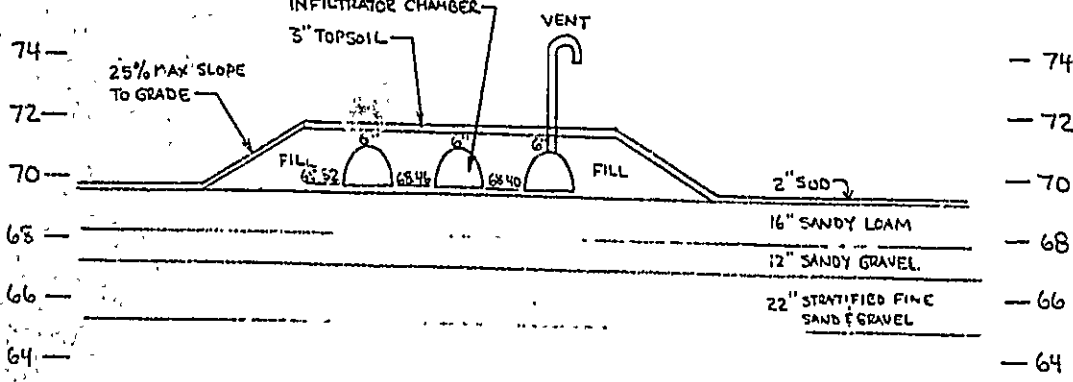
Scale 1" = 20' Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	22'	Reference Elevation is	73.85	PK NAIL IN CMP POLE #11	
Depth of Fill (Downslope)	22'	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

00014814  
SE - PE #

5/30/89  
Date

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

PERMIT # **001155**

CITY OF Portland BUILDING PERMIT APPLICATION

MAP #

LOT#

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

Owner: Peak Construction, Inc.

Address: Elizabeth Street, Peaks Island

LOCATION OF CONSTRUCTION: B7-A-3 Pleasant Ave., Peaks Island

CONTRACTOR: Peaks Island Fuel SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: P.O. Box 22, Peaks Island, Maine 04108

Est. Construction Cost: \_\_\_\_\_ Type of Use: \_\_\_\_\_

Past Use: \_\_\_\_\_

Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Sq Ft \_\_\_\_\_ U. A. ries \_\_\_\_\_ Lot Size \_\_\_\_\_

Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain: Change of use from vacant lot to allow parking for one (1) commercial vehicle.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundation:

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

Floor:

1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

Exterior Walls:

1. Studing 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. Studing Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

For Official Use Only	
Date: <u>September 6, 1988</u>	Subdivision: Yes / No _____
Inside Fire Light _____	Name: _____
Blgd Code: _____	Block: _____
Time Limit: _____	Permit Expiration: _____
Estimated Cost: _____	Owner: _____ Public _____ Private _____
Value Structure: _____	
Fee: <u>225.00</u>	

Celling:

1. Ceiling Joists Size: \_\_\_\_\_ **PERMIT ISSUED**  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size SEP 20 1988  
 5. Ceiling Height: \_\_\_\_\_

Roof:

1. Truss or Rafter Size: \_\_\_\_\_ **City Of Portland**  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 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 \_\_\_\_\_ Sec. 15 \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:

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

Zoning:

District: B-1 Front Fence Req. \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ 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: 9/13/1988

Permit Received By: Joyce M. Rinaldi

Signature of Applicant: \_\_\_\_\_ Date: Sept 16 1988

Signature of CEO: \_\_\_\_\_ Date: 9-19-88

Inspection Dates: \_\_\_\_\_

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

© Copyright GPCOG 1987

Peaks Island Fuel Cooperative  
PO Box 98  
Peaks Island, Maine 04108  
Tel: 766-5700

Subject: Proposed change-of-use of lot 87-A-3, Peaks Island, Maine

Lot 87-A-3 is a 17618 square foot parcel located on Pleasant Avenue, Peaks Island. It is owned by Peak Construction Inc., Elizabeth Street, Peaks Island, Me. It is currently zoned IR.

Lot 87-A-3 has a small wood shed located near the eastern boundary but is otherwise undeveloped.

Peaks Island Fuel Cooperative proposes to change the use of lot 87-A-3 to allow a commercial truck (1) to be parked on the property. The truck will be either a 1600 gallon Liquid Propane Gas (LPG) carrier or a 2500-gal. maximum capacity home heating oil delivery truck. No additional structures or improvements are contemplated, although the owner may add a fence around the property. The proposed parking area has a minimum fifty (50) foot setback from any occupied dwelling or public roadway.

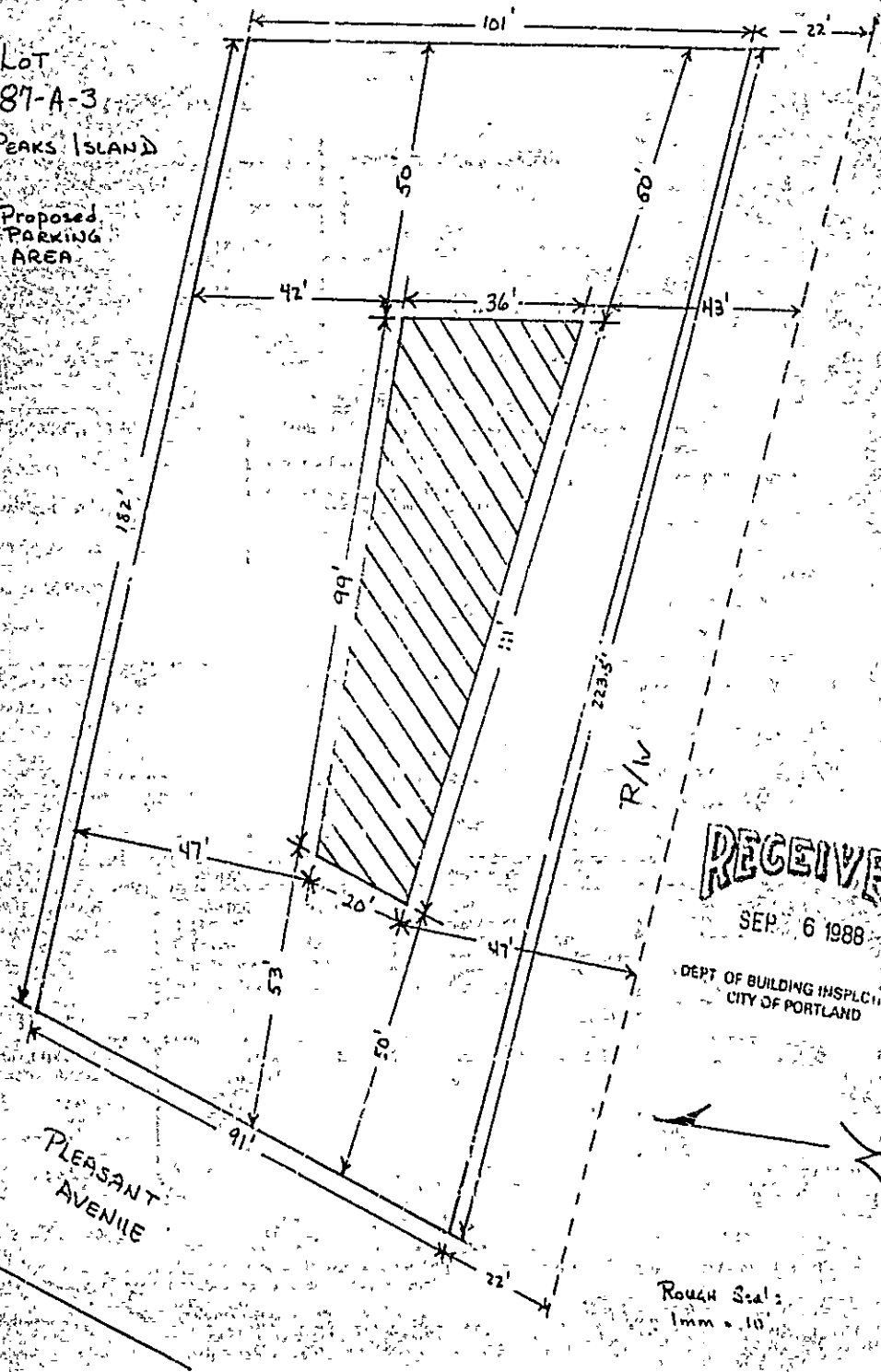
RECEIVED

SEP 6 1988

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

LOT  
87-A-3  
PEAKS ISLAND

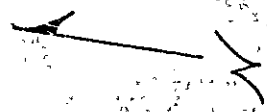
 Proposed  
PARKING  
AREA



**RECEIVED**

SEP 6 1988

DEPT OF BUILDING INSPECTION  
CITY OF PORTLAND



Rough Scale  
1mm = 10'

87-A-3

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

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND PEAKS ISLAND

Street: PLEASANT AVENUE

Subdivision/Lot #: TAX MAP 87 BLOCK A LOT 3

**PROPERTY OWNERS NAME**

LAST: KAYNOR FIRST: TED

Applicant Name: TED KAYNOR

Mailing Address of Owner/Applicant (if Different): 76 PITT STREET PORTLAND MAINE 04103

PORTLAND PERMIT # 3,456 TOWN COPY

Date Permit Issued: 6/15/89 FEE: 40.00

Local Plumbing Inspector Signature: [Signature]

**Owner/Applicant Statement**

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

Signature of Owner/Applicant: [Signature] Date: 6/15/89

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: [Signature] Date Approved: JUL 1 1990

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></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><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></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 (+2000gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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><b>TYPE OF WATER SUPPLY</b></p> <p>PUBLIC WATER</p>
<p><b>SIZE OF PROPERTY</b> 34,592 SF</p> <p><b>ZONING</b> IR 2</p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 BEDROOM CONSECUTIVE 450</p> <p>LOW VOLUME TOILET -45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: 5 CONDITION: C</p> <p>DEPTH OF LIFTING FACTOR: 25</p>	<p><b>SIZINGS USED FOR DESIGN PURPOSES</b></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><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525" Sq Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	

**SITE EVALUATOR STATEMENT: USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION**  SITE EVALUATION WAIVED BY LOCAL OPTION

On July 27, 1985 (Date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: [Signature] Date: 5/30/89

Site Evaluation or Professional Engineer's Signature: [Signature] SE# / PE#: 0003 / 4814

Local Plumbing Inspector Signature: [Signature] Date: [Blank]

Page 1 of 3  
HHE-200 Rev 4/83

87-A-3

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

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		PORTLAND PERMIT # 3,455 TOWN COPY Date Permits Issued: 6/9/89 \$401 FEE <input type="checkbox"/> Double Fee Charged L.P.I. # _____ Local Building Inspector: [Signature]
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	PLEASANT AVENUE	
Subdivision/Lot #	TAY MAP 87 BLOCK A LOT 3	
PROPERTY OWNERS NAME		
Last	FIRST	
KAYNOR	TED	
Applicant Name:	TED KAYNOR	
Mailing Address of Owner/Applicant (if Different)	76 PITT STREET PORTLAND MAINE 04103	

<b>Owner/Applicant Statement</b> 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] 6/15/89 Signature of Owner/Applicant Date	<b>Caution: Inspection Required</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. JUL 1 1990 Local Plumbing Inspector Signature Date Approved
--	---

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM</b> 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER: _____	<b>DISPOSAL SYSTEM TO SERVE:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b> PUBLIC WATER
SIZE OF PROPERTY: 34,592 SF ZONING: I R 2		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE #1)			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS	<b>WATER CONSERVATION</b> 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	<b>PUMPING</b> 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED GALS: _____	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b> 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET 45 DESIGN FLOW: 405 (GALLONS/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: 5   CONDITION: C DEPTH TO LIMITING FACTOR: 25	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 525 Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Line or Ft. 4. <input type="checkbox"/> OTHER: _____	

**SITE EVALUATOR STATEMENT** \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

On July 27, 1985 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] 0503/4814 5/30/89  
 Site Evaluator or Professional Engineer's Signature SE# / PF# Date

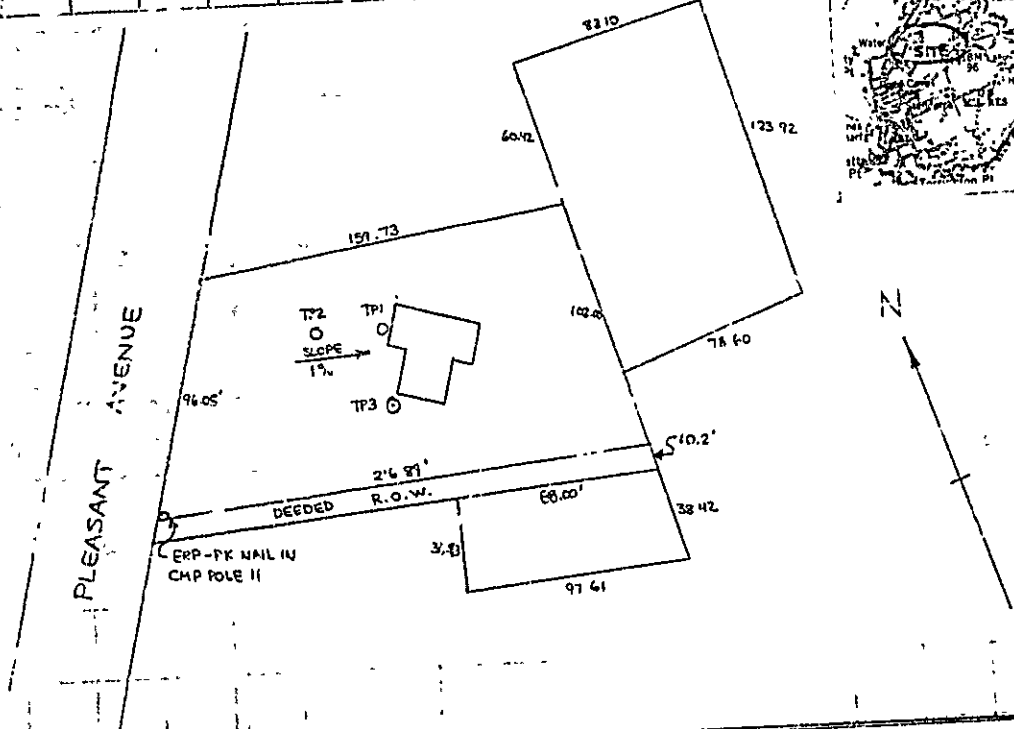
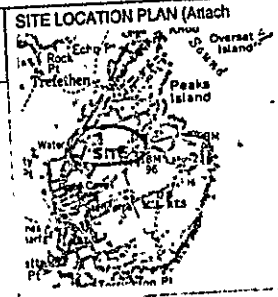
Page 1 of 3  
HHE-200 Rev 4/83

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **PLEASANT AVENUE 87-A-3** Owners Name: **TED KAYNOR**

**SITE PLAN** Scale 1" = **60'** FL



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole	2		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring
"SOD"	2' SOD		* Depth of Organic Horizon Above Mineral Soil
Texture	Consistency	Color	Mottling
0			
6	SANDY LOAM	BROWN	NONE
15			
20	SANDY GRAVEL	LOOSE	RED YELLOW
30			COMMON
30	STRATIFIED FINE SAND AND GRAVEL LAYERS	SAND-YELLOW GRAVEL-RED YELLOW	FEW
40			
40	SANDY GRAVEL	CEMENTED HARD PAN	YELLOW BROWN
50			
Soil Profile: <b>S</b>		Classification: <b>C</b>	Slope: <b>1%</b>
Limiting Factor: <b>34</b>		Limiting Factor: <b>25</b>	

Site Evaluator or Professional Engineer's Signature: *William B. Gardner* 0003/4814 SE# / PC#

Date: **5/30/89**

Page 2 of 3  
HME-700 Rev. 4/83



Town, City, Plantation

PORTLAND PEAKS ISLAND

Street, Road, Subdivision

PLEASANT AVE 87-A-3

Owners Name

TED KAYNOR

SITE PLAN

Scale 1" = \_\_\_\_\_ Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)


SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)										
Observation Hole 3 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring					Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring					
2' SOD Depth of Organic Horizon Above Mineral Soil					_____ Depth of Organic Horizon Above Mineral Soil					
Texture	Consistency	Color	Motting							
0										
10		BROWN	NONE							
15	LOOSE									
20										
25	SANDY GRAVEL	RED BROWN	COMMON							
30			FEW							
40	BEDROCK									
50										
Soil	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water						
5	AIII	1%	24	<input type="checkbox"/> Rooting Layer						
				<input type="checkbox"/> Bedrock						
Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water						
				<input type="checkbox"/> Rooting Layer						
				<input type="checkbox"/> Bedrock						

*William B. Godwin*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE / IPE#

5/30/89  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

PORTLAND PEAKS ISLAND

Street, Road, Subdivision

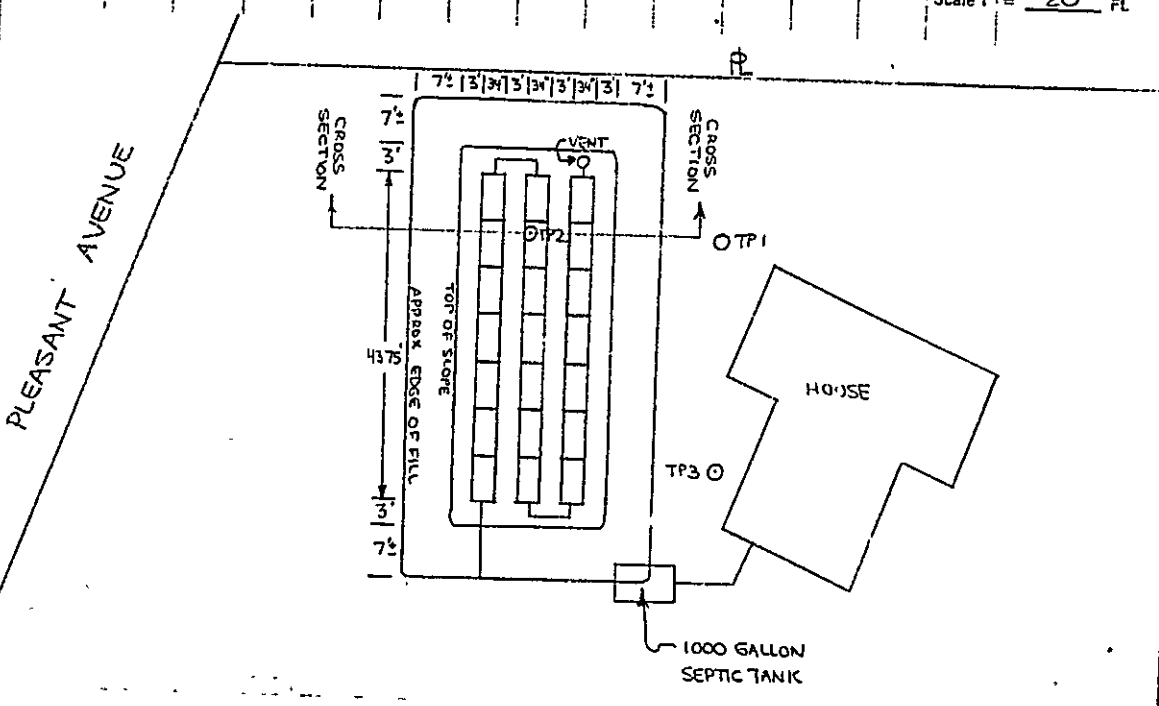
PLEASANT AVENUE 87-A

Owners Name

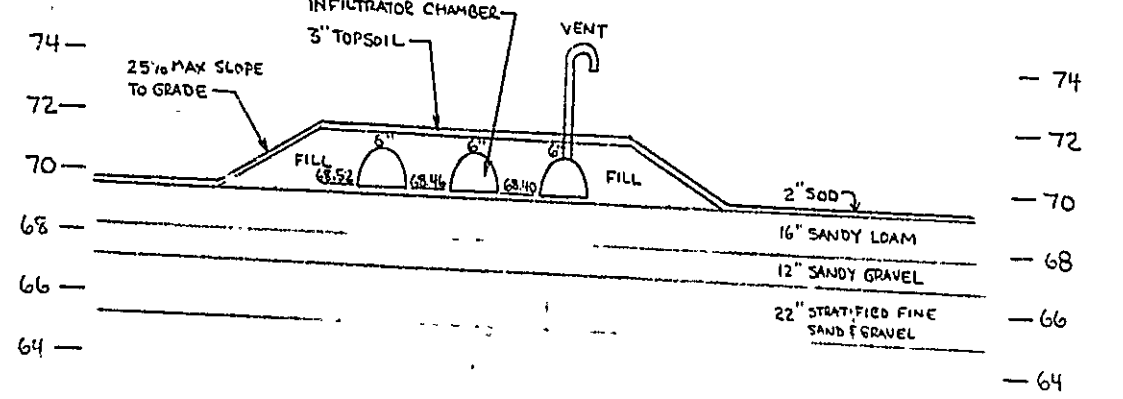
TED KAYNOR

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	22'	Reference Elevation is	73.85	PK NAIL IN CHP POLE #11	
Depth of Fill (Downslope)	22'	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' FL
				Horizontal:	1 inch = 10' FL



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

0003/4814  
SE # / PE #

5/30/89  
Date

Page 3 of 7  
HHE 200 Rev 4 83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **PLEASANT AVENUE**

Subdivision Lot #: **TAX MAP 87 BLOCK A LOT 3**

**PROPERTY OWNERS NAME**

Last: **ANOS** First: **HAROLD & PAT**

Applicant Name: **DONALD GROEGER**

Mailing Address of Owner/Applicant (if Different): **65 VAUGHN HILL RD  
BOLTON MASS 01740**

PORTLAND 5270 TOWN COPY

Date Permit Issued: **12/13/94**

Local Plumbing Inspector Signature: \_\_\_\_\_

LPI # **0124**

FEE: \$ **64** Double Fee Charged:

**Owner/Applicant Statement**

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

Signature of Owner/Applicant: *[Signature]* Date: **12/7**

**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: *Arthur Rowe* Date Approved: **12-15-94**

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></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><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></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><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHALLENGER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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><b>TYPE OF WATER SUPPLY</b></p> <p><b>PUBLIC WATER</b></p>
<p><b>SIZE OF PROPERTY</b> 34,592 SF</p> <p><b>ZONING</b> IR2</p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <b>1000</b> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN: LOW BEDROOMS, SEATING, EMPLOYEES WATER RECORDS, ETC)</b></p> <p><b>3 BEDROOM CONSERVATIVE 450</b></p> <p><b>LOW VOLUME TOILET 45</b></p> <p><b>DESIGN FLOW: 405 (GALLONS/DAY)</b></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <b>5</b> CONDITION: <b>C</b></p> <p>DEPTH TO LIMITING FACTOR: <b>25</b></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></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"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <b>525</b> Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

**SITE EVALUATOR STATEMENT \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION**  SITE EVALUATION WAIVED BY LOCAL OPTION

On **July 27 1985** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: *William B. Goodwin* SE# / PE# **0003 / 4814** Date: **12/6/94**

Local Plumbing Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: THESE NEW HHE-200 FORMS ARE A MODIFICATION OF THE ORIGINAL DESIGN PREPARED IN 1985 AND WERE PREPARED AND DESIGNED BY NORMAN V. TWADDEL. Norman V. Twaddel 12/06/94

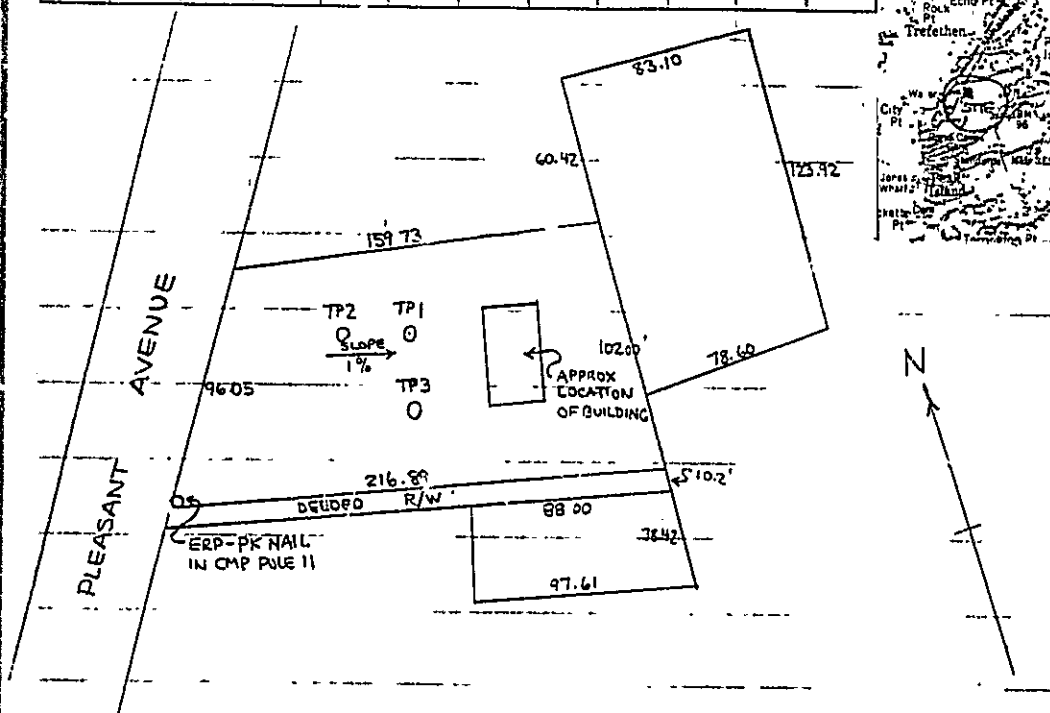
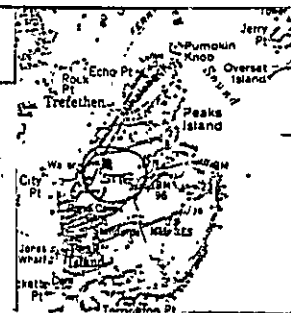
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **PLEASANT AVE 87-A-3** Owners Name: **HAROLD & PAT ANO**

SITE PLAN

Scale 1" = 60 Ft.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u>	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole <u>2</u>	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring
2" SOD * Depth of Organic Horizon Above Mineral Soil		2" SOD * Depth of Organic Horizon Above Mineral Soil	
0	Texture	Consistency	Color
0	LOAMY GRAVEL		BROWN
10			
15		LOOSE	NONE
20	SAND		YELLOW
30			
40	SANDY GRAVEL	CEMENTED HARDPAN	YELLOW BROWN
50			
Soil <u>5</u>		Classification <u>C</u>	Slope <u>1%</u>
Limiting Factor <u>34</u>		<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Aquiclude Layer <input type="checkbox"/> Bedrock	
DEPTH BELOW MINERAL SOIL SURFACE (Inches)			
0	Texture	Consistency	Color
0	SANDY LOAM		BROWN
10			NONE
20	SANDY GRAVEL	LOOSE	RED YELLOW
30			COMMON
40	STRATIFIED FINE SAND & GRAVEL LAYERS		SAND-YELLOW GRAVEL-RED YELLOW
50			FEW
Soil <u>5</u>		Classification <u>C</u>	Slope <u>1%</u>
Limiting Factor <u>25</u>		<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Aquiclude Layer <input type="checkbox"/> Bedrock	
DEPTH BELOW MINERAL SOIL SURFACE (Inches)			

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

0003/4814  
SE # PE #

12/6/94  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation  
PORTLAND PEAKS ISLAND PLEASANT AVE Street, Road, Subdivision  
87-A-3

Owners Name  
HAROLD & PAT / NOS

SITE PLAN										SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)										
					Scale 1" = _____ Ft.															

SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>3</u>	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Depth of Organic Horizon Above Mineral Soil _____				
<u>2" SOD</u>	Texture		Consistency	Color	Mottling		
0	FINE SANDY LOAM		LOOSE	BROWN	NONE		
10							
20	SANDY GRAVEL			RED BROWN	COMMON		
30					FEW		
40	BED ROCK						
50							
Soil <u>5</u>	Classification <u>AIII</u>	Slope <u>1%</u>	Limiting Factor <u>24</u>	<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Rooting Layer	<input type="checkbox"/> Season	

*William B. Anderson* 0003/4814 12/6/94  
Site Evaluator or Professional Engineer's Signature SE, PE# Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

PORTLAND PEAKS ISLAND

Street, Road, Subdivision

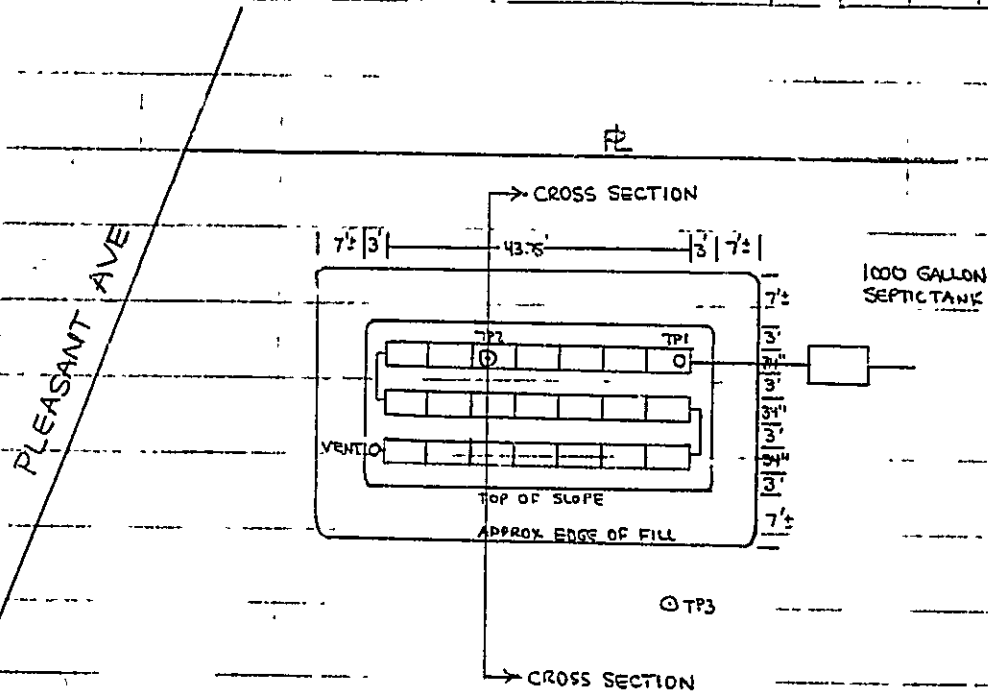
PLEASANT AVE 87-A-3

Owners Name

HAROLD & PAT ANOS

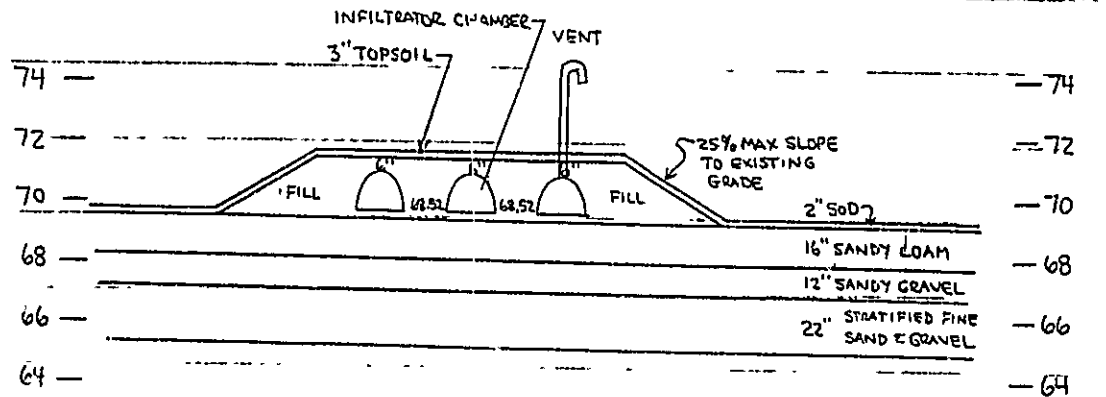
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	22'	Reference Elevation Is	73.85	PK NAIL IN CMP POLE #11	
Depth of Fill (Downslope)	22'	Bottom of Disposal Area	68.52		
		Top of Distribution Lines or Chambers	69.71		

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 #

12/6/94  
Date

Page 3 of 3  
HME 200 Rev 4.8C

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 89 Pleasant Ave Pleasant Ave., Peaks Island		Owner: Harold Ano		Phone: 766-2446		Permit No: 950142	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Same Contractor Name: Walter Crandall		Address: 14 Luther St., P. I.		Phone: 766-2273		PERMIT ISSUED FEB 21 1995 CITY OF PORTLAND	
Past Use: vacant lot		Proposed Use: single family as per plan		COST OF WORK: \$ 38,000.00		PERMIT FEE: \$ 210.00	
Proposed Project Description:  To construct single family with attached garage (underneath)		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPLCTION: Use Group: Type: BOCA 93		Zone: TR-1 CBL: 87-A-3	
		Signature: _____		Signature: <i>Alfred</i>		Zoning Approval: <i>OK</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: LATINI		Date Applied For: 12/19/94		12/19/94		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

Using Peaks Island Dump

MAIL PERMIT TO WALTER CRANDALL  
14 LUTHER ST.  
PEAKS ISLAND, ME 04108

CERTIFICATION

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

*Walter Crandall* 14 LUTHER ST. P.I. 12/19/94 766-2273  
SIGNATURE OF APPLICANT ADDRESS: DATE PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

6

*MA. BOWLE*

*call Pat 779-6859*

59 PERMIT ISSUED WITH LETTER

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, Fax: 874-8716

Location of Construction: <b>Pleasant Ave. Peaks Island</b>		Owner: <b>Harold Ano</b>	Phone: <b>756-2446</b>	Permit No: <b>950142</b>
Owner Address: <b>14 Pleasant Ave. Peaks Island</b>		Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: <b>Walter Crawford</b>	Address: <b>14 Luther St., P. I.</b>		Phone: <b>766-2273</b>	<b>PERMIT ISSUED</b> Permit Issued: <b>FEB 21 1995</b> <b>CITY OF PORTLAND</b>
Past Use: <b>vacant lot</b>	Proposed Use: <b>single family as per plan</b>	COST OF WORK: <b>\$ 23,000.00</b>	PERMIT FEE: <b>\$ 210.00</b>	
Proposed Project Description: <b>To construct single family w/ attached garage (underneath)</b>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	Zoning Approval: <b>1-1-1</b> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> EI
		Signature:	Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:	
Permit Taken By: <b>LATON</b>	Date Applied For: <b>12/8/94</b>	Date: <b>12/19/94</b>		

This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.  
 Building permits do not include plumbing, septic or electrical work.  
 Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.  
**Using Peaks Island Dump**

**207 846-1198**  
**PERMIT ISSUED WITH LETTER**

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

*[Signature]*  
 SIGNATURE OF APPLICANT      ADDRESS:      DATE:      PHONE: **766-2273**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE      PHONE:

White-Permit Desk    Green-Assessor's    Canary-D.P.W.    Pink-Public File    Ivory Card-Inspector

CEO DISTRICT **6**  
*[Signature]*



COMMENTS

4/2/96 Completed. A Rowe

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

February 21, 1995

RE: 89 Pleasant Ave., P.I.

Mr. Walter Crandall  
14 Luther St.  
Peaks Island, Maine 04108

Dear Sir:

Your application to construct a single family dwelling/garage underneath, has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not preclude the applicant from meeting applicable State and Federal laws.

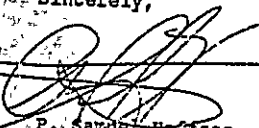
No Certificate of Occupancy can be issued until all requirements of this letter are met.

Site Plan Review Requirements  
Public Works Approved with condition (see attached) James Seymour  
Inspection Services Approved Hoffses

Building code Requirements  
Please read and implement items 1, 2, 3, 7, 9, 10, 11, 14, 15, 16 and 17 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 of Inspection Services

/el

cc: Mr. James Seymour, Planning

BUILDING PERMIT REPORT

DATE: 12/15/95 Address 89 Pleasant Ave, PT.

REASON FOR PERMIT: To construct a single family  
dwelling, detached garage. (underneath)  
BLDG. OWNER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ APPROVED: \_\_\_\_\_

PERMIT APPLICANT: \*1\*2\*3\*7\*10\*11\*14\*15\*17 \_\_\_\_\_

CONDITION OF APPROVAL OR DENIAL:

- ✓ 1. Before concrete for foundation is placed, approvals from Public Works and Inspection Service must be obtained. ( a 24 hour notice is required prior to inspection).
- ✓ 2. Precaution must be taken to protect concrete from freezing.
- ✓ 3. It is strongly recommended that a register land surveyor check all foundation forms before concrete is placed.
4. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hr., including fire doors with selfclosers.
5. Each apartment shall have access to (2) separate, remote and approved means of egress. A single exit is acceptable when its exits directly from the apartment to the building exterior with no communications to other apartment units.
6. 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 indication shut-off valve shall be installed in an accessible locations 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 sq. ft. per sprinkler.
- ✓ 7. 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 special knowledge or separated tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping room must have 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) and a minimum net clear opening of 5.7 sq.ft.
8. This permit does not preclude the applicant from obtaining any license needed from the City Clerk's office.

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

APPLICANT: PAT & HAROLD AND  
ADDRESS: 65 VAUGHN HILL RD, BOLTON, MA 01740  
SITE ADDRESS/LOCATION: PLEASANT AVE PEAKS ISLAND  
DATE: 1/13/95

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

CONDITIONS CHECKED OFF BELOW ARE IN FORCE FOR YOUR SITE PLAN

- All damage to sidewalk, curb, street, or public utilities shall be repaired prior to issuance of a Certificate of Occupancy.
- Two (2) City of Portland approved species and size trees must be planted on your street frontage prior to issuance of a Certificate of Occupancy.
- Your new street address is now \_\_\_\_\_ the number must be displayed on the street frontage of your house prior to issuance of a Certificate of Occupancy.
- The Development Review Coordinator (874-8300, ext. 8722) must be notified five (5) working days prior to date required for final site inspection. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. Please schedule any property closing with these requirements in mind.
- A sewer permit is required for your project. Please notify Paul Niehoff at 874-8300, ext. 8838. The Sewer Division of Parks and Public Works (Jackie Wurslin at 797-5302) must be notified five (5) working days prior to sewer connection to schedule an inspector for your site.

**CITY OF PORTLAND, MAINE**  
**SITE PLAN REVIEW**  
 Processing Form

Applicant: Pat & Harold Ano Date: 1 Feb 95  
 Mailing Address: 65 Vaughn Hill Rd Bolton, MA 01740 Address of Proposed Site: Pleasant Ave, Peaks Island  
 Proposed Use of Site: 1-fam dwelling Site Identifier(s) from Assessors Maps: 87-A-003/87-B-001  
 Acreage of Site / Ground Floor Coverage: 34,500 sq ft / 720 sq ft Zoning of Proposed Site: 2  
 Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors: 1,440 sq ft  
 Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area: \_\_\_\_\_  
 Planning Board Action Required: ( ) Yes ( ) No  
 Other Comments: Pat Ano 508-779-6359  
 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  
 as applicable

COMPLIES

COMPLIES  
 CONDITIONALLY

DOES NOT  
 COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK (SEC 21)	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

REASNS  
 SPECIFIED  
 BELOW

REASONS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Applicant: Pat & Harold Auo Date: 1 Feb 95  
 Address: 65 Vaughn Hill Rd Bolton, MA 01740 Pleasant Ave, Peaks Island  
 Mailing Address: \_\_\_\_\_ Address of Proposed Site: \_\_\_\_\_  
1-fam dwelling Site Identifier(s) from Assessors Maps: 87-A-00J/87-B-001  
 Proposed Use of Site: \_\_\_\_\_  
34,500 sq ft 720 sq ft Zoning of Proposed Site: \_\_\_\_\_  
 Acreage of Site / Ground Floor Coverage: \_\_\_\_\_ Proposed Number of Floors: 2  
 Site Location Review (DEP) Required: ( ) Yes ( ) No Total Floor Area: 1,440 sq ft  
 Board of Appeals Action Required: ( ) Yes ( ) No  
 Planning Board Action Required: ( ) Yes ( ) No  
 Other Comments: Pat Auo 508-779-0359  
 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 CONDITIONALLY	<i>APPROVED WITH ATTACHED CONDITIONS</i>														CONDITIONS SPECIFIED BELOW	
DISAPPROVED	<del>_____</del>														REASONS SPECIFIED BELOW	

REASONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach Separate Sheet If Necessary)

*[Signature]*  
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

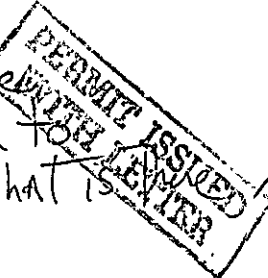
City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: Pleasant Ave., Peaks Island		Owner: Harold Ann Ano		Phone: 766-2446		Permit No:	
Owner Address: same		Leasee/Buyer Name:		Phone:		Business Name:	
Contractor Name: XX Crandall		Address: 14 Luther St. P. I.		Phone: 766-2273		Permit Issued:	
Past Use: single family		Proposed Use: to finish out over garage as per plan		COST OF WORK: \$ 38,000.00		PERMIT FEE: \$ 210.00	
Proposed Project Description: to finish off area over garage - bedroom and bath		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zone: CBL: R-1 87-A-3	
Permit Taken By: LATENT		Date Applied For: 12/8/94		Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Zoning Approval:	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

using Peaks Island dump

*needed to be  
re written to  
reflect what is*



**CERTIFICATION**

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

*Walter Crandall* 14 LUTHER ST. P.I. 12/8/94 766-2273  
SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

Zoning Appeal

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

Historic Preservation

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:

Approved  
 Approved with Conditions  
 Denied

Date: *12/8/94*

CEO DISTRICT

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

ANO

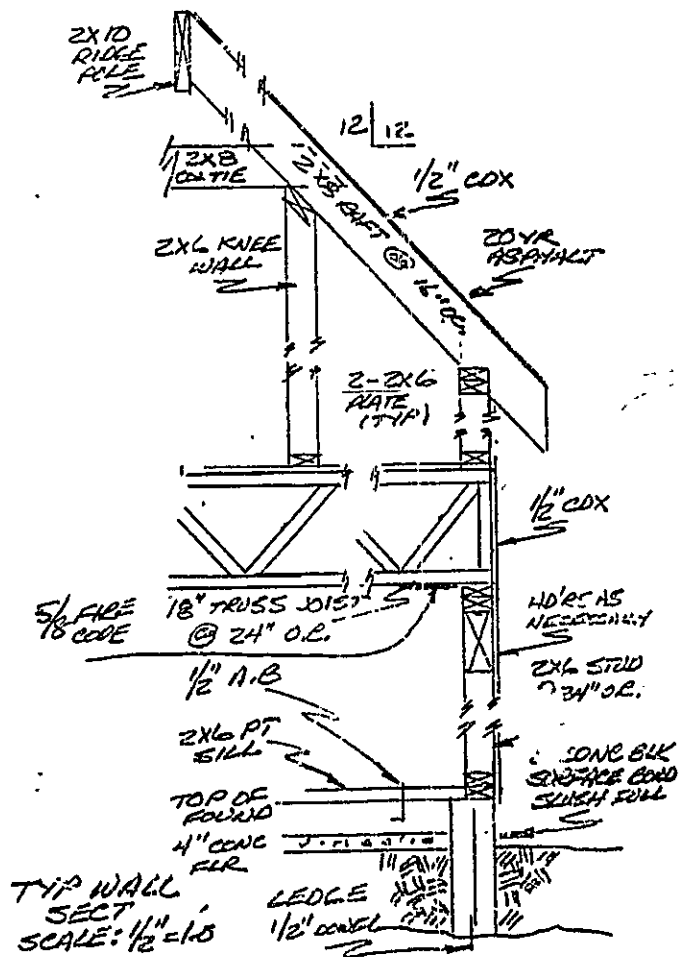
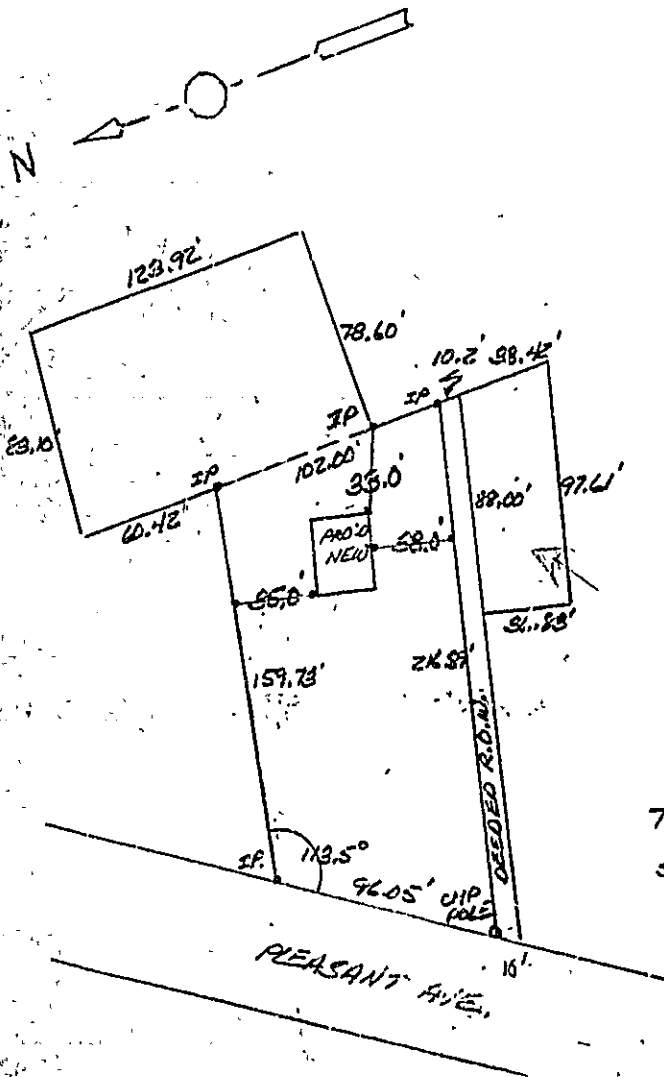
766-2446

CRANDALL

766-2273

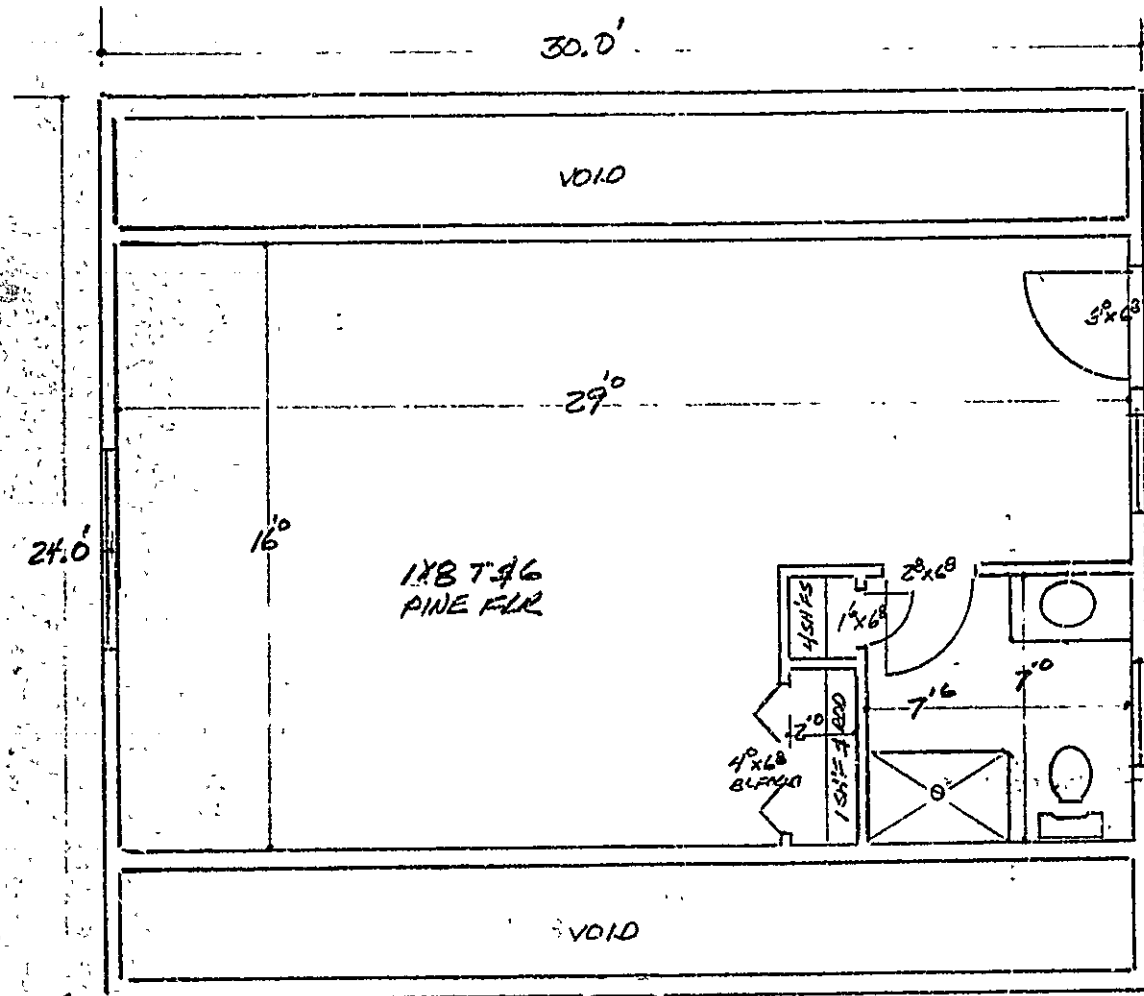


SITE PLAN  
SCALE: 1" = 60'

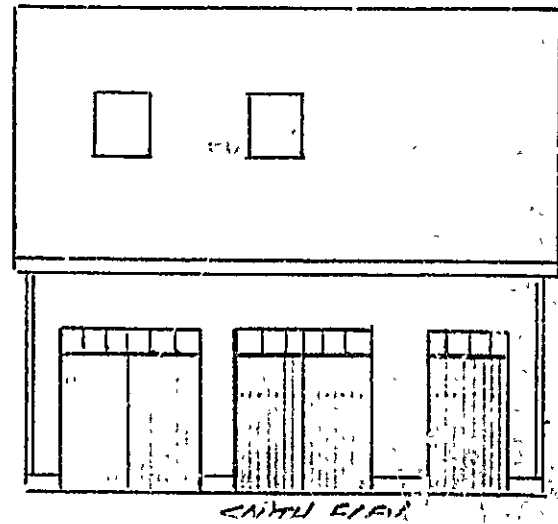
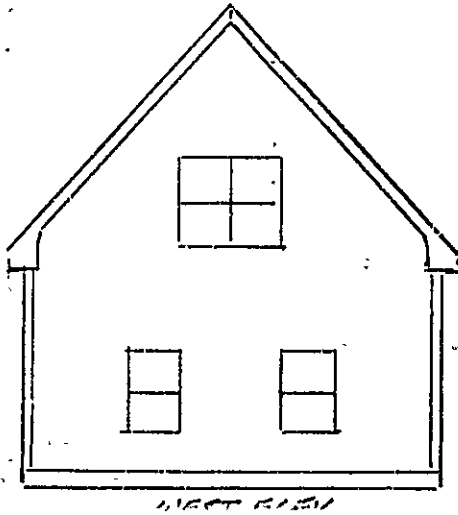
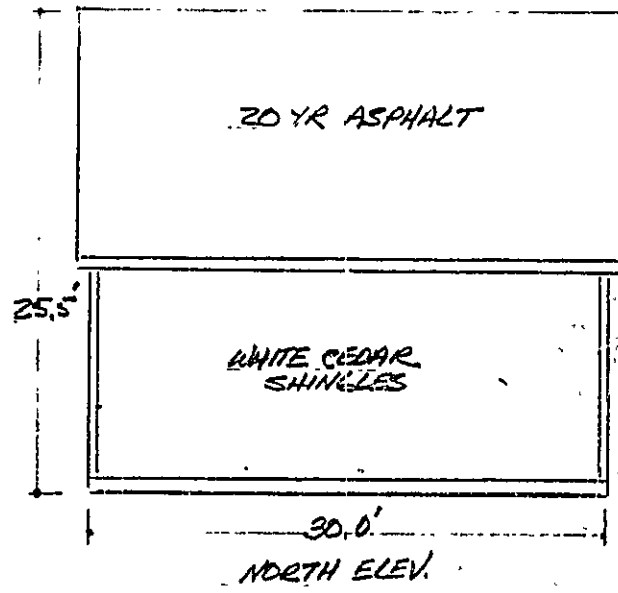
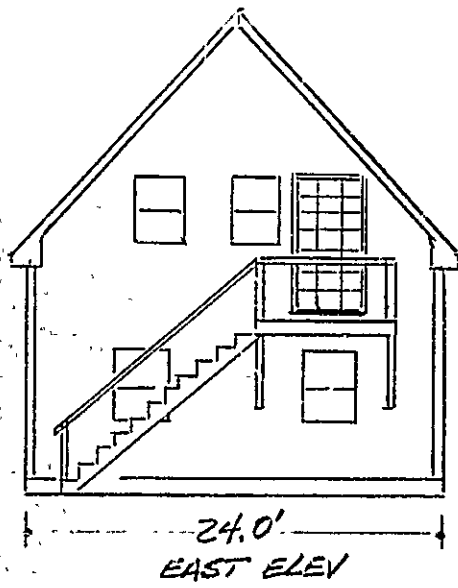


TIP WALL  
SECT  
SCALE: 1/2" = 1.5'

PREPARED H. AND BARN  
PLEASANT AVE GARAGE PER  
PEAKS IS. ME OUIDS CONTRACTOR  
LOT # 87-A-3  
1200 SQ. FT. 12/19/99



2<sup>nd</sup> FLR. PLAN  
SCALE: 1/4" = 1'-0"



SCALE: 1/4" = 1'-0"

H. AND  
PEAKS IS

Applicant: Walter Crandall Date: 12/19/94  
Address: 87-A-3 Pleasant Ave, Peaks Island  
Assessors No.: 87-A-3 - 87-B-1 & 88-I-2)

CHECK LIST AGAINST ZONING ORDINANCE

Date - New

Zone Location - IR-1

Interior or corner lot -

Use - Single family with attached garage underneath 24' x 30'

Sewage Disposal - HNE 200 already issued for 3 Bdrms - with public water

Rear Yards - 33' shown - 30' required

Side Yards - 38' & 35' shown - 20' required

Front Yards - 75' + shown 30' required

Projections -

Height - 35' MAX

Lot Area - ~~27,148 sq ft~~ 40,044<sup>sq ft</sup> shown - 40,000<sup>sq ft</sup> req

Building Area - 720<sup>sq ft</sup> shown

Area per Family -

Width of Lot - OK 100 lot of record 40' - street width req -

Lot Frontage - OK 100 " " 96.05'

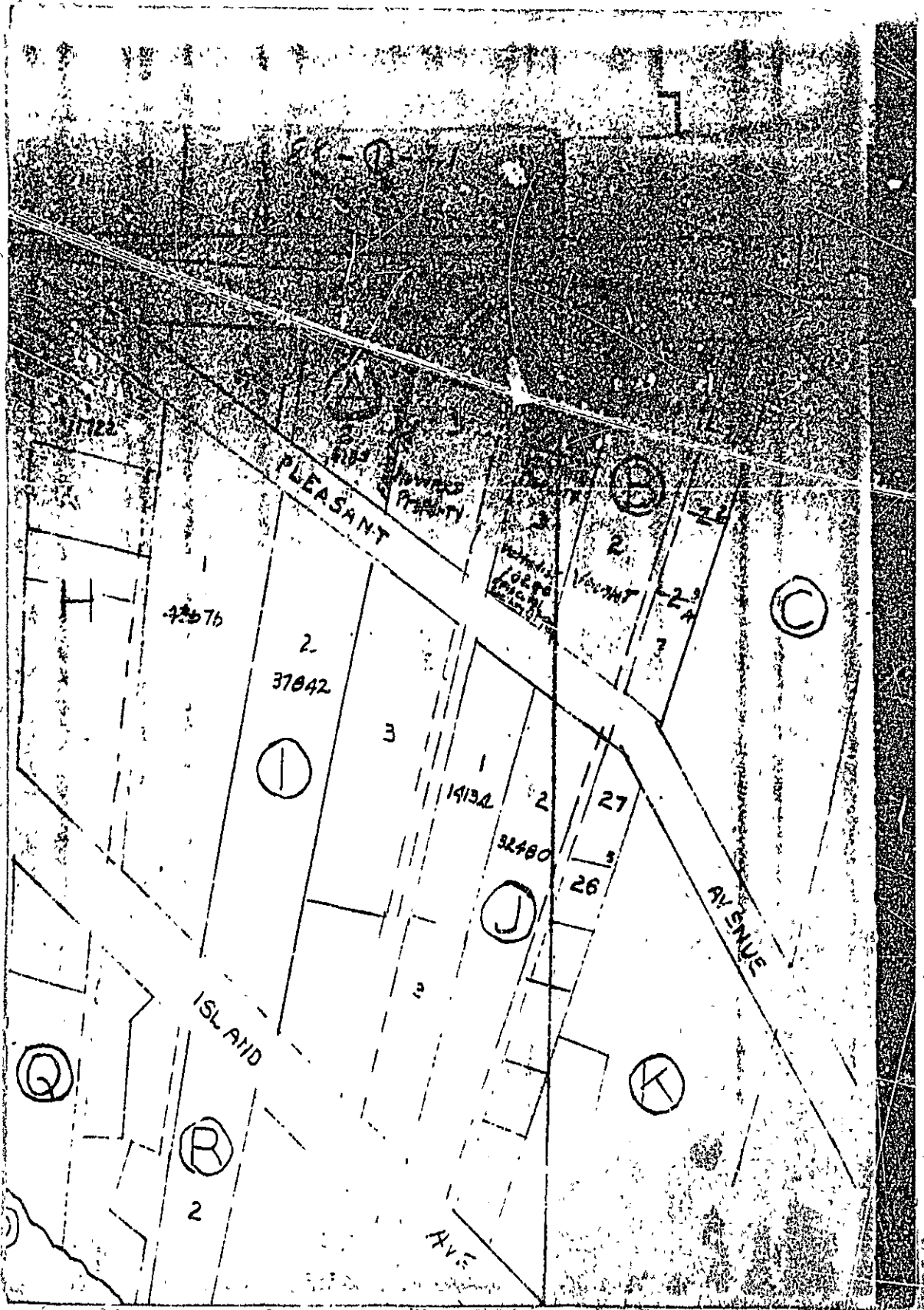
Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -



20-1

37122

PLEASANT AVENUE

42576

2

37842

3

Q

14134

2

27

32480

3

26

J

AVENUE

ISLAND AVENUE

3

Q

R

2

K

C

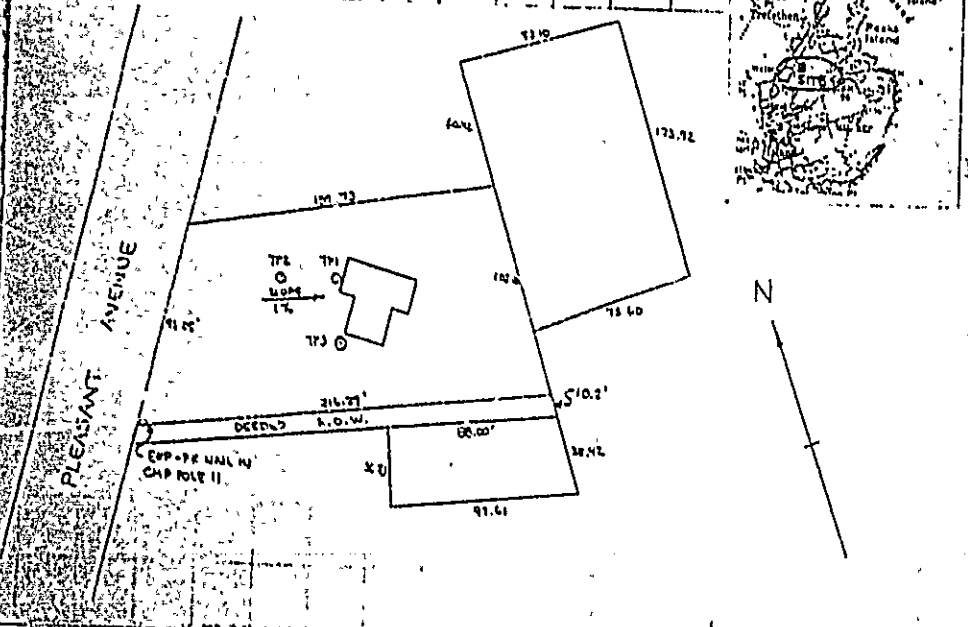
AVENUE

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND PLEASANT AVENUE**  
Street, Road, Subdivision: **87-A-3**  
Owner's Name: **TED KAYNOR**

SITE PLAN Scale 1" = **60** FL. SITE LOCATION PLAN (Attach)



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

Observation Hole **2**  Test Pit  Boring  
2" SOD Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
CLAY		BROWN	
	LOOSE		NONE
SAND		YELLOW	
			FEW
SANDY GRAVEL	COMPACT HARD PAN	YELLOW BROWN	

Soil Classification: **SC** Slope: **1%** Limiting Factor: **25** X Groundwater:   
 Organic Layer:   
 Other:

Observation Hole **2**  Test Pit  Boring  
2" SOD Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SANDY LOAM		BROWN	NONE
SANDY GRAVEL	LOOSE	RED YELLOW	
			COMMON
STRATIFIED FINE SAND AND GRAVEL LAYERS		SAND-YELLOW GRAVEL-RED YELLOW	FEW

Soil Classification: **SC** Slope: **1%** Limiting Factor: **25** X Groundwater:   
 Organic Layer:   
 Other:

01/11/89  
Site Evaluator or Professional Engineer's Signature: **0003/4814** **05/30/89**  
 SE/PEP DHE Page 2 of 3  
 HIG-200 Rev. 4/83

Hoffees


12/20/94

897-A-3

Pleasant Ave. RI

SENDER: Complete items 1, and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to, and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  C. Show to whom delivered, date, and addressee's address.  Restricted Delivery.  (Extra charge)  (Extra charge)

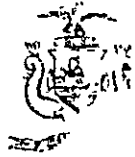
<p>3. Article Addressed to</p> <p>Mr. Walter Crandall 14 Luther St. Peaks Island, ME 04108</p>	<p>4. Article Number</p> <p>P. 839 923-534</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p>
<p>5. Signature - Addressee</p> <p>X</p>	<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>6. Signature - Agent</p> <p>X <i>Walter Crandall</i></p>	<p>8. Addressee's Address (RNL Yes requested fee paid?)</p> <p>14 LUTHER ST. PEAKS ISLAND, ME 04108</p> 
<p>7. Date of Delivery</p>	

FS Form 3811, Mar. 1987

\* U.S. G.P.O. 1987-173-258

DOMESTIC RETURN RECEIPT

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

December 20, 1994

RE: 897-A-3--Pleasant Ave., P.I.

Mr. Walter Crandall  
14 Luther St.  
Peaks Island, ME 04108

Dear Sir:

Your application to construct a single family dwelling can not be issued at this time because all new single family dwellings must go through a minor-minor site plan review and your application did not contain one. Please submit this information so we can process your application.

Please see enclosed information needed for site plan.

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

Sincerely,

  
Samuel Hoffses  
Chief of Inspection Services

/el

cc: Marge Schmuckal, Asst. Chief of Inspection Services



SINGLE FAMILY AND TWO-FAMILY LOT  
SITE PLAN REQUIREMENTS (Sec. 14-526)

Applicant(s) HAROLD ANO

Address of Proposed Site Pleasant Ave  
87A003  
87B-2

The minor site plan application for a single family/two-family dwelling includes the following:

	Yes	No	Remarks
1. Name and address of the applicant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. A boundary survey of the lot, prepared and sealed by a registered land surveyor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Scale and north arrow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Location, dimensions and first floor(sill) elevation (based on mean sea level datum) of the proposed building(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Location and dimensions of driveway(s) and parking area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Location and size of both existing utilities in the street and proposed utilities serving the building.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Location of areas on the site which will be used to dispose of surface water drainage and related facilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Existing and proposed contours (based on mean sea level datum). (Except where Public Works has determined that lesser detail would be required-Sec.14-526-C-1-g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewing Staff \_\_\_\_\_

Date \_\_\_\_\_

87-A-003 <sup>27,648 sq ft</sup> ~~27,648~~ VACANT lot

87-B-1 → rear of PLEASANT VACANT lot  
2,364

Hand P. And

11/27,648 Patricia A. Noce

2,364 65 VAUGHN HILL RD

10,032 Belmont, MA

40044 01740

Demolish 1 story barn 4-11-75 → owner Alfred  
87-A-3 & 88-I-2 DAYL

Use: VACANT lot

New use: Single family  
as per plans

to erect single fam <sup>attach</sup> garage <sub>and</sub>