

CERTIFICATE OF APPROVAL

FOR WASTEWATER DISPOSAL FOR THE TOWN/CITY OF Portsmouth

Town/City Code 05170 LPI Number 00123 Date Issued 4/24/81 37451 EC
 Installer's Name PLANTE ASSOCIATES Certificate of App Number
 Last Name Edmond P. Egan F.I.M.I.
 Owner Edmond P. Egan
 Address Rockwell Maine 04108
 Location where system was installed and inspected

Installer Code 1. Owner
 2. Builder
 3. Installer
 4. Developer
 5. Realtor
 6. Other

THE SUBSURFACE WASTEWATER DISPOSAL SYSTEM OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE WASTEWATER DISPOSAL RULES AND THE HHE-200 FORM PERFORMED BY

3 ON 9/25/80
 (Site Evaluator Number) Month Day Year

TOWN'S COPY

Signature of LPI Edmond P. Egan
 Date Inspected MAY 7 - 1981

SUBSURFACE WASTEWATER DISPOSAL PERMIT

Town/City Code 05170 LPI Number 00123 Date Issued 4/24/81 Evaluator Number 000013 37161 EP
 Address of System's Location 87-C-S PLEASANTVILLE MEANS PERMIT NUMBER
 Name of Owner EDZARD F.I.M.I. 3
 Last Name EA Walking Address Zip Code

Permit Issuance 1. No Variance Required 2. Replacement Variance 3. New System Variance 4. Local Site Evaluation Waiver Option

Type of System 1. New 2. Replacement 3. Expansion 4. Experimental 5. Engineered

Replacement or Modification If system is being replaced or is a modification, enter year of original system installation

System to Serve 1. Single (Res.) 2. Multi-Fam (Res.) 3. Mobile Home 4. Commercial 5. School 7. Other (Specify) Unit 1

Complete System 1. Bed 2. Chamber 3. Special System (Includes time waterless toilet) 4. Other (Specify)

Treatment Tank ONLY 1. Septic 2. Aerobic 3. Holding (Specify) 5. Trench

Disposal Area ONLY 1. Bed 2. Chamber 3. Holding 4. Other (Specify)

Waterless Toilets 1. Pit Privy 2. Vault Privy 3. Compost Toilet 4. Other (Specify) (10. sec)

EP to insert Profile (1) Soil Condition (R) Total Fee 122.00

TOWN'S COPY

IMPORTANT: Note the following conditions:
 1. This Permit is non-transferable to another person or party.
 2. If a construction fee not started within 6 months from the Date of Issue this Permit becomes void.
 Signature of LPI Edmond P. Egan Double Fee Check (1/18)

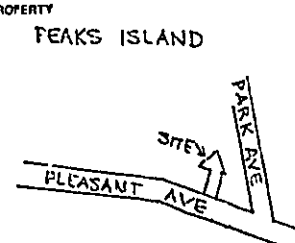
Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

MHE-200

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

Page 1 of 2

This Application Is For <input checked="" type="checkbox"/> New System <input type="checkbox"/> Replacement Of Entire System <input type="checkbox"/> Replacement Of Disposal Area Only		<input type="checkbox"/> Expanded System <input type="checkbox"/> Conversion Permit		Variance <input checked="" type="checkbox"/> None Required <input type="checkbox"/> New System	<input type="checkbox"/> Replacement System Variance With LPI Approval <input type="checkbox"/> Dept. Review
PROPERTY LOCATION Portland - Peaks Island Town, Plantation		Pleasant Ave Street, Road		Tax Map 87 Subdivision Name	87-C-5 Lot No.
PROPERTY OWNER OR APPLICANT Edward P. Ezzard			TYPE OF STRUCTURE, DESIGN FLOW <input checked="" type="checkbox"/> Single Family Dwelling Number of Bedrooms <u>3</u> Design Flow <u>70</u> GPD Design Flow based on <input type="checkbox"/> Minimum <input type="checkbox"/> Moderate <input type="checkbox"/> Conservative <input type="checkbox"/> Reduction in Design Flow due to Water Conservation If so, specify type of <u>Laundry System (this application)</u>		
Mailing Address 20-49 27th St Street Astoria Town		Tel No 11105 New York State Zip Code		Other Establishment Specify _____ Type of Facility _____ (Number of Employees, Seating Capacity, Pub. ing. Svc., etc.) Design Flow _____ GPD If greater than 2000 GPD, Specify Professional Engineer	
LOCATION PLAN OF PROPERTY PEAKS ISLAND 			PROPERTY INFORMATION Area of Property <u>5000</u> Sq. Ft. <input type="checkbox"/> Acres <input type="checkbox"/> Zone <input type="checkbox"/> Not Zoned If zoned, type of zoning <u>Residential</u> Property on Water Body, If so, Name of Water Body _____ Water Supply Is <input checked="" type="checkbox"/> Public Utility <input type="checkbox"/> Drilled Well _____ depth <input type="checkbox"/> Dug Well _____ depth <input type="checkbox"/> Well Point <input type="checkbox"/> Spring <input type="checkbox"/> Surface Water		
Roads, Landmarks, Distances					

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2						
TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. <u>1</u>		Observation Hole No. _____		Observation Hole No. _____	
	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring		<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
Organic Strata or (Existing Fill)	Topsoil Thickness <u>2</u> "		Organic Strata or (Existing Fill) Thickness _____"		Organic Strata or (Existing Fill) Thickness _____"	
1st Original Mineral Soil Strata	Dk. Brown Gravelly Loam Depth from 0" to <u>8</u> " Thickness <u>8</u> "		1st Original Mineral Soil Strata Depth from 0" to _____" Thickness _____"		1st Original Mineral Soil Strata Depth from 0" to _____" Thickness _____"	
2nd	Red Brown Gravelly Loam Depth from <u>8</u> " to <u>20</u> " Thickness <u>12</u> "		2nd Depth from _____" to _____" Thickness _____"		2nd Depth from _____" to _____" Thickness _____"	
3rd	Red brown Gravelly Loam w/ cobbles Depth from <u>20</u> " to <u>39</u> " Thickness <u>19</u> "		3rd Depth from _____" to _____" Thickness _____"		3rd Depth from _____" to _____" Thickness _____"	
4th	_____		4th Depth from _____" to _____" Thickness _____"		4th Depth from _____" to _____" Thickness _____"	
Total Depth of Observation Hole	<u>39</u> "		Total Depth of Observation Hole _____"		Total Depth of Observation Hole _____"	
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground <input checked="" type="checkbox"/> None evident Water Table Depth _____"		Maximum Seasonal High Ground <input type="checkbox"/> None Evident Water Table Depth _____"		Maximum Seasonal High Ground <input type="checkbox"/> None evident Water Table Depth _____"	
	Depth to Restrictive Layer <input checked="" type="checkbox"/> None evident		Depth to Restrictive Layer <input type="checkbox"/> None evident		Depth to Restrictive Layer <input type="checkbox"/> None evident	
	Depth to Bedrock <input type="checkbox"/> None evident		Depth to Bedrock <input type="checkbox"/> None evident		Depth to Bedrock <input type="checkbox"/> None evident	

PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE	PROFILE	CONDITION	SLOPE
<u>1</u>	<u>B</u>	<u>0.5%</u>						

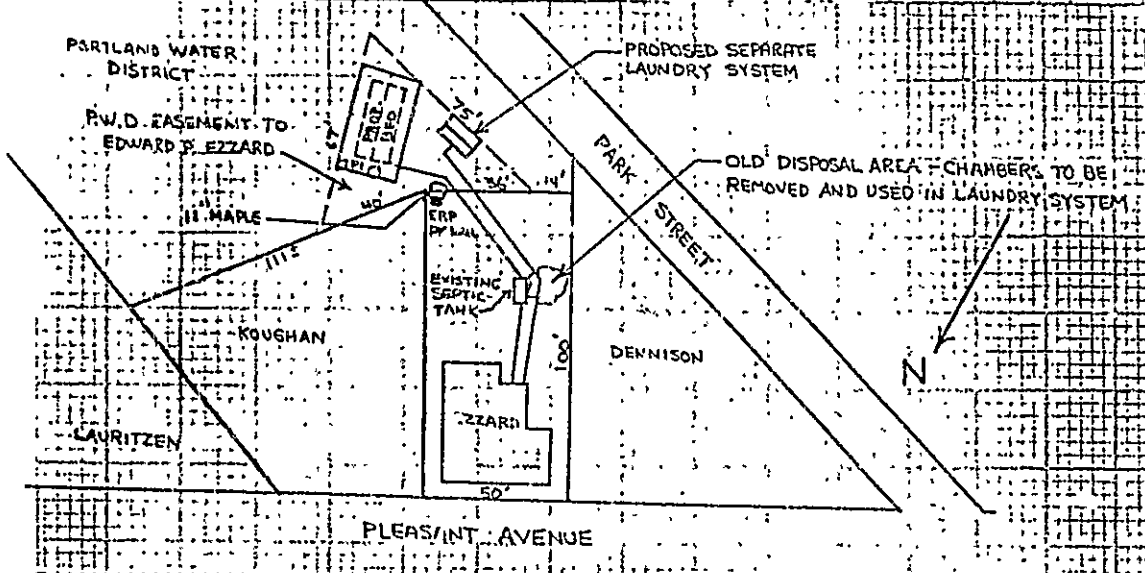
DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2			
TYPE OF SYSTEM <input type="checkbox"/> Combined System <input type="checkbox"/> Separated System If separated system, type of black waste disposal system to be used <input type="checkbox"/> Compost <input type="checkbox"/> Pit Privy <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Other _____ Specify: _____ <input checked="" type="checkbox"/> Stand Alone Laundry System <input type="checkbox"/> Primitive System <input type="checkbox"/> Holding Tank	TREATMENT TANK <input type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank Size _____ Gals. DOSAGE <input type="checkbox"/> Pumping is not required <input type="checkbox"/> Pumping is required The dose should be _____ Gals. Dosage chamber capacity shall be _____ gals. <input type="checkbox"/> System should be vented	SUBSURFACE DISPOSAL AREA/TYPE <input type="checkbox"/> Trench Disposal Area Total linear feet of trench _____ ft. Number of Trench Lines _____ ft. Length of each trench line _____ ft. Depth of Stone _____ Inches Reduction on trench length due to stone depth _____ % <input type="checkbox"/> Bed Disposal Area Total bed area _____ sq. ft. Number of beds _____ Width _____ ft. Length _____ ft. <input checked="" type="checkbox"/> Chamber Disposal Area Total chamber area <u>91</u> sq. ft. Number of chambers <u>1</u> Width <u>7</u> ft. Length <u>13</u> ft. <input type="checkbox"/> H 20 required	SYSTEM SIZE RATING <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large
			DISPOSAL AREA ELEVATION Depth of Upslope Fill required <u>12</u> inches. Depth of Downslope Fill required <u>12</u> inches. Reference Elevation Point established at <u>50.00</u> Elevation. Disposal Area Bottom to be established at <u>46.00</u> Elevation. Top of Distribution Lines or Top of Chambers <u>47.08</u> Elevation. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bays. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies

FOR USE BY SITE EVALUATOR On <u>9-26-80</u> (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.	Signature of Site Evaluator <u>William B. Goodwin</u> Date signed <u>SEP 25 1980</u>	Site Evaluator License No. <u>00003</u>
FOR USE BY OWNER/APPLICANT I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.	Signature of Owner/Applicant <u>Edward P. Ezzard</u> Date Signed <u>April 18, 1981</u>	
FOR USE BY LPI: <input type="checkbox"/> This Application is approved. If conditions are listed. <input type="checkbox"/> This Application is Denied due to _____ <input type="checkbox"/> Application is Incomplete <input type="checkbox"/> Application is unclear <input type="checkbox"/> Development in violation of other regulations. Specify _____	Signature of LPI <u>[Signature]</u> PERMIT NO. <u>02797c</u> Date Issued <u>1 18</u>	

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

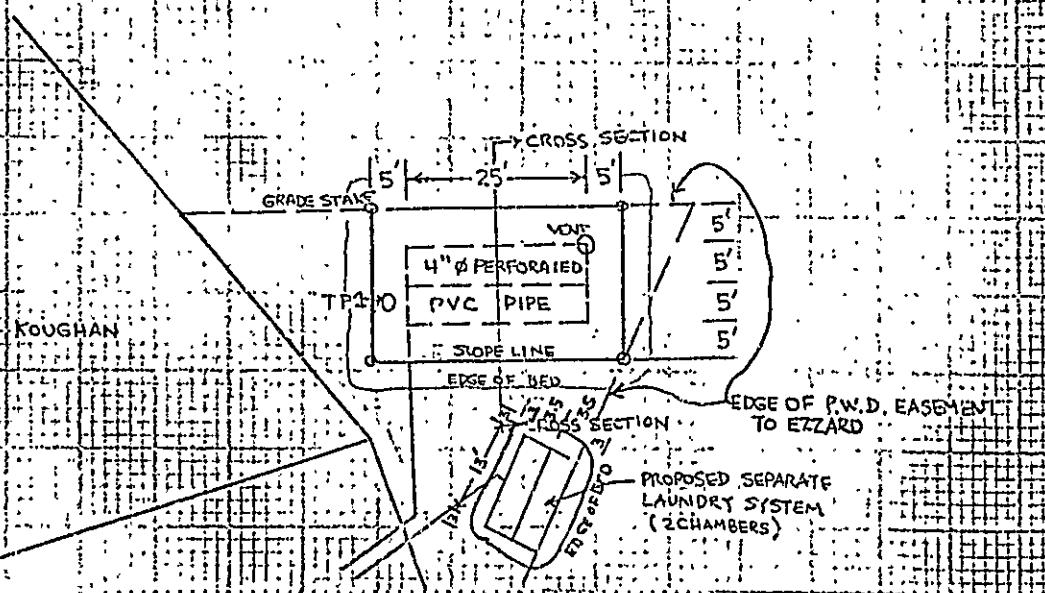
Form 2012

PROPERTY LOCATION Portland-Peaks Island <small>Town, Platization</small>	Pleasant Ave <small>Street, Road</small>	Tax Map 87 <small>Subdivision Name</small>	87-0-5 <small>Lot No.</small>
PROPERTY OWNER or APPLICANT Edward P. Ezzard	DISPOSAL AREA ELEVATION Depth of Upslope Fill required <u>12</u> Inches Depth of Downslope Fill required <u>12</u> Inches	Reference Elevation Point established at <u>50.00</u> Elevation. Disposal Area Bottom to be established at <u>46.00</u> Elevation. Top of Distribution Lines or Top of Chambers <u>47.08</u> Elevation.	
Site Plan		Scale 1" = 50 ft	



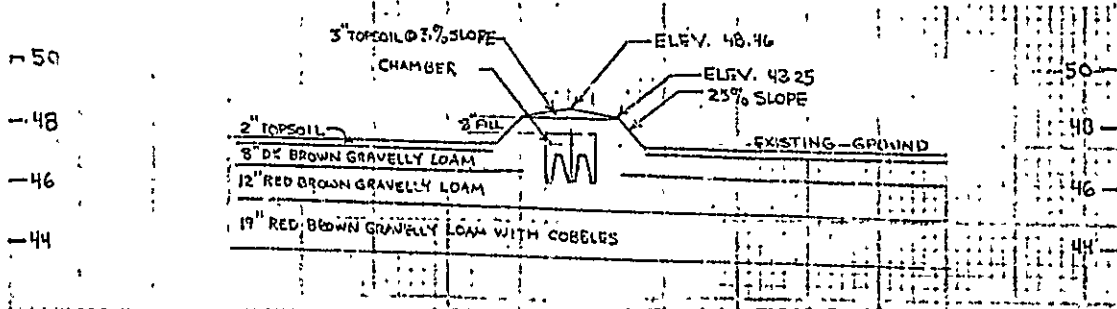
Subsurface Wastewater Disposal Plan

Scale 1" = 20' drawn by N.V. TWADDEL



Subsurface Wastewater Disposal Area Cross-section

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



Site Evaluator's Signature
William B. Goodwin

Date: SEP 25 1980 License Number: 00003

IHE-200-A RV7/80

CERTIFICATE OF APPROVAL

FOR WASTEWATER DISPOSAL FOR THE TOWN/CITY OF Portland

Town/City Code 05170 LPI Number 00123 Date Issued 3/28/81 37457 EC
 Month Day Year Certificate of App. Number

Installer's Name PLANNIE Last Name F.I.M.I.

Owner Frederick W. Dussay
 Address Whitehead Ave. Casco, Me.
 Location where system was installed and inspected

- Installer Code
- 1 Owner
 - 2 Builder
 - 3 Installer
 - 4 Developer
 - 5 Realtor
 - 6 Other

THE SUBSURFACE WASTEWATER DISPOSAL SYSTEM OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE WASTEWATER DISPOSAL RULES AND THE HHE-200 FORM PERFORMED

3 ON 4/27/81
 (Site Evaluator Number) Month Day Year

TOWN'S COPY

Signature of LPI Frederick W. Dussay
 Date Inspected MAR 24 1981

SUBSURFACE WASTEWATER DISPOSAL PERMIT FOR THE TOWN/CITY OF Portland

Town/City Code 05170 LPI Number 00123 Date Issued 3/28/81 Evaluator Number 00123 37457 EP
 Month Day Year PERMIT NUMBER

Address of System's Location WHITEHEAD AVE CASCO ME
 St/Lot Number Street, Row Name/Subdivision

Name of Owner FRANK Last Name F.I.M.I. Mailing Address Zip Code

- Issue Code
- 1 Owner
 - 2 Builder
 - 3 Installer
 - 4 Developer
 - 5 Realtor
 - 6 Other

Permit Issuance	1. No Variance Required 2. Replacement Variance 3. New System Variance 4. Local Site Evaluation Waiver Option	<input type="checkbox"/>
Type of System	1. New 2. Replacement 3. Expansion 4. Experimental 5. Engineered	<input checked="" type="checkbox"/>
Replacement or Malfunction	If system is being replaced or is a malfunction, enter year of original system installation	<input type="checkbox"/>
System to Serve	1. Single (Res.) 2. Multi-Fam (Res.) 3. Mobile Home 4. Modular Home 5. Commercial 6. School 7. Other (Specify)	<input type="checkbox"/>
Complete System	1. Bed 2. Chamber 3. Special System (Includes one waterless toilet) 4. Other (Specify) 5. Trench	<input checked="" type="checkbox"/>
Treatment Tank ONLY	1. Septic 2. Aerobic 3. Holding	<input type="checkbox"/>
Disposal Area ONLY	1. Bed 2. Chamber 3. Laundry Waste 4. Other (Specify)	<input type="checkbox"/>
Waterless Toilets	1. Pit Privy 2. Vault Privy 3. Compost Toilet 4. Other (Specify) (\$10. each)	<input type="checkbox"/>

TOWN'S COPY

LPI to Insert Profile (M) Soil Condition (N) Total Fee 40.00

IMPORTANT: Note the following conditions:
 1. This Permit is non transferable to another person or party.
 2. If construction has not started within 6 months from the Date of Issue, this Permit becomes invalid.

Signature of LPI Frederick W. Dussay (Double Check)

This Application is For New System Conversion Permitted Experimental System Replacement of Entire System Disposal Area Only

An Application For Subsurface Wastewater Disposal Permit

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

Location: Cushings Island (Portland) Whitenead Ave. Spring Cove (Ocean)

Plumbing Permit No. 37457 Date of Plumbing Permit 3/12/87

Owner: Frederick W. Russe Name of Applicant: Lionel R. Plante Tel. No. 766-2538

Address: P.O. Box 22, Peaks Island, Maine Street: Island Avenue

Town: Portland State: Maine Zip Code: 04108 Town: Peaks Island State: Maine Zip Code: 04108

Size of Lot: 19,820 Sq. Feet Acres Is Lot Zoned? Yes No Type of Building: Residential Subdivision Name: Portland Tax Assessors Map 196C Lot No.: 106C-B-4

The Water Supply For This Property is: Dug Well, depth _____ Drilled Well, depth _____ Spring, depth _____
 Surface Water Body Course with disinfection without disinfection Purpose: Utility, name: Portland Water District

SITE INVESTIGATION Show Location of Pits on Site Plan on Page 2

Soil Profile No. 1	Soil Profile No. 2	Soil Profile No. 3	Soil Profile No. 4
<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
3" Topsoil	3" Topsoil		
1st Strata: Dark Brown Gravelly Loam, 12" inches	1st Strata: Dark Brown Gravelly Loam, 8" inches	1st Strata	1st Strata
2nd Strata: Brown Very Stony Gravelly Loam, 36" inches	2nd Strata: Yellow Red Sandy Gravel, 10" inches	2nd Strata	2nd Strata
3rd Strata	3rd Strata: Brown Very Stony Gravelly Loam, 12" inches	3rd Strata	3rd Strata
4th Strata	4th Strata: Yellow Red Very Stony Sandy Gravel, 32" inches	4th Strata	4th Strata
Total Depth of Observation Hole: 48" inches	Total Depth of Observation Hole: 53" inches	Total Depth of Observation Hole: _____ inches	Total Depth of Observation Hole: _____ inches
Max. Seasonal Water Table Mottling: <input checked="" type="radio"/> None Evident	Max. Seasonal Water Table Mottling: <input checked="" type="radio"/> None Evident	Max. Seasonal Water Table Mottling: <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling: <input type="radio"/> None Evident
Impervious Layer Clay, Etc.: <input checked="" type="radio"/> None Evident	Impervious Layer Clay, Etc.: <input checked="" type="radio"/> None Evident	Impervious Layer Clay, Etc.: <input type="radio"/> None Evident	Impervious Layer Clay, Etc.: <input type="radio"/> None Evident
Bedrock: <input checked="" type="radio"/> None Evident	Bedrock: <input checked="" type="radio"/> None Evident	Bedrock: <input type="radio"/> None Evident	Bedrock: <input type="radio"/> None Evident
Surface Slope: 1.0% <input checked="" type="radio"/>	Surface Slope: 1.0% <input checked="" type="radio"/>	Surface Slope: _____ %	Surface Slope: _____ %

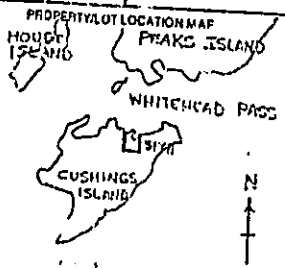
On 6-19-80 (date), a site investigation for this project was completed. I conducted the soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: William B. Goodwin Site Evaluator License Number: 00003

Date Signed: June 27, 1980

DISPOSAL SYSTEM PROPOSED Show Location of System and Details on Disposal Plan on Page 2

SYSTEM <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system—type of human waste disposal system to be used: <input type="radio"/> Sealed Vault (Pit) <input type="radio"/> Open Pit (Pit) <input type="radio"/> Compost Toilet <input type="radio"/> Chemical Toilet <input type="radio"/> Incinerator Toilet	TREATMENT TANK <input type="radio"/> Aerobic Tank <input checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in Gallons: <u>750</u> Gal Number of Bedrooms: <u>2</u>	SUBSURFACE ABSORPTION AREA/TYPE <input checked="" type="radio"/> Bed System No. of Beds: <u>1</u> Length: <u>35</u> ft Width: <u>20</u> ft <input type="radio"/> Chamber System Number: _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type B <input type="radio"/> Cluster <input type="radio"/> Special System Length: _____ ft Width: _____ ft <input type="radio"/> Laundry System Type A: _____ Type B: _____ No of Chambers: _____ Name and type of establishment (if other than private home): _____	SIZE <input type="radio"/> Small <input checked="" type="radio"/> Medium <input type="radio"/> Med. Large <input type="radio"/> Large <input type="radio"/> Extra Large Design flow: <u>264</u> GPD	SITE MODIFICATION Fill will be: <u>0</u> in. uphill <u>0</u> in. downhill DETAILS <input type="radio"/> A Distribution Box is required Pumping is: <input type="radio"/> required <input checked="" type="radio"/> is not required The dose will be: _____ Gallons DISTANCES <input checked="" type="radio"/> Yes <input type="radio"/> No The proposed subsurface absorption area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river, swamps, marshes, and bogs) <input checked="" type="radio"/> Yes <input type="radio"/> No The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
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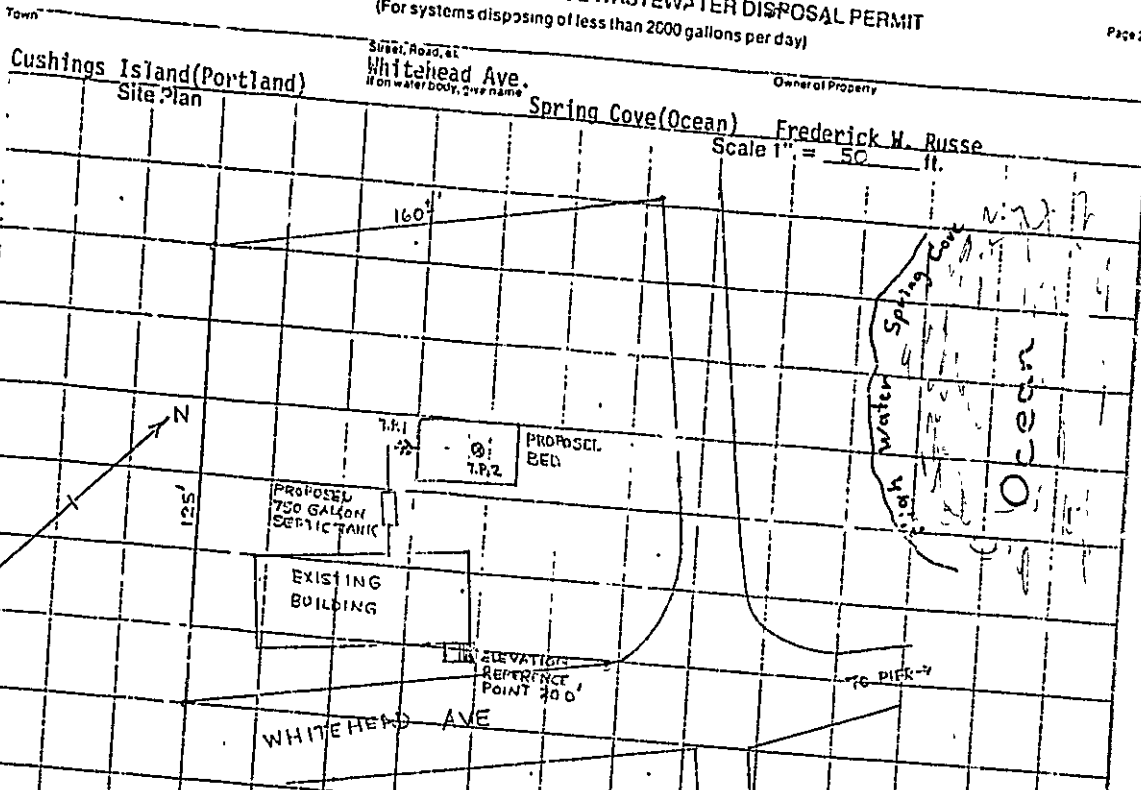


Denial Application is denied for the following reasons, portions of Code if are cited:
 Form is incomplete Disposal System Plan Cross-section Statement System Proposed
 Site Plan Disposal System Plan Cross-section Statement System Proposed
 Site Investigator indicates site is unsuitable for disposal system. See section 4.1
 System Proposed does not conform to Code.
 Site Investigator indicates site modifications are necessary
 Acceptance Application for permit is approved with condition specified comply with Section _____ without condition

FOR THE USE OF LPI ONLY
 Code if are cited

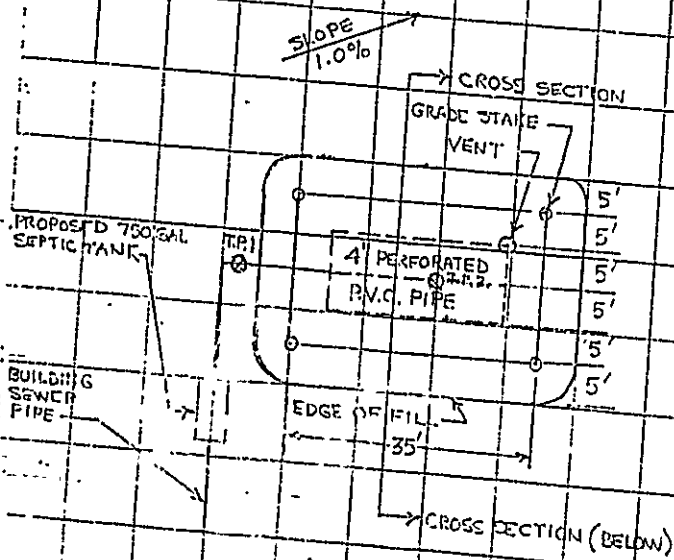
Signature: [Signature]

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)



Private Sewage Disposal Plan

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

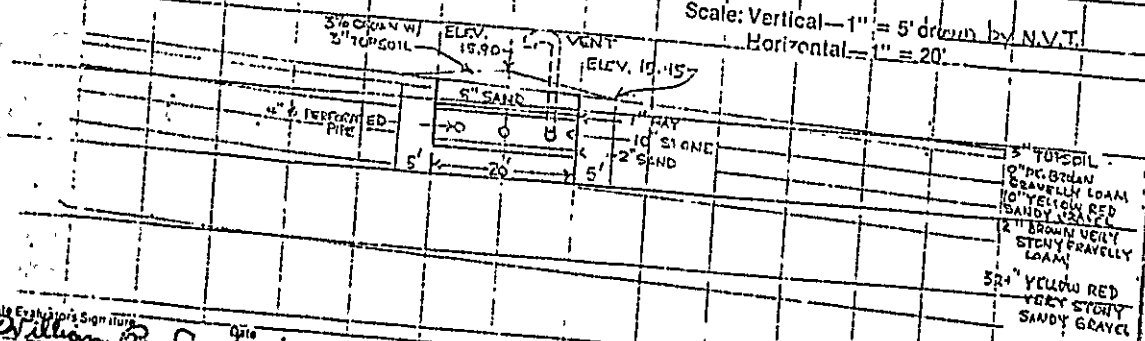


NOTES

1. ELEVATION REFERENCE POINT IS A BRONZE NATIONAL OCEAN SURVEY BENCH MARKER LOCATED ON FRONT STEPS - ASSUMED ELEVATION 20.0 FEET, ALL ELEVATIONS SHOWN ARE RELATIVE THERE TO.

Subsurface Absorption Area Cross-section

Scale: Vertical - 1" = 5' drawn by N.V.T.
 Horizontal - 1" = 20'



Site Evaluator's Signature: William B. Goodwin Date: 6/27/80 License Number: 3
 I certify that all the information submitted to be true and correct, and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny I permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required: Frederick W. Russe
 Date: 12 MAR 1981
 Applicant: Frederick W. Russe
 HHE-200

PERMIT TO INSTALL PLUMBING

Peaks Island

PERMIT NUMBER **4707**

Address **97-C-5 Pleasant Ave.**

Installation For **one family**

Owner of Bldg **Edward Ezzard**

Owner's Address **same as above**

Plumber

Date

Issued **8-5-76**
Portland Plumbing Inspector

By **ERNOLD R GOODWIN**

App. First Insp.

Date

By

App. Final Insp.

Date

By

Type of Bldg.

- Commercial
- Residential
- Single
- Multi Family
- New Construction
- Remodeling

NEW	REPL		Date	FEE
		SINKS	AUG 13 1976	
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
	xx	SEPTIC TANKS		10.00
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
		base fee		3.00
			TOTAL	13.00

Building and Inspection Services Dept. Plumbing Inspection



HOUSE ZONE

APPLICATION FOR PERMIT

PERMIT ISSUED
1933

Class of Building or Typ. of _____ Third Class _____
SEP 4 1933

Portland, Maine, September 4, 1933

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location Marion Avenue, Peaks Island Ward 1st Within Fire Limits? no Dist. No. _____
 Owner's or Lessee's name and address Mary Birch, Peaks Island Telephone _____
 Contractor's name and address A. P. Ross, Pleasant Ave., Peaks Island Telephone 260
 Architect's name and address _____
 Proposed use of building Cottage No. families _____
 Other buildings on same lot _____
 Plans filed as part of this application? no No. of sheets _____
 Estimated cost \$ 12 Fee \$ 2.25

Description of Present Building to be Altered

Material wood No. stories 2 Heat _____ Style of roof _____ Roofing _____
 Last use Cottage No. families _____

General Description of New Work

To put in new window, second floor, in rear wall of building at least three square feet in area for ventilation of new bath room. 6x8 to be partitioned off.

It is understood that this permit does not include the installation of heating apparatus which is to be taken out separately and in the name of the heating contractor.

Details of New Work

Height average grade to top of plate _____
 Height average grade to highest point of roof _____
 To be erected on solid or filled land? _____ earth or rock? _____
 Material of foundation _____ Thickness, top _____ bottom _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of Roof _____ Rise per foot _____ Roof covering _____
 No. of chimneys _____ Material of chimneys _____ of lining _____
 Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Material columns under girders _____ Size _____ Max. on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
 Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____
 Total number commercial cars to be accommodated _____
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
 Will there be in charge of above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

INSPECTION COPY

Signature of owner Mary Birch
By A. P. Ross

CENTRAL GROUP
RESIDENTS WANTED

2024 X 5

Ward 2nd Permit No. 34/385

Location Pleasant Ave. Pecks

Owner Mary Zink

Date of permit 9/4/36

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn. 9/11/36

Cert. of Occupancy issued

NOTE:
 9/11/36. Annual fee \$11
 for all corners 0
 allowed on streets 25
 other work assessed
 O.K. etc.