

Central Ave., Peaks Island
87-P-1

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

87-P-1 Central Ave (Dental St)
 87-P-15 " " "

Permit No. 58913
 Issued 9-1-72
 Portland, Maine Sept. 1, 1972

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out - Minimum Fee \$1.00)

Owner's Name and Address Mrs Henry J. Wetzel Central Ave, Portland, Maine

Contractor's Name and Address E. P. Carcoran Portland, Maine

Location Central Ave Use of Building Dwelling

Number of Families 1 Apartments Stores Number of Stories 1 1/2

Description of Wiring: New Work Additions Alterations

Pipe Cable Metal Molding BX Cable Plug Molding (No. of feet)

No. Light Outlets Plugs Light Circuits Plug Circuits

FIXTURES: No. Fluor. or Strip Lighting (No. feet)

SERVICE: Pipe Cable Underground No. of Wires 3 Size No. 2

METERS: Relocated Added Total No. Meters 1

MOTORS: Number Phase H.P. Amps Volts Starter

HEATING UNITS: Domestic (Oil) No. Motors Phase H.P.

Commercial (Oil) No. Motors Phase H.P.

Electric Heat (No. of Rooms)

APPLIANCES: No. Ranges Watts Brand Feeds (Size and No.)

Elec. Heaters Watts

Miscellaneous Watts Extra Cabinets or Panels

Transformers Air Conditioners (No. Units) Signs (No. Units)

Will commence Sept 1, 1972 Ready to cover in 19 Inspection Sept 1, 1972

Amount of Fee \$ 2.00

Signed Ed and E Carcoran

DO NOT WRITE BELOW THIS LINE

SERVICE	METER	GROUND
VISITS: 1 2 3 4 5 6		
7 8 9 10 11 12		

REMARKS:

INSPECTED BY J.W. Hebert (OVER)

Peeks
 LOCATION *Central Av.*
 INSPECTION DATE *9/7/72*
 WORK COMPLETED *9/7/72*
 TOTAL NO. INSPECTIONS *1*
 REMARKS.

FEEs FOR WIRING PERMITS EFFECTIVE JULY 31, 1963

WIRING

1 to 30 Outlets \$ 2.00
 31 to 60 Outlets 3.00
 Over 60 Outlets, each Outlet .05
 (Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).

SERVICES

Single Phase 2.00
 Three Phase 4.00

MOTORS

Not exceeding 50 H.P. 3.00
 Over 50 H.P. 4.00

HEATING UNITS

Domestic (Oil) 2.00
 Commercial (Oil) 4.00
 Electric Heat (Each Room) .75

APPLIANCES

Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit

MISCELLANEOUS

Temporary Service, Single Phase 1.50

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. **58916**
 Issued **9-5-72**

Portland, Maine

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out - Minimum Fee, \$1.00)

Owner's Name and Address *Mr. Henry G. Pettengill, Central Ave Peaks Island*
 Contractor's Name and Address *E. E. Gray, Peaks Island*
 Location *Central Ave Peaks Island*
 Number of Families *1* Apartments _____ Stores _____
 Description of Wiring: *New work* Additions *✓* Alterations _____
 Pipe ... Cable _____ Metal Molding _____ BX Cable _____ Plug Molding (No. of feet) _____
 No. Light Outlets _____ Plugs _____ Light Circuits _____ Plug Circuits _____
 FIXTURES: No. _____ Fluor. or Strip Lighting (No. feet) _____
 SERVICE: Pipe _____ Cable _____ Underground _____ No. of Wires _____ Size _____
 METERS: Relocated _____ Added _____ Total No. Meters _____
 MOTORS: Number _____ Phase _____ H. P. _____ Amps _____ Volts _____ Starter _____
 HEATING UNITS: Domestic (Oil) _____ No. Motors _____ Phase _____ I.P.P. _____
 Commercial (Oil) _____ No. Motors _____ Phase _____ H.P. _____
 Electric Heat (No. of Rooms) _____
 APPLIANCES: No. Ranges _____ Watts _____ Brand Feeds (Size and No.) _____
 Elec. Heaters _____ Watts _____
 Miscellaneous _____ Watts _____
 Transformers _____ Air Conditioners (No. Units) _____ Extra Cabinets or Panels _____
 Will commence *10/15/72* Ready to cover in _____ Signs (No. Units) _____
 Amount of Fee \$ *1.30* Inspection *10/19/72*

Signed *Edward E. Gray*

DO NOT WRITE BELOW THIS LINE

SERVICE	METER					GROUND	
	1	2	3	4	5	6	7
VISITS:	1	2	3	4	5	6	7
	7	8	9	10	11	12	
REMARKS:							

INSPECTED BY *G. H. [Signature]*
 (OVER)

Peaks
LOCATION Central Av.
INSPECTION DATE 9/7/72
WORK COMPLETED 9/7/72
TOTAL NO. INSPECTIONS 1
REMARKS:

FEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1968

WIRING

1 to 30 Outlets	\$ 2.00
31 to 60 Outlets	3.00
Over 60 Outlets, each Outlet	.05
(Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).	

SERVICES

Single Phase	2.00
Three Phase	4.00

MOTORS

Not exceeding 50 H.P.	3.00
Over 50 H.P.	4.00

HEATING UNITS

Domestic (Oil)	2.00
Commercial (Oil)	4.00
Electric Heat (Each Room)	.75

APPLIANCES

Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit

1.50

MISCELLANEOUS

Temporary Service, Single Phase	1.00
Temporary Service, Three Phase	2.00
Circuses, Carnivals, Fairs, etc.	10.00
Meters, relocate	1.00
Distribution Cabinet or Panel, per unit	1.00
Transformers, per unit	2.00
Air Conditioners, per unit	2.00



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, June 26, 1972

PERMIT ISSUED JUN 27 1972 0751 CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location Central Ave., Peaks Is. Use of Building dwelling No. Stories 1 1/2 N.E. Building Existing Name and address of owner of appliance Mrs. H.G. Pettengill, same Installer's name and address owner Telephone

General Description of Work

To install oil fired forced hot air furnace - replacing gravity hot air furnace

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no If so, how protected? Kind of fuel? oil Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe 4' From front of appliance 5' From sides or back of appliance 5' Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Brentwood - gun type Labeled by underwriters' laboratories? yes Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Size of vent pipe 1 1/2" Location of oil storage basement Number and capacity of tanks 1 - 275 Low water shut off Make No. Will all tanks be more than five feet from any flame? How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

[Empty space for miscellaneous information]

Amount of fee enclosed? \$5.00. (\$2.00 for one heater, etc.; \$1.00 additional for each additional heater, etc., in same building at same time.)

APPROVED:

O.K. E.R. 6/26/72

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

H.G. Pettengill

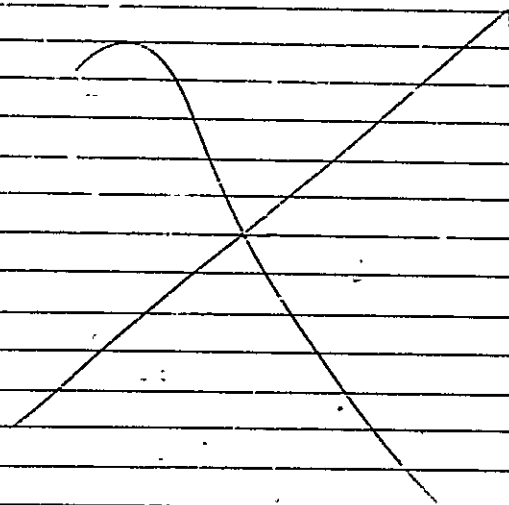
Signature of Installer BY: H.G. Pettengill

CS 300

INSPECTION COPY

NOTES

2-14-72 not started ~~990~~
Sept 8, 72 Completed insy OK



Permit No. 72/0751
Location Central Ave - Parks St
Owner Mr. H. B. Pittenger
Date of permit 6/27/72
Notif. closing-in
Inspn. closing-in
Final Notif.
Final Inspection Samuel Kelley
Cert. of Occupancy issued

Applicant: *Richard Grant* Date: *July 26, 1998*
 Address: *Lot #1 Central Ave Peaks Island*
 Assessors No.: *87-F-1 88-K-44*

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location -

Interior or corner lot - *Lot #1 of a 4 lot subdivision*Use - *Single Family*Sewage Disposal - *Septic Inground*Rear Yards - *100'* 30' requiredSide Yards - *90' and 90'* 20' requiredFront Yards - *80'* 30' required

Projections -

Height - *One story (Vaulted ceiling)*Lot Area - *47,483 #*Building Area - *1530 ± sq ft.*Area per Family - *40,000 sq ft w/city water.*Width of Lot - *228 ±*Lot Frontage - *232.53'*Off-street parking - *O.K.*Loading Bays - *NA.*

Site Plan -

Shoreland Zoning -

Flood Plains -

*This is a recent
 new subdivision
 lot was given to
 subdivision review approved
 by Public Works
 6/13/88 and by
 Planning Dept 7/20/88*

CITY OF PORTLAND, MAINE SUB DIVISION
SITE PLAN REVIEW

Processing Form

Richard & Audrey Grant

Applicant
 39 Myrtle St. Millis, Mass 617-376-5387

Date Feb. 20, 1987

Mailing Address
 4 lots

Address of Proposed Site
 87-F-1 & 88-K-44 Central Ave.
 Peaks Isl., Me.

Proposed Use of Site
 170,960 sq. ft.

Site Identifier(s) from Assessors Maps

Acreage of Site / Ground Floor Coverage

Zoning of Proposed Site

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

Proposed Number of Floors

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

Total Floor Area

Planning Board Action Required: () Yes () No

Other Comments:

Site Dept. Review Due:

BUILDING DEPARTMENT SITE PLAN REVIEW
 (Does not include review of construction plans)

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

Explanation

- Use complies with Zoning Ordinance --- Staff Review Below

Zoning SPACE & BULK as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FOOTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

Subdivision Plan approved by Planning 7/20/88

D. K. [Signature] July 26, 1988

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPT/MENT COPY

CITY OF PORTLAND

CITY OF PORTLAND, MAINE

SUB DIVISION

SITE PLAN REVIEW

Processing Form

Richard & Audrey Grant

Applicant 39 Myrtle St. Millis, Mass 617-376-5387

Date Feb. 29 1980

Mailing Address 4 lots

Address of Proposed Site 87-F-1 & 88-K-44 Central Avo. Peaks Isl., Me.

Proposed Use of Site 179,967 sq ft.

Site Identifier(s) from Assessors Maps

Acreage of Site Ground Floor Coverage

Zoning of Proposed Site

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

Proposed Number of Floors

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

Total Floor Area

Planning Board Action Required: () Yes () No

Other Comments:

Date Dept. Review Due:

PLANNING DEPARTMENT REVIEW

(Date Received)

Major Development — Requires Planning Board Approval: Review Initiated

Minor Development — Staff Review Below

Subject to approval of Planning Dept. Inspector

APPROVED
APPROVED CONDITIONALLY
DISAPPROVED

Table with 11 columns: LOADING AREA, PARKING, CIRCULATION PATTERN, ACCESS, PEDESTRIAN WALKWAYS, SCREENING, LANDSCAPING, SPACE & BULK OF STRUCTURES, LIGHTING, CONFLICT WITH CITY PROJECTS, FINANCIAL VIABILITY, CHANGE SITE PLAN. Includes handwritten notes and checkmarks.

CONDITIONS SPECIFIED BELOW
REASONS SPECIFIED BELOW

REASONS:

Blank lines for providing reasons for the review decision.

(Attach Separate Sheet if Necessary)

Signature of Reviewing Staff/Date: [Signature] (7/20/80)

PLANNING DEPARTMENT COPY

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

SUB DIVISION

Processing Form

Richard & Audrey Grant

Applicant

39 Myrtle St. Millis, Mass

617-376-5357

Date

Feb. 21, 1988

Mailing Address

6 lots

87-F-1 & 88-K-44 Central Ave. Peaks Isl., Me.

Address of Proposed Site

Proposed Use of Site

170,960 sq. ft.

Site Identifier(s) from Assessors Maps

Acreage of Site / Ground Floor Coverage

Zoning of Proposed Site

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

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

Planning Board Action Required: () Yes () No

Proposed Number of Floors

Total Floor Area

Other Comments:

Date Dept. Review Due:

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received)

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

REASONS:

(Attach Separate Sheet if Necessary)

[Signature]

6/13/88

PUBLIC WORKS DEPARTMENT COPY SIGNATURE OF REVIEWING STAFF/DATE

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

Processing Form

Applicant: Mr. Richard Grant

Mailing Address: 39 Myrtle St

Proposed Use of Site: Mill MASS 02054

Acres of Site: 19 Subdivision / Ground Floor Coverage

Date: _____
Address of Proposed Site: Central Ave - Peaks Island

Site Identifier(s) from Assessors Maps: _____

Zoning of Proposed Site: _____

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

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

Planning Board Action Required: () Yes () No

Proposed Number of Floors: _____

Total Floor Area: _____

Other Comments: _____
Date Dept. Review Due: _____

FIRE DEPARTMENT REVIEW

2/23/87
(Date Received)

	ACCESS TO SITE	ACCESS TO STRUCTURE	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMASE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER
APPROVED								
APPROVED CONDITIONALLY					X		X	
DISAPPROVED								

CONDITIONS SPECIFIED BELOW
REASONS SPECIFIED BELOW

REASONS: NO insufficient to provide fire protection
at this level of service available on
island.

(Attach Separate Sheet if Necessary)

[Signature]
SIGNATURE OF REVIEWING STAFF/DITE

FIRE DEPARTMENT COPY



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1
Portland, Maine, 11/6/90

PERMIT ISSUED
DEC 8 1990
City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 8810896 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location GENERAL INVESTIGATIONS B7-F-1 Within Fire Limits? 82-4-44 Dist. No. _____
Owner's name and address Richard & Audrey Grant; Telephone _____
39 Myrtle St; Mills, MA 02054 Telephone _____
Lessee's name and address _____ Telephone _____
Contractor's name and address _____ Telephone _____
Architect _____ Plans filed _____ No. of sheets _____
Proposed use of building 1-family dwelling No. families _____
Last use _____ No. families _____
Increased cost of work 7500. Additional fee \$57.50

Description of Proposed Work:

amendment for increased cost of work

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
Height average grade to top of plate _____ Height average grade to highest point of roof _____
Size, front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____
Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof _____ Rise per foot _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Framing lumber - Kind _____ Dressed or full size? _____ Size _____
Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
Girders _____ Size _____ Columns under girders _____ Size _____ Max. on centers _____
Studs (outside walls and carrying partitions) 2x4-16" O.C. Bridging in every floor and flat roof span over 8 feet.
Joints and rafters: 1st floor _____ 2nd _____ 3rd _____ roof _____
On centers: 1st floor _____ 2nd _____ 3rd _____ roof _____
Maximum span: 1st floor _____ 2nd _____ 3rd _____ roof _____

Approved: [Signature] Signature of Owner

PERMIT ISSUED
WITH LETTER

INSPECTION COPY - WHITE
APPLICANT'S COPY - YELLOW
FILE COPY - PINK
ASSESSOR'S COPY - GOLDEN

Approved: _____ Inspector of Buildings



APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED
DEC 3 1990
City Of Portland

Amendment No. 1
Portland, Maine, 11/6/90

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 88/0896 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinances of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location Central Ave.; Peaks Island 87-F-1 & 88-K-44 Within Fire Limits? _____ Dist. No. _____
Owner's name and address Richard & Audrey Grait; Telephone _____
Lessee's name and address 39 Myrtle St; Millis, MA 02054 Telephone _____
Contractor's name and address _____ Telephone _____
Architect _____ Plans filed _____ No. of sheets _____
Proposed use of building 1-family dwelling No. families _____
Last use _____ No. families _____
Increased cost of work 7500. Additional fee \$57.50

Description of Proposed Work

Amendment for increased cost of work

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
Height average grade to top of plate _____ Height average grade to highest point of roof _____
Size, front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____
Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof _____ Rise per foot _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Framing lumber -- Kind _____ Dressed or full size? _____
Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
Girders _____ Size _____ Columns under girders _____ Size _____ Max. on centers _____
Studs (outside walls and carrying partitions) 2x4-16" O.C. Bridging in every floor and flat roof span over 8 feet.
Joints and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____

Approved:

IR-2 Zone OK WDA 12-3-90

Approved

PERMIT ISSUED
WILL LESTER
Inspector of Buildings

INSPECTION COPY -- WHITE
APPLICANT'S COPY -- YELLOW

FILE COPY -- PINK
ASSESSOR'S COPY -- GOLDEN



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 3, 1990

RE: 87-F-1 & 88-K-44 Central Avenue
Peaks Island

Richard & Audrey Grant
39 Myrtle St.
Miller, MA. 02054

Dear Sir:

Your application to amend cost of work, has been reviewed and a permit is herewith issued subject to the following requirement:

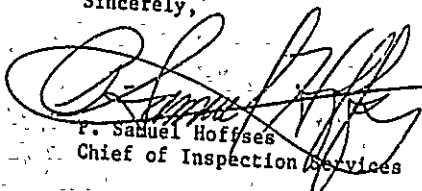
No certificate of occupancy can be issued until all requirements of this letter are met.

This amendment is being issued with the understanding that all setbacks are adhered to:

Front 30'
Rear 30'
Side 20'

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

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. Wallace Garroway, Fire Prevention Bureau

October 30, 1990

Portland City Hall
Inspection Dept.
attn: Arthur Addato

Dear Mr. Addato,

Confirming our conversation I
am enclosing my check for the increase
in the amount of construction cost of work
enclosing a deck on the back of
business. This is a cost amendment.

application on property # 87-F1-88K 44,
Central Ave., Pecks Island, Me.

RECEIVED

OCT 6 1990

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

Very truly yours,
Richard Grant

14. Lock
12'

house

↓
street

RECEIVED

NOV 06 1990

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND

February 20, 1987

896
PERMIT # BUILDING PERMIT APPLICATION - Portland Previous permit #

APPLICANT/FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 87-F-1 & 38-K-44 Central Ave. Peaks Isl.
Owner or lessee's name Richard & Audrey Grant Tel 617-376-5387
Address 39 Myrtle St. Millis, Mass 02054

Contractor's name Owner 5-11-6-90
Address _____ Tel _____

Subcontractors: _____
JUL 27 1988
City Of Portland

PERMIT ISSUED WITH LETTER

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
Name _____
Lot 87-F-1 & 38-K-44
Block F-1 & K-44
Bk. & pg. Reg. / deeds _____
Date recorded _____

III. PROPOSED USE: CODE 1 If/other explain _____ Seasonal Condominium Apartment

IV. PAST USE: _____

V. OWNERSHIP: PUBLIC (Federal/State/local government) PRIVATE (Individual/corp./nonprofit)

VI. DESCRIPTION OF WORK:
sub-division for 4 lots of land at 25.00
Permit to construct single family dwelling at Lot 1
Estimated cost of construction: \$90,000

PERMIT ISSUED WITH LETTER

VII. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ *stories _____

VIII. EST. CONSTRUCTION COST: _____ IX. GR. SQ. FT. OF LAND: _____ BUILDING: _____

X. RESIDENTIAL BUILDINGS ONLY: # BEDROOMS _____
NEW DWELLING UNITS WITH: 1 BDRM _____ 2 BDRMS _____ 3 BDRMS _____
EXISTING DWELLING UNITS WITH: _____
NET RESIDENTIAL UNITS: _____

XI. RESIDENTIAL UNITS:
NEW DWELLINGS _____
EXISTING DWELLINGS _____
NET RESIDENTIAL UNITS: _____

XII. SIGNATURE OF APPLICANT: Richard Grant DATE: 2-20-87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT TR-1 STREET FRONTAGE _____
SETBACKS: front _____ back _____ side _____ side _____
ZONING BOARD APPROVAL: no yes (date) _____
PLANNING BOARD APPROVAL: no yes (date) 7/27/88

XIV. OFFICE USE: _____
TAX MAP: _____
LOT: _____
VALUE/STRUCTURE: _____
PERMIT EXPIRATION: _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) _____ DATE _____

XVII. FEES:
base fee..... 470
subdivision fee.....
site plan review fee.....
other fees.....
sub div state fee..... 100.00
TOTAL.....

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:
O.K. for lot 42 New subdivision on a Central Ave, Peaks Island

1. WATER SUPPLY public private
2. SEWER public private, type _____
3. HEAT type _____ fuel _____
4. FOUNDATION _____
5. CHIMNEY * flues * fireplaces material _____
6. FRAMING: floor joists _____
PLOT PLAN/DETAILS OF WORK ON REVERSE

February 20, 1987

PERMIT # 896 BUILDING PERMIT APPLICATION Portland Previous permit #

APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 87-F-1 & 88-X-44 Central Ave. Peaks Isl.
Owner or lessee's name Richard & Audrey Grant Tel. 617-376-5387
Address 39 Myrtle St. Millis, Mass 02054

Contractor's name Owner Tel.
Address

Subcontractors:

City Of Portland

PERMIT ISSUED WITH LETTER

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
Name
Lot 87-188
Block F-1 X-44
Bk & pg. Reg. / Reeds
Date recorded

III. PROPOSED USE: CODE: If other * explain Seasonal Condominium Apartment

IV. PAST USE:

V. OWNERSHIP: PUBLIC (Federal/State/local government) and PRIVATE (individual/corp/nonprofit)

VI. DESCRIPTION OF WORK:

sub-division for 4 lots of land at 25.00

Permit to construct single family dwelling at Lot Avenue, Peaks Island
Estimated cost of construction: \$90,000

PERMIT ISSUED WITH LETTER

VII. BUILDING DIMENSIONS: length width square footage height *stories

VIII. EST. CONSTRUCTION COST: IX. GR. SQ. FT. OF LAND: BUILDINGS:

X. RESIDENTIAL BUILDINGS ONLY: BEDROOMS: XI. RESIDENTIAL UNITS:
* NEW DWELLING UNITS WITH: * BDRM: * 2 BDRMS: * 3 BDRMS:
* EXISTING DWELLING UNITS WITH: * NEW DWELLINGS:
* EXISTING DWELLINGS:
NET RESIDENTIAL UNITS:

XII. SIGNATURE OF APPLICANT: DATE: 7-20-87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT TR-1 STREET FRONTAGE
SETB. CKS: front back side side
ZONING BOARD APPROVAL: no yes (date)
PLANNING BOARD APPROVAL: no yes (date) 7/27/87

XIV. OFFICE USE:
TAX MAP
LOT
VALUE/STRUCTURE
PERMIT EXPIRATION

XV. CONDITIONAL USE: variance site plan subdivision shore and floodplain mgmt
special exception other (explain)

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) DATE

XVII. FEES:
base fee..... 470
subdivision fee.....
site plan review fee.....
other fees.....
sub div late fee..... 100.00
TOTAL.....

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:
O.K. for lot #1 New subdivision on Central Ave, Peaks Island

1. WATER SUPPLY public private
2. SEWER public private, type
3. HEAT type fuel
4. FOUNDATION type
thickness footing
5. ROOF type pitch
covering load
6. PLUMBING * tubs * showers
* lavatories * laundry tubs
* flushes * other
SPRINKLER SYSTEM? yes no
7. ELECTRICAL service entrance size
* smoke detectors
NUMBER OF OFF-STREET PARKING SPACES:
enclosed outdoors

8. CHIMNEY * flues * fireplaces
material
9. FRAMING * floor joist
size max. on centers
ceiling joists
rafters
studs
wall studs
10. If 1-story building w/ masonry walls:
wall thickness height
11. BEDROOM window height
egress window

PLOT PLAN/DETAILS OF WORK ON REVERSE
White - Municipal Office
Green - Applicant
Yellow - CEO
Pink - Tax Assessor
Gold - GPCOG

PERMIT ISSUED WITH LETTER

5-12-89 - Found, Frame OK, closed
in Finish stages. All

WITH LETTER
SERIAL 12201

DATE

WITH LETTER
SERIAL 12201



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(707) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

July 27, 1988

Mr. Richard Grant
34 Myrtle Street
Millis, MA 02054

RE: 87-F-1 & 88-K-44, Central Avenue, Peaks Island, Lot #1

Dear Sir:

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

Site Plan Review Requirements

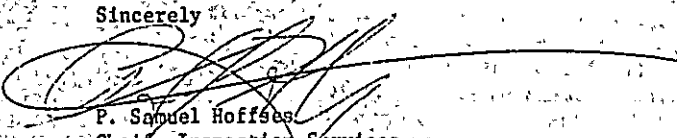
Inspection Services - Approved, W. J. Turner, July 26, 1988
Planning Division - Approved, D. Klenk, July 20, 1988
Public Works - Approved, W. Boothby, June 13, 1988
Fire Department - Approved conditionally, F. F. John R. Doikowski

Building Code Requirements

1. Before placing concrete for foundation Public Works must approve elevations and Inspection Services must approve setbacks.
2. Please read and implement items 4, 5, 6, and 7 of the attached Building permit report.
3. Your plans show 30 psf live loads in sleeping area, 40 psf live loads is required. Also your plan shows 20 psf live load for rafters.

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

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: D. Klenk - Planning
W. Boothby - Public Works
Ben O'Reilly - Public Works

BUILDING PERMIT REPORT

DATE: 27 Jul/88

ADDRESS: Lot #10 Traf Ave. Peabody Island 87-F-1-88-K-44

REASON FOR PERMIT: Construct Single Family dweller.

BUILDING OWNER: Richard Grant

CONTRACTOR: _____

PERMIT APPLICANT _____

APPROVED: *4***7 ~~DENIED~~

CONDITION OF APPROVAL OR DENIAL:--

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) 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.
- 3.) 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.
- X4.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- X5.) 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.

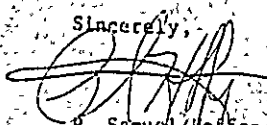
All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

*6.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

*7.) 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.

8.) 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."

Sincerely,



P. Samuel Hoffses
Chief, Inspection Services

/ksc.
11/9/87

[Handwritten mark]

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Farm

Richard Grant
Applicant

May 20, 1988

39 Myrtle St. Mills Mass 02054
Mailing Address

Lot #1 Central Ave, Peaks Isle., 88-K-44
Address of Proposed Site

Single Family
Proposed Use of Site

87-F-1, 88-K-44
Site Identifier(s) from Assessors Maps

Acreage of Site / Ground Floor Coverage

RP-1
Zoning of Proposed Site

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

Proposed Number of Floors

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

Total Floor Area

Planning Board Action Required: (✓) Yes () No

Other Comments: Recent Subdivision

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: *Subject to approval of soil test results by City Plumbing Inspectors*

- Use complies with Zoning Ordinance — Staff Review Below

Zoning SPACE & BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

REASONS:

DATE	ZONE LOCATION	INTERIOR OR CORNER 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

PERMIT ISSUED WITH LASTER

O. R. No. J. Turner July 26, 1988

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

Flannery

PROPOSED LOT 2

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: **CENTRAL AVE**

Subdivision Lot #: **TAX MAP 88-H - PART 35**

PROPERTY OWNERS NAME

GRANT RICHARD

Last: **RICHARD** First: **GRANT**

Applicant Name: **RICHARD GRANT**

Mailing Address of Owner/Applicant (if Different): **39 MYRTLE STREET
MILLIS MASS 02054**

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.

Richard Grant 7/13/90
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

THIS APPLICATION IS FOR:

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

THIS APPLICATION REQUIRES:

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

INSTALLATION IS COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS

- BED
- CHAMBER
- TRENCH
- OTHER _____

DISPOSAL SYSTEM TO SERVE:

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

TYPE OF WATER SUPPLY

PUBLIC WATER

SIZE OF PROPERTY
43,330 SF

ZONING
I-R-1

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROS/C

SIZE: 1000 GALS

WATER CONSERVATION

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

SPECIFY _____

PUMPING

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

DOSE: _____ GALS

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

2 BEDROOM
CONSERVATIVE 300

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3 CONDITION: AIII

DEPTH TO LIMITING FACTOR: 18

SIZING RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRALARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 450* Sq. Ft.
 REGULAR H 20
- TRENCH _____ Linear Ft.
- OTHER _____

LOW VOLUME TOILET 30

DESIGN FLOW* 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT * USED 18 INFILTRATOR® POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On AUGUST 18 1990 (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.

Thomas R. Adams 277/4798 7/13/90
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

* Local Plumbing Inspector's Signature if a Local Site Evaluator Waiver (LSEW) is a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

PORTLAND PEAK ISLAND

Street, Road, Subdivision

CENTRAL AVE 88-H-PART 35

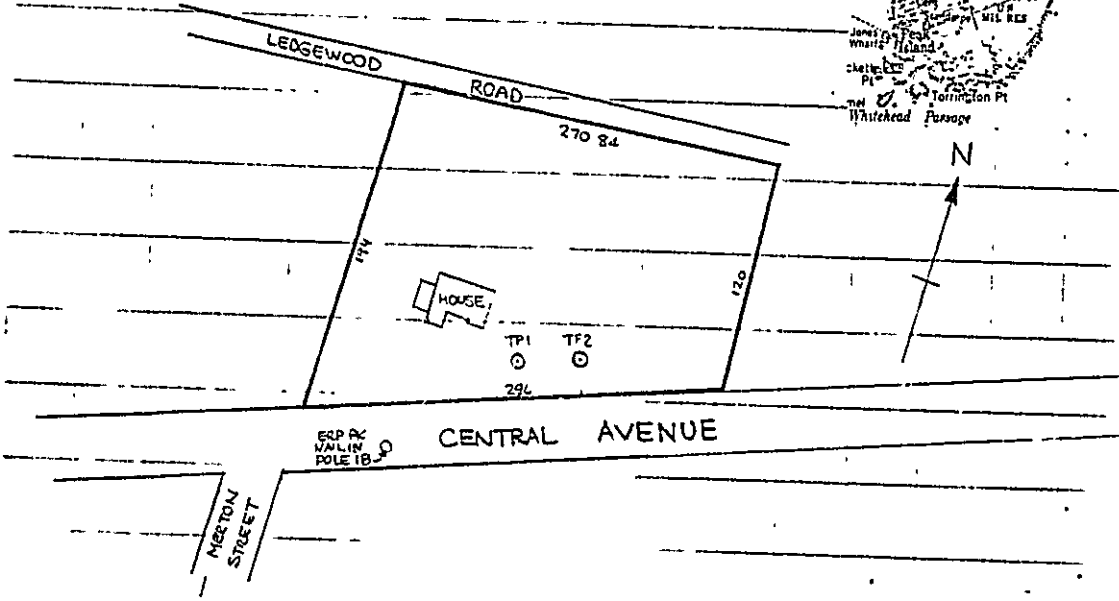
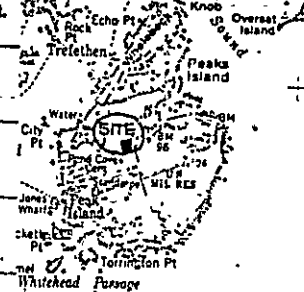
Owners Name

RICHARD GRANT

SITE PLAN

Scale 1" = 100' Fl.

SITE LOCATION PLAN (Attach)



ESP AC VALIN POLE 18

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

Observation Hole 1 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	FINE SANDY	FRIABLE	LIGHT BROWN	
6	LOAM			
10	LOAM	FRIABLE	REDDISH BROWN	
15	MANY ROOTS			
20				NONE EVIDENT
25	LOAMY SAND	FIRM	LIGHT BROWN	
30				
40	BEDROCK			
50				

Soil Profile: 3 Classification: C/AIII Slope: 1/2 Limiting Factor: 19

Organic Matter Reference Layer Bedrock

Observation Hole 2 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAM	FRIABLE	RED BROWN	
6				
10	LOAM MANY ROOTS	FRIABLE	RED BROWN	NONE
15				
20	GRAVELLY SANDY LOAM	FIRM	LIGHT BROWN	COMMON DISTINCT
30				
40				
50				

Soil Profile: 3 Classification: C/AIII Slope: 1/2 Limiting Factor: 18

Organic Matter Reference Layer Bedrock

Charles R. Adams
Site Evaluator or Professional Engineer's Signature

277/4798
SE# / PE#

9/13/90
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

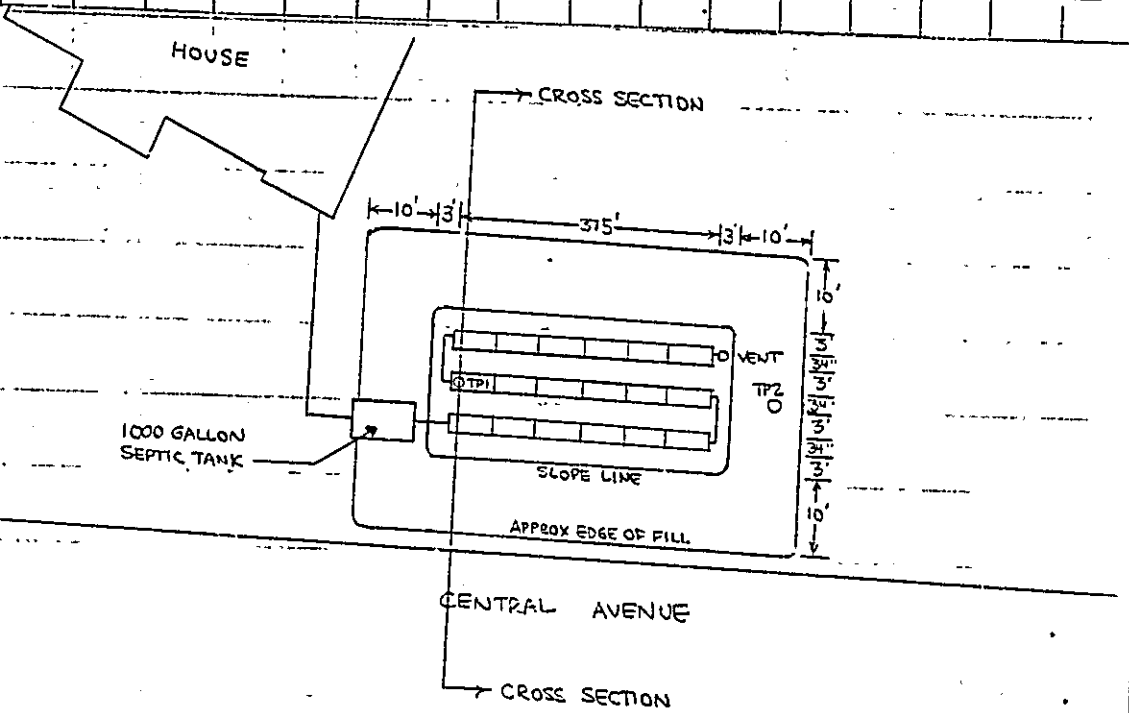
Town, City, Plantation

PORTLAND PEAKS ISLAND CENTRAL AVENUE 88-H-PART 35

Street, Road, Subdivision
Owners Name
RICHARD GRANT

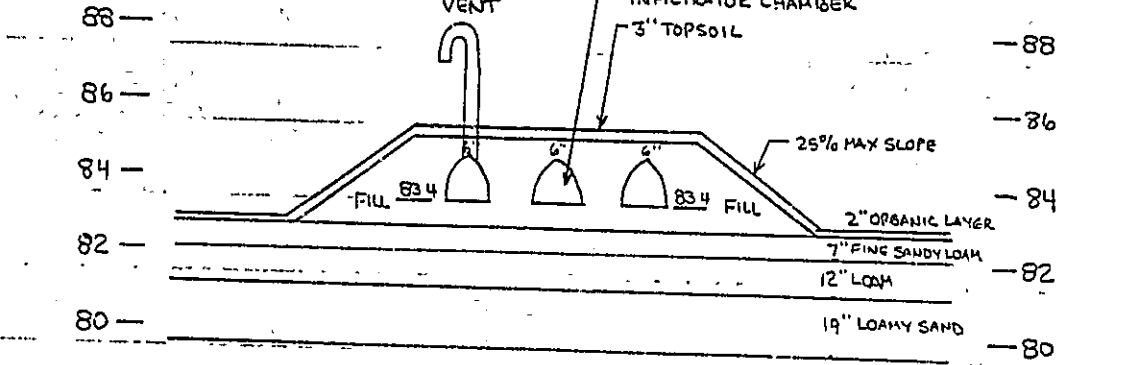
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	29"	Reference Elevation Is	93.5	PK NAIL IN CMP POLE #18	
Depth of Fill (Downslope)	29"	Bottom of Disposal Area	83.4	ELEV. 93.5 CITY DATUM	
		Top of Distribution Lines or Chambers	84.6		

DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical: 1 inch = 4'	PL.
				Horizontal: 1 inch = 10'	PL.



Thomas R. Adams
Site Evaluator or Professional Engineer's Signature

277/4798
SE #1 PE #

9/13/90
Date

Page 3 of 3
HHE-200 Rev. 4-85

CITY OF PORTLAND, MAINE
 Department of Parks and Public Works

SUBDIVISION / SITE DEVELOPMENT

COST BREAKDOWN OF IMPROVEMENTS TO BE COVERED BY PERFORMANCE GUARANTEE

Name of Project Central Ave., Peaks Island DATE 7-14-88
 Address / Location _____
 Developer Richard Grant
 Form of Performance Guarantee Letter of Credit
 Type of Development - Subdivision Site Plan (Major / Minor)

ITEM	QUANTITY	UNIT COST	SUBTOTAL	COMPLETED
1. STREET/SIDEWALK:				
Road				
Granite Curbing				
Sidewalks				
Esplanades				
Monuments				
Street Lighting				
Other <u>Grading</u>	<u>60 yds</u>	<u>250.00</u>	<u>15000.00</u>	<u>3800.00</u>
2. SANITARY SEWER:				
Manholes				
Piping				
Connections				
Other				
3. STORM DRAINAGE				
Manholes				
Catch Basins				
Piping				
Detention Basin				
Other				
4. SITE LIGHTING				
5. EROSION CONTROL <u>hay bales</u>				
6. RECREATION AND OPEN SPACE AMENITIES <u>300.00</u>				
7. LANDSCAPING (Attach breakdown of plant materials, quantities, and unit costs) <u>Arborist Quote from City - 8 trees @ 40.00 = 320.00</u>				
8. MISCELLANEOUS				

**PERMIT ISSUED
 WITH LETTER**

TOTAL AMOUNT OF PERFORMANCE GUARANTEE 6900.00
 x 1.7% = INSPECTION FEE 117.30

Approved _____
 Approved _____
 rev. 9/15/87



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to Richard & Audrey Grant

LOCATION 87-F-1 & 88-K-44 Central Avenue, Peaks Island

Date of Issue 10-26-90

This is to certify that the building, premises, or part thereof, at the above location, built or altered or changed as to use under Building Permit No. 88/0896, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

entire

Limiting Conditions:

Single Family

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PROPOSED LOT #1

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 269-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND
Street: CENTRAL AVE
Subdivision Lot #: TAX MAP 87-F-PT 1

PROPERTY OWNERS NAME

GRANT RICHARD
Last: First

Applicant Name: RICHARD GRANT

Mailing Address of Owner/Applicant (if Different): 39 MYRTLE STREET
MILLS MASS 02054

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 to install the disposal system in accordance with the application and the Main Subsurface Wastewater Disposal Rules.

MAY 20 1988

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: *Conrad A. Jordan* Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><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>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY 47,433 SF</p> <p>ZONING IR 1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p><input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET 45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE 4 CONDITION AIII</p> <p>DEPTH TO LIMITING FACTOR 32</p>	<p>SIZER RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 526 Sq Ft</p> <p><input 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 CHAMBERS IN TRENCH CONFIGURATION WITH 15' DEPTH (CHANGED BY LOCAL OPTION)

On October 7, 1986 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Jordan 2003/4314 2/10/88

Site Evaluator or Professional Engineer Signature Date

Local Plumbing Inspector Signature & Local Site Evaluator Waiver under a Local Order SE # / PE #

PROPOSED LOT #1

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 69-3626

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND

Street: CENTRAL AVE
Subdivision Lot #: TAX MAP 87-F-PT 1

PROPERTY OWNERS NAME

GRANT RICHARD
Last First

Applicant Name: RICHARD GRANT

Mailing Address of Owner/Applicant (If Different): 39 MYRTLE STREET
MILLIS HASE OZOSH

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 to install and install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

MAY 20 1988

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1 <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2 <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3 <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4 <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5 <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><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>INSTALLATION IS COMPLETE SYSTEM</p> <p>1 <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3 <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <p>4 <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5 <input type="checkbox"/> HOLDING TANK</p> <p>6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1 <input type="checkbox"/> BED 3 <input type="checkbox"/> TRENCH</p> <p>2 <input type="checkbox"/> CHAMBER 4 <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY</p> <p>47,433 SF</p>	<p>ZONING</p> <p>IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1 <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2 <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1 <input type="checkbox"/> NONE</p> <p>2 <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4 <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1 <input type="checkbox"/> NOT REQUIRED</p> <p>2 <input checked="" 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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET 45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 32</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1 <input type="checkbox"/> SMALL</p> <p>2 <input checked="" type="checkbox"/> MEDIUM</p> <p>3 <input type="checkbox"/> MEDIUM-LARGE</p> <p>4 <input type="checkbox"/> LARGE</p> <p>5 <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1 <input type="checkbox"/> BED _____ Sq Ft</p> <p>2 <input checked="" type="checkbox"/> CHAMBER 526 Sq Ft</p> <p><input 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 CHAMBERS IN TRENCH CONFIGURATION (LIMITED BY LOCAL OPTION)

On OCTOBER 7, 1986 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Jordan 0003/4814 2/10/88

Site Evaluator or Professional Engineer Signature Date

SE# / PE# Page 1 of 3

Local Plumbing Inspector Signature & Local Site Eval. Form Waiver under a Local Option HHE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

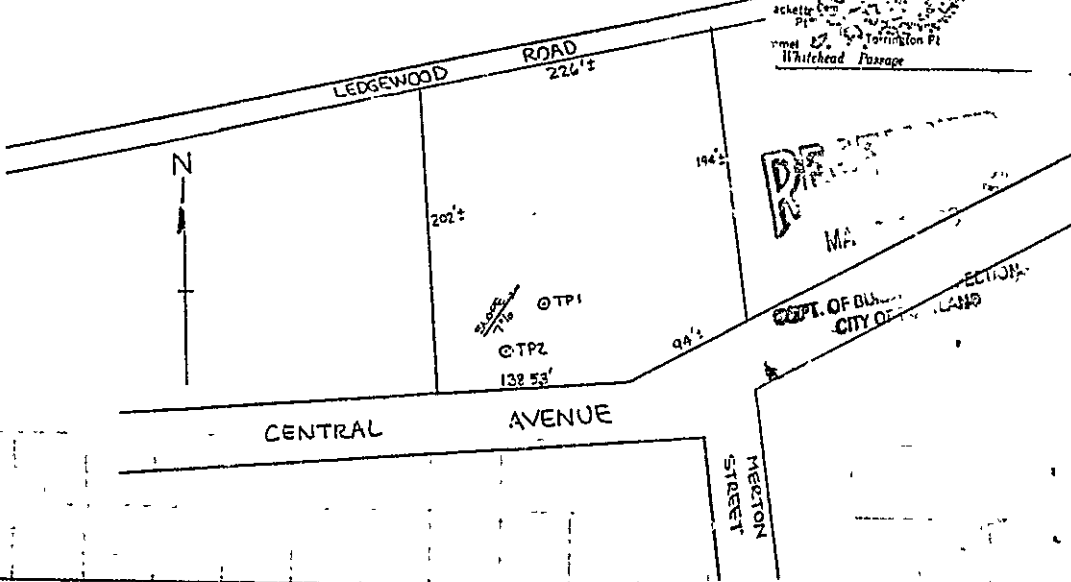
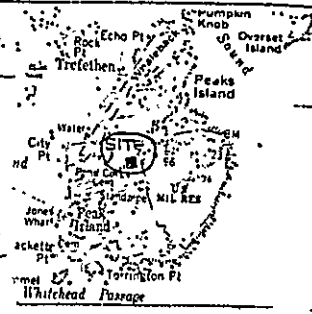
Owners Name

PORTLAND PEAKS ISLAND CENTRAL AVENUE 87-F-Pt 1

RICHARD GRANT

SITE PLAN

Scale 1" = 100' Ft.



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

3' FOREST FEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	LOAMY SAND	LOOSE	DARK BROWN	NONE
6-15	GRAVEL		RED BROWN	
15-30	SILTY SAND	MODERATELY FRIABLE	GRAY BROWN	FEW
30-45				
45-60				
60-75				
75-90				
90-105				

Soil Classification: **U** **AIII**
 Slope: **7%** Limiting Factor: **26**
 Groundwater Resonance Layer Bedrock

Observation Hole 2 Test Pit Boring

3' FOREST FEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	LOAMY SAND	LOOSE	DARK BROWN	NONE EVIDENT
6-15	LOAMY GRAVEL		RED BROWN	
15-30	SILTY GRAVEL		YELLOW BROWN	
30-45				
45-60				
60-75				
75-90				
90-105				

Soil Classification: **U** **AIII**
 Slope: **7%** Limiting Factor: **32**
 Groundwater Resonance Layer Bedrock

William B. Jordan 0003/4814
 Site Evaluator or Professional Engineer Signature SE # / PE #

2/10/88
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

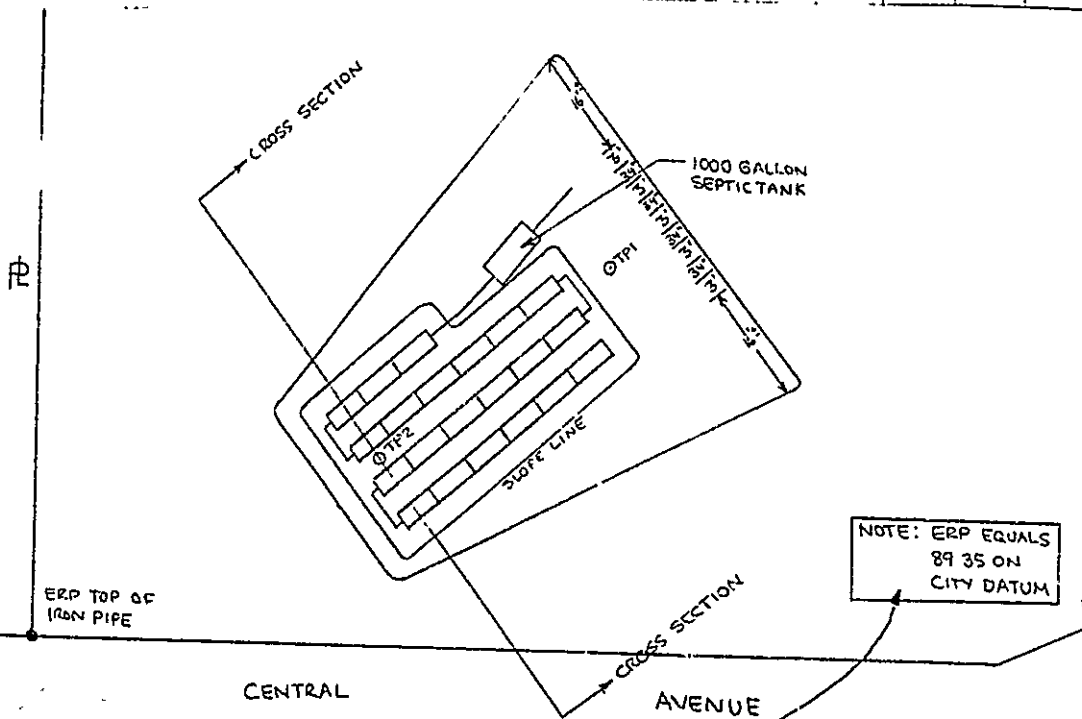
PORTLAND PEAKS ISLAND

CENTRAL AVE 87-F-PT 1

RICHARD GRANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

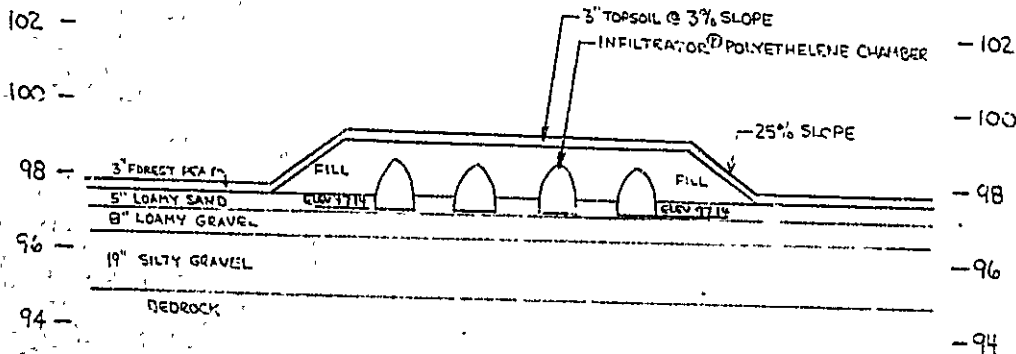
Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE LOCATION & DESCRIPT.	
Depth of Fill (Upslope)	8'	Reference Elevation Is	100.00	TOP OF IRON PIPE AT SOUTH WEST CORNER OF PROPERTY	
Depth of Fill (Downslope)	48"	Bottom of Disposal Area	97.14		
		Top of Distribution Lines or Chambers	98.39		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4' FL
Horizontal: 1 Inch = 10' FL



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

CO03/4814
SE # 1 PE #

2/10/88
Date

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

923775

Permit # 923775 City of Portland BUILDING PERMIT APPLICATION Fee 395 Zone 50 Map # mnisp Lot # 5002

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

Owner: Richard D. Grant Phone # 508 376-5387
 Address: 39 Myrtle St. Millis MA 02054
 LOCATION OF CONSTRUCTION: Central Ave - Peaks Island
 Contractor: owner Sub: 089-F-1
 Address: _____ Phone # _____
 Est. Construction Cost: 75,000 Proposed Use: 1-fam dwlg
 Past Use: vacant lot
 # of Existing Res. Units: 36 # of New Res. Units: 24
 Building Dimensions L: _____ W: _____ Total Sq. Ft.: _____
 # Stories: 1 1/2 # Bedrooms: 3 Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Minor Minor site plan

For Official Use Only
 Date: 12/13/91 (6-9-92) Subdivisor: _____
 Inside Fire Limit's: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: 75,000
 Name: _____
 Lot: _____
 Ownership: _____
 Public: _____
 Private: _____
 CITY OF PORTLAND

Zoning: ERI
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain): W.D. 6-12-92

HISTORIC PRESERVATION

Foundations: Const 1-fam dwlg (second story roughed in)
 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" C
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Ceiling:
 1. Ceiling Joists Size _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____
 16. _____
 17. _____
 18. _____
 19. _____
 20. _____
 21. _____
 22. _____
 23. _____
 24. _____
 25. _____
 26. _____
 27. _____
 28. _____
 29. _____
 30. _____
 31. _____
 32. _____
 33. _____
 34. _____
 35. _____
 36. _____
 37. _____
 38. _____
 39. _____
 40. _____
 41. _____
 42. _____
 43. _____
 44. _____
 45. _____
 46. _____
 47. _____
 48. _____
 49. _____
 50. _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____
 10. Masonry Materials _____
 11. Metal Materials _____
 Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

PERMIT ISSUED WITH LETTER

Permit Received By: Louise F. Chase
 Signature of Applicant: Richard D. Grant Date: 12/13/91
 CEO's District: _____

CONTINUED TO REVERSE SIDE 6 MA. CARROLL
 Ivory Tag - CEO

White - Tax Assessor

February 20, 1987

BUILDING PERMIT APPLICATION

Portland

Previous permit:

APPLICANT FILL OUT I - XIII AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request.

I. GENERAL INFORMATION

Location/address of construction B7-F-1 & B8-K-44 Central Ave. Pease Isl.
 Owner or lessee's name Richard & Audrey Grant
 Address 79 Lytle St. Millic, Mass 02054 Tel. 617-376-5387
 Contractor's name Quora Tel. _____
 Address _____

PERMIT ISSUED

JUL 27 1987

City Of Portland

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
 Name _____
 Lot B7-F-1 & B8-K-44
 Block F-1 & K-44
 Bk. & pg. Reg. / deeds _____
 Data recorded _____

III. PROPOSED USE OF LOT (check one) Residential Seasonal Condominium Apartment
 CODE: If other, explain _____

IV. PAST USE:

V. OWNERSHIP:

PUBLIC (Federal / State / local government) PRIVATE (individual / corp. / honor of)

VI. DESCRIPTION OF WORK:

sub-division for 4 lots of land at 25.00

Permit to construct single family dwelling at Lot #1 Central Avenue, Pease Island
 Estimated cost of construction: \$90,000

VII. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

VIII. EST. CONSTRUCTION COST

IX. GR. SQ. FT. OF LAND

X. RESIDENTIAL BUILDINGS ONLY

NEW DWELLING UNITS WITH _____
 EXISTING DWELLING UNITS WITH _____

0 BDRMS 1 BDRMS 2 BDRMS 3 BDRMS

XI. RESIDENTIAL UNITS

NEW DWELLINGS
 EXISTING DWELLINGS
 NET RESIDENTIAL UNITS

XII. SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE

XIII. ZONING:

DISTRICT B7-F-1 STREET FRONTAGE _____
 SETBACKS: front _____ back _____ side _____ side _____
 ZONING BOARD APPROVAL: no yes (date) _____
 PLANNING BOARD APPROVAL: no yes (date) 7-7

XIV. OFFICE USE

TAG/AB _____
 LOT _____
 VALUE/STROG _____
 PERMIT EXPIRATION _____

XV. CONDITIONAL USE:

variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
 special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO)

XVII. FEES:

base fee 470
 subdivision fee _____
 site plan review fee _____
 other fees _____
 sub fee 100.00
 TOTAL _____

XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:

PLOT PLAN / DETAILS OF WORK ON REVERSE

White - Municipal Office
 Green - Applicant
 Yellow - CEO
 Pink - Tax Assessor
 Gold - GPCUG

PERMIT ISSUED WITH LETTER

[Handwritten signature]

923775

Permit # 923775 City of Portland BUILDING PERMIT APPLICATION Fee 395 Zone 50 mm30 Map # 100 Lot # 100

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

Owner: Richard D. Grant Phone # 508 376-5387
 Address: 39 Myrtle St. Millis MA 02054
 LOCATION OF CONSTRUCTION Central Av - Peaks Island
 Contractor: owner Sub 081-1-1
 Address: _____ Phone # _____
 Est. Construction Cost: 75,000 Proposed Use: 1-rm dwlg
 Past Use: vacant lot
 # of Existing Res. Units 36 # of New Res. Units _____
 Building Dimensions L 36 W 24 Total Sq. Ft. _____
 # Stories: 1 1/2 # Bedroom 3 Lot Size: _____
 Is Proposed Use Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Minor minor site plan

PERMIT ISSUED
 Date: 12/13/91 For Official Use Only
 Inside Fire Limits _____ Subdivision: _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost: 75,000
 CITY OF PORTLAND

Foundation: Const 1-rm dwlg (second story roughed in)

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. Joist Size: L 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 Sizes _____ Span(s) _____
 5. Bracing Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

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

White - Tax Assessor

Zoning: IR1
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other WDA - 6-12-92

Ceiling: **HISTORIC PRESERVATION**
 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 _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required _____

Plumbing:
 1. Approval of soil test if required _____
 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: _____
 3. Must conform to National Electrical Code and State _____

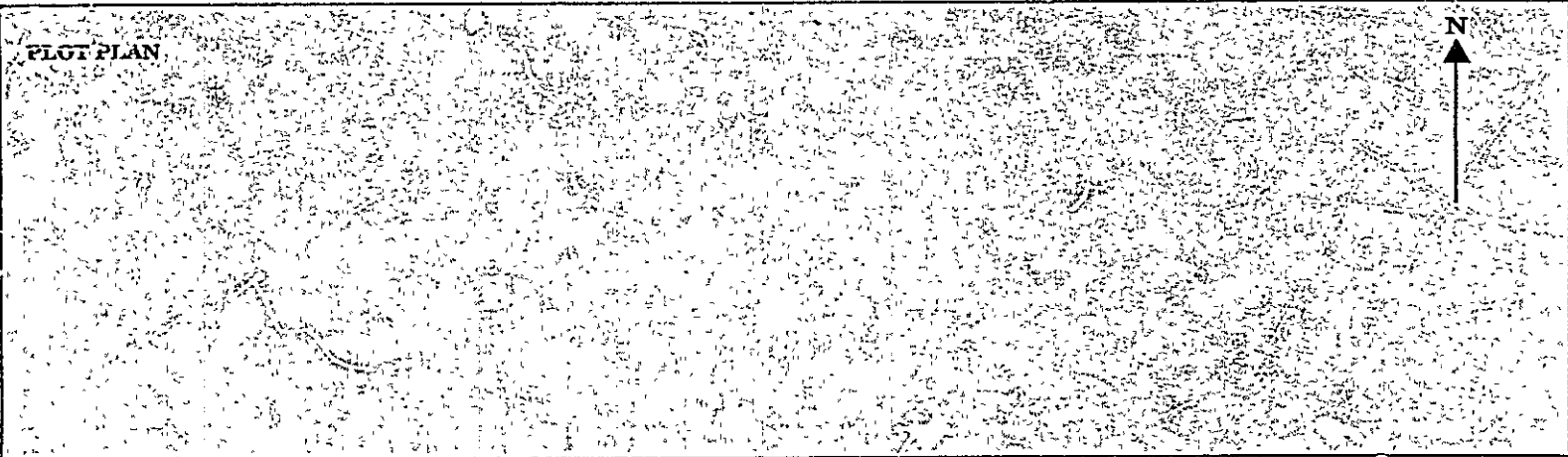
Permit Received By: Louise Beach
 Signature of Applicant: _____ Date: 12/13/91

CEO Disposition: _____

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER



FEES (Breakdown From Front)

Base Fee \$ 395

Subdivision Fee \$ _____

Site Plan Review Fee \$ 50

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Inspection Record

Type	Date
<i>Completed</i>	<i>6/29/94</i>
<i>w/out</i>	____/____/____
<i>inspected</i>	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

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

Richard D. Hunt *39 Trade IX, Mills, Mo* *500-376-5387*

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

June 12, 1992

Mr. Richard D. Grant
39 Myrtle Street
Millis, MA 02054

Re: Central Ave, Peaks Island
CBL #: 087-F-001

Dear Mr. Grant,

Your application to construct a single family dwelling (24' X 36') has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

	Site Plan Review Requirements	
Planning	See Attached Requirements	M. Esterberg
Inspection Services	Approved	W. Giroux

R-3 - 5-B

Building Code Requirements

1. Please read and implement items 1, 6, 7 and 9 of the attached building permit report.
2. This permit is for dwelling only, not garage.
3. Your plan doesn't show perimeter foundation drains as per Article 12, Section 24, Subsection 5, Subdivision 2.
4. The 2" x 6" rafter 16" on center as shown on your plan doesn't meet the minimum requirements for this span and slope. A minimum of 2" X 8" @ 16" on center would be required.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: W. Giroux, Zoning Administrator
M. Esterberg, Planning