



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

**P. SAMUEL HOFFSES, CHIEF**  
INSPECTION SERVICES DIVISION

Lot 87-II-1  
Brackett Avenue, Peaks Island

December 6, 1988

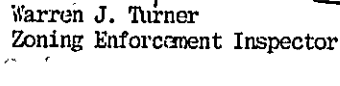
Mr. Howard U. Heller  
Port Island Realty  
P. O. Box 7341  
Portland, Maine 04112

Dear Mr. Heller:

In response to your request, I have asked the City Plumbing Inspector to review the enclosed Form HHE-200 Subsurface Wastewater Disposal System Application with a view toward determining whether or not the Lot 87-II-1 on Brackett Avenue is a buildable lot.

Mr. Goodwin has advised me that this exceeds the minimum lot size required by the State of Maine by 8,754 square feet, and it is therefore considered to be a buildable lot in the IR-1 Island Residence Zone on Peaks Island.

Sincerely,

  
Warren J. Turner  
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services  
Arthur Addato, Code Enforcement Officer

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		<p><b>Caution</b> The Subsurface Waste installed until a Permit Inspector. The Permit is install the disposal system &amp; since Subsurface 1</p> <p><i>it was This lot is on 8754 &amp; was the number it says required by the state is - suitable</i></p>
Town Or Plantation	FORTLAND PEAKS ISLAND	
Street	BRACKETT AVENUE	
Subdivision Lot #	TAX MAP 87 BLOCK II LOT 1	
PROPERTY OWNERS NAME		
HENDRICKSON JOHN		<p><b>Caution</b> I have inspected the be in compliance with the.</p> <p><i>See Dey</i></p>
Last:	First:	
Applicant Name:	JOHN HENDRICKSON	
Mailing Address of Owner/Applicant (If Different)	40 WITCH LANE ROWAYTON CONN. 06953	
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
		Local Plumbing
		Is Approved

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS</b></p> <p>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><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>PUBLIC WATER</p>
<p><b>SIZE OF PROPERTY</b></p> <p>29,754 SF</p>	<p><b>ZONING</b></p> <p>IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 BEDROOM CONSERVATIVE</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>4</u>   CONDITION: <u>AIII</u></p> <p>DEPTH TO LIMITING FACTOR: <u>18</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED <u>200</u> Sq Ft</p> <p>2. <input type="checkbox"/> CHAMBER _____ 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>	
			<p><b>DESIGN FLOW:</b> <u>450</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**

On OCTOBER 12 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. Goodwin*      0003/4814      3/14/87  
Site Evaluator or Professional Engineer's Signature      SE # / PE #      Date

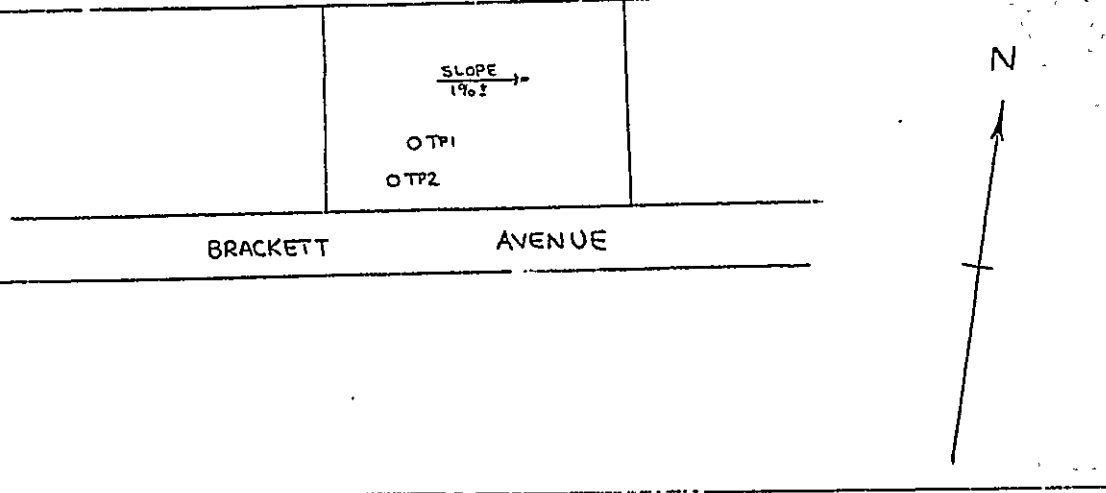
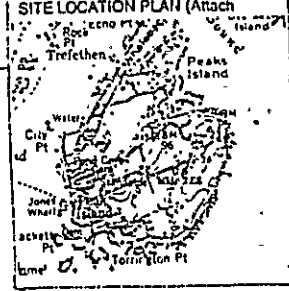
\* Local Plumbing Inspector's Signature & a Local Site Evaluation Number under a Local Option

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

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION** Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 87-II-1** Owners Name: **JOHN HENDRICKSON**

SITE PLAN Scale 1" = 100 FL

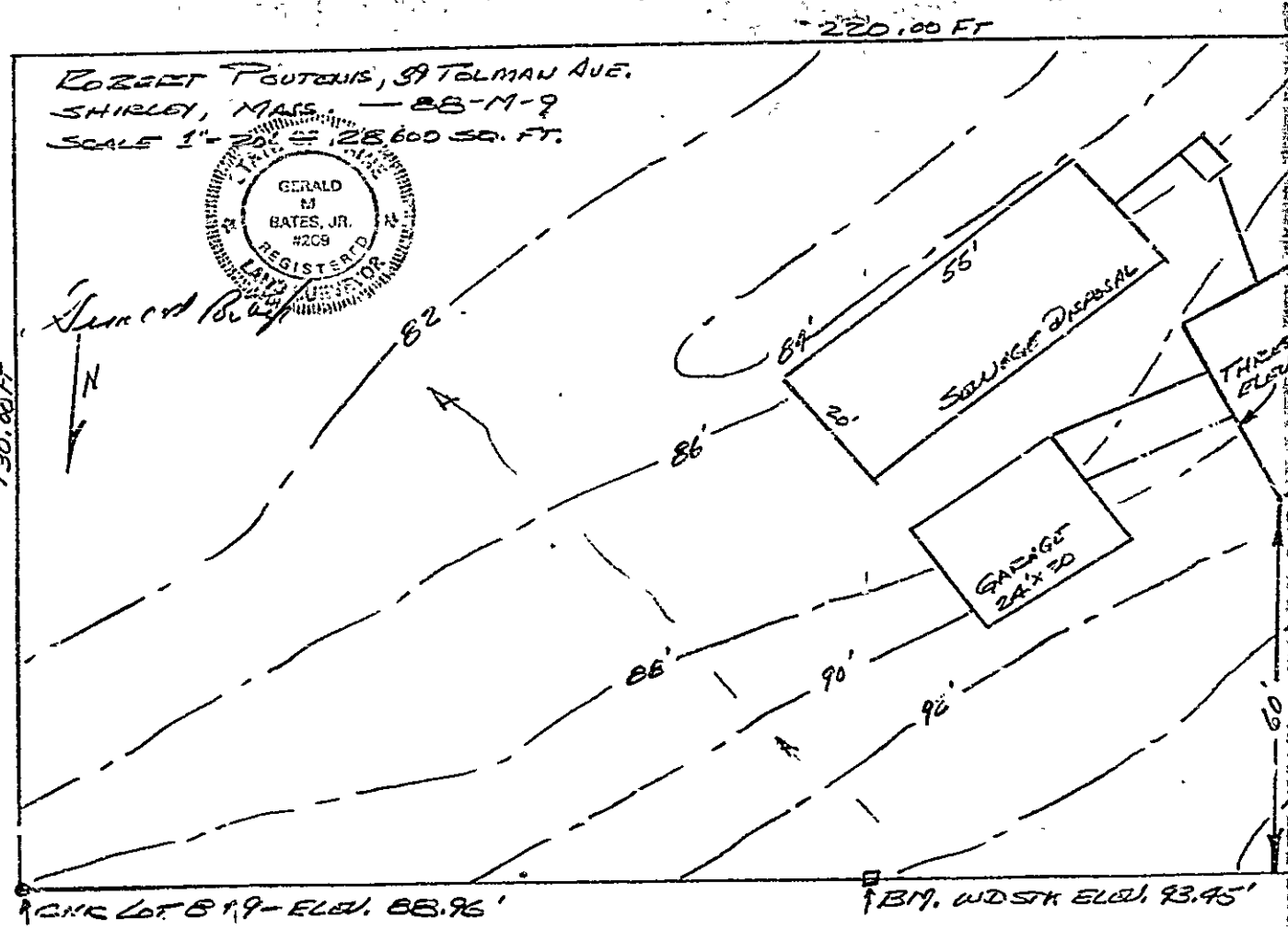


SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
3" FOREST PEAT - Depth of Organic Horizon Above Mineral Soil		3" FOREST PEAT - Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
0-3" LOAMY SAND		DARK RED BROWN		
3-15" LOAMY GRAVEL	LOOSE	RED BROWN	NONE	
15-20" SANDY GRAVEL		YELLOW BROWN	FEW	
20-50" BEDROCK				
DEPTH BELOW MINERAL SOIL SURFACE (inches)				
0				
3				
6				
10				
15				
20				
30				
40				
50				
Sol <u>4</u>	Classification <u>AIII</u>	Slope <u>1%</u>	Limiting Factor <u>24</u>	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Aboveground Layer <input type="checkbox"/> Bedrock

Texture	Consistency	Color	Mottling	
0-3" LOAMY SAND		DARK RED BROWN		
3-15" LOAMY GRAVEL	LOOSE	RED BROWN	NONE	
15-20" SANDY GRAVEL		YELLOW BROWN	FEW	
20-50" BEDROCK				
DEPTH BELOW MINERAL SOIL SURFACE (inches)				
0				
3				
6				
10				
15				
20				
30				
40				
50				
Sol <u>4</u>	Classification <u>AIII</u>	Slope <u>1%</u>	Limiting Factor <u>18</u>	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Aboveground Layer <input type="checkbox"/> Bedrock

*William B. Gardner* 0003/4814 3/14/87 Page 2 of 3  
 Site Evaluator or Professional Engineer's Signature SE / P.E. Date HHE - 200 Rev. 4-83

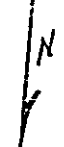


ROBERT POUTONIS, 39 TELMAN AVE.  
 SHIRLEY, MASS. — 88-M-9  
 SCALE 1" = 20' = 128,600 SQ. FT.



*See old Plat*

130.00 FT



CHURCH LOT B 19 - ELEV. 88.96'

BM, WDSK ELEV. 93.45'

— BRACKETT ST, PARK ISLAND —

CHURCH LOT 9, ELEV. 98.00'

NAI - YELLOWT RE  
 UTILITY PILE OF 4  
 ASSUME 100' STAY

**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: BRACKETT AVENUE  
Subdivision Lot #: TAX MAP 87 BLOCK II LOT 1

**PROPERTY OWNERS NAME**

Last: MCTIGUE First: MICHAEL

Applicant Name: MICHAEL MCTIGUE

Mailing Address of Owner/Applicant (if Different): BRACKETT AVENUE PEAKS ISLAND MAINE 04109

PORTLAND PERMIT # 3,490 APPLICANTS COPY

Date Permit Issued: 6, 23, 89

FEE \$ 405

Local Plumbing Inspector Signature: [Signature]

L.P.I. #

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

**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><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>PUBLIC WATER</p>
<p><b>SIZE OF PROPERTY</b> 28,754 SF</p> <p><b>ZONING</b> IR1</p>		

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

<p><b>TREATMENT TANK</b></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><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET - 45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE 4 CONDITION A III</p> <p>DEPTH TO LIMITING FACTOR 18</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft. <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'S STATEMENT \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION**

On OCTOBER 12, 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 6/5/89  
Site Evaluator or Professional Engineer's Signature SE # IPE # Date

\* Local Plumbing Inspector's Signature & Local Site Evaluator's Name under a Local Option



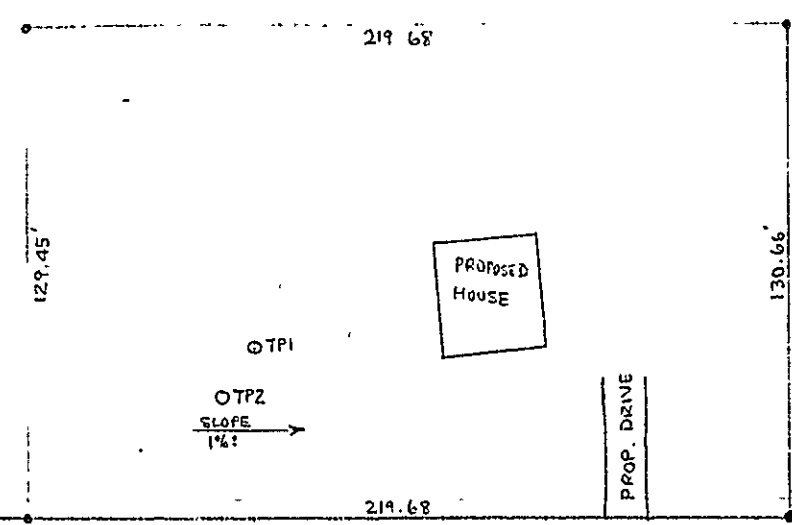
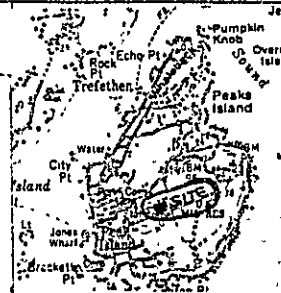
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND BRACKETT AVE 87-II-1** Street, Road, Subdivision  
Owners Name: **MICHAEL MCTIGUE**

SITE PLAN

Scale 1" = **40** FL



BRACKETT AVENUE

ERP SPIKE IN  
CHP POLE 14  
← 35' WESTWARD

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1  Test Pit  Boring  
 3' FOREST FEET \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND		DARK RED BROWN	
6				
10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
15				
20	SANDY GRAVEL		YELLOW BROWN	FEW
30	BEDROCK			
40				
50				

Soil Type: **4** Classification: **AIII** Slope: **1%** Limiting Factor: **24** Ground Water:  Observed Layer:  Perched

Observation Hole 2  Test Pit  Boring  
 3' FOREST FEET \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND		DARK RED BROWN	
6				
10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
15				
20	GRAINY GRAVEL		YELLOW BROWN	FEW
30	BEDROCK			
40				
50				

Soil Type: **4** Classification: **AIII** Slope: **1%** Limiting Factor: **18** Ground Water:  Observed Layer:  Perched

*William B. Jordan* 003/4814  
Site Evaluator's Professional Engineer's Signature SE/PE#

6/5/89  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

PORTLAND PEAKS ISLAND

BRACKETT AVE Street, Box 1, Subdivision

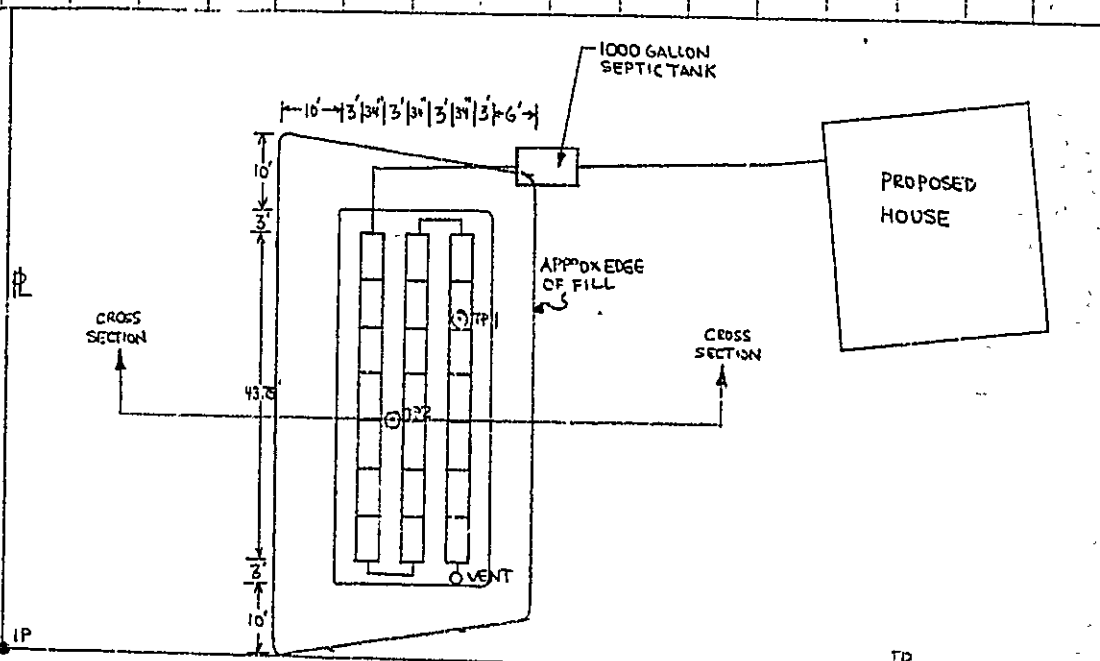
87-II-1

Owners Name

MICHAEL McTIGUE

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

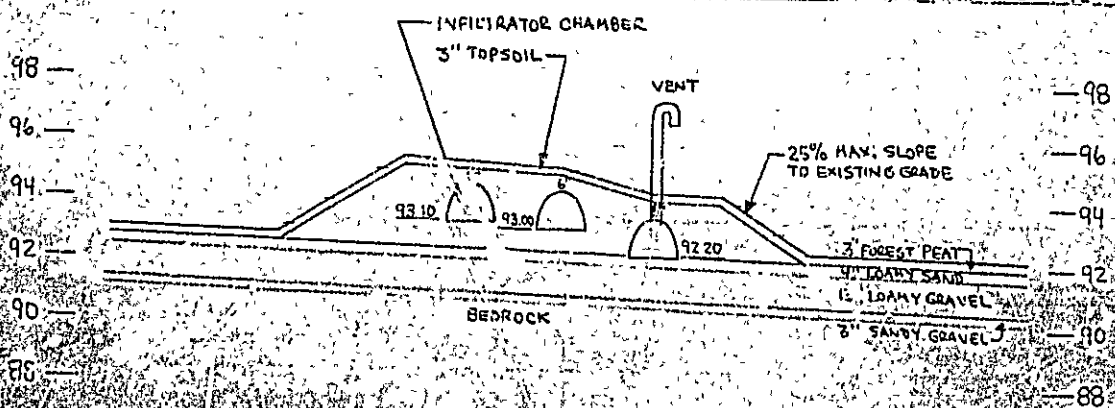


### BRACKETT AVENUE

<b>FILL REQUIREMENTS</b>		<b>CONSTRUCTION ELEVATIONS</b>		<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>	
Depth of Fill (Upslope)	34'	Reference Elevation is	93.28	SPIKE IN CMP POLE #14 APPROX	
Depth of Fill (Downslope)	22'	Bottom of Disposal Area	SEE X-SECTION	85' WESTWARDLY OF WESTERLY PROP. LINE	
		Top of Distribution Lines or Chambers	SEE Y-SECTION		

### DISPOSAL AREA CROSS SECTION

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



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

0003/4814  
SE # PE #

6/5/89  
Date

Page 3 of 3  
HHE-200 Rev 4.83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-5825

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **BRACKETT AVENUE**

Subdivision Lot #: **TAX MAP 87 BLOCK II LOT 1**

**PROPERTY OWNERS NAME**

Last: **McTIGUE** First: **MICHAEL**

Applicant Name: **MICHAEL McTIGUE**

Mailing Address of Owner/Applicant (if Different): **BRACKETT AVENUE PEAKS ISLAND MAINE 0108**

PORTLAND PERMIT # 3,450 TOWN COPY

Date Permitted: **6,23,89** Fee: **\$140**  or Double Fee Charged

L.P.I. # \_\_\_\_\_

*Michael J. Gaudin*  
Local Plumbing Inspector Signature

**Owner/Applicant Statement**

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

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Caution: Inspection Required**

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

*J. J. [Signature]*  
Local Plumbing Inspector Signature Date Approved \_\_\_\_\_

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM

2.  REPLACEMENT SYSTEM

3.  EXPANDED SYSTEM

4.  SEASONAL CONVERSION

5.  EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

1.  NO RULE VARIANCE REQUIRED

2.  NEW SYSTEM VARIANCE  
Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form

3.  Requires only Local Plumbing Inspector Approval

4.  Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

1.  NON-ENGINEERED SYSTEM

2.  PRIMITIVE SYSTEM (Includes Alternative Toilet)

3.  ENGINEERED (+ 2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

4.  TREATMENT TANK (ONLY)

5.  HOLDING TANK

6.  ALTERNATIVE TOILET (ONLY)

7.  NON ENGINEERED DISPOSAL AREA (ONLY)

8.  ENGINEERED DISPOSAL AREA (ONLY)

9.  SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

**THE FAILING SYSTEM IS:**

1.  BED 3.  TRENCH

2.  CHAMBER 4.  OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

1.  SINGLE FAMILY DWELLING

2.  MODULAR OR MOBILE HOME

3.  MULTIPLE FAMILY DWELLING

4.  OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**TYPE OF WATER SUPPLY**

**PUBLIC WATER**

**SIZE OF PROPERTY** 28,754 SF

**ZONING** IR 1

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

**TREATMENT TANK**

1.  SEPTIC:  Regular  Low Profile

2.  AEROBIC

SIZE: 1000 GALS.

**WATER CONSERVATION**

1.  NONE

2.  LOW VOLUME TOILET

3.  SEPARATED LAUNDRY SYSTEM

4.  ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

1.  NOT REQUIRED

2.  MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)

3.  REQUIRED

DOSE: \_\_\_\_\_ GALS

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEPTIC, EMPLOYEES, WATER RECORDS, ETC)**

3 BEDROOM CONSERVATIVE 450

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE 4 CONDITION III

DEPTH TO LIMITING FACTOR 18

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1.  SMALL

2.  MEDIUM

3.  MEDIUM LARGE

4.  LARGE

5.  EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

1.  BED \_\_\_\_\_ Sq. Ft.

2.  CHAMBER 525 Sq. Ft.  REGULAR  11-20

3.  TRENCH \_\_\_\_\_ Linear Ft.

4.  OTHER: \_\_\_\_\_

LOW VOLUME TOILET - 45

DESIGN FLOW 405 (GALLONS/DAY)

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

On **OCTOBER 12, 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. Gaudin* 0003/4814 6/5/89  
Site Evaluator or Professional Engineer's Signature SE # / P.E.# Date

\* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Code.



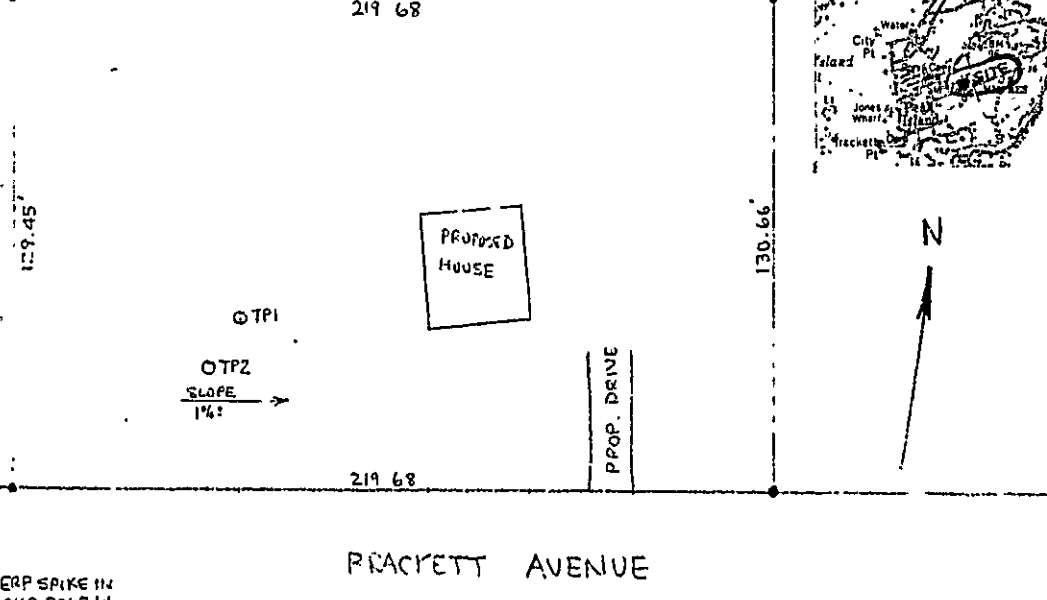
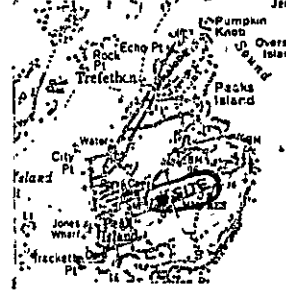
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 87-II-1** Owners Name: **MICHAEL MCTIGUE**

SITE PLAN

Scale 1" = **40** FL



ERP SPIKE IN  
CHP POLE IN  
85' WEST ONLY

BRACKETT AVENUE

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

Observation Hole: 1  Test Pit  Boring  
3' Forest Feet Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-4	LOAMY SAND		DARK RED BROWN	
4-10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
10-15	SANDY GRAVEL		YELLOW BROWN	FEW
15-20	PEBBLE			
20-30				
30-40				
40-50				
50-60				
60-70				
70-80				
80-90				
90-100				

Soil: **4** Classification: **A III** Slope: **1%** Limiting Factor: **24**  Ground Water  Residual Layer  Bedrock

Observation Hole: 2  Test Pit  Boring  
3' Forest Feet Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-4	LOAMY SAND		DARK RED BROWN	
4-10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
10-15	SANDY GRAVEL		YELLOW BROWN	FEW
15-20	BEDROCK			
20-30				
30-40				
40-50				
50-60				
60-70				
70-80				
80-90				
90-100				

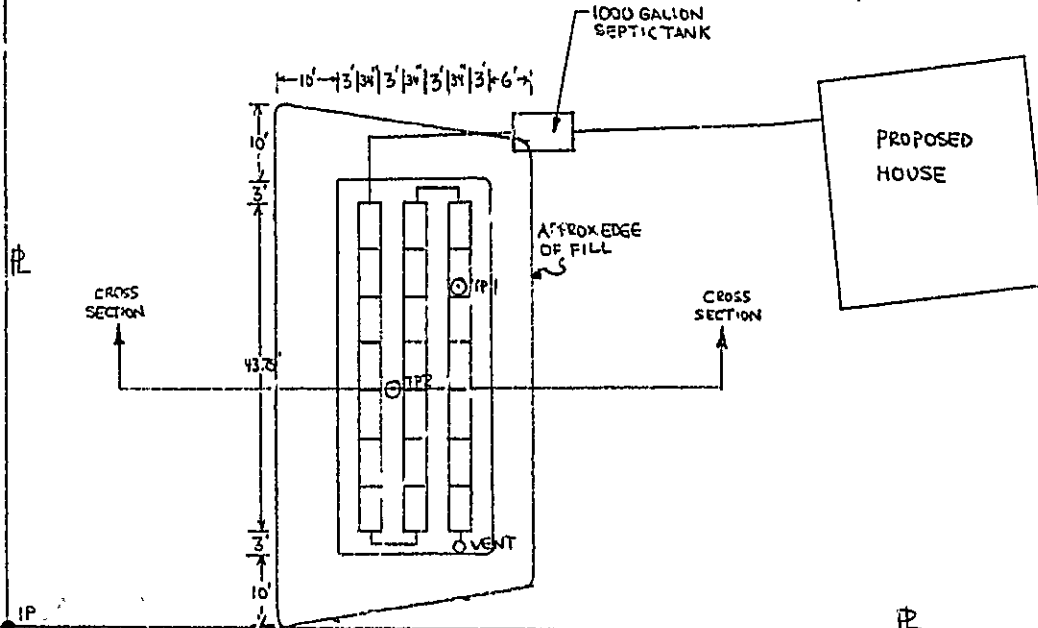
Soil: **4** Classification: **A III** Slope: **1%** Limiting Factor: **18**  Ground Water  Residual Layer  Bedrock

William B. Jordan 0003/4814 6/5/89  
Site Evaluator or Professional Engineer's Signature SE# JEA Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND</b>	Street, Road, Subdivision <b>BRACKETT AVE 87-II-1</b>	Owners Name <b>MICHAEL MCTIGUE</b>
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> Ft.

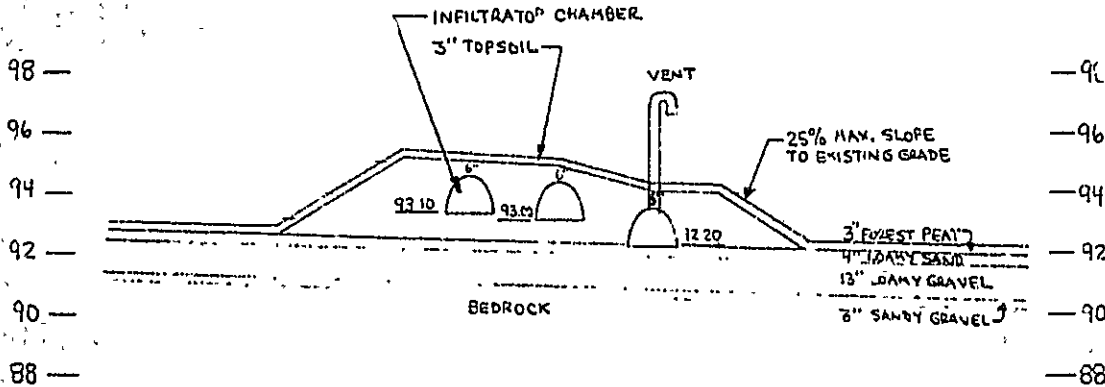


BRACKETT AVENUE

<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>34</u>	Reference Elevation is <u>93.28</u>	SPIKE IN CHIP POLE 14 APPROX.
Depth of Fill (Downslope) <u>22</u>	Bottom of Disposal Area SEE X-SECTION	85' WESTERLY OF WESTERLY PROP. LINE
	Top of Distribution Lines or Chambers SEE X-SECTION	

## DISPOSAL AREA CROSS SECTION

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



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

0003/4814  
SE #/PE #

6/5/89  
Date

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



PLOT PLAN



FEES (Breakdown From Front)

Plan Fee \$ 24  
 Submission Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

Type

Inspection Record

Date

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

COMMENTS

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

Signature of Applicant C. J. [Signature]

Date 05/10/10



PERMIT # 007711 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Michael McTigue 766-2319

Address: Brackett Avenue, Peaks Island 04108

LOCATION OF CONSTRUCTION Lot #18 Brackett Avenue, Peaks Island

CONTRACTOR: McTigue Construction SUBCONTRACTORS: 766-2676

ADDRESS: Brackett Avenue, Peaks Island

Est. Construction Cost: \$52,000 Type of Use: single family

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

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

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

Conversion - Explain Minor, Minor site plan and to construct new.

**COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE** 2 site plans, 1 construction

Residential Buildings Only: plan and HHE-200 form

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

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

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

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

- Interior Walls:**
- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
  - Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
  - Wall Covering Type \_\_\_\_\_
  - Fire Wall if required \_\_\_\_\_
  - Other Materials \_\_\_\_\_

**For Official Use Only**

Date June 23, 1989 Subdivision Yes / No \_\_\_\_\_

Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_

Blgd Code \_\_\_\_\_ Lot \_\_\_\_\_

Time Limit \_\_\_\_\_ Block \_\_\_\_\_

Estimated Cost \$52,000 Permit Expiration: \_\_\_\_\_ Public \_\_\_\_\_

Value/Structure \_\_\_\_\_ Ownership: \_\_\_\_\_ Private \_\_\_\_\_

Fee XXR \$50.00 - minor, minor

\$280.00 - building fee

- Ceiling:**
- Ceiling Joists Size: \_\_\_\_\_ **PERMIT ISSUED**
  - Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
  - Type Ceilings: \_\_\_\_\_
  - Insulation Type \_\_\_\_\_ Size JUL 11 1989
  - Ceiling Height: \_\_\_\_\_

- Roof:**
- Truss or Rafter Size \_\_\_\_\_ Span City of Portland
  - Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
  - Roof Covering Type \_\_\_\_\_
  - Other \_\_\_\_\_

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

**Heating:** Type of Heat: \_\_\_\_\_

**Electrical:** Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

- Plumbing:**
- Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_
  - No. of Tubs or Showers \_\_\_\_\_
  - No. of Flushes \_\_\_\_\_
  - No. of Lavatories \_\_\_\_\_
  - No. of Other Fixtures \_\_\_\_\_

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

**Zoning:** District \_\_\_\_\_ Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_

Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

**Review Required:**

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shore and Floodplain Mgmt \_\_\_\_\_ Special Exception \_\_\_\_\_

Other: (Explain) \_\_\_\_\_

Date Approved: \_\_\_\_\_

Permit Received By Nancy Grossman

Signature of Applicant Michael P. McTigue Date 6-23-89

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

Inspection Dates 7/20

BUILDING PERMIT REPORT

ADDRESS: 210 Brackett Ave. P. I.

DATE: 11/15/90

REASON FOR PERMIT: 12' x 20' dock

BUILDING OWNER: Michael L. Cyr

CONTRACTOR: 11 11

PERMIT APPLICANT: 11

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

CONDITION OF APPROVAL OR DENIAL:

- \*1.) Before concrete for foundation is placed, approvals from ~~Public Works~~ and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

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

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

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

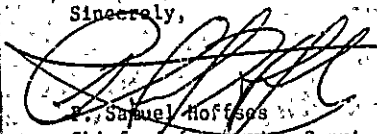
- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely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

\* 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

- 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,

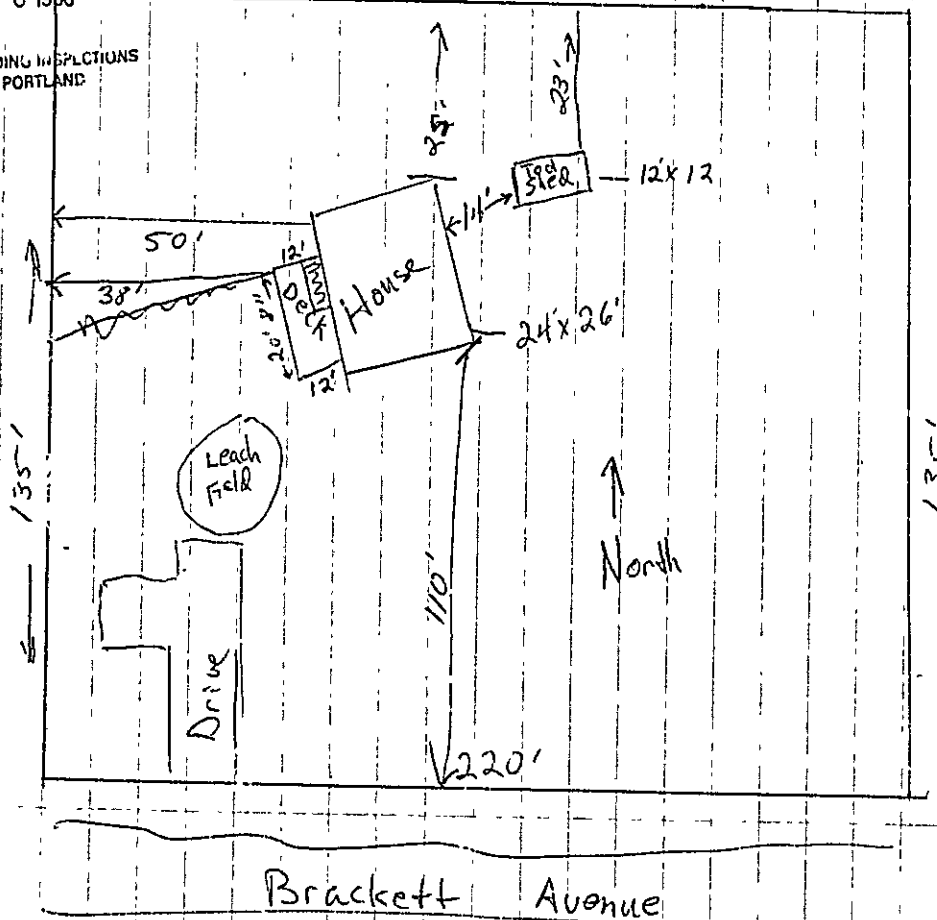
  
P. Samuel Hoffses  
Chief of Inspection Services

/el  
11/16/88

RECEIVED

MAY 10 1998

DEPT OF BUILDING INSPECTIONS  
CITY OF PORTLAND



1. Applicant:

Christine Cyr  
210 Brackett Ave  
Peaks Is. Me.  
04108  
766-5578





PERMIT # 009011 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Michael McTigue 766-2319

Address: Brackett Avenue, Peaks Island 04108

LOCATION OF CONSTRUCTION Lot #18 Brackett Avenue, Peaks Island

CONTRACTOR: McTigue Construction SUBCONTRACTORS: 766-2676

ADDRESS: Brackett Avenue, Peaks Island

Est. Construction Cost: \$52,000 Type of Use: single family

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

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

Is Proposed Use: 000 Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain Minor, Minor site plan and to construct new.

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

Residential Buildings Only: plan and HRE-200 form

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

Foundation:

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

Floor:

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

Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header 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 \_\_\_\_\_

**For Official Use Only**

Date June 23, 1989 Subdivision: Yes / No \_\_\_\_\_

Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_

Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_

Time Limit \_\_\_\_\_ Block \_\_\_\_\_

Estimated Cost: \$52,000 Permit Expiration: \_\_\_\_\_

Value/Structure \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Fee: XX \$50.00 - minor, minor

\$260.00 - Building Fee

- Ceiling:
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 \_\_\_\_\_
  3. Roof Covering Type \_\_\_\_\_
  4. Other \_\_\_\_\_

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

Heating: \_\_\_\_\_ Type of Heat: \_\_\_\_\_

Electrician: \_\_\_\_\_ Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

- Plumbing:
1. Approval of soil test if required 00.25 Yes \_\_\_\_\_ No \_\_\_\_\_
  2. No. of Tubs or Showers \_\_\_\_\_
  3. No. of Flushes 00.02
  4. No. of Lavatories 00.222
  5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:

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

Zoning: District TR-1 Street Frontage Req: \_\_\_\_\_ Provide: \_\_\_\_\_

Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Review Required: \_\_\_\_\_

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_

Other (Explain): \_\_\_\_\_

Date Approved 7-10-89

Permit Received By Nancy Grossman

Signature of Applicant Michael McTigue Date 6-23-89

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

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

**PERMIT ISSUED WITH LETTER**

White - Tax Assessor, Yellow - GPCOG

White Tag - CEO © Copyright GPCOG 1987

177 Mr. Addato

PLOT PLAN

N



FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	25.00			/ /
Subdivision Fee \$				/ /
Site Plan Review Fee \$	50.00 - minor, minor			/ /
Other Fees \$	255.00			/ /
(Explain)				/ /
Late Fee \$				/ /

COMMENTS

Signature of Applicant

*Michael M. Logan*

Date

*6 23 89*



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

July 10, 1989

RE: Lot #18 Brackett Ave., Peaks Island

McTigue Construction  
Brackett Avenue  
Peaks Island, Maine 04108

Dear Sir:

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

Site Plan Review Requirements

Public Works Approved S. Harris  
Inspection Services Approved W. Giroux

Building Code Requirement

1. Please read and implement items 1, 6, 7, and 9 of the attached building permit report.

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: Steve Harris, Public Works  
W. Giroux, Zoning Codes Enforcement Officer



BUILDING PERMIT REPORT

ADDRESS: LOT #18 Brackett Ave. P.I. DATE: 10/July/89

REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: Michael McTigue

CONTRACTOR: McTigue Construction

PERMIT APPLICANT: owner

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

CONDITION OF APPROVAL ~~(SEE NOTES)~~:

- \*1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- \*6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- \*7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of 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 of the individual unit (see Section 1717.3.1).

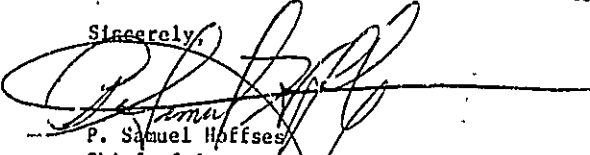
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

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 with an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- \* 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 5 inches cannot pass through any opening.
- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.
- 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el

11/16/88

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND PEAKS ISLAND  
Street: BRACKETT AVENUE  
Subdivision Lot #: TAX MAP 87 BLOCK 11 LOT 1

**PROPERTY OWNERS NAME**

Last: MCTIGUE First: MICHAEL  
Applicant Name: MICHAEL MCTIGUE  
Mailing Address of Owner/Applicant (If Different): BRACKETT AVENUE PEAKS ISLAND MAINE 04108

**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.

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: \_\_\_\_\_

SIZE OF PROPERTY: 28,754 SF ZONING: IR 1

**TYPE OF WATER SUPPLY:** PUBLIC WATER

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

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000 GALS

**WATER CONSERVATION**

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

SPECIFY: \_\_\_\_\_ DOSE: \_\_\_\_\_ GALS

**PUMPING**

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

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

3 BEDROOM CONSERVATIVE 450  
LOW VOLUME TOILET - 45  
DESIGN FLOW: 405 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 4 CONDITION: A III  
DEPTH TO LIMITING FACTOR: 18

**SOIL RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq Ft
- CHAMBER 525 Sq Ft
- REGULAR  H 20
- TRENCH \_\_\_\_\_ Linear Ft
- OTHER: \_\_\_\_\_

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

On OCTOBER 12, 1986 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Chapman 0003/4814 6/5/89  
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

\* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Order

Page 1 of 3  
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**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS	
Town Or Plantation	FORTLAND PEAKS ISLAND
Street Subdivision Lot #	BRACKETT AVENUE TAX MAP 87 BLOCK II LOT 1
PROPERTY OWNERS NAME	
Last	First
McTIGUE	MICHAEL
Applicant Name	MICHAEL McTIGUE
Mailing Address of Owner/Applicant (if different)	BRACKETT AVENUE PEAKS ISLAND MAINE 04108

**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.

<p align="center"><b>Owner/Applicant Statement</b></p> <p>I certify that the information submitted is correct to the best of my knowledge and understand that a falsification is reason for the Local Plumbing Inspector to deny a Permit.</p>	<p align="center"><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p>		
Signature of Owner/Applicant	Date	Local Plumbing Inspector Signature	Date Approved

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>PUBLIC WATER</p>
<p><b>SIZE OF PROPERTY</b></p> <p>28,754 SF</p>	<p><b>ZONING</b></p> <p>IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></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><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET - 45</p> <p>DESIGN FLOW 405 (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE 4      CONDITION A III</p> <p>DEPTH TO LIMITING FACTOR 18</p>	<p><b>SIZING RATING USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRALARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft.</p> <p><input 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 2" INFILTRATOR POLYETHYLENE CHANGES IN TRENCH CONFIGURATION

On OCTOBER 12, 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. Chascom*      0003/4814      6/5/89

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

\* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

Page 1 of 3  
HNE - 200 Rev 4/83

**DISPOSAL SYSTEM APPLICATION**

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM**

**PROPERTY ADDRESS**  
Town Or Plantation: **FORTLAND PEAKS**  
Street: **BRACKETT AVENUE**  
Subdivision Lot #: **TAX MAP 87 BLOCK 11**

**PROPERTY OWNERS**  
Last: **McTIGUE** First: **MICHAEL**  
Applicant Name: **MICHAEL McTIGUE**  
Mailing Address of Owner/Applicant (if Different): **BRACKETT AVENUE PEAKS ISLAND MA**  
Owner/Applicant Status: \_\_\_\_\_

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

Signature of Owner/Applicant: \_\_\_\_\_

ISLAND  
LOT 1  
NAME  
E 04108  
ment of my local

**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.

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

Date: \_\_\_\_\_ 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 (Includes Alternative Toilet)
- 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:  
1  BED 2  CHAMBER 3  TRENCH 4  OTHER \_\_\_\_\_

SIZE OF PROPERTY: **23,754 SF** ZONING: **IR 1**

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**TYPE OF WATER SUPPLY**  
PUBLIC WATER

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

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: **1000** GALS.

**WATER CONSERVATION**

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

SPECIFY: \_\_\_\_\_

**PUMPING**

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

DOSE: \_\_\_\_\_ GALS

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

**3 BEDROOM CONSERVATIVE 450**

**LOW VOLUME TOILET - 45**

**DESIGN FLOW: 405 (GALLONS/DAY)**

**SOIL CONDITIONS USED, OR DESIGN PURPOSES**

PROFILE: **4** CONDITION: **A III**

DEPTH TO LIMITING FACTOR: **18**

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq Ft
- CHAMBER **525** Sq Ft  REGULAR  H 20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

**SITE EVALUATOR STATEMENT**

On **OCTOBER 12, 1986** (date) system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: **William B. Chase**  
Site Evaluator or Professional Engineer

I conducted a site evaluation for this project and certify that the data reported is accurate. The Subsurface Wastewater Disposal Rules.

Signature: \_\_\_\_\_ SE # **PE#** Date: **6/5/89**

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HHE-200 Rev 4/83

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

PORTLAND PEAKS ISLAND

Street, Road, Subdivision

BRACKETT AVE

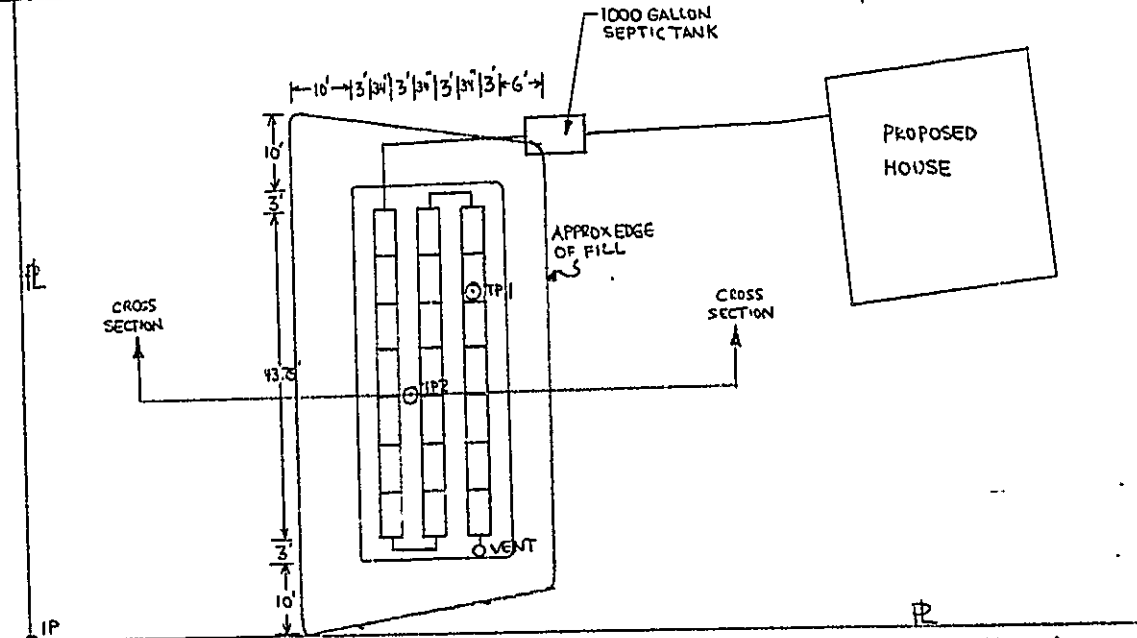
87-II-4

Owners Name

MICHAEL MCTIGUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL

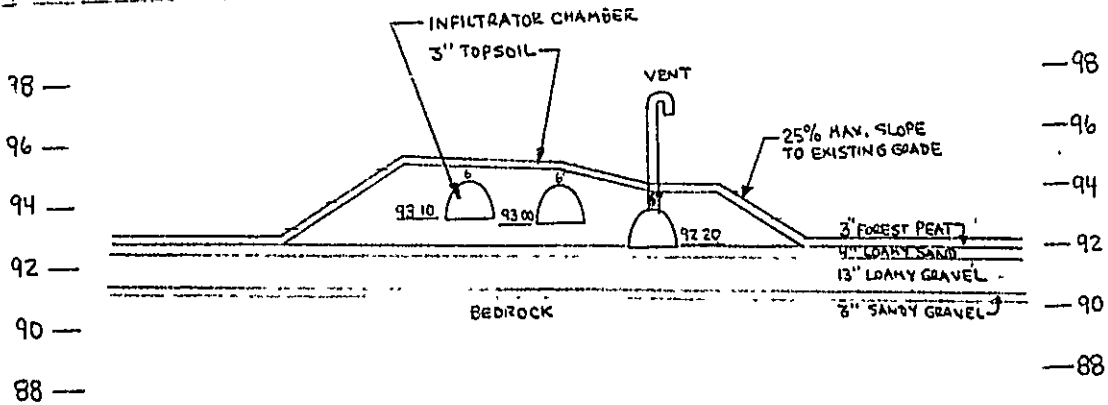


BRACKETT AVENUE

<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b> 93.28	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) 34'	Reference Elevation is SEE X-SECTION	SPIKE IN CMP POLE 14 APPROX.
Depth of Fill (Downslope) 22'	Bottom of Disposal Area SEE X-SECTION	85' WESTERLY OF WESTERLY PROP. LINE
	Top of Distribution Lines or Chambers SEE X-SECTION	

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 5' FL  
Horizontal: 1 inch = 10' FL



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

QC 23 / 4814  
SE # 1 PE #

6/5/89  
Date

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



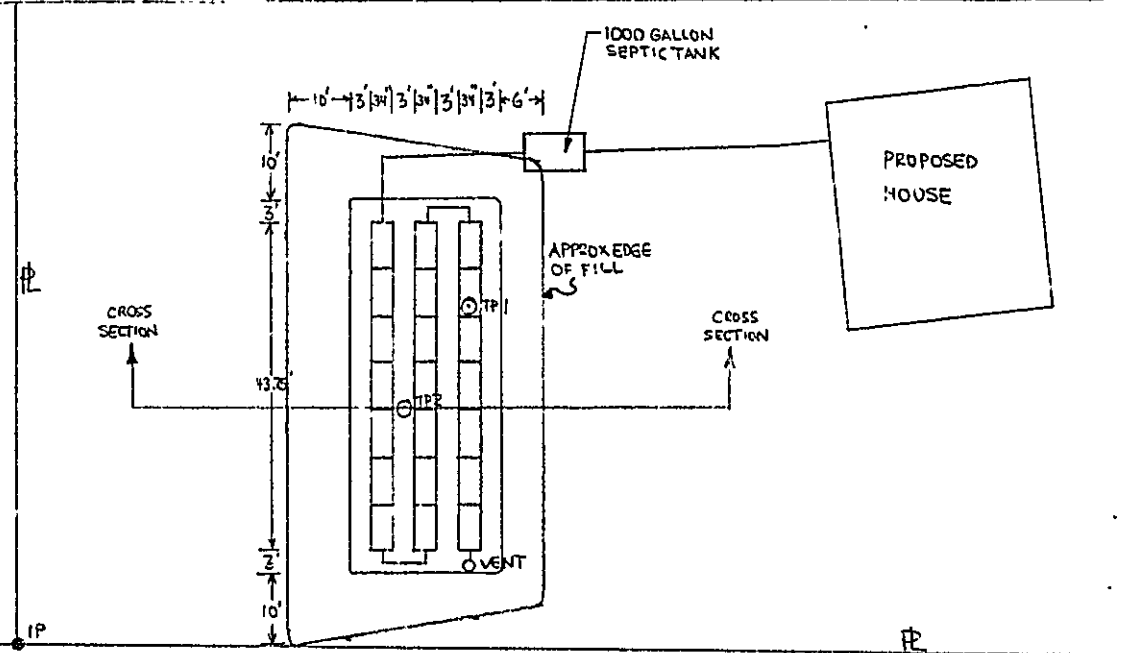
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 87-II-1** Owners Name: **MICHAEL MCTIGUE**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale 1" = 20' FL.

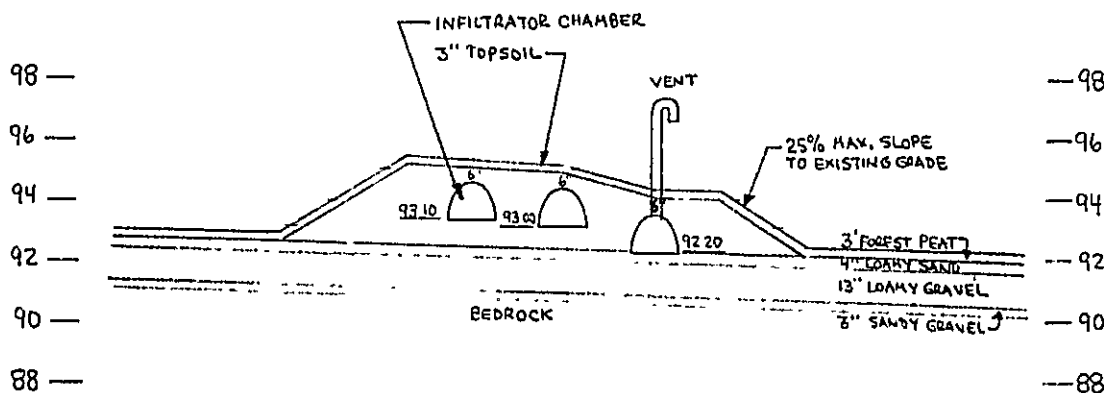


BRACKETT AVENUE

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	34"	Reference Elevation is	93.28	SPIKE IN CHP POLE 14 APPROX. 85' WESTERLY OF WESTERLY PROP. LINE
Depth of Fill (Downslope)	22"	Bottom of Disposal Area	SEE X-SECTION	
		Top of Distribution Lines or Chambers	SEE X-SECTION	

**DISPOSAL AREA CROSS SECTION**

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



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

0003/4814  
SE #/PE #

6/5/87  
Date

Page 3 of 3  
HHE-200 Rev 4/83

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

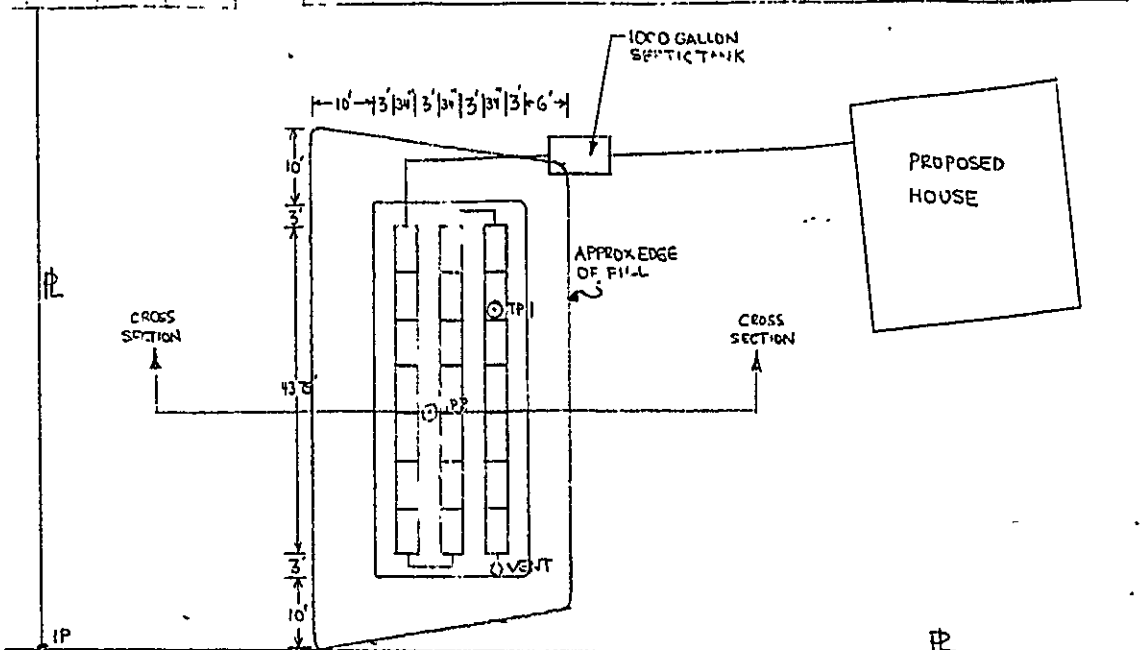
Town, City, Plantation  
PORTLAND PEAKS ISLAND

Street, Rca 1, Subdivision  
BRACKETT AVE 87-II-1

Owners Name  
MICHAEL MCTIGUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL

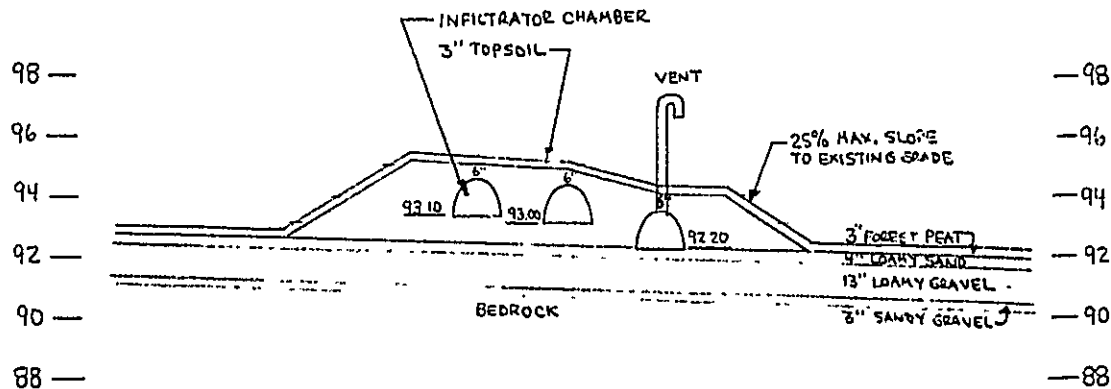


BRACKETT AVENUE

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 34'	Reference Elevation is 93.28	SPIKE IN CMP POLE 14 APPROX.
Depth of Fill (Downslope) 22'	Bottom of Disposal Area SEE X-SECTION	85' WESTERLY OF WESTERLY PROP. LINE
	Top of Distribution Lines or Chambers SEE X-SECTION	

## DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 Inch = 5' FL  
Horizontal: 1 Inch = 10' FL



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

0003/4814  
SF #1 PE #

6/5/89  
Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

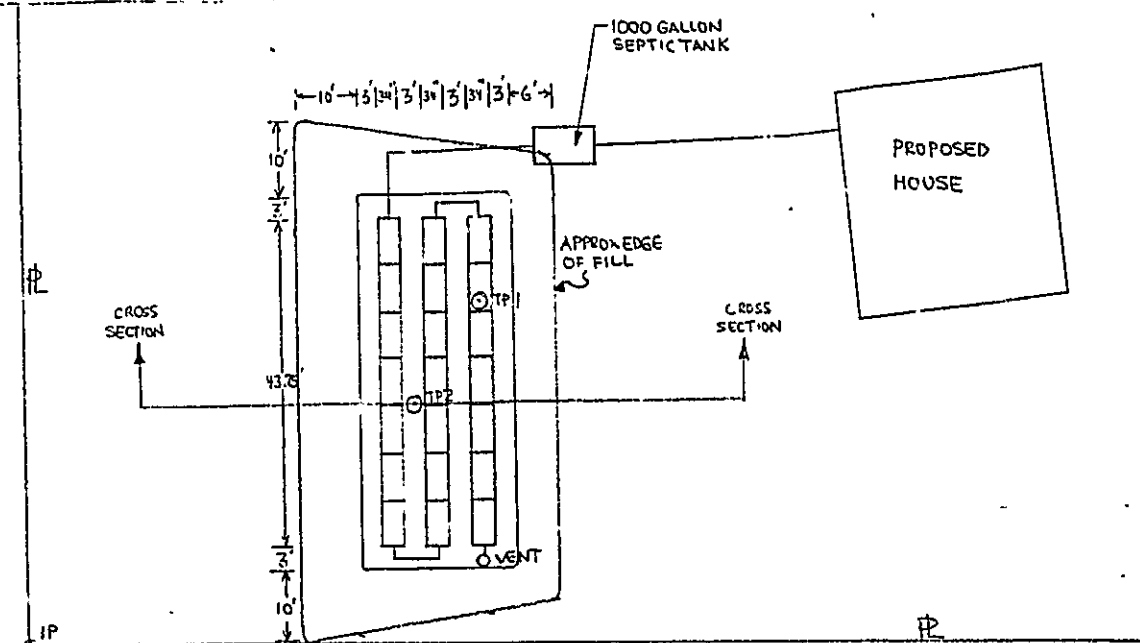
Town, City, Parish  
PORTLAND PEAKS ISLAND

Street, Road, Subdivision  
BRACKETT AVE 87-II-1

Owner's Name  
MICHAEL MCTIGUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

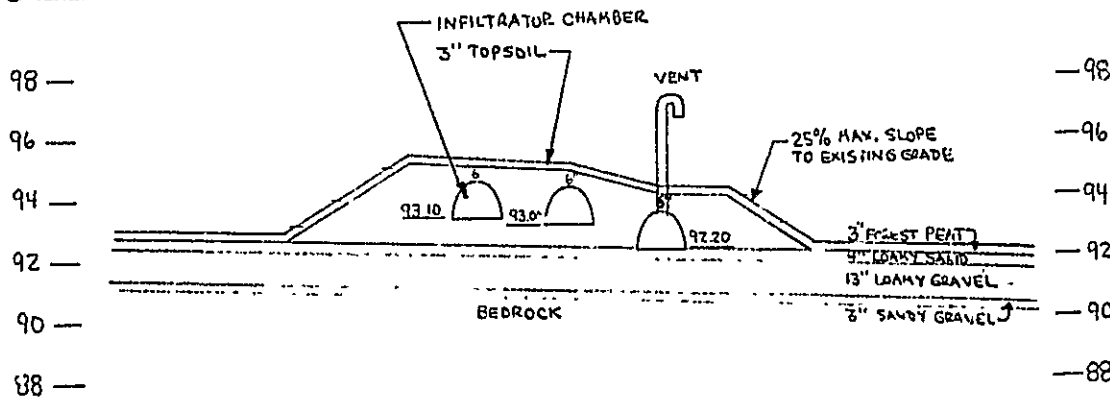


BRACKETT AVENUE

FILL REQUIREMENTS	Depth of Fill (Upslope)	34'	CONSTRUCTION ELEVATIONS	Reference Elevation Is	93.28	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	SPIKE IN CMP POLE 14 APPROX.
	Depth of Fill (Downslope)	22'		Bottom of Disposal Area	SEE X-SECTION		85' WESTERLY OF WESTERLY PROP. LINE
			Top of Distribution Lines or Chambers	SEE X-SECTION			

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 5 Ft.  
Horizontal: 1 inch = 10 Ft.



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

0003/4814  
SE # / PE #

1/5/89  
Date

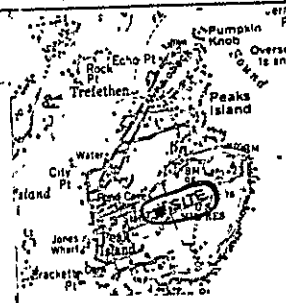
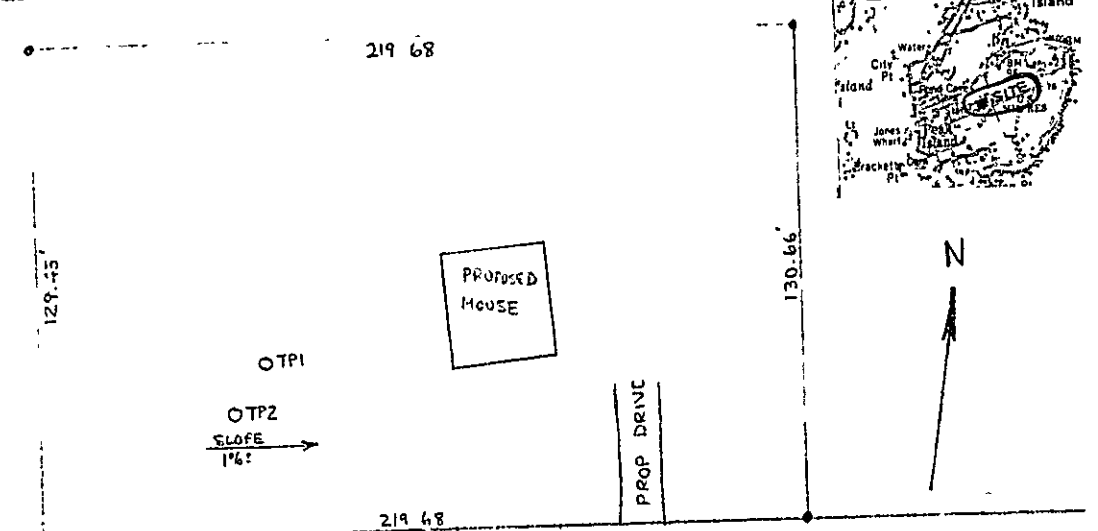
Page 3 of 3  
HHE-200 Rev. 4-83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Form, City, Plantation: **PORTLAND PEAKS ISLAND BRACKETT AVE 87-II-4**  
 Street, Road, Subdivision: **BRACKETT AVE 87-II-4**  
 Owners Name: **MICHAEL MCTIGUE**

SITE PLAN  
 Scale 1" = **40** FL



**BRACKETT AVENUE**

ERP SPIKE IN  
 CMP DOLE 14  
 85' WEST OF Y

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

Observation Hole 2  Test Pit  Boring  
 3' FOREST FEET Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAMY SAND		DARK RED BROWN	
LOAMY GRAVEL	LOOSE	RED BROWN	NONE
SANDY GRAVEL		YELLOW BROWN	FEW
BEDROCK			

Texture	Consistency	Color	Mottling
LOAMY SAND		DARK RED BROWN	
LOAMY GRAVEL	LOOSE	RED BROWN	NONE
SANDY GRAVEL		YELLOW BROWN	FEW
BEDROCK			

Soil 4 Classification A III Slope 1 1/2 % Limiting Factor 24  
 Ground Water  Rootzone Layer  Bedrock

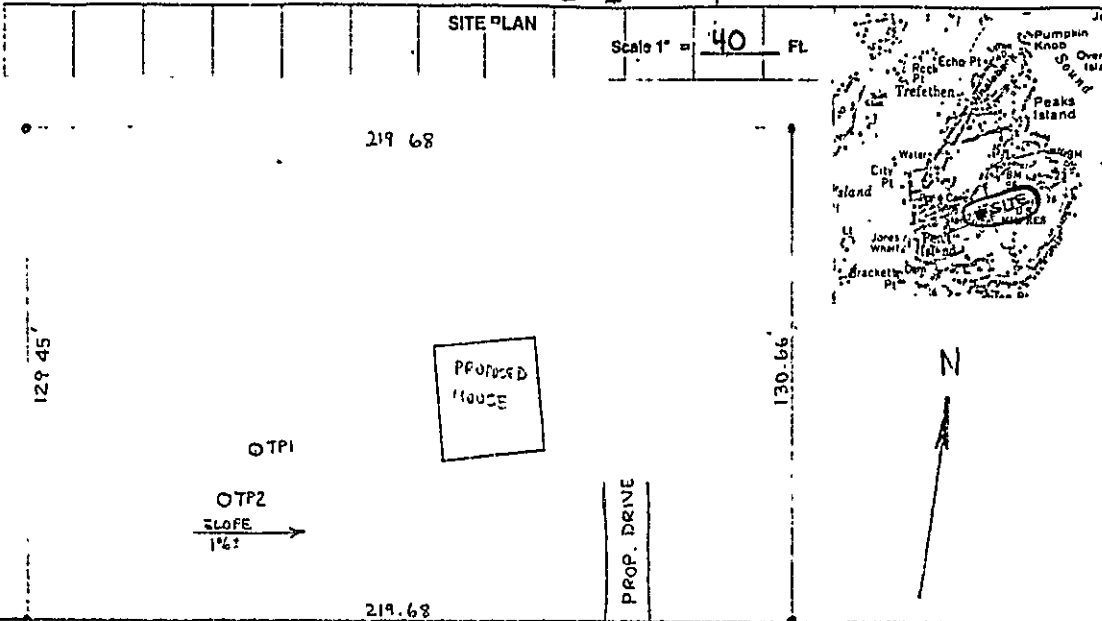
*William B. Goodwin* 0003/4814  
 Site Evaluator or Professional Engineer's Signature

6/5/89  
 Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 87-II-1** Owners Name: **MICHAEL MCTIGUE**



**BRACKETT AVENUE**

ERP SPIKE IN  
CHK POLE 14  
85' WEST DEL Y

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u>	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole <u>2</u>	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring
3' FOREST FEET * Depth of Organic Horizon Above Mineral Soil		3' FOREST FEET * Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0	LOAMY SAND	DARK RED BROWN	
6			
10	LOAMY GRAVEL	RED BROWN	NONE
15			
20	SANDY GRAVEL	YELLOW BROWN	FEW
30	BEDROCK		
40			
50			
Soil Profile	Classification	Slope	Limiting Factor
4	A III	1%	24
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock			

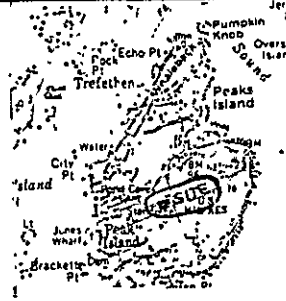
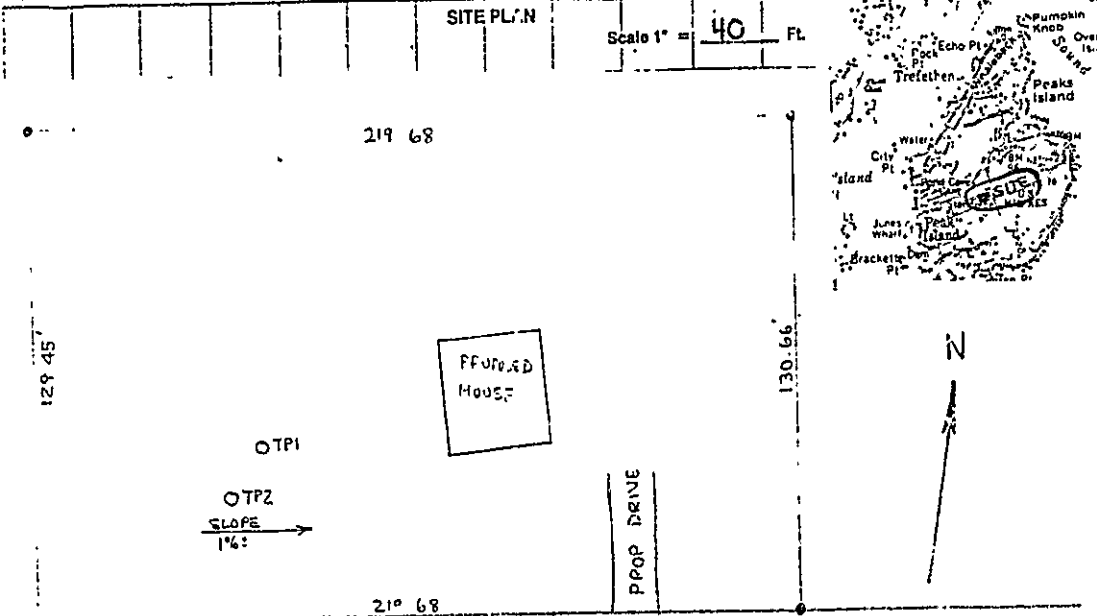
*William B. Godwin* 0003/4814  
Site Evaluator or Professional Engineer's Signature SE # / PE #

6/5/89  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street Road, Subdivision: **BRACKETT AVE 87-II-1** Owners Name: **MICHAEL MCTIGUE**



**BRACKETT AVENUE**

ERP SPIKE IN  
CHP POLE 14  
85% WESTERLY

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
<u>3' FOREST FEET</u> * Depth of Organic Horizon Above Mineral Soil	<u>3' FOREST FEET</u> * Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling
0-2" LOAMY SAND		DARK RED BROWN	
2-10" LOAMY GRAVEL	LOOSE	RED BROWN	NONE
10-20" SANDY GRAVEL		YELLOW BROWN	FEW
20-30" BEDROCK			
30-50" BEDROCK			
Soil <u>4</u>	Classification <u>AIII</u>	Slope <u>1%</u>	Limiting Factor <u>24"</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Protective Layer <input type="checkbox"/> Bedrock			
Texture	Consistency	Color	Mottling
0-2" LOAMY SAND		DARK RED BROWN	
2-10" LOAMY GRAVEL	LOOSE	RED BROWN	NONE
10-20" SANDY GRAVEL		YELLOW BROWN	FEW
20-30" BEDROCK			
30-50" BEDROCK			
Soil <u>4</u>	Classification <u>AIII</u>	Slope <u>1%</u>	Limiting Factor <u>18"</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Protective Layer <input type="checkbox"/> Bedrock			

*William B. Godwin* 0003/4814 6/5/89  
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date



Applicant: Michael McTigue      Date: 7-10-89  
Address: Lot #18 Brackett Ave.  
Assessors No.: 87-II-1

CHECK LIST AGAINST ZONING ORDINANCE

Date - 7-10-89  
Zone Location - IR-1  
Interior or corner lot - IR-1  
Use - single  
Sewage Disposal - ~~at~~ on site  
Rear Yards - 50'+  
Side Yards - 72'  
Front Yards - 42'  
Projections - front steps  
Height - 1/2 story  
Lot Area - 28,754 sq. ft.  
Building Area - 30'x30'  
Area per family - single  
Width of Lot - 79.68'  
Lot Frontage - 79.68'  
Off-street Parking - 2 cars  
Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Michael McTigue 766-2319

June 23, 1989

Applicant

Date

Brackett Avenue, Peaks Island 04108

Lot #18 Brackett Avenue, Peaks Island

Mailing Address

Address of Proposed Site

Single Family

87-II-1

Proposed Use of Site

Site Identifier(s) from Assessors Maps

3/4 / 960 sq ft

~~IR-1~~

Acreage of Site / Ground Floor Coverage

Zoning of Proposed Site

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

Proposed Number of Floors 1

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

Total Floor Area 960 sq ft

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

**BUILDING DEPARTMENT SITE PLAN REVIEW**

(Does not include review of construction plans)

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

Explanation \_\_\_\_\_

Use complies with Zoning Ordinance — Staff Review Below

Zoning: \_\_\_\_\_  
SPACE & BULK,  
as applicable

COMPLIES

COMPLIES  
CONDITIONALLY

DOES NOT  
COMPLY

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

REASONS:

*OK WPH 7-10-89*

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

0224

C. PORTLAND, MAINE  
PLAN REVIEW  
Processing Form

Applicant \_\_\_\_\_  
Brackett Avenue, Peaks Island 04108  
Mailing Address \_\_\_\_\_  
Single Family \_\_\_\_\_  
Proposed Use of Site \_\_\_\_\_  
374 / 960 sq ft  
Acreage of Site / Ground Floor Coverage \_\_\_\_\_

Date June 23, 1989  
102 710 Brackett Avenue, Pk. Island  
Address of Proposed Site \_\_\_\_\_  
87-11-1  
Site Identifier(s) from Assessors Maps \_\_\_\_\_  
IR-1  
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 1  
Total Floor Area 960 sq ft

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) \_\_\_\_\_

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

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

(Attach Separate Sheet if Necessary)

*[Signature]*  
SIGNATURE OF REVIEWING STAFF/DATE 6/26/89

BK8597PG0224

061995

WARRANTY DEED  
Maine Statutory Short Form

KNOW ALL MEN BY THESE PRESENTS, that We, BARBARA J. OLSEN and MICHAEL J. WAGGONER of Portland, County of Cumberland, State of Maine, for consideration paid, grant to MICHAEL P. MCTIGUE, of Portland, County of Cumberland, State of Maine, whose mailing address is

Brackett Avenue, Peaks Island, Maine 04108

with warranty covenants the land On Peaks Island, Portland, County of Cumberland, State of Maine, described as follows:

A certain lot or parcel of land with buildings thereon situated on Brackett Avenue, Lot 18, recorded in Plan of Mary A. Brackett Estate, Section C, Peaks Island, Maine, in Assessors Plan 87,-ii-1.

Being the same premises conveyed to the Grantors herein by warranty deed of Carl Bazarian and John A. Hendrickson and recorded in the Cumberland County Registry of Deeds on May 28, 1987 in Book 7792, Page 102.

WITNESS our hands and seals this 15th day of the month of December, 1988.

SIGNED, SEALED AND DELIVERED  
in the presence of

*Charles R. Bean*  
to both

*Barbara J. Olsen*  
BARBARA J. OLSEN

*Michael J. Waggoner*  
MICHAEL J. WAGGONER

STATE OF MAINE  
COUNTY OF CUMBERLAND, ss

December 15, 1988

Then personally appeared the above named, Barbara J. Olsen and Michael J. Waggoner, and acknowledged the foregoing instrument to be their free act and deed.

Before me,

*Charles R. Bean*  
Charles R. Bean  
Attorney at Law

RECEIVED  
REGISTRY OF DEEDS  
1988 DEC 20 11:09

RECEIVED  
JUN 23 1989

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

MAINE REAL ESTATE TRANSFER TAX



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION Lot #18, Brackett Ave.; Peaks Island

Issued to Michael McTigue

Date of Issue 7/11/90

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No 39/2311, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family

Limiting Conditions

This certificate supersedes  
certificate issued

Approved

7-11-90

(Date)

Inspector

Inspector of Buildings

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



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date February 9, 1990  
 Receipt and Permit number 01091

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 87-II-1 Brackett Ave. Peaks Island  
 OWNER'S NAME: Michael McTigue ADDRESS: Same

OUTLETS:	FEES
Receptacles <u>40</u> Switches <u>20</u> Plugload _____ ft. TOTAL <u>60</u> .....	5.00
FIXTURES: (number of)	
Incandescent <u>12</u> Fluorescent <u>3</u> (not strip) TOTAL <u>15</u> .....	3.50
Strip Fluorescent _____ ft. ....	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) <u>6</u> .....	6.00
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges <u>1</u> _____ Water Heaters <u>1</u> _____	
Cook Tops _____ Disposals <u>1</u> _____	
Wall Ovens _____ Dishwashers <u>1</u> _____	
Dryers <u>1</u> _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>5</u> .....	7.50
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-10.b) .....	
TOTAL AMOUNT DUE: _____	22.00

INSPECTION: Will be ready on NOV, 1990; or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: William Flynn  
 ADDRESS: Centennial St. P.I.  
 TEL: 766-2780  
 MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRACTOR: [Signature]  
 LIMITED LICENSE NO.: \_\_\_\_\_

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



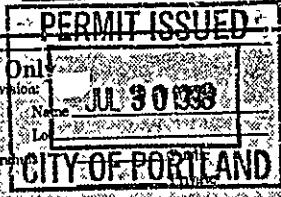


980654

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$40 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Michael P. McTigue Phone # 766-5675  
Address: 188 Brackett Ave- Peaks Island, ME 04108  
LOCATION OF CONSTRUCTION 188 Brackett ave- Peaks ISL  
Contractor: OWNER Sub: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Est. Construction Cost: 4000 Proposed Use: 1-fam w garage  
Past Use: 1-fam  
# of Existing Res Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion construct garage/hobbyshop - 24'x24'

For Official Use Only  
Date 7/22/93 Subdivision \_\_\_\_\_  
Inside Fire Limits \_\_\_\_\_ Name JU 30039  
Bldg Code \_\_\_\_\_ City of PORTLAND  
Time Limit \_\_\_\_\_ Estimated Cost 4000



Zoning: DR1  
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) WDA 7-22-93

87-1,1 -- 1  
Foundation:  
1. Type of Soil: \_\_\_\_\_  
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
3. Footings Size: \_\_\_\_\_  
4. Foundation Size: \_\_\_\_\_  
5. Other \_\_\_\_\_

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

Exterior Walls:  
1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. No. windows \_\_\_\_\_  
3. No. Doors \_\_\_\_\_  
4. Header 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 \_\_\_\_\_

Ceiling:  
1. Ceiling Joists Size: \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type Ceiling: \_\_\_\_\_  
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 Yes \_\_\_\_\_ No \_\_\_\_\_  
Plumbing:  
1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
2. No. of Tubs or Showers \_\_\_\_\_  
3. No. of Flushes \_\_\_\_\_  
4. No. of Lavatories \_\_\_\_\_  
5. No. of Other Fixtures \_\_\_\_\_  
Swimming Pools:  
1. Type: \_\_\_\_\_  
2. Pool Size: \_\_\_\_\_  
3. Must conform to National Electrical Code \_\_\_\_\_

HISTORIC PRESERVATION  
Not a Historic Landmark  
Does not require review  
Requires Review

PERMIT EXPIRES WITH REQUIREMENT

Permit Received By Louise E. Chase  
Signature of Applicant Michael P. McTigue Date 7-22-93  
Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_  
Inspection Dates \_\_\_\_\_

White-Tax Assesor Yellow-GPCOG White Tag -CEO [Signature]



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 10/27/93, 1993  
 Receipt and Permit number 4548

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Brackett Ave- Peaks Isl 87-11-1

OWNER'S NAME: Michael McTigue ADDRESS: \_\_\_\_\_

OUTLETS: \_\_\_\_\_ FEES \_\_\_\_\_

Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL \_\_\_\_\_

FIXTURES: (number of) \_\_\_\_\_  
 Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_  
 Strip Fluorescent \_\_\_\_\_ ft. \_\_\_\_\_

SERVICES: \_\_\_\_\_

Overhead \_\_\_\_\_ Underground  Temporary \_\_\_\_\_ TOTAL amperes 100 .. 15.00

METERS: (number of) \_\_\_\_\_ 1.00

MOTORS: (number of) \_\_\_\_\_  
 Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

RESIDENTIAL HEATING: \_\_\_\_\_

Oil or Gas (number of units) \_\_\_\_\_  
 Electric (number of rooms) \_\_\_\_\_

COMMERCIAL OR INDUSTRIAL HEATING: \_\_\_\_\_

Oil or Gas (by a main boiler) \_\_\_\_\_  
 Oil or Gas (by separate units) \_\_\_\_\_  
 Electric Under 20 kws \_\_\_\_\_ Over 20 kws \_\_\_\_\_

APPLIANCES: (number of) \_\_\_\_\_

Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
-TOTAL _____	

MISCELLANEOUS: (number of) \_\_\_\_\_

Branch Panels \_\_\_\_\_

Transformers \_\_\_\_\_

Air Conditioners \_\_\_\_\_

Signs 20 sq. ft. and under \_\_\_\_\_  
 Over 20 sq. ft. \_\_\_\_\_

Swimming Pools Above Ground \_\_\_\_\_  
 In Ground \_\_\_\_\_

Fire/Burglar Alarms Residential \_\_\_\_\_  
 Commercial \_\_\_\_\_

Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under \_\_\_\_\_  
 over 30 amps \_\_\_\_\_

Circus, Fairs, etc. \_\_\_\_\_

Alterations to wires \_\_\_\_\_

Repairs after fire \_\_\_\_\_

Emergency Lights, battery \_\_\_\_\_

Emergency Generators \_\_\_\_\_

INSTALLATION FEE DUE: \_\_\_\_\_  
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....

TOTAL AMOUNT DUE: 16.00

INSPECTION: \_\_\_\_\_

Will be ready on now, 1993; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: William Flynn

ADDRESS: Centennial St- Peaks Isl

TEL: 766-2780

MASTER LICENSE NO.: HA88X 4548 SIGNATURE OF CONTRACTOR: \_\_\_\_\_

LIMITED LICENSE NO.: \_\_\_\_\_

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

