

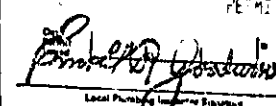
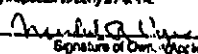
88-4-11

BRACKETT AVE

PEAKS ISLAND

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

DEPARTMENT OF PUBLIC SERVICES
Division of Health Engineering
(207) 299-3826

PROPERTY ADDRESS		PERMIT # 00115 TOWN OF  Local Plumbing Inspector Signature L.P.I. # 123
Town Or Platation	PORTLAND PEAKS ISLAND	
Street	BRACKETT AVENUE	
Subdivisor/Lot #	TAX MAP 88-BLOCK L-LOT 11	
PROPERTY OWNERS NAME		
CYR MICHAEL & CHRISTINE		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. JUL 19 1985 Date Approved
Last:	First:	
Applicant Name	MICHAEL CYR	
Mailing Address of Owner/Applicant (if Different)	SEASHORE AVE PEAKS ISLAND MAINE 04108	
OWNER/APPLICANT STATEMENT		
I certify that the information submitted is correct to the best of my knowledge and understand that any false statement is reason for the Local Plumbing Inspector to carry a Permit.		Signature of Owner/Applicant:  Date: _____

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRINCH 3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY PUBLIC WATER
SIZE OF PROPERTY 29,700 S.F.	ZONING R-3 RESIDENTIAL	

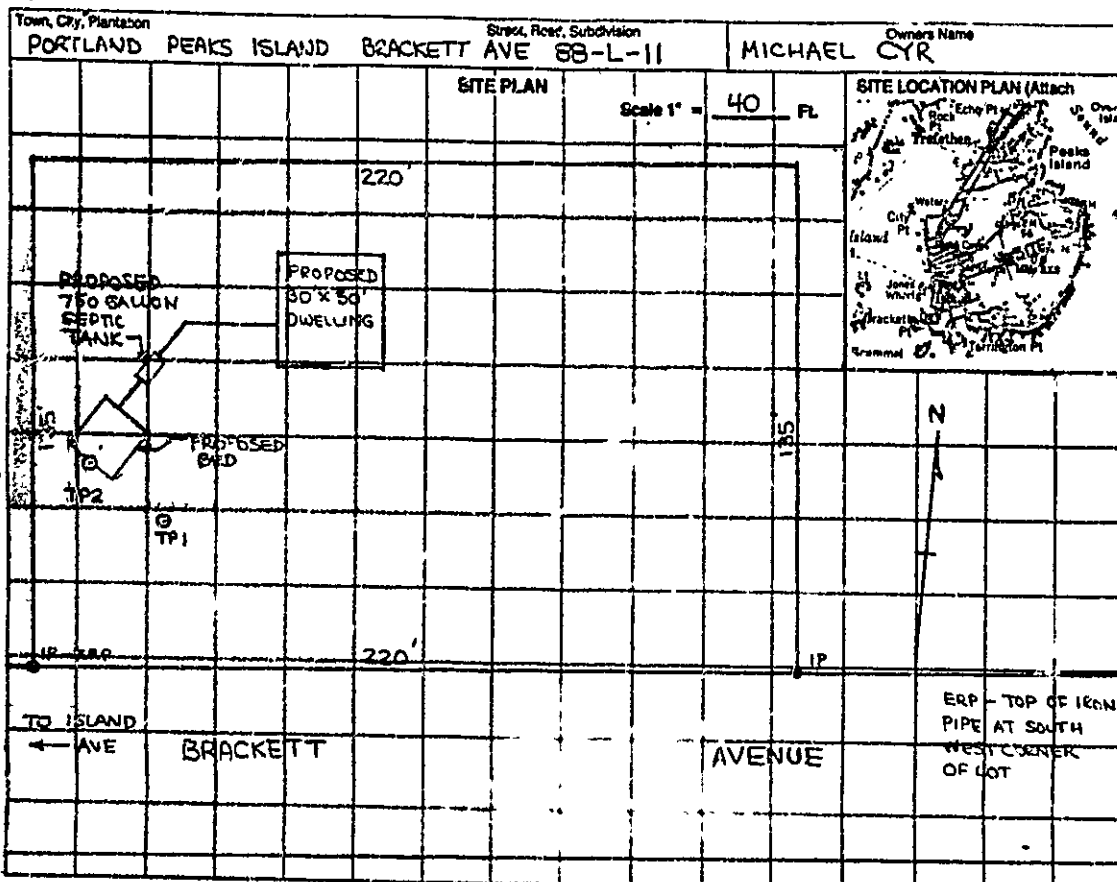
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE 750 GALS	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input checked="" type="checkbox"/> ALTERNATIVE TOILET SPECIFY COMPOSTING	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED LOSE _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATING EMPLOYEES WATER RECORDS, ETC.) 2 BEDROOM MINIMUM SEPARATE LAUNDRY COMPOSTING TOILET DESIGN FLOW 90 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE 4 CONDITION AIII DEPTH TO LEAKING FACTOR 29	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED 240 Sq Ft 2. <input type="checkbox"/> CHAMBER _____ Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> K-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft 4. <input type="checkbox"/> OTHER _____	

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

On SEPTEMBER 26, 1984 (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 003/4814 4/16/85
 Site Evaluator or Professional Engineer's Signature S.E.P./P.E.# Date

* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver is not a Local Option



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole 1		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST PEAT		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0			
5		RED BROWN	
10			
15			
20	LOOSE	GRAY BROWN	NONE
25		YELLOW BROWN	
30			
40			
50			
60			
70			
80			
90			
Soil Classification: AIII, Slope: 0%, Limiting Factor: 36, Ground Water: [] Present Layer: [] Present			
Observation Hole 2		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST PEAT		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0			
5		RED BROWN	
10			
15	LOOSE		NONE
20		YELLOW BROWN	
25			
30			
40			
50			
60			
70			
80			
90			
Soil Classification: AIII, Slope: 0%, Limiting Factor: 29, Ground Water: [] Present Layer: [] Present			

William B. Goodwin 003/4814
 Site Evaluator or Professional Engineer's Signature
 GE# / PE#

4/16/05
 Date

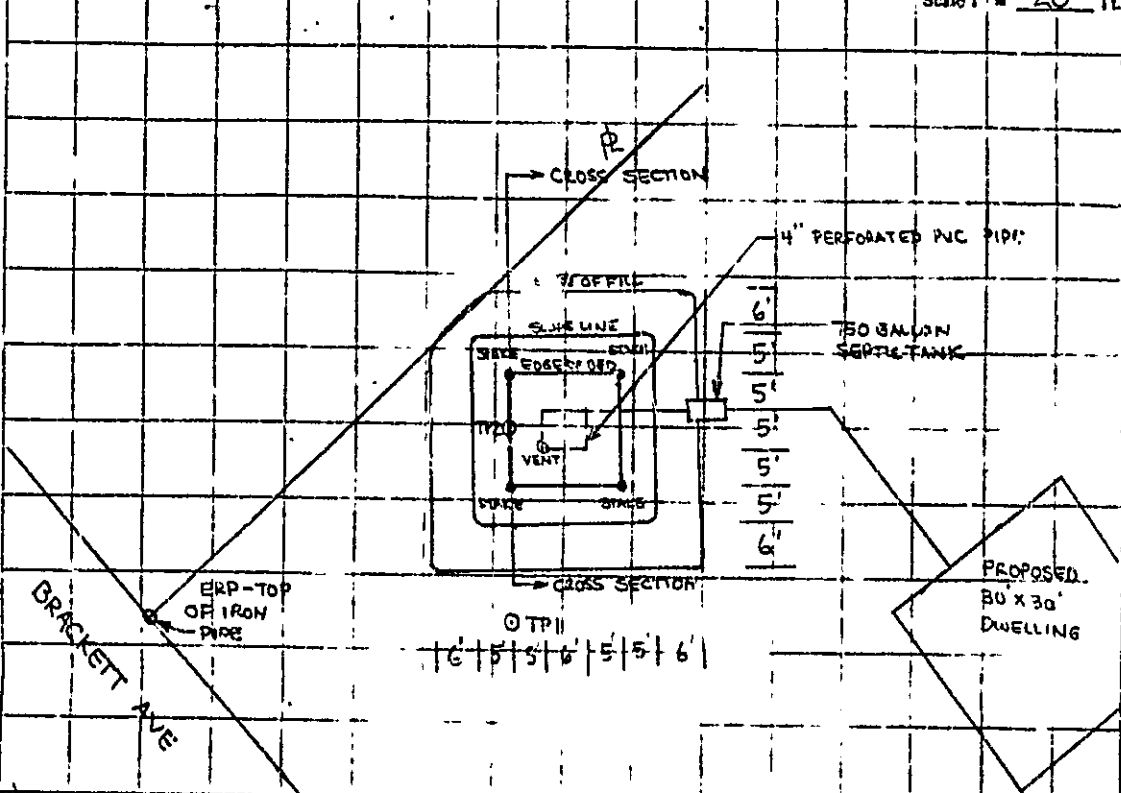
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: PORTLAND-PEAKS ISLAND
Street, Road, Subdivision: BRACKETT AVE 68-L-11
Owner's Name: MICHAEL CYR

SUBSURFACE WASTEWATER DISPOSAL PLAN

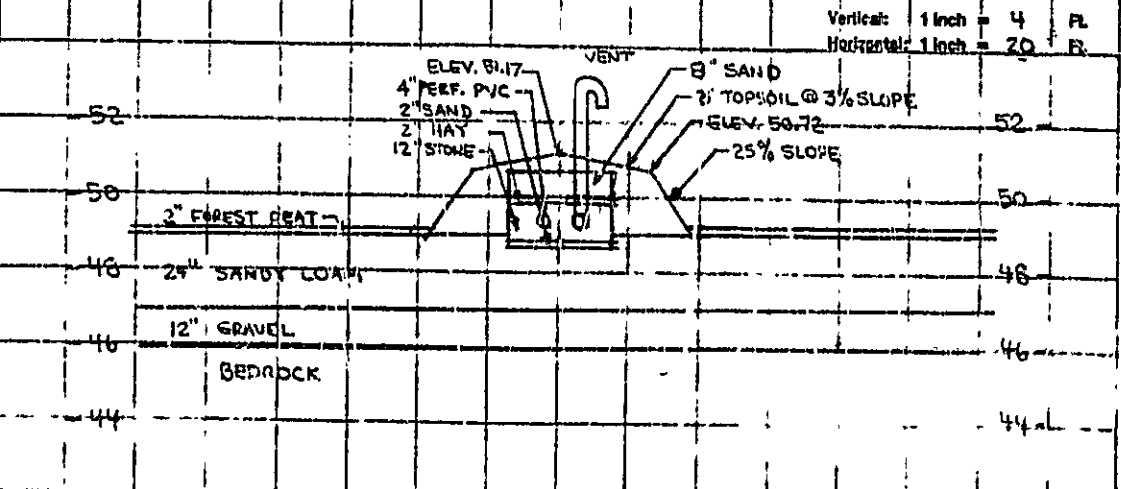
Scale 1" = 20' PL



P.L. REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19'	Reference Elevation to	50.00	TOP OF IRON PIPE AT	
Depth of Fill (Downslope)	19'	Bottom of Disposal Area	48.72	SOUTH WEST CORNER OF LOT	
		Top of Distribution Lines or Chambers	49.30		

DISPOSAL AREA CROSS SECTION

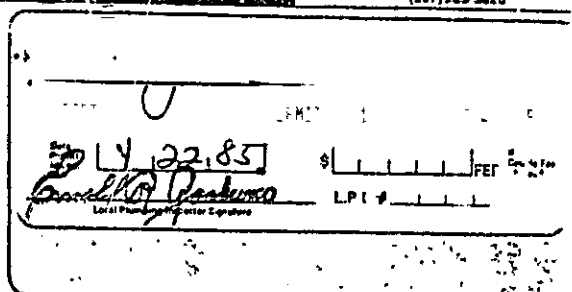
Scale:
Vertical: 1 inch = 4' PL
Horizontal: 1 inch = 20' PL



William B. Johnson 003/98/4 4/16/03 Page 3 of 3

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

DEPARTMENT OF REVENUE SERVICES
Division of Health Engineering
(207) 289-3026

PROPERTY ADDRESS		
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	BRACKETT AVENUE	
Subdivision Lot #	TAX MAP 88-BLOCK L-LOT 11	
PROPERTY OWNERS NAME		
CYR HAEEL & CHRISTINE		
Applicant Name: MICHAEL CYR		JUL 22 1985 \$ _____ FEE L.P.I. # _____ <i>Donald R. Pankow</i> Local Plumbing Inspector License
Mailing Address of Owner/Applicant ("Different")	SEASHORE AVE PEAKS ISLAND, MAINE 04106	
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: <i>Michael Cyr</i>		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. JUL 19 1985 Local Plumbing Inspector Signature: _____ Date Approved

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1 <input checked="" type="checkbox"/> NEW SYSTEM 2 <input type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> SEASONAL CONVERSION 5 <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3 <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4 <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM 1 <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2 <input type="checkbox"/> PRIMITIVE SYSTEM (includes Alternative Toilet) 3 <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4 <input type="checkbox"/> TREATMENT TANK (ONLY) 5 <input type="checkbox"/> HOLDING TANK 6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1 <input type="checkbox"/> BED 3 <input type="checkbox"/> TRENCH 2 <input type="checkbox"/> CHAMBER 4 <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY PUBLIC WATER
SIZE OF PROPERTY: 29,700 S.F. ZONING: R-3 RESIDENTIAL		

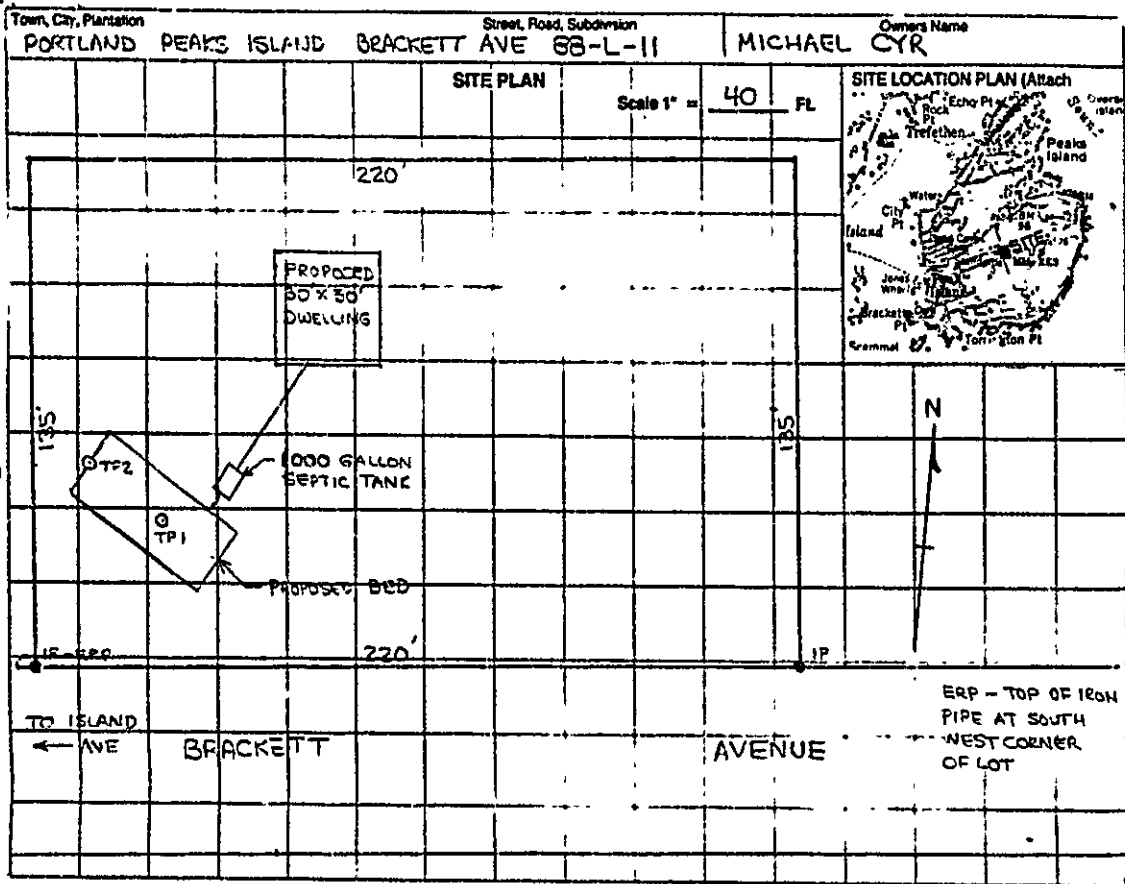
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1 <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2 <input type="checkbox"/> AEROBIC SIZE: 1000 GALS	WATER CONSERVATION 1 <input type="checkbox"/> NONE 2 <input checked="" type="checkbox"/> LOW VOLUME TOILET 3 <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	PUMPING 1 <input checked="" type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM CONSERVATIVE SEPARATE LAUNDRY LOW VOLUME TOILET DESIGN FLOW: 315 (GAL)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: AIII DEPTH TO LIMITING FACTOR: 29	SIZE RATINGS USED FOR DESIGN PURPOSES 1 <input type="checkbox"/> SMALL 2 <input checked="" type="checkbox"/> MEDIUM 3 <input type="checkbox"/> MEDIUM-LARGE 4 <input type="checkbox"/> LARGE 5 <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1 <input checked="" type="checkbox"/> BED 900 Sq Ft 2 <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3 <input type="checkbox"/> TRENCH _____ Linear Ft 4 <input type="checkbox"/> OTHER _____	

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

On SEPTEMBER 26, 1984 (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. Pankow 003/4814 4/16/85
 Site Evaluator or Professional Engineer's Signature Date

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



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

Observation Hole 1		Observation Hole 2	
2' FOREST PEAT	Depth of Organic Horizon Above Mineral Soil	2' FOREST PEAT	Depth of Organic Horizon Above Mineral Soil
Texture	Consistency	Color	Mottling
0			
6		RED BROWN	
12			
15	LOOSE		NONE
20		GRAY BROWN	
30		YELLOW BROWN	
40			
45			
50			
Soil Classification: <u>4</u> <u>ATE</u> <u>Coarse</u>		Slope: <u>0</u> %	
Limiting Factor: <u>36</u>		Consistency: <u>29</u>	
Groundwater: <input type="checkbox"/> Above Layer <input checked="" type="checkbox"/> Below		Groundwater: <input type="checkbox"/> Above Layer <input checked="" type="checkbox"/> Below	

William B. Jordan 003/4814
 Site Evaluator or Professional Engineer's Signature

9/16/85
 Date

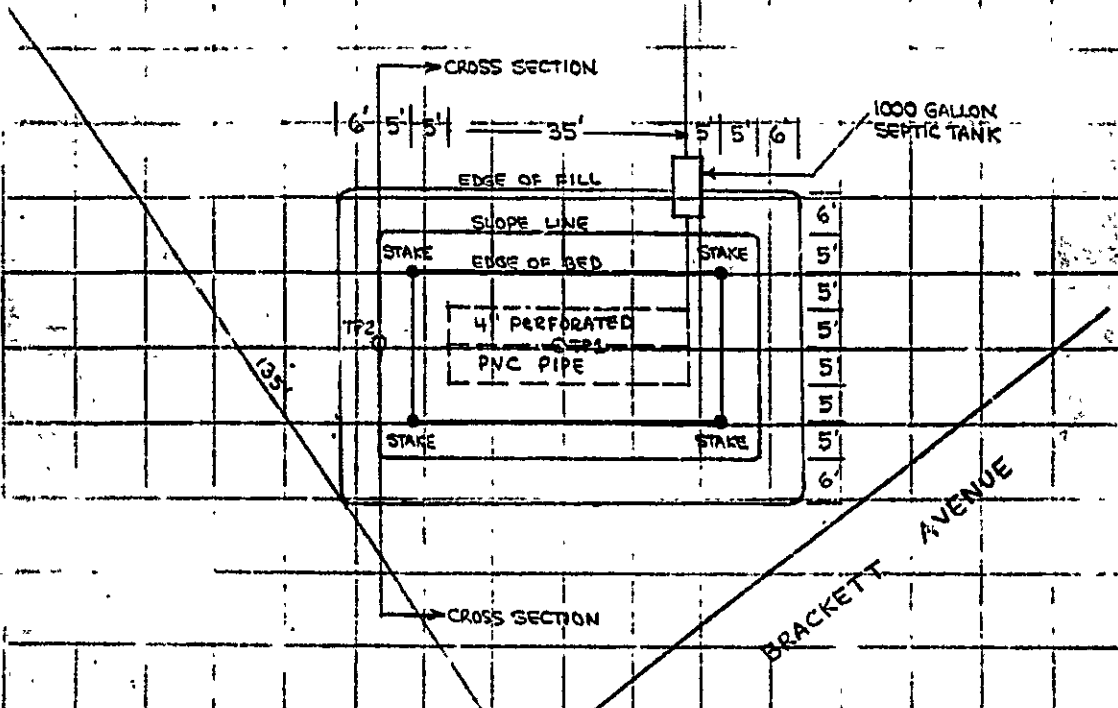
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: **PORTLAND-PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 88-L-11** Owners Name: **MICHAEL CYR**

SUBSURFACE WASTEWATER DISPOSAL PLAN

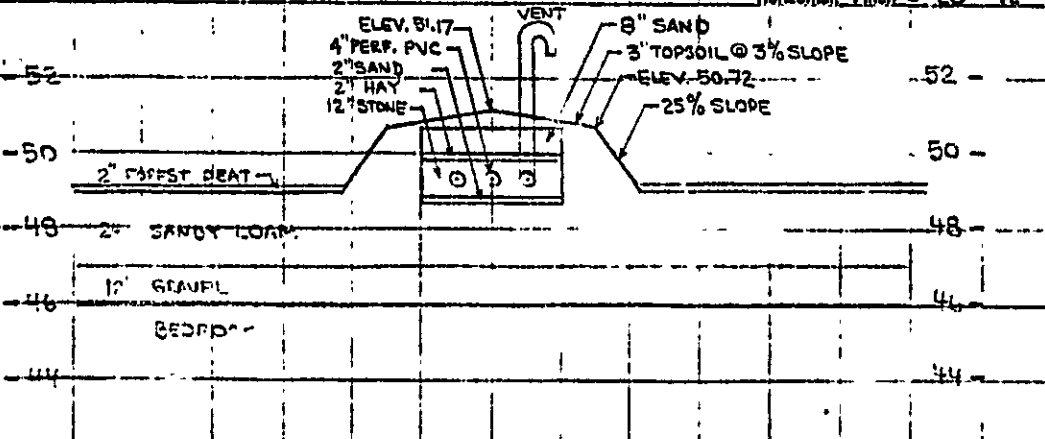
Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation Is	50.00	TOP OF IRON PIPE AT SOUTH WEST CORNER OF LOT	
Depth of Fill (Downslope)	17"	Bottom of Disposal Area	48.72		
		Top of Distribution Lines or Chambers	49.30		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4' FL
Horizontal: 1 Inch = 20' FL



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

003/48/4
SE # 1 PE #

9/16/83
Date

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION

PORTLAND, MAINE

Aug 20, 1985

SEP 20 1985

City of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans or specifications as shown and herewith and the following specifications:

LOCATION ... Christine Cyr - Box 91 Pk 1st ... Fire District #1, #2
1. Owner's name and address ... Christine Cyr - Box 91 Pk 1st ... Telephone ...
2. Lessee's name and address ... Richard B Gardner - Box 73 ... Telephone 789-5763
3. Contractor's name and address ... Lincolnville Beach, Me ... Telephone ...

Proposed use of building ... dwelling - year round ... No. of sheets ...
Last use ... No. families ...

Material ... No. stories ... Heat ... Style of roof ... Roofing ...

Other buildings on same lot ... 20,000 ...

Estimated contractual cost \$...

FIELD INSPECTOR - Mr. ... Appeal Fees \$ 150.00

@ 775-5451

Site Plan \$ 50.00

Late Fee \$ 200.00

TOTAL \$

site plan reveal 50.00
To construct single family dwelling,
24' x 26' 1/2 story w no garage, also
12' x 12' wooden storage shed as per
plans, 8 sheets of plans.

Stamp of Special Conditions

and permit to # 1-04108

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... Is any electrical work involved in this work? ...

Is connection to be made to public sewer? ... If not, what is proposed for sewer? ...

Has septic tank notice been sent? ... Form notice sent? ...

Height average to top of plate ... Height average grade to finished point of roof ...

Size front ... No. stories ... Soil or filled land? ... earth or rock? ...

Material of foundation ... Thickness, top ... bottom ... cellar ...

Kind of roof ... Rise per foot ... Roof ...

No. of chimneys ... Material of chimneys ... Kind of heat ...

Framing Lumber - Cur. & plywood ... Dressed or full size? ... Corner posts ... Sills ...

Size Girder ... Columns under girders ... Size ... Max. on centers ...

Studs (outside walls and intervening partitions) ... C. B. spacing in every floor and (at roof span over 8 feet, truss

Joists and rafters: 1st floor ... 2nd ... 3rd ... roof ...

On centers: 1st floor ... 2nd ... 3rd ... roof ...

Maximum span: 1st floor ... 2nd ... 3rd ... roof ...

If one story building with masonry walls, thickness of walls? ... height?

IF A GARAGE

No. cars now accommodated on same lot ... to be accommodated ... number commercial cars to be accommodated ...

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? ...

APPROVALS BY: DATE MISCELLANEOUS

BUILDING INSPECTION - PLAN EXAMINER ... Will work require disturbing of any tree on a public street? ...

ZONING ...

BUILDING CODE ... Will there be in charge of the above work a person competent

Fire Dept. ... to see that the Code and City requirements pertaining thereto

Health Dept. ... are observed? ...

Others: ...

Signature of Applicant ... for Christine Cyr ... Phone # ...

Type Name of above ... Richard B Gardner ... 1 2 3 4

Other ...

and Address ...

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP ...
B.O.C.A. TYPE OF CONSTRUCTION ...

V 1085

SEP 20 1985

Aug 20, 1985

ZONING LOCATION ... PORTLAND, MAINE

City of Portland

To the CHIEF OF BUILDING INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with the following specifications

LOCATION ... 88 ...
1. Owner's name and address ... Christine Cyr - Box 91 Pks Isl. ... Telephone ...
2. Lessee's name and address ... Richard B Gardner - Box 73 ... Telephone ... 789-5783
3. Contractor's name and address ... Lincolnville Beach, Me. ...
Proposed use of building ... dwelling - year round ...
Last use ...
Material ... No. stories ... Heat ... Stvl. of roof ... Roofing ...
Other buildings on same lot ... 26,000 ...
Estimated contractual cost \$...
FIELD INSPECTOR - Mr. ... @ 775-5451

Appeal Fees \$ 150.00
Site plan 50.00
Late Fee 300.00
TOTAL \$

site plan review 50.00
to construct single family dwelling,
24' x 26' 1/2 story w no garage, also
12' x 12' wooden storage shed as per
plans. 4 sheets of plans.

Stamp of Special Conditions

sent permit to # 1 04108

NOTE TO APPLICANT: Separate permits are required by the installer and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ...
Is connection to be made to public sewer? ...
Has septic tank, notice been sent? ...
Height average top of pipe ...
Size, front ...
Material of foundation ...
Kind of roof ...
No. of chimneys ...
Framing Lumber - Spruce ...
Size Girders ...
Studs (outside walls and carrying partitioning) ...
Joists and rafters: 1st floor ... 2nd ... 3rd ...
On centers: 1st floor ... 2nd ... 3rd ...
Maximum span: 1st floor ... 2nd ... 3rd ...
If one story building with masonry walls, thickness of walls? ...

IF A GARAGE

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

APPROVALS BY:
BUILDING INSPECTION - PLAN EXAMINER ...
ZONING: ...
BUILDING CODE: ...
Fire Dept.: ...
Health Dept.: ...
Others: ...

MISCELLANEOUS
Will work require disturbing of any trees on a public street? ...
Will there be in charge of the above work a person competent to see that the Code and City requirements pertaining thereto are observed? ...

Signature of Applicant ... Christine Cyr
Type Name of above ... Richard B Gardner
Phone # ...
Other ...
and Address ...

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

90027
 Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form

Applicant: Michael R. Cyr Phone # 766-5578
 Address: 210 Brackett Ave, Peaks Island, ME 04108
 LOCATION OF CONSTRUCTION 210 Brackett Ave; Peaks IS
 Contractor: owner Sub: 88-L-1
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use single-family
 Past Use: _____
 # of Existing Res Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Totals Sq Ft _____
 # Stories _____ # B.drooms _____ Lot Size: _____
 Is Proposed Use Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion ADDITON - add deck - 20'x12'

For Official Use Only PERMIT ISSUED
 Date 5/10/90 Subdivided: _____
 Inside Fire Limits _____ Name _____
 Bid Code _____ Lot MAY 11 1990
 Time Limit _____ Ownership _____ Public
 Estimated Cost \$700 City Of Portland
 Zoning: SR-2 Island Residence 2 zone
 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) OK W.D.H. 5-10-90

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

Floors:
 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 Joints _____ 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 _____
 Ceilings: _____
 Iron Type _____ Size _____
 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 Toilets or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

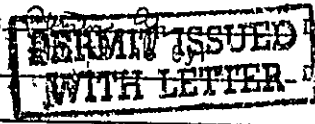
Swimming Pools:
 1. Type _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant _____ Date 05/10/90

Signature of CEO _____ Date _____

Inspection Dates _____



White-Tax Assessor Yellow-GPCOG

White Tag -CEO

[Signature]
 © Copyright (C) 1989



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date November 10, 1987
 Receipt and Permit number 22349

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: 88-L-11 Brackett Avenue Peaks Island

OWNER'S NAME: Michael Cyr ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u>	3.00
METERS: (number of) <u>1</u>	.50
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 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 _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ...	INSTALLATION FEE DUE:
REMOVAL OF A "STOP ORDER" (204-16.b) ...	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: 5.00 min

INSPECTION:

Will be ready on _____, 19__; or Will Call

CONTRACTOR'S NAME: William Flynn

ADDRESS: Peaks Island

TEL: 766-2780

MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date November 17, 19 87
 Receipt and Permit number 22582

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 88-L-11 Brackett Avenue, Peaks Island
 OWNER'S NAME R Michael & Christine Cyr ADDRESS: same

	FEES
OUTLETS	
Receptacles _____ Switches _____ Plugmo'd _____ ft. TOTAL <u>1-30</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Flourescent _____ (not strip) TOTAL <u>1-10</u>	3.00
Strip Flourescent _____ 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>2</u>	2.00
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 _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans <u>2</u> _____ Others (denote) _____	
TOTAL <u>4</u>	6.00
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" (304-16.b)	
TOTAL AMOUNT DUE: _____	14.00

INSPECTION:
 Will be ready on _____, 19 ____; or Will Call _____ x
CONTRACTOR'S NAME: ~~XXXXXXXXXXXX~~ Owner
ADDRESS: _____
TEL.: _____
MASTER LICENSE NO.: _____ **SIGNATURE OF CONTRACTOR:**
LIMITED LICENSE NO.: _____ *Christine Cyr Michael R. Cyr*

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

1085

ZONING LOCATION L-R-1 PORTLAND, MAINE Aug. 20, 1985

SEP 20 1985

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 88-Lk - 11 Brackett Avenue, Peaks Isl. Fire District #1 #2

1 Owner's name and address Christine Cyr - Box 91 Pks. Isl. Telephone 266

2 Lessee's name and address

3 Contractor's name and address Richard B. Gardner - Box 73 Telephone 789-5783

..... Lincolville Beach, Me. No. of sheets

Proposed use of building dwelling - year round No. families 1

Last use

Material

Other buildings on same lot

Estimated contractual cost \$ 26,000 Appeal Fees \$

FIELD INSPECTOR—Mr. @ 775-5451 Base Fee 150.00

site plan 50.00 Late Fee

TOTAL \$ 200.00

site plan review 50.00
To construct single family dwelling,
24' x 26' 1/2 story, no garage, also
12' x 12' wooden storage shed as per
plans. 4 sheets of plans.

Stamp of Special Conditions

**PERMIT ISSUED
WITH LETTER**

send permit to # 1 04108

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? yes Is any electrical work involved in this work? yes
 Is connection to be made to public sewer? septic if not, what is proposed for sewage?

Has septic tank notice been sent?

Height average grade to top of plate 26 Height average grade to highest point of roof 29'
 Size, front 22 1/2 depth 24 No. stories 1 1/2 solid or filled land? filled earth or rock?

Material of foundation wood Thickness, top 8" bottom 8" cellar crawl space 4'
 Kind of roof pressure treated Rise per foot

No. of chimneys none Material of chimneys

Framing Lumber—Kind SPRUCE Dressed or full size? elec back up Sills 24"
 Size Girder fur & plywood Columns under girders

Studs (outside walls and carrying partitions) 2x4-16" O C Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters 1st floor 2 x 10 2nd

On centers: 1st floor 16 2nd

Maximum span: 1st floor

If one story building with masonry walls, thickness of walls?

IF A GARAGE

No. cars now accommodated on same lot

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY:

BUILDING INSPECTION—PLAN EXAMINER

ZONING: OK

BUILDING CODE

Fire Dept.

Health Dept.

Others.

MISCELLANEOUS

Will work require disturbing of any tree on a public street? NO

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

Signature of Applicant Richard B. Gardner Phone # same

Type Name of above Richard B. Gardner

Other

and Address

NOTES

10-18-85 - checked site *aa*
 10-30-85 - WIP/FO *aa*
 11-19-85 - " FO *aa*
 4-4-86 - checked OK. *aa*
 5-13-86 - WIP/OK *aa*
 5-29-86 *Shed complete*
 OK. as per plan. *aa*
 6-3-86 - checked. *aa*
 8-15-86 - NP *aa*
 5-11-87 - sub-roofing
complete. Found OK. aa
 6-3-87. checked
 WIP/OK. *aa*
 7-29-87 - WIP/FR.
OK aa
 2-10-88. all
work complete.
concrete in progress.
OK. aa
 6-20-88. OK. *aa*
 1-4-88. OK. close in.
 12-11-89 - complete
OK.
 2-8-90 - OK. CO

Permit No **85/1085**
 Location **88 L-11 Brackett Ave, P.T.**
 Owner **CHRISTINE CY...**
 Date of permit _____
 Approved _____
 Dwelling _____
 Garage _____
 Alteration _____



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

September 20, 1985

Christine Cyr
Box 91
Peaks Island, ME 04108

RE: 88-11 Brackett Avenue, Peaks Island

Dear Ms. Cyr:

Your application to construct a single family dwelling, 24' x 26', and a 12' x 12' storage shed has been reviewed, and a building permit is herewith issued subject to the following requirements.

Site Plan Review Requirements

Inspection Services:
Public Works:

Approved. M. Ward 9/9/85
Approved with condition. R. Roy 9/4/85

- (1) Sill elevation of structure must be noted on the plan.

Building Code Requirements

1. All lot lines must be clearly marked before calling for a foundation inspection.
2. Please read attached Building Code requirements Sections 809.4 and 1716.3.4

ly,

P. Samuel Hoffses
Chief of Inspection Services

PSH/kat
Enclosures

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

Applicant Christine Cyr Date Aug 20, 1985
 Mailing Address P. O. B0x 91 Peaks Isl Address of Proposed Site 88 I-11 Brackett Ave, Pks Isl.
 Proposed Use of Site single family dwelling 12' x 12' storage shed
29,700 sq./ft. ~~27000 sq./ft.~~ 768 sq. ft. Site Identifier(s) from Assessors Maps 1-R-1
 Acreage of Site / Ground Floor Coverage 768 sq. ft. Zoning of Proposed Site _____
 Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 1 1/2
 Board of Appeals Action Required: () Yes () No Total Floor Area 1,060 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

DATE	ZONING 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

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: _____

[Signature]
 SIGNATURE OF REVIEWING STAFF/DATE
 BUILDING DEPARTMENT - ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Christine 766-2475

Applicant _____

Date: Aug 21, 1985

Mailing Address 12' x 12' storage area
single family dwelling

Address of Proposed Site _____

Proposed Use of Site EXCESSIVE

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 1.5

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

Total Floor Area _____

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	WEEDS	CLIPPING	OVERHANGS	AND OTHER	
APPROVED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: 1) Soil elevation of structure must be noted on the plan.

(Attach Separate Sheet if Necessary)

Robert J. Ray SGT. 8/21/85

SIGNATURE OF REVIEWING STAFF / DATE

PUBLIC WORKS DEPARTMENT COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND
Street: BRACKETT AVENUE
Subdivision Lot #: TAX MAP 88-BLOCK L-LOT 11

PROPERTY OWNERS NAME
CYR MICHAEL & CHRISTINE

Last: CYR First: MICHAEL

Applicant Name: MICHAEL CYR

Mailing Address of Owner/Applicant (if different): SEASHORE AVE PEAKS ISLAND MAINE 04108

PORTLAND PERMIT # 17115 APPLICANTS COPY

Date Permit: 4-10-85

FEE: \$12.131

L.P.I. # 112131

Signature: [Signature]

NOT SPECIFIED IN THIS APPLICATION IS HEREBY FORFEITED TO BE INSTALLED IN ACCORDANCE WITH RULES AND REGULATIONS OF THE DEPARTMENT OF PUBLIC SERVICES AFTER SIX MONTHS FROM THE DATE THIS PERMIT IS 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: _____

On-site Inspection Required

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

DEPT OF BUILDING INSPECTION 3

CITY OF PORTLAND
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 (Incl. des. 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: 29,700 S.F.</p> <p>ZONING: R-3 RESIDENTIAL</p>	<p>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</p> <table border="1"> <tr> <td> <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: 750 GALS.</p> </td> <td> <p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input checked="" type="checkbox"/> ALTERNATIVE TOILET SPECIFY COMPOSTING</p> </td> <td> <p>PUMPING</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> </td> <td> <p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM MINIMUM SEPARATE LAUNDRY COMPOSTING TOILET</p> <p>DESIGN FLOW: 90 (GALLONS/DAY)</p> </td> </tr> <tr> <td> <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 29</p> </td> <td> <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"/> EXTRALARGE</p> </td> <td> <p>DISPOSAL AREA TYPE/ SIZE</p> <p>1. <input checked="" type="checkbox"/> BED 240 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> </td> <td></td> </tr> </table>		<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: 750 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input checked="" type="checkbox"/> ALTERNATIVE TOILET SPECIFY COMPOSTING</p>	<p>PUMPING</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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM MINIMUM SEPARATE LAUNDRY COMPOSTING TOILET</p> <p>DESIGN FLOW: 90 (GALLONS/DAY)</p>	<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 29</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"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/ SIZE</p> <p>1. <input checked="" type="checkbox"/> BED 240 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>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: 750 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input checked="" type="checkbox"/> ALTERNATIVE TOILET SPECIFY COMPOSTING</p>	<p>PUMPING</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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM MINIMUM SEPARATE LAUNDRY COMPOSTING TOILET</p> <p>DESIGN FLOW: 90 (GALLONS/DAY)</p>							
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SITE EVALUATOR STATEMENT

On SEPTEMBER 26, 1984 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

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

003/4814
SE/PE#

4/16/85
Date

SITE EVALUATION WAIVED BY LOCAL OPTION

Page 1 of 3
HNE-200 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Services
Division of Health Engineering
(207) 289-3026

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND

Street: BRACKETT AVENUE
Subdivision Lot #: TAX MAP 88 - BLOCK L - LOT 11

PROPERTY OWNERS NAME

CYR MICHAEL & CHRISTINE

Last: First:

Applicant Name: MICHAEL CYR

Residing Address of Owner/Applicant (if different): SEASHORE AVE
PEAKS ISLAND MAINE 04108

PORTAL PERMIT NO. 115 APPLICANTS COPY

Date Permit Issued: 6/20/85

Local Plumbing Inspector Signature: *[Signature]*

L.P.I. # 112131

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES AND REGULATIONS AFTER SIX MONTHS FROM THE DATE THIS PERMIT IS 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: _____

Inspector's Inspection Required

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

DEPT OF BUILDING INSPECTION 3

Signature of Inspector: _____ Date: approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>4. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM:</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (> 2000 gpd)</p> <p>MIVIDUALLY 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 2. <input type="checkbox"/> TRENCH</p> <p>3. <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: 29,700 SF</p> <p>ZONING: R-3 RESIDENTIAL</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: 750 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input checked="" type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: COMPOSTING</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SE. TANK, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM MINIMUM</p> <p>SEPARATE LAUNDRY</p> <p>COMPOSTING TOILET</p> <p>DESIGN FLOW: 90 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 29</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 checked="" type="checkbox"/> BED 210 Sq Ft</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq Ft</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>4. <input type="checkbox"/> OTHER _____</p>	

SITE EVALUATOR STATEMENT

On SEPTEMBER 26, 1984 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: *William B. [Signature]* 903/4814 Date: 4/16/85

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

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

Page 1 of 3 HME-200 Rev 43

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision BRACKETT AVE 68-L-11	Owners Name MICHAEL CYR
SITE PLAN		Scale 1" = 40 Ft.
		SITE LOCATION PLAN (Attach)
TO ISLAND AVE BRACKETT AVENUE		ERP - TOP OF IRON PIPE AT SOUTH WEST CORNER OF LOT

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 2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil	Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil																																																																																													
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William B. Jenkins 003/4814 SEP / PE#
9/16/85 Date

Page 2 of 3
HNE-200 Rev. 4/83

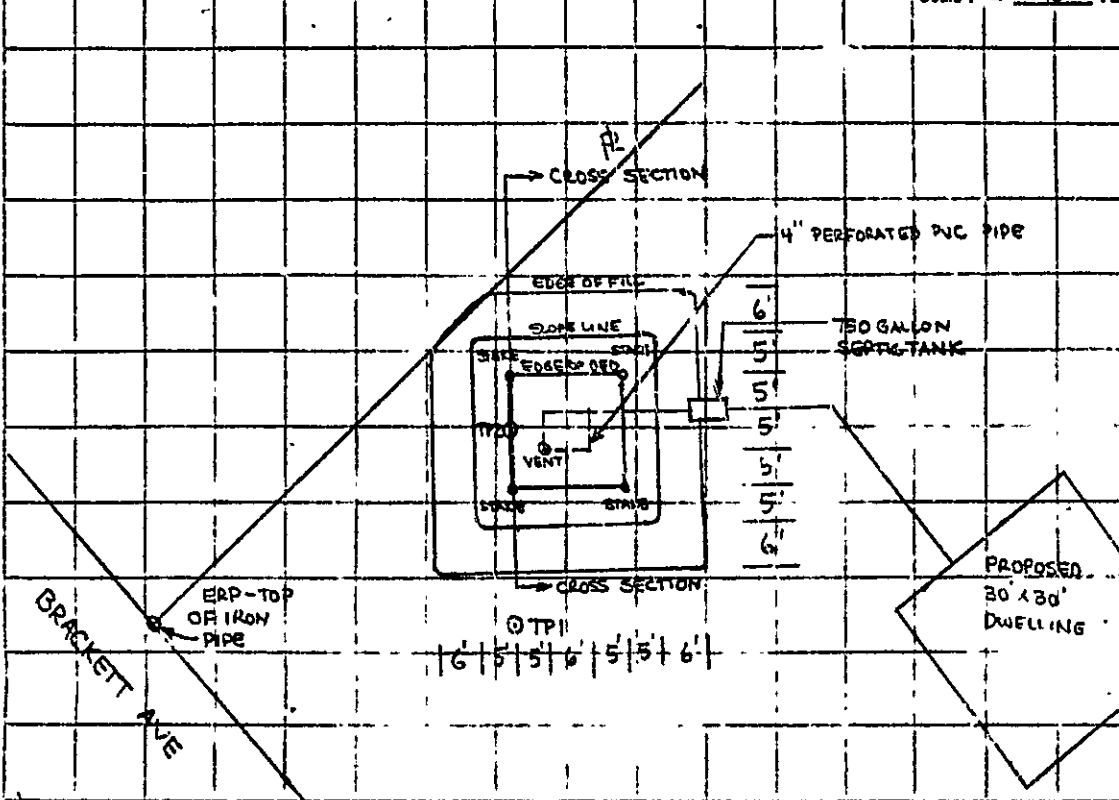
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND-PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 88-L-11** Owners Name: **MICHAEL CYR**

SUBSURFACE WASTEWATER DISPOSAL PLAN

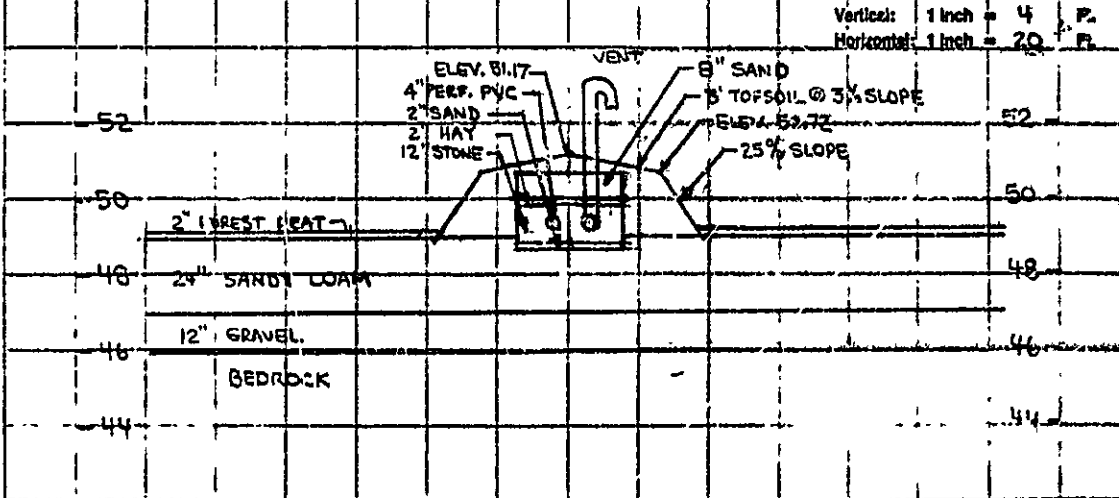
Scale 1" = 20' PL.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>19'</u>	Reference Elevation is <u>50.00</u>	TOP OF IRON PIPE AT SOUTH WEST CORNER OF LOT
Depth of Fill (Downslope) <u>19'</u>	Bottom of Disposal Area <u>43.72</u>	
	Top of Distribution Lines or Chambers <u>41.80</u>	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4' F.
Horizontal: 1 inch = 20' F.



William B. Jordan

003/1814

4/16/85

REQUEST FOR WAIVER OF SECTION "G" PARAGRAPH (1) MINOR DEVELOPMENT SITE PLAN. APPLICANTS CAN SEE NO REASON FOR TOPOGRAPHICAL SITE PLAN SINCE THIS IS A RESIDENTIAL SMALL HOME ON A CLEARLY DEFINED LOT. STRUCTURE WILL BE ONLY 26FT. ABOVE GRADE AND SURROUNDING TREES ALREADY SHIELDING BUILDING FROM VIEW. SOIL ENGINEER GOODWIN HAS INDICATED NO DRAINAGE PROBLEMS EXIST.

COST ESTIMATES ON THIS SURVEY HAVE RANGED FROM \$300 TO \$1,000--AND APPLICANTS HAVING LIMITED FUNDS FEEL THIS EXPENDITURE OF MONEY UNPRODUCTIVE.

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

AUG 20 1933

RECEIVED

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

AUG 20 1985

RECEIVED

SUBJECT: MINOR DEVELOPMENT, PROPOSED BUILDING SITS, BRACKETT
AVENUE, PEAKS ISLAND, MAINE

MICHAEL AND CHRISTINE CYR, PEAKS ISLAND, MAINE
TO BE CONSTRUCTED: ONE AND A HALF STORY RESIDENTIAL HOME, ROKI
ASSOCIATES DESIGNER, WESTBROCK, MAINE. DIMENSIONS 24 X 26 FT.,
TOTAL FLOOR AREA 1,060 SQ. FT.. SOLAR HEATING CONTRIBUTION 38%
(4.9 MILLION BTU) BACK UP HEAT: RADIANT ELEC.. PRESSURE TREATED
WOOD FOUNDATION--(BOCA 1978 SECTION 726.3 AND APPENDIX "B" 1981
SECTION 1007.3 AND APPENDIX "A"). SILL ELEVATION NOT MORE THAN
24" ABOVE GRADE. TOTAL AREA OF THE SITE 29,700 SQ. FT. TOTAL
GROUND COVERAGE OF STRUCTURES 768 SQ. FT..

"OWNER'S STATEMENT"

MICHAEL AND CHRISTINE CYR, P. O. BOX 91, PEAKS ISLAND, MAINE, TO BE
JOINT TENANTS IN LAND AND BUILDINGS AS DESCRIBED IN THE APPLICATION.
ESTIMATED COST: \$26,000 WITH OWNERS ACTING AS CONTRACTORS AND BUILDERS.

PERMIT FEE--\$150.00

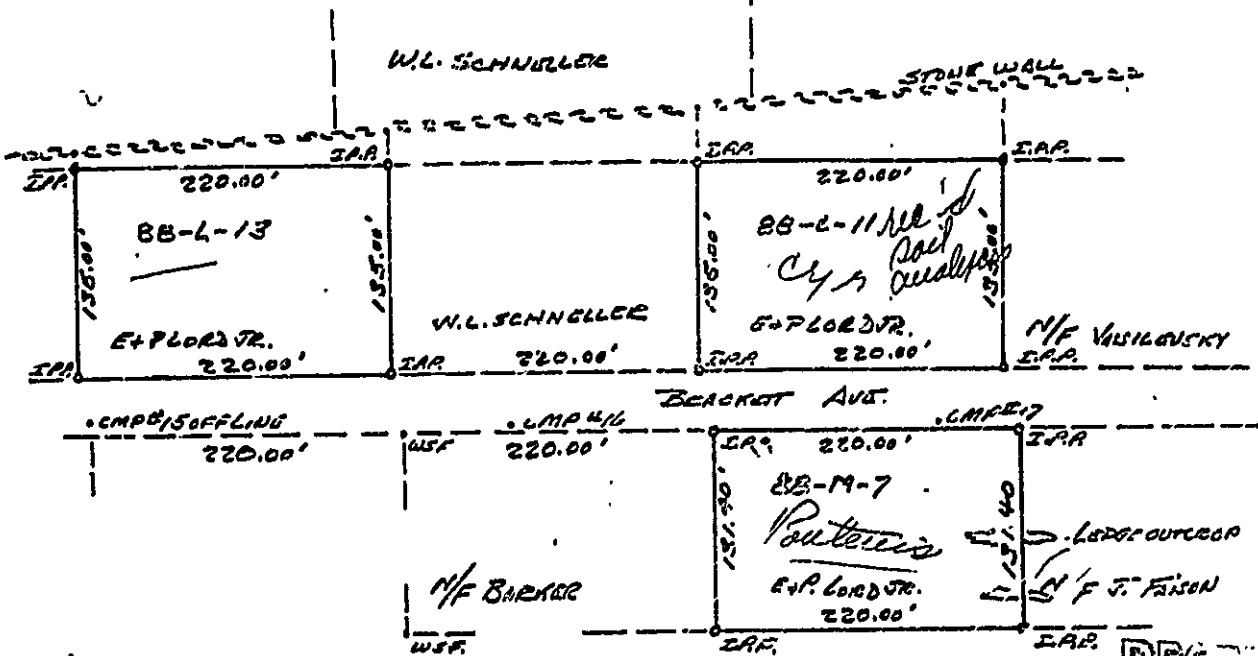
50 ⁰⁰
\$ 200

CHECK ENCLOSED

RECEIVED

AUG 20 1985

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



RECEIVED
AUG 20 1985

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

PROPERTIES OF E.P. LOED JR.
PEAKS ISLAND, PORTLAND, ME.
SCALE 1"=100', AUG 1984, G. BATES # 209

W.S.F. - WOOD FRAME FOUND
I.P.P. - IRON PIPE FOUND
I.P.P. - IRON PIPE FOUND
ALL PIPES PAINTED YELLOW
BRACKET AVS COMPASS BEARINGS
FROM PORTLAND PUBLIC WORKS DEPT.

(4)

PROPERTY OF MICHAEL & CHRISTINE CYR
PEAKS ISLAND. ME.

FROM SURVEY AUG 1984 G. BATES #209

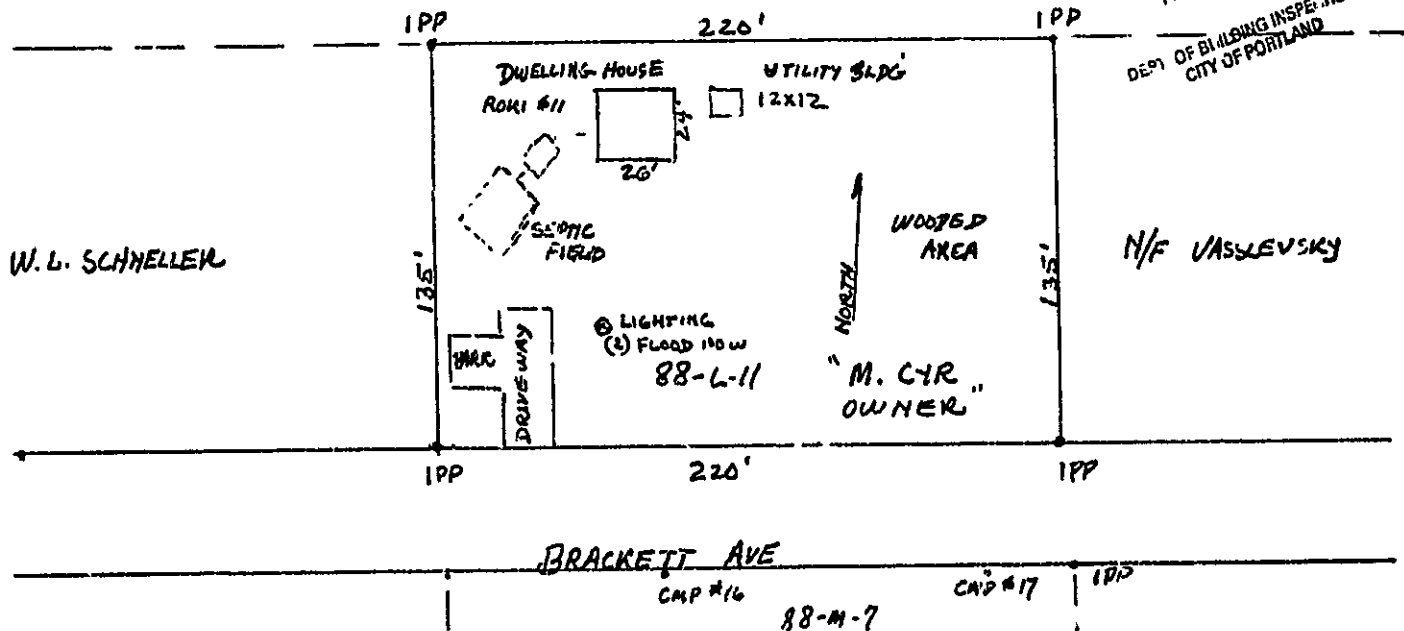
IPP - IRON PIPE PLACED
BRACKETT AVE. CONCRETE BRG'S
FROM PORTLAND PUBLIC WORKS DEPT.

W. L. SCHNELLEK

SCALE. 1" = 50 FT

RECEIVED
AUG 20 1985

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



W. L. SCHNELLEK

N/F VASILEVSKY

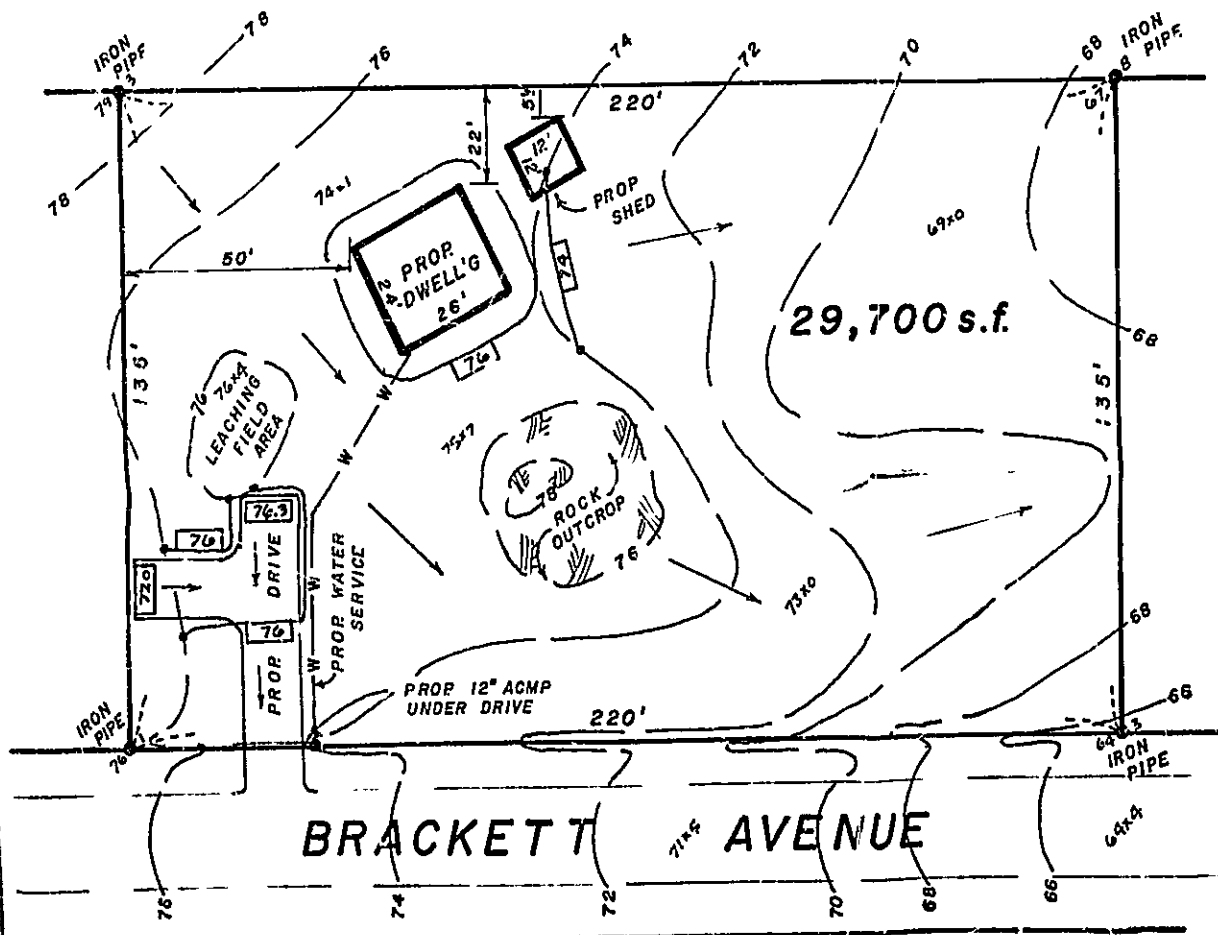
BRACKETT AVE

CMP #16

88-M-7

CMP #17

100



— GENERAL

- 1. APPLICANT: RICHAI
BOX 7
LINCOL
- 2. TOTAL GROUND COVER
IS 2 % OF TGTAL ARE

— LEG

- 50 — EXIS
- 52 PROP
- 55+7 SPOT
- DIREC

**SITE
PROPOSED
ON**

FOR BENCHMARK

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION 11 Brackett Ave. - Peaks Island
BR-11

Issued to Christina Cyr

Date of Issue 3/1/90

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. 85/1085, 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:

3-2-90

(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.