

B

PERMIT # 1249

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Dale Landsman - 766-4405

Address: Brackett Avenue, Peaks Island, Maine 04108

LOCATION OF CONSTRUCTION 88-L-9, 22 Brackett Ave., P. I.

CONTRACTOR: McTigue Construc. 865-2861/866-7676

ADDRESS: Brackett Ave, Peaks Island, Maine 04108

Est. Construction Cost: \$65,000.00 Type of Use: Single Family

Past Use: vacant lot

Building Dimensions L 32' W 28' S₁ Ft. 876' # Stories: 1 1/2 Lot Size: 22,000 SQ FT

Is Proposed Use: S.F. Seasonal Condominium Site Plan Review (minor) Apartment

Conversion - Explain To construct sin. fam. as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. 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: <u>September 13, 1988</u>	Subdivision: <u>Yes / No</u>
Inside Fire Lines: _____	Name: _____
Blgd Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>\$65,000.00</u>	Permit Expiration: _____
Value Structure: _____	Ownership: <u>Public</u>
Fees: <u>345.00</u>	_____

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing OCT 11 1988
3. Type Ceiling: _____
4. Insulation Type _____
5. Ceiling Height: _____

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

Chimneys:
Type: _____ Number of Fire Places _____

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: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:
District TR-2 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: A.R. McTigue Oct 4 1988

Permit Received By Joyce M. Rinaldi

Signature of Applicant A.R. McTigue Date 9-13-88

Signature of CEO A.R. McTigue Date 9-13-88

Inspection Dates Oaa

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	<i>Pocks Island</i>
Street	<i>Brookline Ave</i>
Subdivision Lot #	<i>88-L-9-12</i>

PROPERTY OWNERS NAME

Last	<i>Lewis</i>	First	<i>Walter</i>
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Applicant Name	<i>McTear Construction</i>
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Mailing Address of Owner/Applicant (if Different)	<i>1320 1/2 H Ave Pocks Island</i>
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PORTLAND	PERMIT #	3,056	TOWN COPY
Date Permit Issued	<i>09-13-88</i>	\$	<i>115</i> FEE
Local Plumbing Inspector Signature	<i>[Signature]</i>	L.P.I. #	<i>1127</i>

Owner/Applicant Statement

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

[Signature] _____ Date *9-13-88*

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

AA

SEP 30 1988
Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <i>17111</i>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock	<i>1</i>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	<i>1</i>	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	<i>1</i>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<i>1</i>	Clothes Washer
PIPING RELOCATION, of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
\$ Hook Up & Relocation Fee	<i>1</i>	Fixtures (Subtotal) Column 2	<i>4</i>	Fixtures (Subtotal) Column 1
			<i>1</i>	Fixtures (Subtotal) Column 2
			<i>5</i>	Total Fixtures
			<i>\$ 15.</i>	Fixture Fee
			<i>\$</i>	Hook-Up & Relocation Fee
			<i>\$ 15.</i>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **BRACKETT AVENUE**

Subdivision Lot #: **TAX MAP 08 BLOCK L LOTS 9, 22**

PROPERTY OWNERS NAME

Last: **LANDSMAN** First: **DALE R.**

Applicant Name: **DALE R LANDSMAN**

Mailing Address of Owner/Applicant (if Different): **BRACKETT AVENUE PEAKS ISLAND MAINE 04108**

PORTLAND PERMIT # **3,057** STATE COPY

Date Permit Issued: **12/13/88** FEE: **140** Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **1123**

Owner/Applicant Statement

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

Signature of Owner/Applicant: *[Signature]* Date: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: *[Signature]* Date Approved: **9/13/88**

PERMIT INFORMATION

THIS APPLICATION IS FOR:

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

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED: _____
THE FAILING SYSTEM IS:
1. BED 3. TRENCH
2. CHAMBER 4. OTHER: _____

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

DISPOSAL SYSTEM TO SERVE:

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

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

TYPE OF WATER SUPPLY:
PUBLIC WATER

SIZE OF PROPERTY: **27,040 SF** ZONING: **IR1**

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.)
2 BEDROOM CONSERVATIVE

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **2** CONDITION: **AIII**

DEPTH TO LIMITING FACTOR: **30**

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: _____

DESIGN FLOW: **300** (GALLONS/DAY)

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

On **MAY 8, 1988** (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.

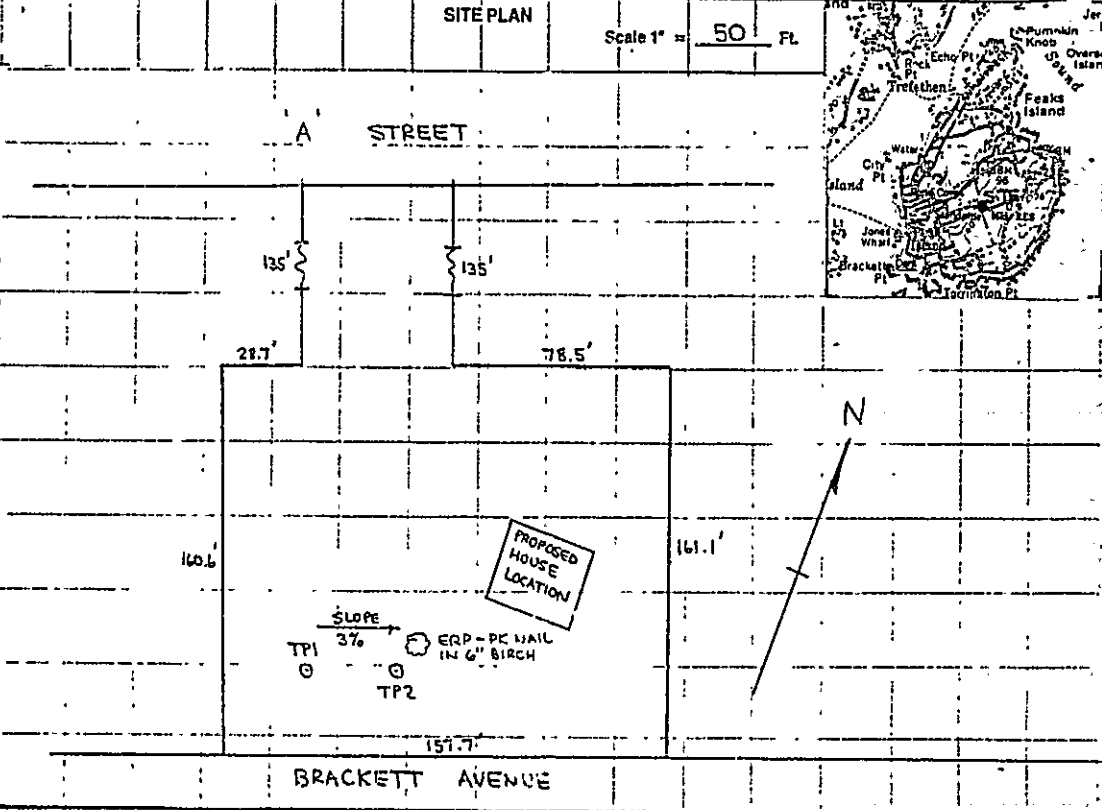
Site Evaluator or Professional Engineer's Signature: *William B. Goodwin* SE # **PE# 0003/4814** Date: **7/25/88**

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **AKS ISLAND BRACKETT AVE 83-L-9,22** Owners Name: **DALE R. LANDSMAN**



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
 3" FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	GRAVELLY LOAM	LOOSE	DARK BROWN	
6-15				
15-20	LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	NONE EVIDENT
20-30				
30-40	BEDROCK			
40-50				

Soil: 2 Classification: AIII Slope: 3 % Limiting Factor: 30
 Ground Water Restrictive Layer Anoxic

Observation Hole 2 Test Pit Boring
 3" FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	LOAM	LOOSE	DARK BROWN	
6-10				
10-15	LOAMY GRAY	MODERATELY FRIABLE	RED BROWN	
15-20				
20-30	STONY GRAVEL	LOOSE	YELLOW BROWN	NONE EVIDENT
30-40				
40-45	SILTY SAND	MODERATELY FRIABLE	BROWN	
45-50	BEDROCK			
50-55				

Soil: 2 Classification: AIII Slope: 3 % Limiting Factor: 33
 Ground Water Restrictive Layer Anoxic

William G. Goodwin 0003/4814 7/25/88
 Site Evaluator or Professional Engineer's Signature SE # IPE# Date

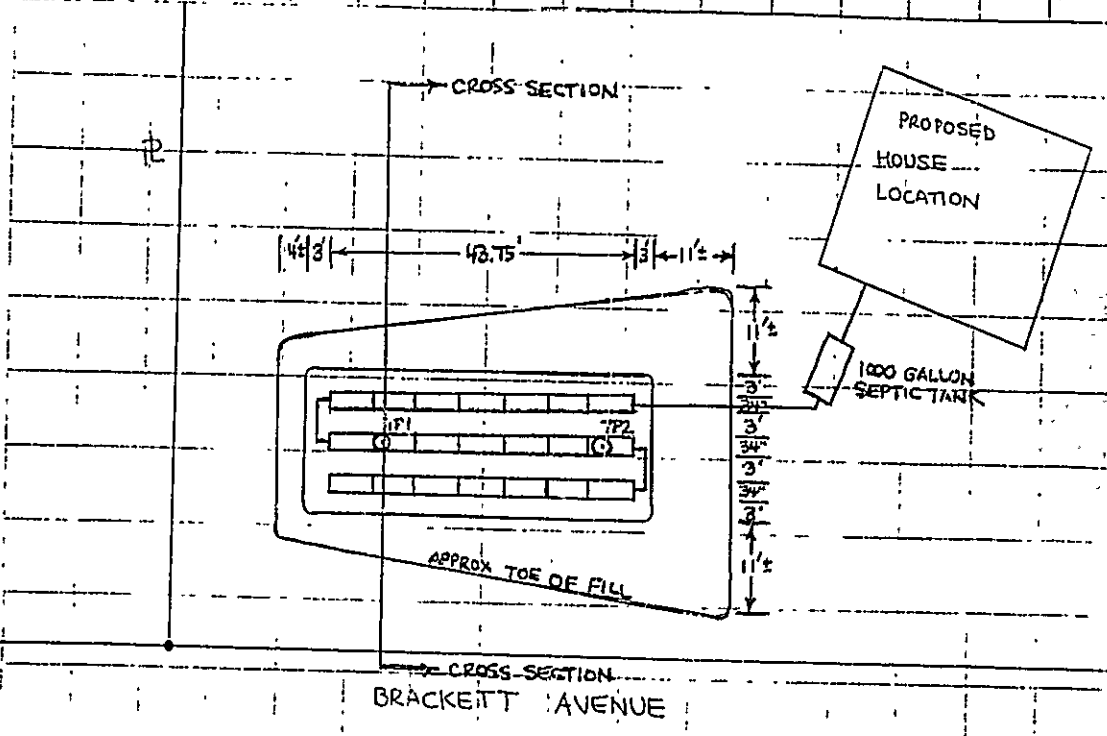
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND**
Street, Road, Subdivision: **BRACKETT AVE 88-L-9,22**
Owners Name: **DALE R. LANDSMAN**

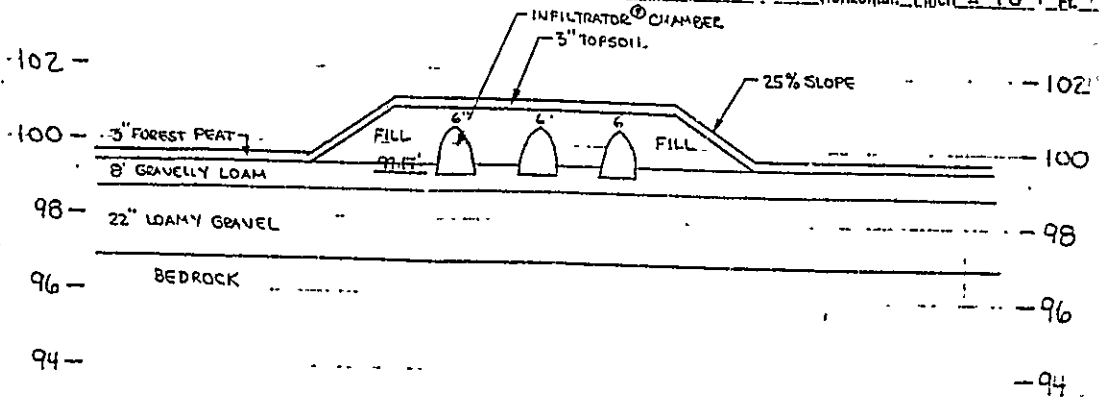
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



BRACKETT AVENUE

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	14"	Reference Elevation is	100.00	PK NAIL IN 6" BENCH NORTHERLY OF P2	
Depth of Fill (Downslope)	34"	Bottom of Disposal Area	99.17		
		Top of Distribution Lines or Chambers	100.42		
DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical: 1 Inch = 4 Ft.	
				Horizontal: 1 Inch = 10 Ft.	



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

0003/4214
SE #/PE #

7/25/88
Date



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 88-L-9, 22 Brackett Avenue, Peaks Island

Date of Issue January 5, 1989

Issued to Dale Landsman/McTigue Construction

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. 88/1249, 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:

None

This certificate supersedes
certificate issued

Approved:

1-5-89
(Date)

Dale Landsman
Inspector

Richard H. Hylleberg
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.

B.R.
B.R.

PERMIT # 001249 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Dale Landsman - 766-4405

Address: Brackett Avenue, Peaks Island, Maine 04108

LOCATION OF CONSTRUCTION 88-L-22 Brackett Ave., P. I.

CONTRACTOR: McTigue Construc. SUBCONTRACTORS: 766-2676

ADDRESS: Brackett Ave., Peaks Island, Maine 04108

Est. Construction Cost: \$55,000.00 Type of Use: Single Family

Past Use: vacant lot

Building Dimensions: 22' W x 28' Sq Ft. 896 # Stories: 1 1/2 Lot Size: 27,043

Is Proposed Use: S.F. Seasonal Condominium Apartment
 Conversion: Explain To construct sin. fam. as per plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. 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 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: September 13, 1988	Subdivision: Yes / No
Inside Fire Limits: _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Blot: _____
Estimated Cost: \$55,000.00	Permit Expiration: _____
Value/Structure: _____	Ownership: _____ Public: _____
Fee: \$147.00	Private: _____

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 _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories (Toilet) _____
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: D-4 Street Frontage Req. _____ Provided _____

Review Required:

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain) _____

Date Approved: 9/13/88

Permit Received By Joyce M. Rinaldi

Signature of Applicant _____ Date 9-13-88

Signature of CEO _____ Date 9-13-88

Inspection Dates _____

ADm Addato

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

© Copyright GPCOG 1987

**PERMIT ISSUED
 WILL ENTER**

Nancy: 1-5-89

Issue Co O
please.

OK'd by Eric,
Rick, self. They
will pick up
Co O.

Arthur A.



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

October 11, 1988

Mc Tique Construction
Brackett Ave.
Peaks Island, Maine 04108

RE: 88-L-9, 22 Brackett Ave., P.I.

Dear Mr. McTique.

Your permit to construct a 28' x 32' single family dwelling as per plans is being issued with the following requirements.

The following reviews were conducted under minor, minor site plan review.

- 1.) Public Works Department—approved with no comments by Stephen K. Harris.
- 2.) Zoning Division—approved with no comments by Warren J. Turner.

The following construction requirements must also be met.

- 1.) Every sleeping room below the fourth story in buildings of Use Groups R-1 and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 2.) 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.
- 3.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1). In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3 smoke detectors shall be required on every story of the dwelling unit, including basements.

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

3.) conr...

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.

If you have any questions, please call. The new number is 874-8693.

Very Truly Yours,


Marge Spinnacker
Assistant Chief of Inspection Services

cc: Dale Landsman
Brackett Ave.
Peaks Island

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Dale Landsman Date Sept. 13, 1988
Brackett Ave., P. I., Maine 04108
 Mailing Address 88-L-9, 22 Brackett Ave., Peaks Island, Maine
Single Family Address of Proposed Site 88-L-9, 22
 Proposed Use of Site 27,040 s.f. / 896 s.f. Site Identifier(s) from Assessors Maps TR-1
 Acreage of Site / Ground Floor Coverage 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 1,344 s.f.
 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	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	
COMPLIES																			
COMPLIES FULLY																			CONDITIONS SPECIFIED BELOW
																			REASONS SPECIFIED BELOW

REASONS: _____

C. H. Warren Sept 14 1988
 SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

Applicant: Dale Landsman Date: Sept 22, 1980
Address: Brackett Ave P.I. Maine 04108
Assessors No.: 88-1-9, 22

CHECK-LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - IR-1

Interior or corner lot - Interior

Use - Single Family

Sewage Disposal - Septic Field

Rear Yards - 82' 30' required

Side Yards - 28' and 90' 20' required

Front Yards - 42' 30' required

Projections -

Height - 1 1/2 story

Lot Area - 27,240 sq. ft. (assessor) or 27,040 sq. ft.

Building Area - 876 sq. ft.

(Lot of Record?)

Area per Family - 40,000 sq. ft. with public water

Width of Lot - 157.73'

Lot Frontage - 157.73'

Off-street Parking - O.K.

Loading Bays - NA

Site Plan -

Shoreland Zoning -

Flood Plains -

Steve Harris

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

Date Landowner: _____ Date: Sept. 13, 1988

Applicant: Brackett Ave., P. I., Maine 04108 Date: 08-1-9, 22 Brackett Ave., Peaks Island, Maine

Mailing Address: _____ Address of Proposed Site: 03-1-9, 22

Proposed Use of Site: Single Family Site Identifier(s) from Assessors Maps: TK-1

Acres of Site / Ground Floor Coverage: 0.700 a.c. / 896 s.f. 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: 1,344 s.f.

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

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

REASONS: _____

(Attach Separate Sheet if Necessary)

Stephen K. Harris 9/14/88
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



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

Lots 88-L-9 and 22
Peaks Island

September 19, 1988

Mr. Dale Landsman
Brackett Avenue
Peaks Island, Maine 04103

Dear Mr. Landsman:

This is in reference to your recent application for a building permit for Lots 88-L-9 and 22 on Peaks Island. In order to approve this application for a building permit on Brackett Avenue, this office will require three (3) copies of the Soils Analysis Results on Form HHE-200 from the Soils Analyst. Is this building site beyond the sewer?

Please send this information without delay if the proposed building is to be served by on site sewage disposal system. We shall then be able to expedite the processing of your building permit for a new dwelling on Brackett Avenue.

Sincerely,

Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Arthur Addato, Code Enforcement Officer
Ernold Goodwin, City Plumbing Inspector



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date November 10, 19 88
 Receipt and Permit number 29772

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 Brackett Street
 OWNER'S NAME: Beth Angle ADDRESS: 14 Winter Street

OUTLETS:		FEES
Receptacles <u>30</u>	Switches <u>10</u> Plugmold _____ ft. TOTAL <u>40</u>	5.00
FIXTURES: (number of)		
Incandescent _____	Flourescent <u>2</u> (not strip) TOTAL _____	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) _____		
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 <u>2</u> _____	spoke detector _____	4.00
Commercial _____		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	over 30 _____	
Circus, Fairs, etc. _____		
Alterations to wires _____		
Repairs after fire _____		
Emergency Lights, battery _____		
Emergency Generators _____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 12.00

INSPECTION: Will be ready on Nov 10, 1988; or Will Call _____
 CONTRACTOR'S NAME: T.A. Napolitano
 ADDRESS: P.O. Box 2301
 TEL: 799-0538
 LIMITED LICENSE NO.: 7765
 SIGNATURE OF CONTRACTOR:

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

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 #: **T.Y. MAP BB BLOCK L LOTS 9, 22**

PROPERTY OWNERS NAME

Last: **LANDSMAN** First: **DALE R.**

Applicant Name: **DALE R LANDSMAN**

Mailing Address of Owner/Applicant (If Different): **BRACKETT AVENUE PEAKS ISLAND MAINE 04108**

PORTLAND PERMIT # **3,057** STATE COPY

Date Permit Issued: **12/13/88** \$ **40** FEE Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **1123**

Owner/Applicant Statement

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

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p><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"/> LEED 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: 27,040 SF</p> <p>ZONING: IR1</p>		

DESIGN DETAILS (SYSTEM LAYC. CONT. FROM PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input 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>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 CONSERVATIVE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: A III</p> <p>DEPTH TO LIMITING FACTOR: 30</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525 Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: 300 (GALLONS/DAY)</p>

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

On **MAY 8, 1988** (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** **7/25/88**

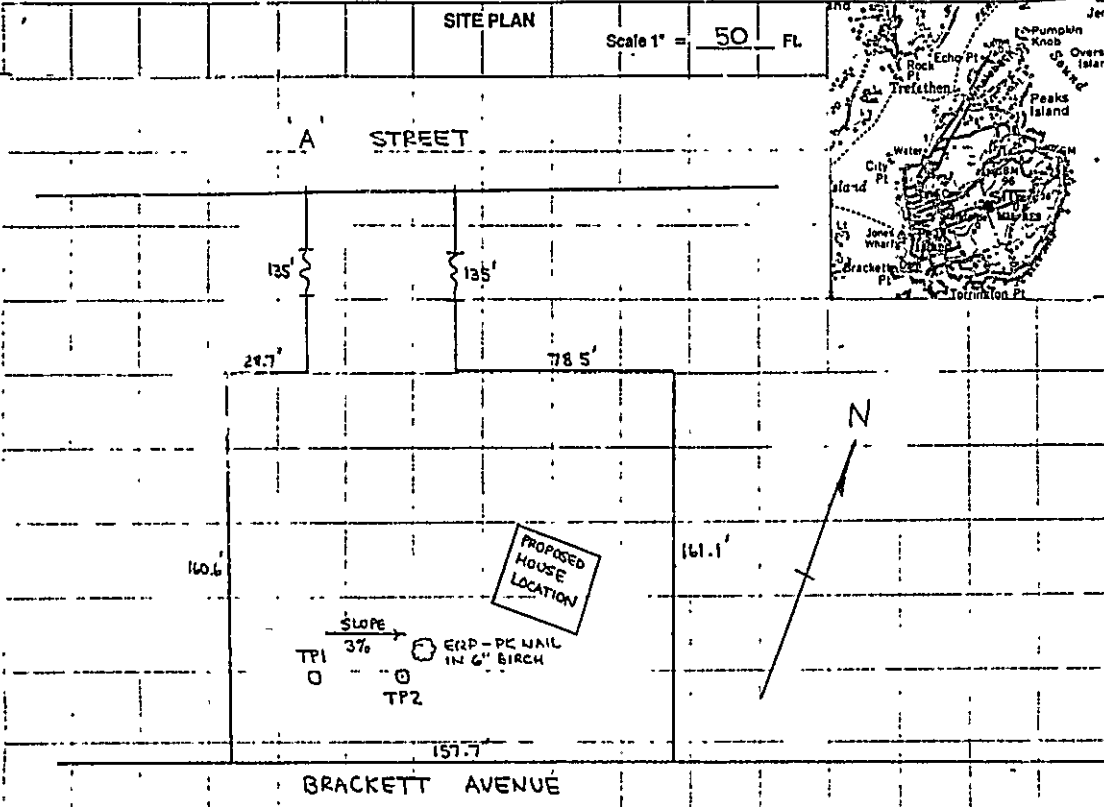
Site Evaluator or Professional Engineer's Signature SE # Date

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

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-9,22** Owners Name: **DALE R. LANDSMAN**



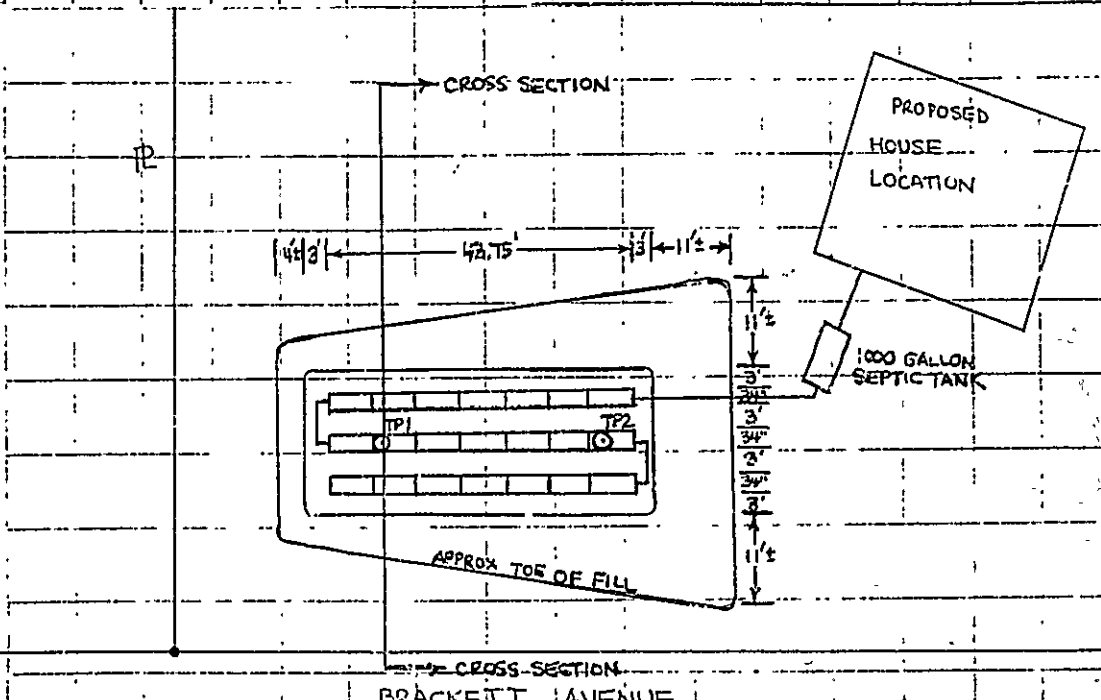
SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
3" FOREST FEAT - Depth of Organic Horizon Above Mineral Soil				3" FOREST FEAT - Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
GRAVELLY LOAM	LOOSE	DARK BROWN		LOAM	LOOSE	DARK BROWN	
			NONE EVIDENT	LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	
LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN					NONE EVIDENT
BEDROCK				STONY GRAVEL	LOOSE	YELLOW BROWN	
				SILTY SAND	MODERATELY FRIABLE	BROWN	
				BEDROCK			
Soil Profile: <u>2</u>	Classification: <u>AIII</u>	Slope: <u>3</u> %	Limiting Factor: <u>30</u>	Soil Profile: <u>2</u>	Classification: <u>AIII</u>	Slope: <u>3</u> %	Limiting Factor: <u>38</u>
<input type="checkbox"/> Ground Water	<input type="checkbox"/> Rooting Layer	<input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Ground Water	<input type="checkbox"/> Rooting Layer	<input checked="" type="checkbox"/> Bedrock	

William G. Gardner 0003/4814 7/25/88
 Site Evaluator or Professional Engineer's Signature SL# / PE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

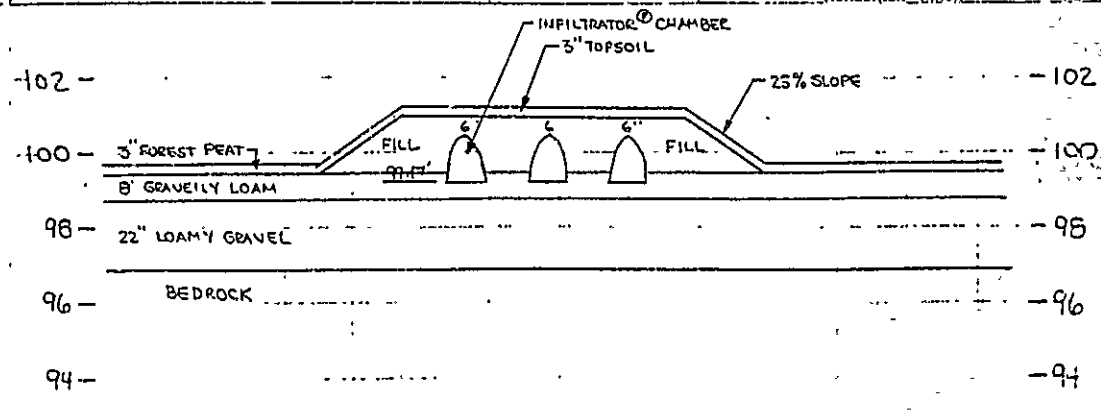
Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision BRACKETT AVE 88-L-9,22	Owners Name DALE R. LANDSMAN
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> FL



CROSS SECTION
BRACKETT AVENUE

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>14</u>	Reference Elevation Is <u>100.00</u>	PK NAIL IN 6" BIRCH NORTHERLY OF TP 2
Depth of Fill (Downslope) <u>34</u>	Bottom of Disposal Area <u>99.17</u>	
	Top of Distribution Lines or Chambers <u>100.42</u>	
DISPOSAL AREA CROSS SECTION		Scale: Vertical: 1 inch = 4 FL Horizontal: 1 inch = 10 FL



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

0003/4814
SE # / PE #

7/25/88
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 3,057 STATE COPY Date Permitted: 7/25/88 \$ 140 FEE Local Plumbing Inspector Signature: [Signature] L.P.I.# 123
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	BRACKETT AVENUE	
Subdivision/Lot #	TAX MAP 88 BLOCK L LOTS 9,22	
PROPERTY OWNERS NAME		
LANDSMAN DALE R.		
Last:	First:	
Applicant Name:		
DALE R LANDSMAN		
Mailing Address of Owner/Applicant (if Different)		
BRACKETT AVENUE PEAKS ISLAND MAINE 04102		

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.	Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Signature of Owner/Applicant _____	Date _____
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
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 _____
SIZE OF PROPERTY: 27,040 SF ZONING: IR1	INSTALLATION IS COMPLETE SYSTEM: 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PPRIMITIVE 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
	TYPE OF WATER SUPPLY: PUBLIC WATER

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"/> ACROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input 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.) 2 BEDROOM CONSERVATIVE DESIGN FLOW: 300 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 2 CONDITION: AIII DEPTH TO LIMITING FACTOR: 30	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> SED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 525" Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

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

On MAY 8, 1988 (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.

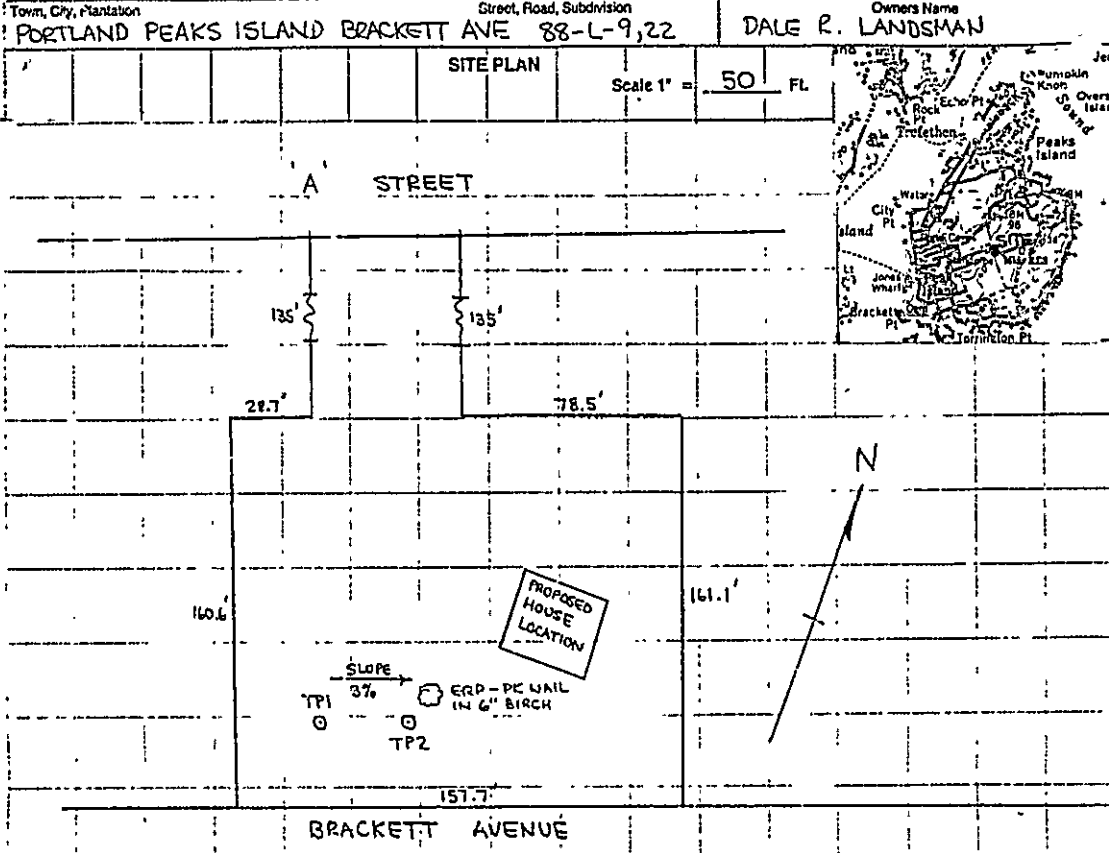
William B. Goodwin 4703/4814 7/25/88
 Site Evaluator or Professional Engineer's Signature SE # / PL # Date

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

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



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

Observation Hole 1 Test Pit Boring

3" FOREST FEAT * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	GRAVELLY LOAM	LOOSE	DARK BROWN	
6-15				NONE EVIDENT
15-20	LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	
20-30				
30-40	BEDROCK			
40-50				

Soil <u>2</u>	Classification <u>AIII</u>	Slope <u>3</u> %	Limiting Factor <u>30</u>	<input type="checkbox"/> Ground Water
	Condition			<input type="checkbox"/> Resonance Layer
				<input checked="" type="checkbox"/> Bedrock

Observation Hole 2 Test Pit Boring

3" FOREST FEAT * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	LOAM	LOOSE	DARK BROWN	
6-15	LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	
15-20				NONE EVIDENT
20-30	STONY GRAVEL	LOOSE	YELLOW BROWN	
30-40	SILTY SAND	MODERATELY FRIABLE	BROWN	
40-50	BEDROCK			

Soil <u>2</u>	Classification <u>AIII</u>	Slope <u>3</u> %	Limiting Factor <u>38</u>	<input type="checkbox"/> Ground Water
	Condition			<input type="checkbox"/> Resonance Layer
				<input checked="" type="checkbox"/> Bedrock

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

0003/4814
SE # / PE #

7/25/88
Date

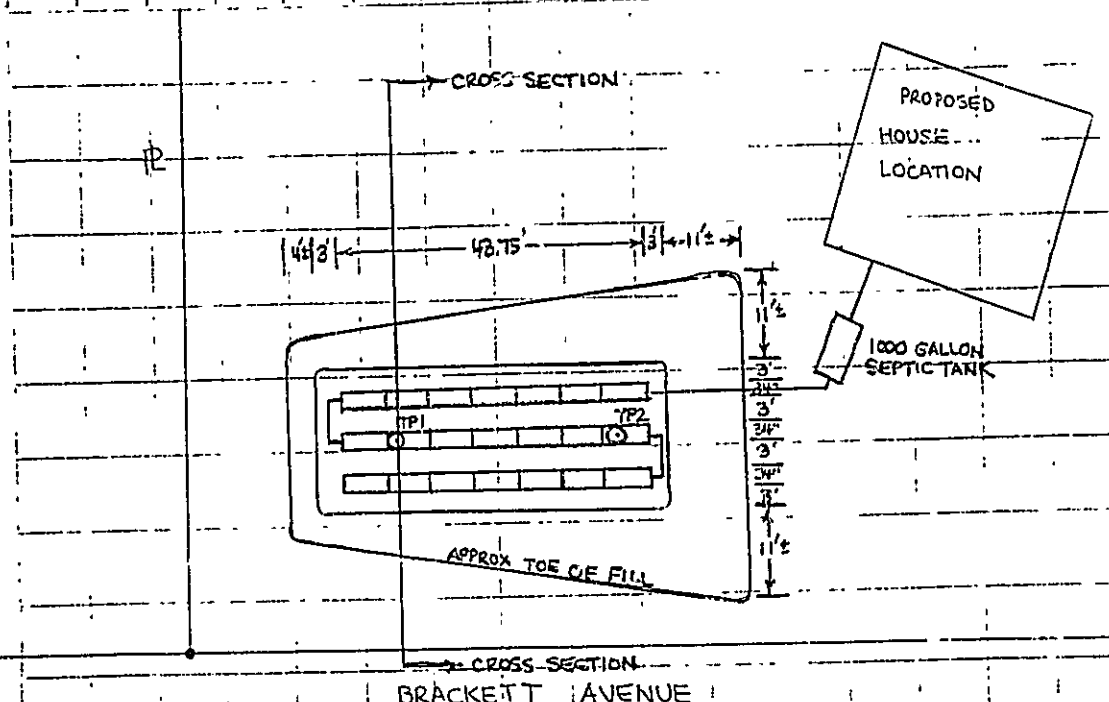
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

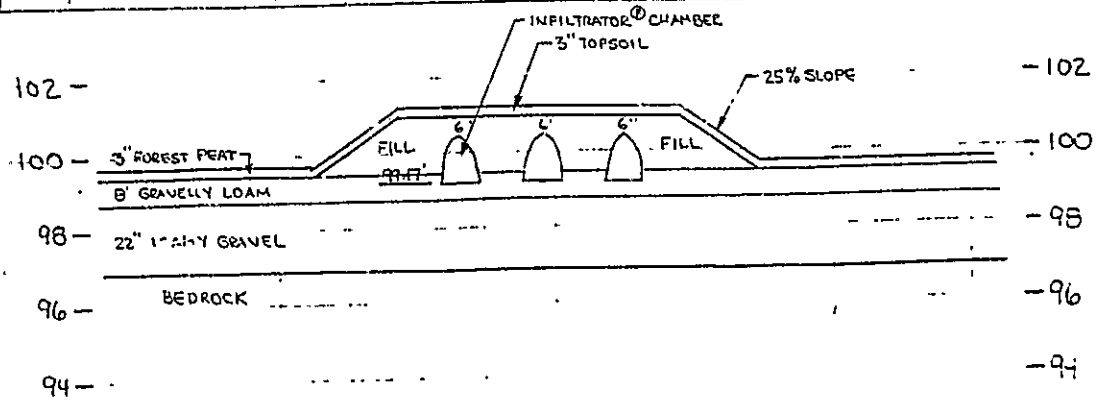
Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **PEAKS ISLAND BRACKETT AVE 88-L-9,22** Owners Name: **DALE R. LANDSMAN**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	14"	Reference Elevation Is	100.00	PK NAIL IN 6" BIRCH NORTHERLY OF TP 2	
Depth of Fill (Downslope)	34"	Bottom of Disposal Area	99.17		
		Top of Distribution Lines or Chambers	100.4		
DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical: 1 Inch = 4 FL	
				Horizontal: 1 Inch = 10 FL	



Dale R. Landsman
Site Evaluator or Professional Engineer's Signature

0003/4814
SE # / PE #

7/25/83
Date

993 of 3
1 of 200 Rev. 4/83



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

Lots 88-L-9 and 22
Peaks Island

September 19, 1988

Mr. Dale Landsman
Brackett Avenue
Peaks Island, Maine 04108

Dear Mr. Landsman:

This is in reference to your recent application for a building permit for Lots 88-L-9 and 22 on Peaks Island. In order to approve this application for a building permit on Brackett Avenue, this office will require three (3) copies of the Soils Analysis Results on Form HHE-200 from the Soils Analyst. Is this building site beyond the sewer?

Please send this information without delay if the proposed building is to be served by on site sewage disposal system. We shall then be able to expedite the processing of your building permit for a new dwelling on Brackett Avenue.

Sincerely,

Warren J. Turner

Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Arthur Addato, Code Enforcement Officer
Ernold Goodwin, City Plumbing Inspector

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 273-0026

PROPERTY ADDRESS

Town Or Plantation: **FORTLAND PEAKS ISLAND**

Street: **BRACKETT AVENUE**

Subdivision Lot #: **TAXMAP 99 BLOCK L LOTS 9,22**

PROPERTY OWNERS NAME

LANDSMAN DALE R.

Last: **LANDSMAN** First: **DALE R.**

Applicant Name: **DALE R. LANDSMAN**

Mailing Address of Owner/Applicant (if Different): **BRACKETT AVENUE
PEAKS ISLAND MAINE 04102**

PORTLAND PERMIT # **2107**

Date Permit: **09/13/88**

Local Plumbing Inspector Signature: *[Signature]*

L.P.I. # **11213**

Multiple Fee Charged:

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 find it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: *[Signature]* Date: **10/21/88**

Inspector Approved:

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpcd)</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"/> P&D 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</p> <p>27,040 SF</p>	<p>ZONING</p> <p>IR1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SFPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input 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>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 FLW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM CONSERVATIVE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: AIII</p> <p>DEPTH TO LIFTING FACTOR: 30</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525 Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLW: 300 (GALLONS/DAY)</p>

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

On **May 8, 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 SE/PEP **0003/4814** Date: **7/25/88**

SE's Evaluator or Professional Engineer's Signature Date

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

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

JOB SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

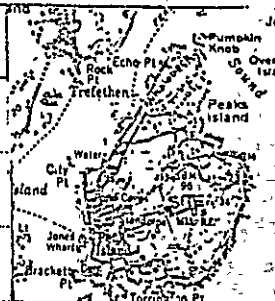
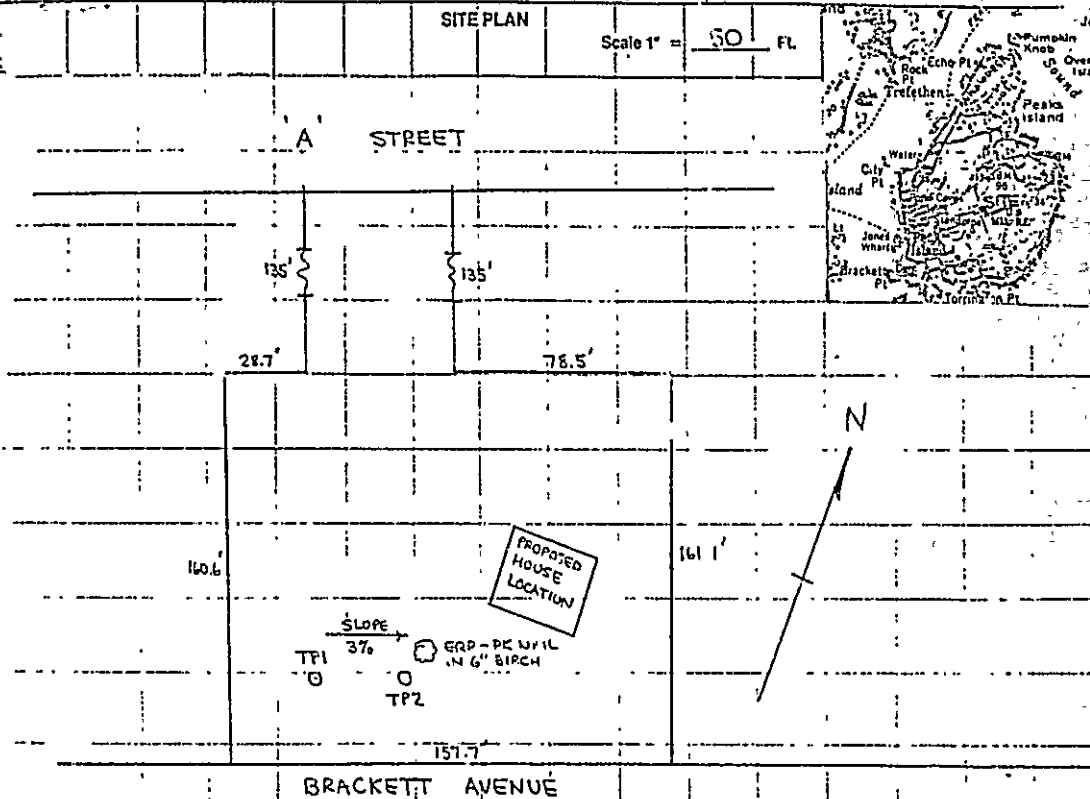
Owner's Name

PORTLAND PEAKS ISLAND BRACKETT AVE 88-L-9,22

DALE R. LANDSMAN

SITE PLAN

Scale 1" = 50' FL



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

Observation Hole 1 Test Pit Boring

3" FOREST FEAT * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-1	GRAVELLY LOAM	LOOSE	DARK BROWN	
1-15				
15-20	LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	NONE EVIDENT
20-30				
30-45	BEDROCK			
45-50				

Soil <u>2</u> Profile	Classification <u>A III</u> Coration	Slope <u>3</u> %	Limiting Factor <u>30</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input checked="" type="checkbox"/> Surface
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Observation Hole 2 Test Pit Boring

3" FOREST FEAT * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	LOAM	LOOSE	DARK BROWN	
6-15				
15-20	LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	
20-30				NONE EVIDENT
30-45	STONY GRAVEL	LOOSE	YELLOW BROWN	
45-50				
50-55	SILTY SAND	MODERATELY FRIABLE	BROWN	
55-60	BEDROCK			
60-65				

Soil <u>2</u> Profile	Classification <u>A III</u> Coration	Slope <u>3</u> %	Limiting Factor <u>38</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input checked="" type="checkbox"/> Surface
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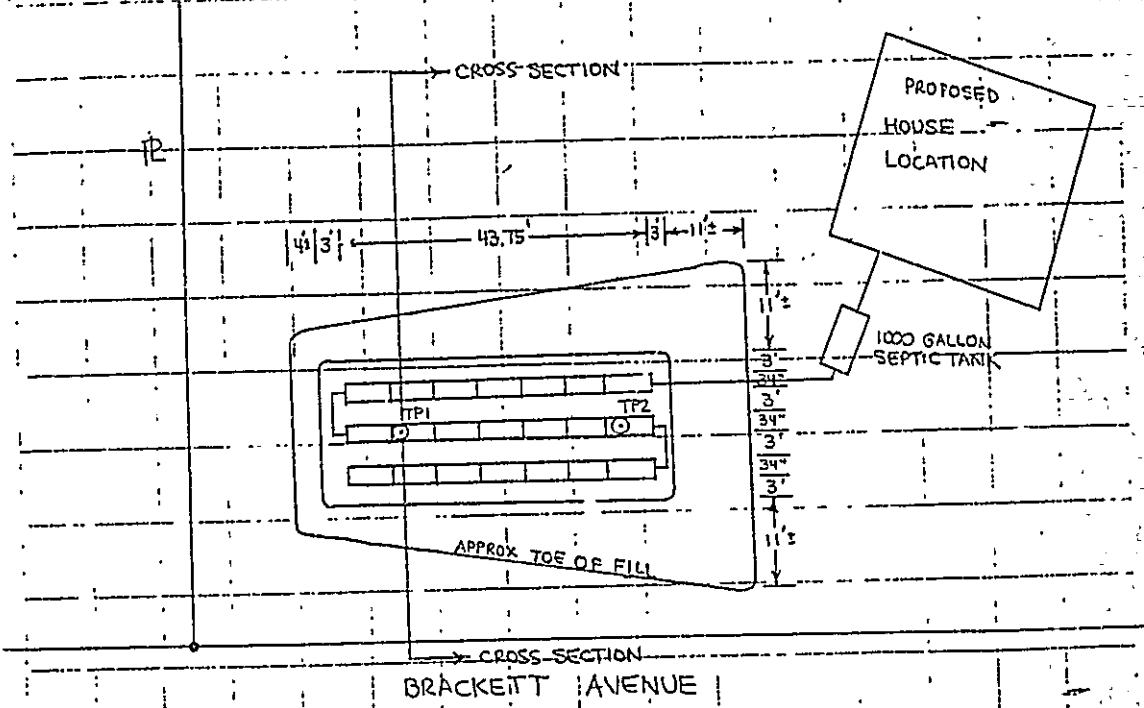
William B. Goodwin 0003/4814
Site Evaluator or Professional Engineer's Signature SE # PE #

7/25/88
Date

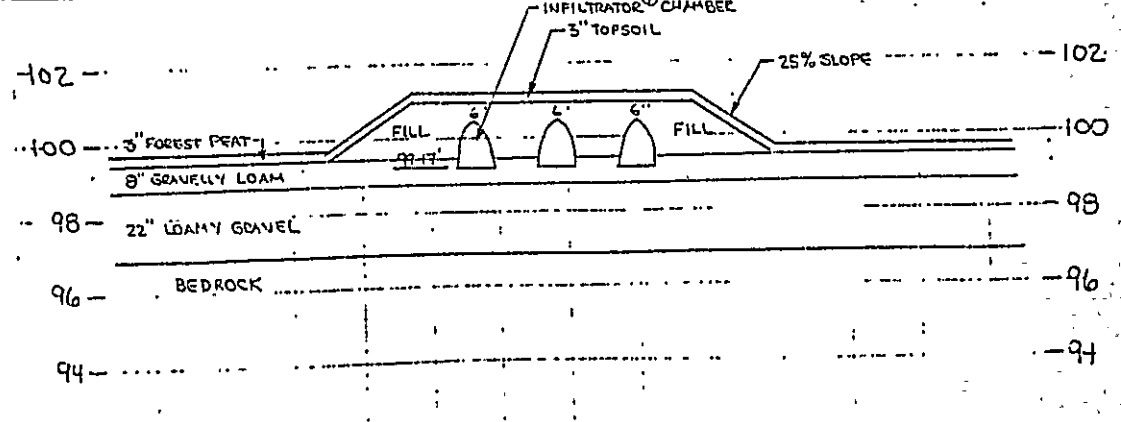
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND	Street, Road, Subdivision PEAKS ISLAND BRACKETT AVE 88-L-9,22	Owners Name DALE R. LANDSMAN
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> FL.



FILL REQUIREMENTS Depth of Fill (Upslope) <u>14</u> Depth of Fill (Downslope) <u>34</u>		CONSTRUCTION ELEVATIONS Reference Elevation Is <u>100.00</u> Bottom of Disposal Area <u>99.17</u> Top of Distribution Lines or Chambers <u>100.42</u>		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION PK NAIL IN 6" BIRCH NORTHERLY OF TP 2
DISPOSAL AREA CROSS SECTION				
		Scale: Vertical: 1 inch = 4 FL. Horizontal: 1 inch = 10 FL.		



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

0003/4814
SE # PE #

7/25/88
Date

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

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

Location of Construction: 238 Brackett Avenue, Peaks Island		Owner: Terence & Anita Edwards		Phone: 766-5660	Permit No: 970206
Owner Address:		Lessee/Buyer's Name:	Phone:	Business Name:	
Contractor Name:		Address:		Phone:	PERMIT ISSUED MAR 14 1997 CITY OF PORTLAND
Past Use: Single fam	Proposed Use: Same w/ addition	COST OF WORK: \$3,000.00		PERMIT FEE: \$35.00	
Proposed Project Description: Construct addition as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	Zone: IR-1 CBL: 88-L-9-22 Zoning Approval: <i>with conditions</i> Special Zone or Relevis: <input checked="" type="checkbox"/> Shoreland <i>but over 75 ft high water mark</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> nm <input type="checkbox"/>
		Signature:		Signature:	
Permit Taken By: Vicki Dover		Date Applied For: 3/4/97			

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

Mail to owner

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

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

SIGNATURE OF APPLICANT *Terence Edwards* ADDRESS: DATE: 3/4/97 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *3/5/97*

D. Andrews
 GEO DISTRICT #6
M. Leary