

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

00195

FEB 26 1986

ZONING LOCATION

PORTLAND, MAINE 8/5/85

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 and specifications, if any, submitted herewith and the following specifications:

LOCATION #88-M-7 Brackett Avenue Peaks Island Fire District #1 #2
1. Owner's name and address Robert Poutenis, 39 Tolman Avenue Shirley, MA 01464 Telephone 617-425-6646
2. Lessee's name and address
3. Contractor's name and address

Proposed use of building single family dwelling No. of sheets
Past use No. families

Material No. stories Heat Style of roof Roofing
Other buildings on same lot

Estimated contractual cost \$ 10,000 site plan Appeal Fees \$ 50.00 pd
FIELD INSPECTOR-Mr. 20 Base Fee 70.00 pd
@ 775-5451 L.A.C. Fee 100.00

to construct a 32' x 30' single family dwelling

TOTAL \$ 120.00

Stamp of Special Conditions

PERMIT ISSUED WITH LETTER

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 sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
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
BUILDING INSPECTION-PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.
Health Dept.
Others:

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

Signature of Applicant Robert Poutenis Phone #
Type Name of above Robert Poutenis 1 2 3 4

PERMIT ISSUED WITH LETTER

Other and Address

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

Mr. Adatto

NOTES

4-4-86 - Checked Site
 O.K. OK

4-25-86 - NP OK

5-15-86 - NP OK

5-29-86 - NP OK

6-3-86 - NP OK

8-15-86 - Spoke with
 owner. Work is begin
 ning work. OK

Permit No. 86/195

Location 86M/95 Stasloff Ave

Owner Stasloff

Date of permit 8-5-81

Approved 2-26-86

Dwelling single family

Garage

Alteration

[Large handwritten scribble]

[Empty lined area]



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 24, 1986

RE: 88-M-7 Brackett Ave., Peaks Island, Maine

Mr. Robert Poutenis
59 Tolman Ave.
Shirley, Massachusetts 01464

Dear Sir:

Your application to construct a 30' X 32' single family dwelling has been reviewed and a building permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

Inspection Services Approved Mr. M. Ward 3/26/85
Public Works Approved Mr. R. Roy 8/22/85

Building Code Requirements

1. All lot lines shall be clearly marked calling for a foundation inspection;
2. All concrete and the earth below the foundation shall be protected from freezing;
3. A plumbing permit must be obtained for your septic systems before any work on this proposed project is started; and,
4. Please read attached building code requirements sections 809.4 & 1716.3.4.

If you have any questions on the requirements, please call this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

PSH/el

Enclosure



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

August 27, 1985

Robert Poutenis
39 Tolman Avenue
Shirley, MA. 01464

RE: 88-M-7, 88-M-8; & 88-M-9 Brackett Avenue, Peaks Island, Maine 04108

Dear Mr. Poutenis:

Your three permits to construct a 30' x 32' single family dwelling, as per plans on each of the above lots, are being denied for the following Building Code reasons:

- 1) The estimated contractual cost given for each of these three dwellings was \$10,000.00. This is an extremely low estimate. A more reasonable amount, reflecting the contractual cost must be submitted to this office and additional permit fees paid before further review.
- 2) The one structural plan submitted with 88-M-7 Brackett Avenue does not at all match the elevation plans submitted. The structural plans indicate a salt-box type carriage shed, whereas the elevation plans show a full two story, apparently flat roofed building.

The other two dwellings had no structural plans submitted.

This office must have accurate structural plans submitted for each of these buildings for review before a permit can be issued.

If you have any questions regarding this matter, please don't hesitate to call.

Very truly yours,

Marge Schmuckal
MARGE SCHMUCKAL,
ACTING BUILDING CODE EXAMINER

MS/mlb



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

August 27, 1985

Robert Poutenis
39 Tolman Avenue
Shirley, MA. 01464

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The other two dwellings had no structural plans submitted.

This office must have accurate structural plans submitted for each of these buildings for review before a permit can be issued.

If you have any questions regarding this matter, please don't hesitate to call.

Very truly yours,

MARGE SCHMUCKAL,
ACTING BUILDING CODE EXAMINER

MS/mib



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 24, 1986

RE: 88-M-8 Brackett Ave., Peaks Island, Maine

Mr. Robert Poutenis
39 Tolman Ave.
Shirley, Massachusetts 01464

Dear Sir:

Your application to construct a 30' X 32' single family dwelling with a 16' X 20' garage has been reviewed and a building permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

Inspection Services Approved Mr. M. Ward 8/26/85
Public Works Approved Mr. R. Roy 8/22/85

Building Code Requirements

1. All lot lines shall be clearly marked before calling for a foundation inspection;
2. All concrete and the earth below the foundation shall be protected from freezing;
3. A plumbing permit must be obtained for your septic systems before any work on this proposed project is started; and,
4. Please read attached building code requirements sections 809.4 & 1716.3.4.

If you have any questions on the requirements, please call this office.

Sincerely,

F. Samuel Hofises
Chief of Inspection Services

PSH/el

Enclosure

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 00194

FEB 20 1986

ZONING LOCATION PORTLAND, MAINE ... B/5/85

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 and specifications, if any, submitted herewith and the following specifications.

LOCATION #8B-M-8 Brackett Avenue Peaks Island Fire District #1 #2

1. Owner's name and address Robert Poutenis, 39 Tolman Ave. Telephone 617-425-6646

2. Lessee's name and address Shirley, MA 01464 Telephone

3. Contractor's name and address Telephone

Proposed use of building single family dwelling No. of sheets No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 10,000

FIELD INSPECTOR—Mr. ... 20,000 @ 775-5451

Appeal Fees \$
Base Fee 50.00 pd
Late Fee 70.00 pd
pd 2-21-86
TOTAL \$ 120.00

to construct a 32' x 30' single family dwelling with detached garage 20' x 16' approx.

WITH LETTER

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? ... no ... If not, what is proposed for sewage? ... septic system ...
Has septic tank notice been sent? ... yes ... Form notice sent? ...
Height average grade to top of plate ... Height average grade to highest point of roof ...
Size, front ... 32 ... depth ... 30 ... No. stories 2 ... solid or filled land? ... ledge, earth or rock? ... rock ...
Material of foundation concrete ... Thickness, top ... 12" ... bottom ... 12" ... collar slab ...
Kind of roof flat ... Rise per foot ... Roof covering commercial rubber wood ...
No. of chimneys ... 1 ... Material of chimney brick ... of lining clay ... Kind of heat elec fuel ...
Framing Lumber—Kind pine & dressed or full size? ... Corner posts ... Sills ...
Size Girder ... Columns under girders ... Size ... Max. on centers ...
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor cement slab 2nd 6 x 8 ... 3rd ... roof 6 x 8
On centers: 1st floor 6 x 6 ... 2nd ... 3rd ... roof 6 x 6
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 1 ... 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? NO
ZONING: ...
BUILDING CODE: ... If there be in charge of the above work a person competent
Fire Dept.: ... to see that the State and City requirements pertaining thereto
Health Dept.: ... are received? ... YES
Others: ...

Signature of Applicant Robert P. Poutenis Phone

Type Name of above Robert Poutenis

PERMIT ISSUED WITH LETTER

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

me Addato

NOTES

4-4-86 Checked bits
 BK. aa
 4-25-86 - NP aa
 5-15-86 - NP aa
 5-28-86 - NP aa
 6-3-86 - NP aa
 8-5-86 - NP aa
 8-15-86 - spoke with
 owner. Work to start
 this week. aa

Allegation

Garage

Dwelling

Approved

Date of permit

Owner

Location

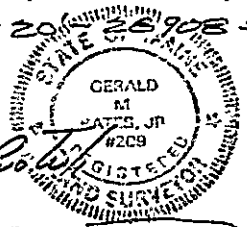
Permit No.

86/194
 S.E. of Brackett Ave
 O'Brien
 2-26-86
 S.E. CT
 O'Brien
 O'Brien

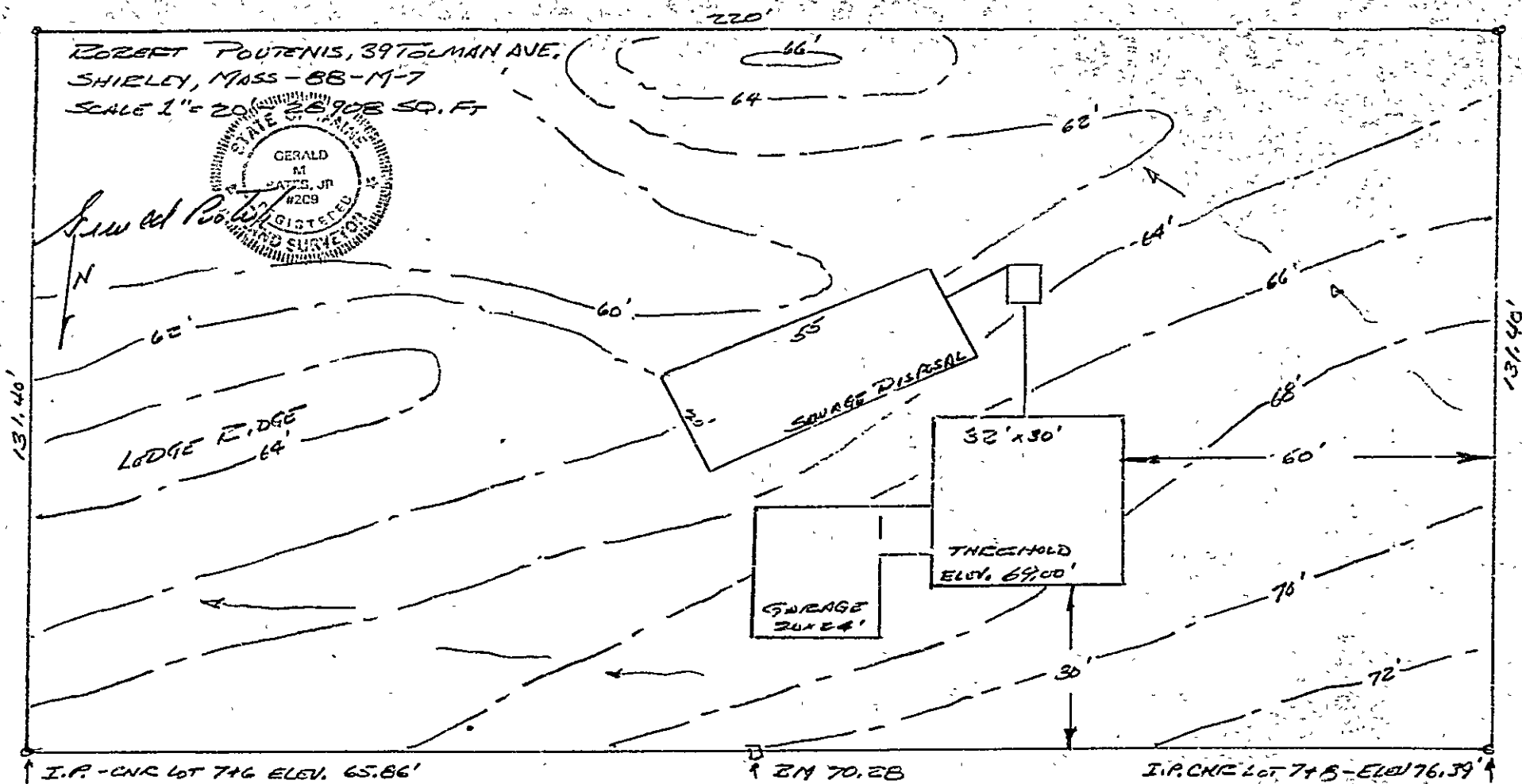
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ROBERT POUTENIS, 39 TOLMAN AVE.
SHIRLEY, MASS - 88-M-7
SCALE 1" = 20'
28,908 SQ. FT.



Drawn by Robert Poutenis



BRACKETT ST, FRANKS' ISLAND



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

February 24, 1986

RE: 88-M-9 Brackett Ave., Oaks Island, Maine

Mr. Robert Poutenis
39 Tolman Ave.
Shirley, Massachusetts 01464

Dear Sir:

Your application to construct a 30' X 20' single family dwelling with a 16' X 20' garage has been reviewed and a building permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

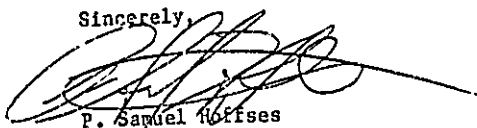
Inspection Services Approved Mr. M. Ward 8/26/85
Public Works Approved M. R. Roy 8/22/85

Building Code Requirements

1. All lot lines shall be clearly marked before calling for a foundation inspection;
2. All concrete and the earth below the foundation shall be protected from freezing;
3. A plumbing permit must be obtained for your septic systems before any work on this proposed project is started; and,
4. Please read attached building code requirements sections 809.4 & 1716.3.4.

If you have any questions on the requirements, please call this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

PSH/el

Enclosure

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

00187

FEB 25 1985

ZONING LOCATION PORTLAND, MAINE ..8/5/85.....

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 and specifications, if any submitted herewith and the following specifications:

LOCATION 38-M-9 Brackett Avenue Peaks Island Fire District #1 #2
1. Owner's name and address Robert Poutanis, 19 To man Avenue Telephone (617) 425-
2. Lessee's name and address Sharley, MA 01464 Telephone 6646
3. Contractor's name and address Telephone

Proposed use of building single family dwelling No. of sheets
Last use No families
Material No. stories Heat Style of roof Roofing

Estimated construction cost \$10,000

FIELD INSPECTOR—Mr. @ 775-5451

site plan Appeal Fees \$ 50.00 pd
Base Fee 70.00 pd
Late Fee 100.00
TOTAL \$ 220.00

to construct 32' x 30' single family dwelling with detached garage 20' x 16'

Stamp of Special Conditions

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

PERMIT ISSUED WITH LINES

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? ...no... If not, what is proposed for sewage? septic system
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front 30 depth 30 No. stories 2 solid or filled land? ledge ce tho rock? rock
Material of foundation concrete Thickness, top 12" bottom 12" cellar
Kind of roof flat Rise per foot Roof covering concrete tile
No. of chimneys 1 Material of chimneys brick of lining clay Kind of heat elec fuel rubber
Framing Lumber—Kind pine Dresses or full size? Corner posts & knee Sills
Size Girder 6 columns under girders Size Max on centers
Studs (outside walls and carrying partition) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor cement 2nd 6 x 8 3rd roof 6 x 8
On centers: 1st floor slab 6, 2nd 6 3rd roof 6 x 6
Maximum span: 1st floor 2nd 3rd roof

IF A GARAGE

No. cars now accommodated on same lot ...to be accommodated 1... number commercial cars to be accommodated
Will automobile repairing be done other than major 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: Will there be in charge of the above work a person competent
BUILDING CODE: to see that the State and City requirements pertaining thereto
Fire Dept.: are observed?
Health Dept.:
Others:

Signature of Applicant Robert R. Poutanis Phone #
Type Name of above Robert Poutanis 1 2 3 4
Other
and Address

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

Mr. Addato Mr. Addato

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND U FERMIT # 047 STATE COPY Date Permit Issued: 5/20/85 \$ 40 L.I. Double Fee Charged L.P.I. # 0113 <i>[Handwritten Signature]</i>
Town Or Plantation	PORTLAND - PEAKS ISLANDS	
Street	BRACKETT AVENUE	
Subdivision Lot #	TAX MAP 98-BLOCK M-LOT 7	
PROPERTY OWNERS NAME		
Last:	POUTENIS	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's Signature: _____ Date Approved: _____
First:	ROBERT	
Applicant Name:	ROBERT POUTENIS	
Mailing Address of Owner/Applicant (if Different)	39 TOLMAN AVENUE SHIRLEY MASSACHUSETTS 01464	
Owner/Applicant Statement		
I certify that the information submitted is correct to the best of my knowledge and understand that any fabrication is reason for the Local Plumbing Inspector to deny a Permit. <i>Robert B. Poutenis</i> Signature of Owner/Applicant Date: 5/20/85		

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"/> BOD 2. <input type="checkbox"/> TRENCH 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: 28,900 SF ZONING: R-3 RESIDENTIAL		

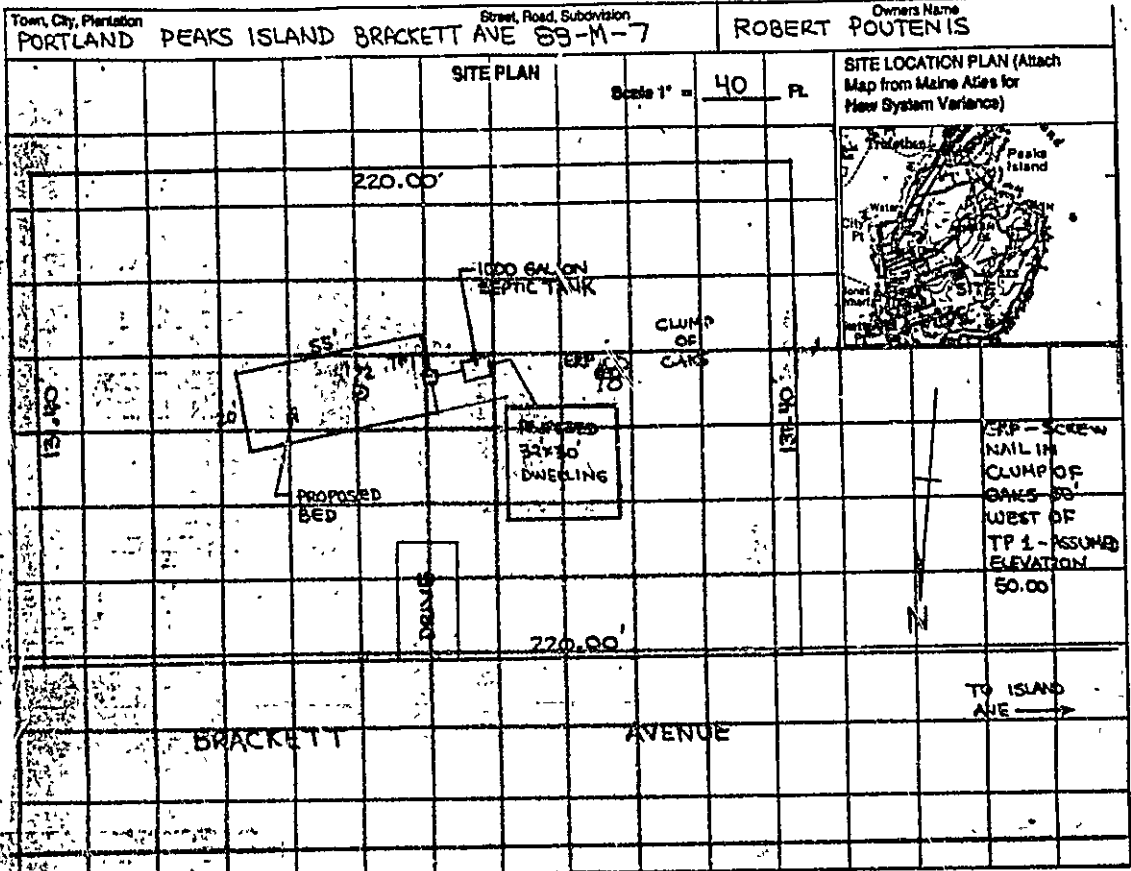
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input 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 (DEPENDS 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 LOW VOLUME TOILET DESIGN FLOW: 405 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: C DEPTH TO LIMITING FACTOR: 24	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 1100 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. J... [Signature] 003/4814 5/7/85
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date

Page 1 of 3
HHE-200 Rev 4/83



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			
2' FOREST PEAT * Depth of Organic Horizon Above Mineral Soil				2' FOREST PEAT * Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-6" SILTY SAND		GRAY BROWN		0-6" SILTY SAND		GRAY BROWN	
6-10" SANDY GRAVEL		YELLOW BROWN	NONE	6-10" SANDY GRAVEL			
10-15" STONY GRAVEL	LOOSE	RED BROWN	COMMON	10-15" STONY GRAVEL	LOOSE	RED BROWN	NONE
15-20" STONY GRAVEL			FEW	15-20" STONY GRAVEL			COMMON
20-25" STONY GRAVEL				20-25" STONY GRAVEL			FEW
25-30" SHALY BEDROCK				25-30" SHALY BEDROCK			
Soil: <u>4</u>	Classification: <u>AIII</u>	Slope: <u>3%</u>	Limiting Factor: <u>24</u>	Soil: <u>4</u>	Classification: <u>AIII</u>	Slope: <u>3%</u>	Limiting Factor: <u>2B</u>

William B. Goodwin 003/4814 5/7/85
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date

Town, City, Plan station

PORTLAND PEAKS ISLAND

BRACKETT AVE

88-M-7

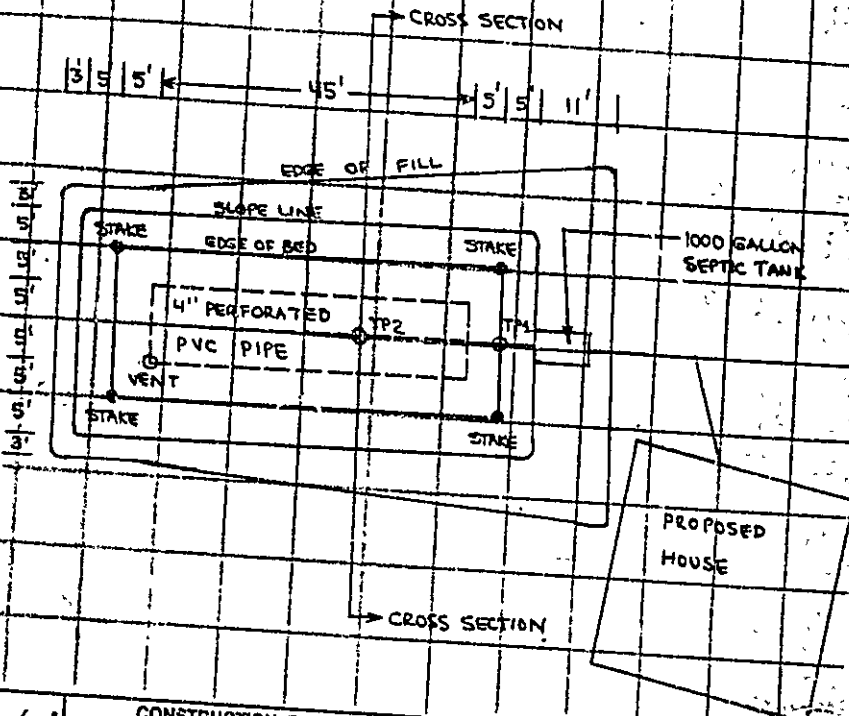
Street, Road, Subdivision

ROBERT POUTENIS

UNIFIED DESIGN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL



FILL REQUIREMENTS

Depth of Fill (Upslope) 6"

Depth of Fill (Downslope) 33"

CONSTRUCTION ELEVATIONS

Reference Elevation is 50.00

Bottom of Disposal Area 45.48

Top of Distribution Lines or Chambers 46.56

ELEVATION REFERENCE POINT

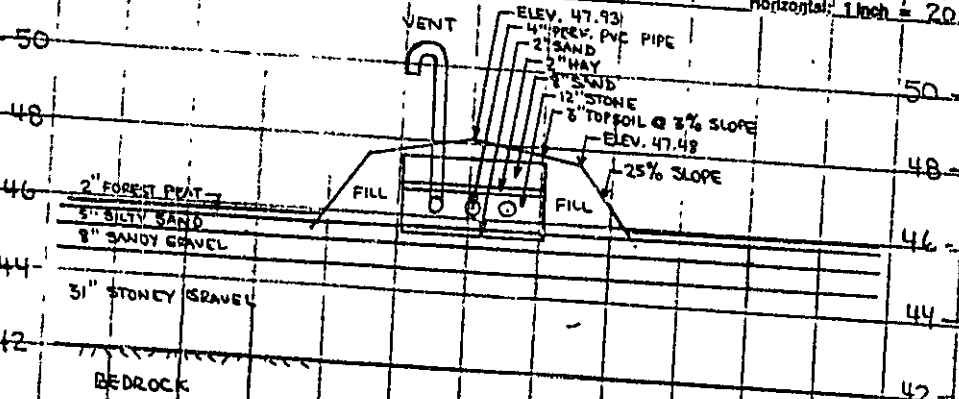
LOCATION & DESCRIPTION
SCREW NAIL IN CLOMP OF OAKS
50' WESTERLY OF TEST PIT 1

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 4' PL

Horizontal: 1 inch = 20' PL



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

0003/4814
SEE PAGE

5/7/85
Date

Page 3 of 3
MHE-200 Rev. 4/

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND PERMIT # 1,047 APPLICANTS COPY Date Permit Issued: <u>5-28-85</u> L.P.S. # <u>140</u> FEE <input type="checkbox"/> Double Fee Charged <input type="checkbox"/> Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>011231</u> THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER SIX MONTHS FROM DATE ISSUED UNLESS WORK HAS COMMENCED. Warning: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Town Or Plantation	PORTLAND - PEAKS ISLANDS	
Street	BRACKETT AVENUE	
Subdivision Lot #	TAX MAP 88 - BLOCK M - LOT 7	
PROPERTY OWNERS NAME		
POUTENIS ROBERT		
Applicant Name:	ROBERT POUTENIS	
Mailing Address of Owner/Applicant (if Different)	39 TOLMAN AVENUE SHIRLEY MASSACHUSETTS 01464	
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. <u>Robert R. Poutenis</u> 5/20/85 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	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 IS 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 28,900 SF	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: <u>1000</u> GALS.	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input checked="" 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.) 3 BEDROOM CONSERVATIVE LOW VOLUME TOILET DESIGN FLOW <u>405</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <u>4</u> CONDITION <u>C</u> CAPACITY LIMITING FACTOR <u>24</u>	SOIL 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"/> EXTRALARGE	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED <u>1100</u> 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. Goodwin 003/4814 5/7/85
 Site Evaluator or Professional Engineer's Signature SE # IPE # Date

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

TOWR

1,047 VOID

See # 1,189

attached

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 259-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND - PEAKS ISLANDS
Street: BRACKETT AVENUE
Subdivision Lot #: TAX MAP 88-BLOCK M-LOT 7

PROPERTY OWNERS NAME

Last: POUTENIS
First: ROBERT

Applicant Name: ROBERT POUTENIS

Mailing Address of Owner/Applicant (If Different): 39 TOLMAN AVENUE, SHIRLEY MASSACHUSETTS 01464

PORTLAND PERMIT # 1,189 TOWN COPY

Date Permit Expires: 8, 5, 85 \$ 144 FEE Double Fee Charged

L.P.I. # 01123

[Signature]

Owner/Applicant Statement

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

Robert B. Poutenis 8-5-85
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.

[Signature] Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY 28,900SF</p> <p>ZONING R-3 RESIDENTIAL</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

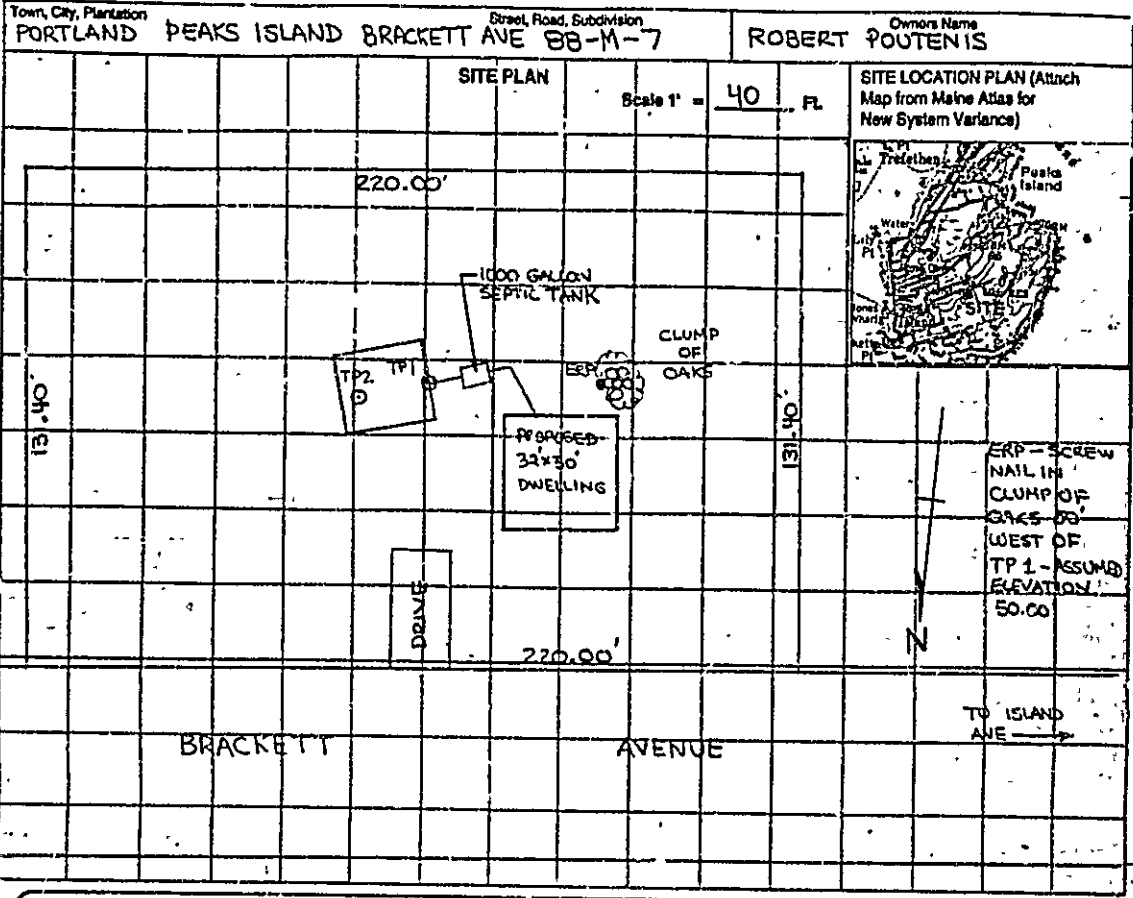
<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPS</p> <p>1. <input checked="" type="checkbox"/> NO 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 (BED ROOMS, STATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM MODERATE LOW VOLUME TOILET SEPARATED LAUNDRY</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 24</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 500 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>DESIGN FLOW: 170 (GALLONS/DAY)</p>

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. Gardner 003/4814 5/7/85
Site Evaluator or Professional Engineer's Signature Date

* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option Page 1 of 3
HHE-200 Rev. 4/83



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
2' FOREST FEET * Depth of Organic Horizon Above Mineral Soil				2' FOREST FEET * Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-2	SILTY SAND	GRAY BROWN		0-2	SILTY SAND	GRAY BROWN	
2-10	SANDY GRAVEL	YELLOW BROWN	NONE	2-10			
10-20				10-20			NONE
20-30	LOOSE			20-30	STONY GRAVEL	RED BROWN	
30-40	STONY GRAVEL	RED BROWN	COMMON	30-40			COMMON
40-50			FEW	40-50			FEW
50-60				50-60	SHALY BEDROCK		
60-80				60-80			
Soil Profile	Classification	Slope	Limiting Factor	Soil Profile	Classification	Slope	Limiting Factor
4	AIII	3%	24	4	AIII	3%	28
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Humus Layer <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Humus Layer <input type="checkbox"/> Bedrock			

William B. Gardner 003/9814 5/7/85
 Site Evaluator or Professional Engineer's Signature SE # 1 PE # Date

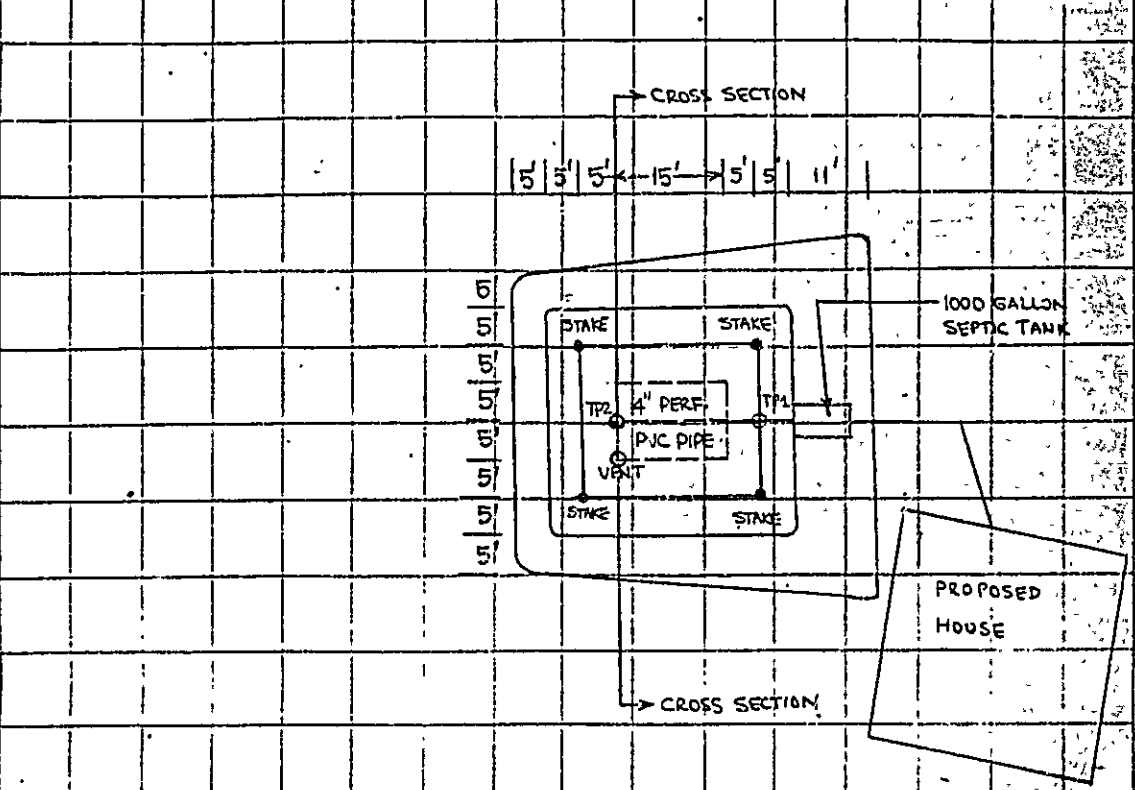
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 88-M-7** Owners Name: **ROBERT POUTENIS**

SUBSURFACE WASTEWATER DISPOSAL PLAN

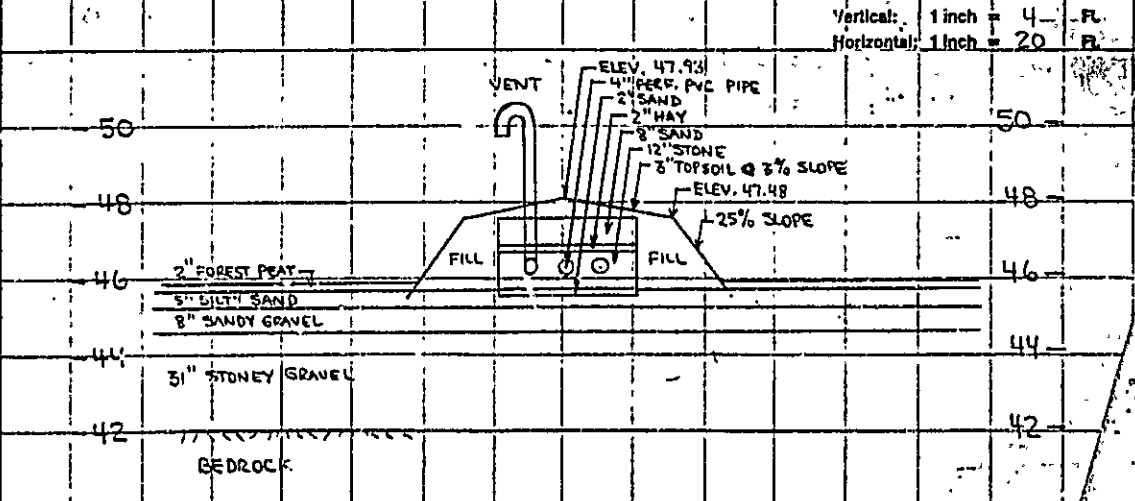
Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	15'	Reference Elevation Is	50.00	LOCATION & DESCRIPTION	
Depth of Fill (Downslope)	33'	Bottom of Disposal Area	45.48	SCREW NAIL IN CLUMP OF OAKS	
		Top of Distribution Lines or Chambers	46.56	50' WESTERLY OF TEST PIT 1	

DISPOSAL AREA CROSS SECTION

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



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

0003/4814
SE # / PE #

5/2/85
Date

Page
HHE-200

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Robert Poutenis August 5, 1985
 Applicant Date
39 Tolman Avenue, Shirley, MA 01464 #88-M-7 Brackett Avenue, Peaks Island
 Mailing Address Address of Proposed Site
single family dwelling #88-M-7
 Proposed Use of Site Site Identifier(s) from Assessors Maps
28,908 sf / R-3
 Acreage of Site / Ground Floor Coverage Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors _____
 Board of Appeals Action Required: () Yes () No Total Floor Area _____
 Planning Board Action Required: () Yes () No

Other Comments: _____
 Date Dept. Review Due: _____

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

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

Explanation _____

- Use complies with Zoning Ordinance — Staff Review Below

Zoning, SPACE & BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

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

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**

Lot 7

Applicant _____ Date _____

Mailing Address _____ Address of Proposed Site _____

Proposed Use of Site _____ Site Identifier(s) from Assessors Maps _____

Acreage of Site / Ground Floor Coverage _____ Zoning of Proposed Site _____

Site Location Review (DEP) Required: () Yes (✓) No Proposed Number of Floors _____

Board of Appeals Action Required: () Yes (✓) No Total Floor Area _____

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

Other Comments: _____

Date Dept. Review Due: _____

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	SCHEMERS	CURBING	SIDEWALKS	OTHER	
APPROVED	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED																

REASONS: _____

(Attach Separate Sheet if Necessary)

Robert J. Ray 10/22/1985

SIGNATURE OF REVIEWING STAFF / DATE

PUBLIC WORKS DEPARTMENT COPY

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

FEB 26 1985

ZONING LOCATION

PORTLAND, MAINE

8/5/85

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 and specifications, if any, submitted herewith and the following specifications:

LOCATION ... BROCKETT AVENUE PEAKS ISLAND ... Fire District #1 #2
1. Owner's name and address ... POUTANIS, 39 Tolman Avenue ... Telephone 617-425-6646
2. Lessee's name and address ... Shirley, MA 01464 ... Telephone 6646
3. Contractor's name and address ... Telephone

Proposed use of building ... single family dwelling ... No. of sheets
Last use ... No. families
Material ... No. stories ... Heat ... Style of roof ... Roofing

Other buildings on same lot
Estimated contractual cost \$ 10,000

FIELD INSPECTOR—Mr. ... 20,000 @ 775-5451

Site plan Appeal Fees \$ 50.00 pd
Base Fee .. 70.00 pd
Late Fee pd 2-21-86 .. 100.00
TOTAL \$ 120.00

to construct a 32' x 30' single family dwelling

Stamp of Special Conditions

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 sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys or lining Kind of neat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor, 2nd, 3rd, roof
On center: 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 to be 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
BUILDING INSPECTION—PLAN EXAMINER
ZONING
BUILDING CODE
Fire Dept.
Health Dept.
Others

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

Signature of Applicant Robert P. Poutanis Phone #
Type Name of above 1 2 3 4

Other and Address

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

PERMIT # 02646

TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Albert and Judy Ealdi 603-880-2109

Address: 8 Ashland St., Nashua, N.H. 03060

LOCATION OF CONSTRUCTION Lot 7 Brackett Avenue, Peaks Island

CONTRACTOR: Maine Cedar Log Homes SUBCONTRACTORS: 1-800-341-0405

ADDRESS: Main St., Windham, Me 04062

Est. Construction Cost: \$70,000 Type of Use: single family

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain MINOR, ML, OR SITE PLAN REVIEW and to construct new

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 2 site plans, 1 HHE200,

Residential Buildings Only: _____ and 1 construct a plan

Of Dwelling Units _____ # Of New Dwelling Units submitted.

Foundation:

1. Type of Soil: _____

2. Footings - 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: _____ Spacing 16" O.C.

4. Joists Size: _____

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 Size _____ 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 Size _____ Span(s) _____

3. Well Covering Type _____

4. Fire Wall If required _____

5. Other Materials _____

For Official Use Only

Date Sept 15, 1989 Subdivision: Yes / No _____

Inside Fire Limits _____ Name _____

Plg Code _____

Time Limit _____

Estimated Cost \$70,000 Permit Expiration: _____

Value/Structure _____

Fee: \$50.00 - Minor, Minor fee Owncr/ship: _____ Public/Private _____

Chimneys: _____

Roof: _____

1. Ceiling Joists Size: _____

2. Ceiling Strapping Size _____ Spacing _____

3. Type Ceilings: _____

4. Insulat. type _____ Size _____

5. Ceiling Height: _____

Roof: _____

1. Truss or Rafter Size _____ Span _____

2. Sheathing Type _____ Size _____

3. Roof Covering Type _____

4. Other _____

Watering: _____ Number of Fire Places _____

Electrical: _____

Type of Heat: _____

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

Plumbing: _____

1. Approval of soil test if required _____

2. No. of Tubs or Showers _____ Yes _____ No _____

3. No. of Fixtures _____

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 _____ Street Fronts 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 _____

Shore and Floodplain Mgmt. _____ Special Exception _____ Subdivision _____

Other (Explain) _____

Date Approved _____

Permit Received By Nancy Grossman

Signature of Applicant Albert Ealdi Date 9/15/89

Signature of CEO _____ Date _____

Inspection Dates 7/2/89

White-Tax Assessor Yellow-GPCOG White Tag -CEO

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APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 4/24/92, 19
 Receipt and Permit number 4548

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

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

LOCATION OF WORK: 88-M-7 Brackett Ave- Peaks Island
 OWNER'S NAME: Albert/Ludith Baldi ADDRESS: _____

OUTLETS:	FEES
Receptacles <u>38</u> Switches <u>21</u> Plugmold _____ ft. TOTAL <u>59</u>	11.80
FIXTURES: (number of)	
Incandescent <u>14</u> Flourescent _____ (not strip) TOTAL <u>14</u>	2.80
Strip Flourescent <u>6</u> ft.	3.00
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>1</u>	1.00
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 _____ <u>1</u> _____	
Dryers _____ <u>1</u> _____ Compactors _____ _____	
Fans _____ <u>2</u> _____ Others (denote) _____ _____	
TOTAL <u>6</u>	12.00
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: 30.60

INSPECTION: call for arrangements; 203- 883-125- Judith Baldi
 Will be ready on now, 1992; or Will Call _____
 CONTRACTOR'S NAME: William Flynn
 ADDRESS: 24 Centiennal St- Peaks (s)
 TEL.: 766-2780
 MASTER LICENSE NO.: #4548 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 6/1/90, 19
 Receipt and Permit number 01330

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

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

LOCATION OF WORK: Brackett Ave; Peaks Island 88-M-7
 OWNER'S NAME: Albert Baldi ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>5</u> Switches _____ Plugmold _____ ft. TOTAL <u>5</u>	3.00
FIXTURES: (number of)	
Incandescent <u>5</u> Flourescent _____ (not strip) TOTAL <u>5</u>	3.00
Strip Flourescent _____ ft.	
SERVICES:	
Overhead _____ Underground <u>x</u> Temporary _____ TOTAL amperes <u>100</u> ..	3.00
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 _____	
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: _____	
FOR REMOVAL OF A "STOP ORDER" (304-18.b) DOUBLE FEE DUE: _____	
TOTAL AMOUNT DUE: _____	9.30

INSPECTION:

Will be ready on now, 1990; or Will Call _____

CONTRACTOR'S NAME: William Flynn

ADDRESS: Peaks Isl.

TEL: 766-2780

MASTER LICENSE NO.: #4548 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date January 23, 1990
 Receipt and Permit number 01049

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: 88-3-7 Brackett Ave. Peaks Island

OWNER'S NAME: Albert Baldt ADDRESS: Same

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____ FEES

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

SERVICES: Overhead Underground _____ Temporary TOTAL amperes 100 .. 3.00

METERS: (number of) 1 .. 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 _____

INSTALLATION FEE DUE: 3.50

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____

TOTAL AMOUNT DUE: 5.00

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

CONTRACTOR'S NAME: William Flynn

ADDRESS: Centennial St. Peaks Island, Maine 04108

TEL: 766-2780

MASTER LICENSE NO: 4548 SIGNATURE OF CONTRACTOR: [Signature]

LIMITED LICENSE NO: _____

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

PERMIT # 002646 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Albert and Judith Baldi 603-880-2109

Address: 8 Ashland St., Nashua, N.H. 03060

LOCATION OF CONSTRUCTION: 1277 Brackett Avenue Peaks Island

CONTRACTOR: Maine Cedar Log SUBCONTRACTORS: 1-800-341-0405

ADDRESS: Main St., Windham, Me 04062

Est. Construction Cost: \$70,000 Type of Use: single family

Fast Use: _____

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

In Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: MINOR, MINOR SITE PLAN REVIEW and to construct new

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 HHE200,

Residential Buildings Only: and 1 construction plan

Of Dwelling Units _____ # Of New Dwelling Units submitted.

Foundation:

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

Floor:

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

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

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

For Official Use Only

Date: Sept 15, 1989 Subdivision: Yes / No _____

Inside Fire Limits _____ Name _____

Bldg Code _____ Block _____

Time Limit _____ Permit Expiration: _____ Public _____

Estimated Cost: \$70,000 Ownership: _____ Private _____

Value Structure _____

Fee: \$50.00 - Minor, Minor fee

Ceiling:

1. Ceiling Joist Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____
5. Ceiling Height: _____

Roof:

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

Chimneys: _____ 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: 00.75 No _____
2. No. of Tubs or Showers _____
3. No. of Flushes: 00.02
4. No. of Lavatories: 00.02
5. No. of Other Fixtures: 00.02

Swimming Pools:

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

Zoning: _____ District: M-1 Street Frontage Req: _____ Provided _____

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): 17-423

Date Approved: 9-28-89

Permit Received By: Nancy Grossman

Signature of Applicant: [Signature] Date: 9/15/89

Signature of CEO: _____ Date: _____

PERMIT ISSUED WITH LETTER

White-Tax Assessor Yellow-GPCOG White Tag-CEO

Copyright GPCOG 1987

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ 50.00
Other Fees \$ 345.00
(Explain) _____
Late Fee \$ _____

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

COMMENTS

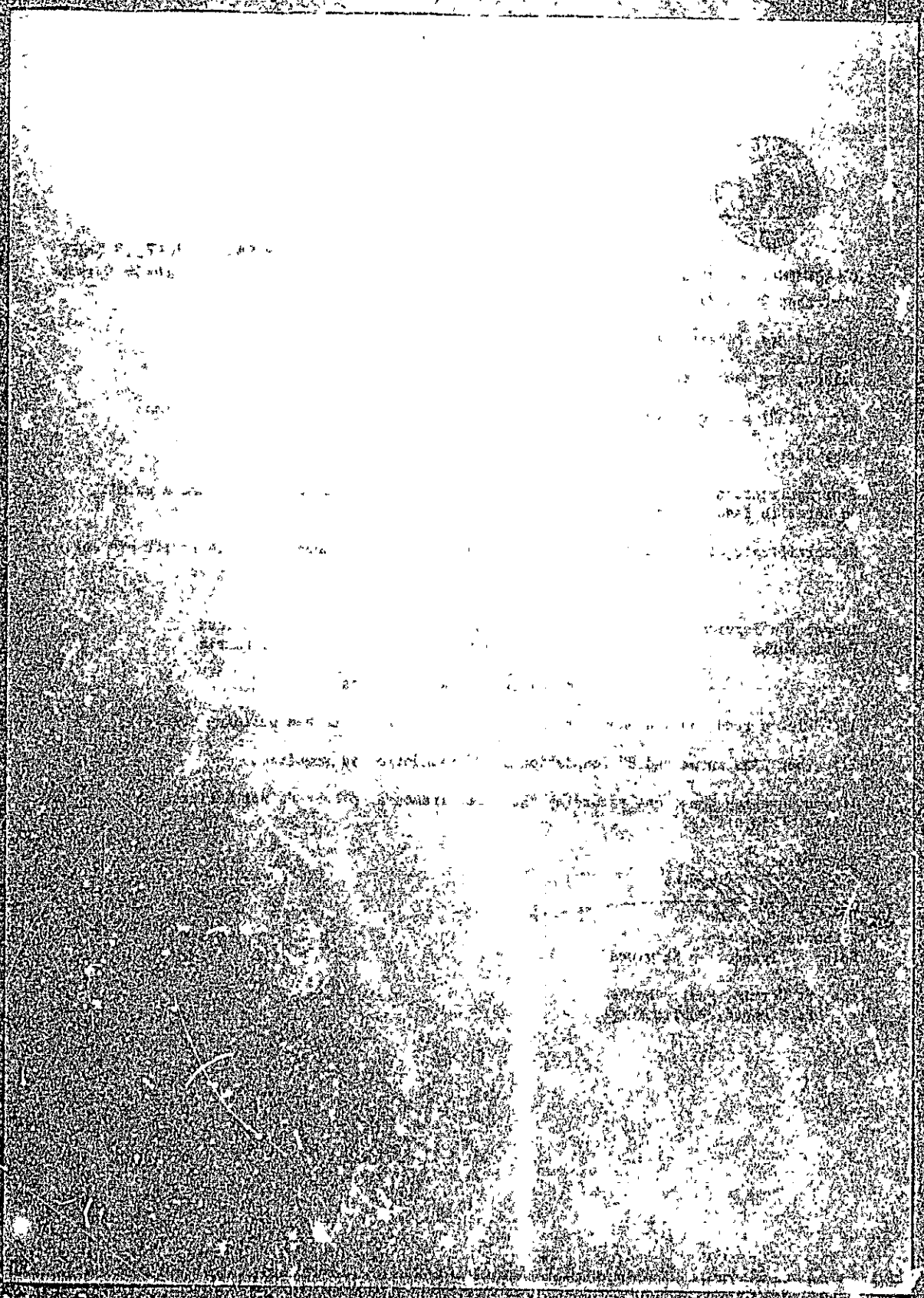
12-13-89 - SP / aa
6/15/94 Done w/out inspection

Signature of Applicant

Albert J. Baker

Date

9/1/89



BUILDING PERMIT REPORT

ADDRESS: Lot #7 Brackett Ave. P.I.

DATE: 29/sep/89

REASON FOR PERMIT: To Construct Single Family Dwellings.

BUILDING OWNER: Albert & Judith Baldi

CONTRACTOR: MAINE Cedar Log

PERMIT APPLICANT: owner

APPROVED: *1 *6 *7 *9 DENIED: _____

CONDITION OF APPROVAL OR DENIAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

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

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

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

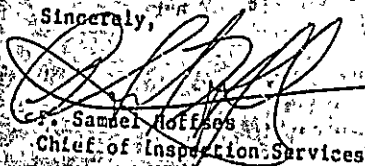
8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire resistance rating. Attached private garages shall be completely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

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

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

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

Sincerely,



Samuel Hoffas
Chief of Inspection Services

/s/
11/16/88

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND - PEAKS ISLANDS**

Street: **BRACKETT AVENUE**

Subdivision Lot #: **TAX MAP 88-BLOCK M-LOT 7**

PROPERTY OWNERS NAME

POUTENIS ROBERT

Last: **ROBERT** First: **POUTENIS**

Applicant Name: **ROBERT POUTENIS**

Mailing Address of Owner/Applicant (if different): **39 TOLMAN AVENUE SHIRLEY MASSACHUSETTS 01464**

PORTLAND PERMIT # **1,189** APPLICANTS COPY

Date Permit Issued: **8, 5, 85** FEE **140** Double Fee Charged

William B. Godwin
Local Plumbing Inspector Signature

L.P.I. # **91231**

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

Owner/Applicant Statement

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

Robert P. Poutenis
Signature of Owner/Applicant

8-5-85
Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY 28,900 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 Volume</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" 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 MODERATE LOW VOLUME TOILET SEPARATED LAUNDRY</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 24</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 300 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>DESIGN FLOW: 170 (GALLONS/DAY)</p>

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. Godwin **003/4814** **5/7/85**
Site Evaluator or Professional Engineer's Signature BE # / PE # Date

Local Plumbing Inspector Signature if a Local Site Evaluation Permit is Under a Local Option

Page 1 of 3
HIF-200 Rev 4-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

DIVISION OF PUBLIC ENGINEERING

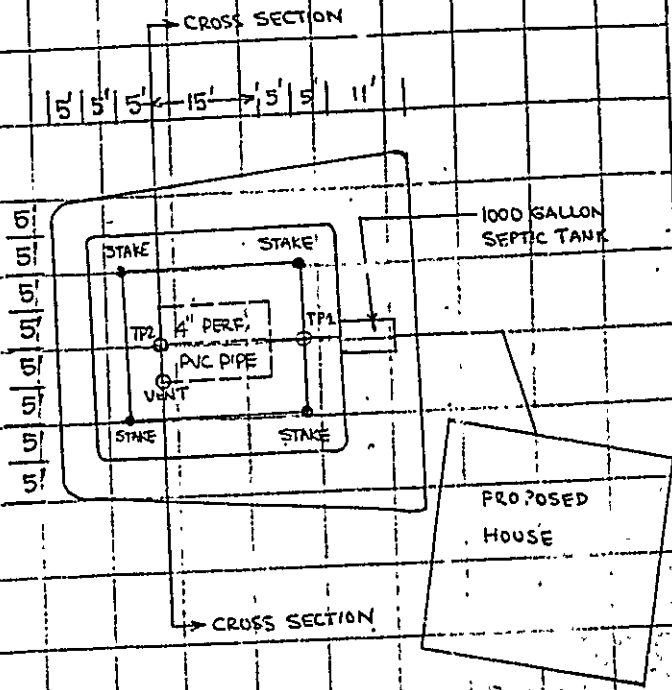
Town, City, Plantation
PORTLAND

Street, Road, Subdivision
PEAKS ISLAND BRACKETT AVE 88-M-7

Owners Name
ROBERT POUTENIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

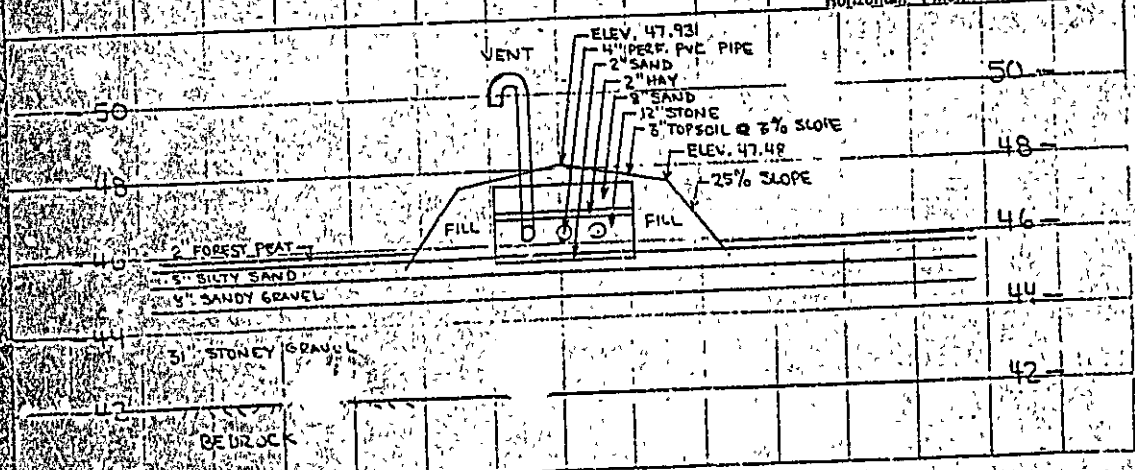
Scale 1" = 20' FL.



FILL REQUIREMENTS	Depth of Fill (Upslope)	15'
	Depth of Fill (Downslope)	33'
CONSTRUCTION ELEVATIONS	Reference Elevation Is	50.00
	Bottom of Disposal Area	45.48
	Top of Distribution Lines or Chambers	46.56
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION		
		SCREW NAIL IN CLUMP OF OAKS 30' WESTEELY OF TEST PIT 1

DISPOSAL AREA CROSS SECTION

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

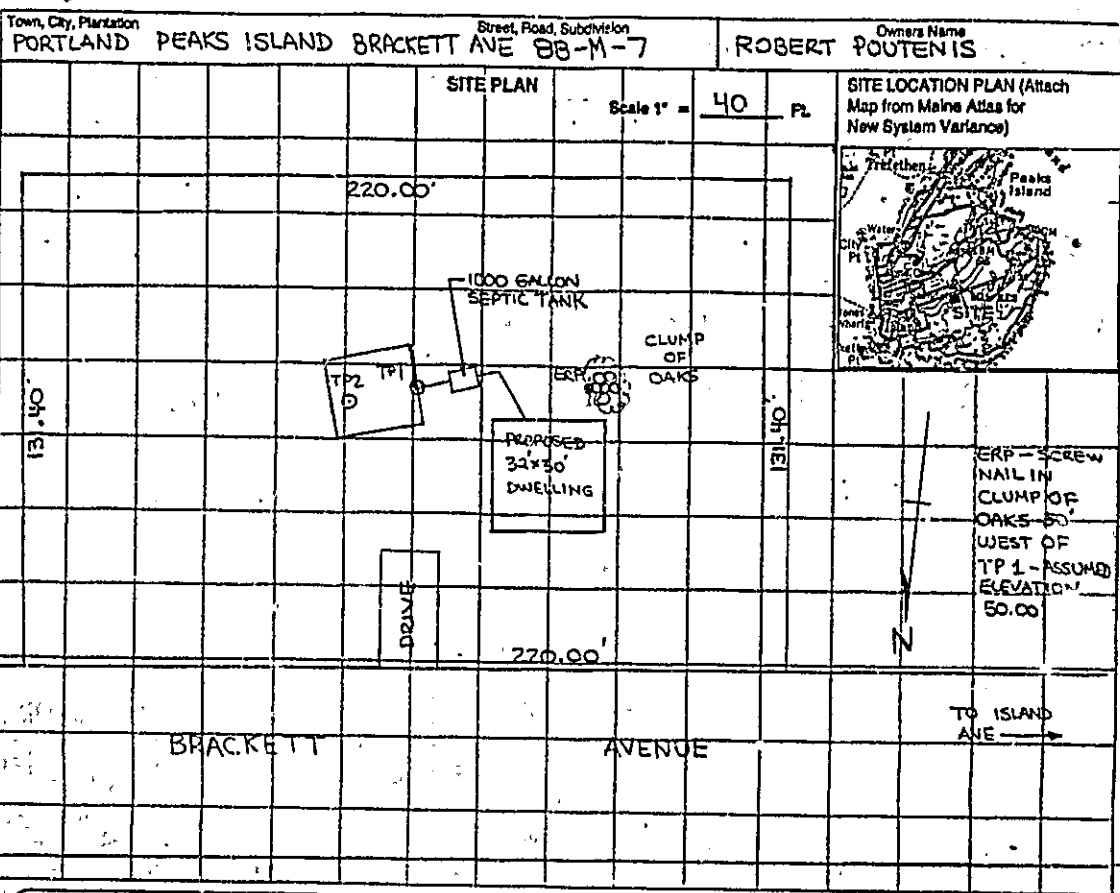


William B. Jordan
Site Evaluator/Professional Engineer's Signature

0003/4814
SE #1 PE #

5/2/85
Date

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



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

Observation Hole 1 Test Pit Boring
 2' FOREST FEAT * Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SILTY SAND		GRAY BROWN	
SANDY GRAVEL		YELLOW BROWN	NONE
	LOOSE		
STONY GRAVEL		RED BROWN	COMMON
			FEW
SHALY BEDROCK			

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil: U Classification: AIII Slope: 3 Limiting Factor: 24 Ground Water Rooting Layer Bedrock

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

Texture	Consistency	Color	Mottling
SILTY SAND		GRAY BROWN	
			NONE
STONY GRAVEL	LOOSE	RED BROWN	
			COMMON
			FEW
SHALY BEDROCK			

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil: U Classification: AIII Slope: 3 Limiting Factor: 2B Ground Water Rooting Layer Bedrock

William B. Goodwin 003/9814 5/7/85
 Site Evaluator or Professional Engineer's Signature SEP/PEP Date

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

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

Processing Form

Applicant Albert and Judith Baldi 603-880-2109

Date Sept 15, 1989

Mailing Address 8 Ashland St., Nashua, N.H. 03060

Address of Proposed Site Lot 7 Brackett Avenue, Peaks Island

Proposed Use of Site single family

Site Identifier(s) from Assessors Maps 88-M-7

Acres of Site / Ground Floor Coverage 2/3 / 816 sq ft

Zoning of Proposed Site TR-1

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

Proposed Number of Floors 2

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

Total Floor Area 1250 sq ft

Planning Board Action Required: () Yes () No

Other Comments: MINOR, MINOR SITE PLAN REVIEW.

Date Dept. Review Due: _____

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

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

Explanation: Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK
as applicable

- COMPLIES
- COMPLIES CONDITIONALLY
- DOES NOT COMPLY

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

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: OK WPA 9-28-89

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND

SITE PLAN REVIEW

Processing Form

Applicant: _____
 Project Name: _____
 Address of Project: _____
 Proposed Use: _____
 Project Location: _____
 Planning Board Review Required: Yes No
 Board of Appeals Review Required: Yes No
 Other Comments: _____
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

Item	Approved	Conditionally Approved	Not Approved
Street Closures			
Utility Relocations			
Water Main Relocations			
Sewer Main Relocations			
Storm Sewer Relocations			
Other			

PLEASE USE

PUBLIC WORKS DEPARTMENT

Applicant: Judith + Albert Baldi Date: 9-28-89
Address: Lot #7 Brackett Ave Peaks Island
Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date - 9-28-89

Zone Location - IR-1

Interior or corner lot -

Use - single

Sewage Disposal - septic OK

Rear Yards - 30' 30' req

Side Yards - OK 20' req.

Front Yards - 30' 30' req.

Projections -

Height - 1 1/2 stories

Lot Area - 28,000+ sq ft 14-433

Building Area - 24x34

Area per Family - single

Width of Lot - 219.76' ±

Lot Frontage - same

Off-street Parking - 2 cars

Loading Bays - N/A

Site Plan - or minor

Shoreland Zoning - N/A

Flood Plains - N/A

MAINE CEDAR LOG HOME SPECIFICATIONS

Specifications listed are for standard models shown in this brochure, and are subject to change without notice. In prefabricated packages, rafters are pre-cut. Shingles used are guaranteed by the manufacturer for 25 years; the initials "MA" in some categories indicates this item is not applicable. All framing and other building materials used are of the best quality. Manufacturer's bulletins are available on windows and doors. This specification sheet is intended as a guide only; specifications may change from model to model.

		ALLAGASH	AKUNDEL	ASPEN or KILLINGTON	BIGELOW	BRISTOL	CHESUNCOOK	CHISHOLM	KEZAR	KINEO	MILO	MONHEGAN	OSSIPEE	SEIAGO	SUGARLOAF	SUNAPEE	TIMBERLINE	WOODLAND	
Roof System	Roof Pitch	10/12	Gambrel	12/12	7/12 & 12/12	10/12	6/12	10/12 & 8/12	6/12	10/12	10/12	10/12	6/12	10/12	24/12	7 1/2/12 & 12/12	6/12	6/12	
	Rafters, KD	2 x 8	2 x 8 & 2 x 6	2 x 12	2 x 12	2 x 12	2 x 6	2 x 12	2 x 8	2 x 12	2 x 6	2 x 12	2 x 8	2 x 12	2 x 8	2 x 12	2 x 8	2 x 8	
	Roof Spacing	16"	16"	24"	24"	24"	24"	16" & 24"	16"	24"	24"	16"	16"	24"	24"	24"	24"	16"	
	Roof Sheathing	3/4" x 8 plywood		Pine Boards	3/4" x 4 x 8 CDX plywood		Pine Boards	3/4" CDX Plywood			1/2" Pine Boards	3/4" x 4 x 8 CDX Plywood		Pine Boards	CDX Plywood	Pine Boards	3/4" CDX Plywood		
	15# Felt	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
	Heavyweight asphalt roof shingles	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
	Tongue & Groove Cedar Overhangs	yes	yes	no	yes	yes	no	yes	yes	yes	yes	yes	yes	yes	yes	no	yes	no	yes
	Eave and Rake Drip Edge	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
	Eave and Rake Vents	yes	yes	yes	yes	yes	no	yes	yes	yes	no	yes	yes	yes	no	yes	yes	yes	yes
	Cedar Fascia and Roof Trim	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Windows & Doors	Insulated double windows (sky lights) with Low E glass	yes	n/a	n/a	yes	n/a	n/a	n/a	n/a	n/a	n/a	yes	n/a	n/a	yes	n/a	n/a	n/a	
	Anderson windows with High Performance glass screens also	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	
Porch & Deck	Exterior Door Type	Your choice of insulated steel or fiberglass doors with Low E glass or our own cedar log doors (camp use)																	
	(*) Deck Included	n/a	8 x 34	8 x 24	optional	n/a	n/a	8 x 28 & 8 x 28 wraparound	n/a	n/a	n/a	no	n/a	n/a	12 feet wraparound	8 x 32	(2) 8 x 36	no	
	(**) Porch Included	10 x 24	6 x 12	no	no	8 x 24	8 x 16	no	8 x 24	8 x 22	8 x 16	no	8 x 20	8 x 24	no	no	no	no	

(*) Deck includes cedar board flooring on 2x6, 16" o.c. Pressure treated joists with cedar log fascia trim.
 (**) Porch includes deck material, cedar log porch posts, 2x6-16" o.c. rafters, 1" T&G pine ceiling, log gable ends as well as the same roofing, trim, overhang and hardware as the main house.

KD = kiln-dried lumber
 o.c. = on center

MAINE CEDAR LOG HOME SPECIFICATIONS

Specifications listed are for standard models shown in this brochure, and are subject to change without notice. In prefabricated packages, rafters are pre-cut. Shingles used are guaranteed by the manufacturer for 25 years. The initials "n/a" in some categories indicates that this item is not applicable. All framing and other building materials used are of the best quality. Manufacturers' bulletins are available on windows and doors. This specification sheet is intended as a guide only. Specifications may change from model to model.

	ALLAGASH	ARUNDEL	ASPEN or KILLINGTON	BIGELOW	BRISTOL	CHESUNCOOK	CHISHOLM	KEZAR	KINEO	MILO	MONHEGAN	OSSIPEE	SEBAGO	SUGARLOAF	SUNAPEE	TIMBERLINE	WOODLAND		
Floor System	Pressure-treated Sills	n/a	2 x 6	2 x 6	2 x 6	2 x 6	n/a	2 x 6	n/a	2 x 6	n/a	2 x 6	2 x 6	2 x 6	2 x 6	2 x 6	2 x 6	2 x 6	
	1" Sill Insulation	n/a	yes	yes	yes	yes	n/a	yes	n/a	yes	n/a	yes	yes	yes	yes	yes	yes	yes	
	Build-up Girdler Stock KD	2 x 10	2 x 10	2 x 10	2 x 12	2 x 10	n/a	2 x 12	2 x 10	2 x 10	n/a	2 x 12	2 x 10	2 x 10	n/a	n/a	2 x 10	2 x 10	
	Floor Joists @ 16" o.c. KD	2 x 8	2 x 8 & 2 x 10	2 x 8	2 x 10	2 x 8	2 x 12	2 x 10	2 x 8	2 x 8	2 x 12	2 x 10	2 x 8	2 x 8	2 x 8 & 2 x 10*	2 x 10+ slab	2 x 8	2 x 8	2 x 8
	3/4" Steel Posts	n/a	yes	yes	yes	yes	n/a	yes	n/a	yes	n/a	yes	yes	yes	yes	n/a	n/a	yes	
	Sub-floor	3/4" CDX plywood					Pine Boards	3/4" CDX Plywood	Pine Boards	3/4" CDX Plywood	Pine Boards	3/4" x 4 1/2" CDX plywood			Pine Boards	3/4" x 4 1/2" CDX plywood			
	Loft or 2nd Floor Subfloor	3/4" CDX Plywood					n/a	3/4" CDX Plywood			n/a	3/4" CDX Plywood	n/a	3/4" CDX Plywood	Pine Boards	3/4" CDX Plywood	n/a	n/a	
Rough Stair Materials	** yes	yes	yes	yes	yes	n/a	yes	n/a	yes	n/a	yes	yes	yes	** yes	yes	yes	yes	yes	
Walls	3x4 Studs @ 24" o.c.	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	
	3/4" CDX Plywood Sheathing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	
	Tyvek® House Wrap	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	
	Whit. Cedar T&G Logs	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	
	Logs Caulked	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	
	Headers	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	4 x 8	
	Int. Wall Partitions 2x4, 16" o.c. KD	yes	yes	yes	yes	yes	n/a	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	

* 2nd flr. joists in Sugarloaf are 24" o.c.
 ** In Allagash and Sugarloaf, "stairs" are ship-ladder only

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

Location of Construction: 191 Brackett Ave Peaks Isl, ME		Owner: 04108 X Raldi, July & Al	Phone:	Permit No: 50858
Owner Address:	Leasee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED Permit Issued: AUG 16 1995 CITY OF PORTLAND
Contractor Name: Brian Pratt	Address: 92 Lighthouse Rd Falmouth, ME	Phone: 04105 797-3322		
Past Use: F-1000	Proposed Use: Saze	COST OF WORK: \$ 18,800.00	PERMIT FEE: \$ 115.00	
Proposed Project Description: Construct Addition (12' x 16')		FIREDEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: Signature: <i>[Signature]</i>	Zone: CBL: 088-X-006 Zoning Approval: <i>[Signature]</i> 8/16/95
Permit Taken By: Mary Creeik	Date Applied For: 09 August 1995	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

- This permit application doesn't 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.

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 this application 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: *Brian Pratt* ADDRESS: DATE: 09 August 1995 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: *8/16/95*

CEO DISTRICT: **6**

[Signature]

COMMENTS

Lined area for handwritten comments.

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	<i>Completed O.R. Plans</i>	<i>6/17/16</i>
Other:	_____	_____

BUILDING PERMIT REPORT

DATE: 16/Aug/95 ADDRESS: 191 Brackett Ave P.I.
 REASON FOR PERMIT: 12'x16' Addition
 BUILDING OWNER: Baldi, Judy's AL
 CONTRACTOR: Brian Pratt APPROVED: K1 *7 *9 *14
 PERMIT APPLICANT: _____ DENIED: *16

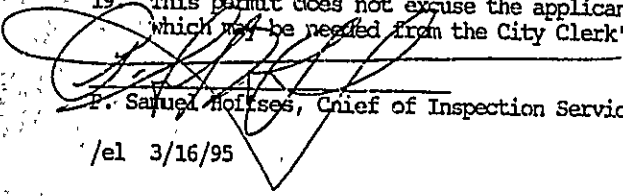
CONDITION OF APPROVAL OR DENIAL

- X 1. Before concrete for foundation is placed, approvals from the ~~Development Review Coordinator and~~ Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
2. Precaution must be taken to protect concrete from freezing.
3. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
4. All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with selfclosers.
5. Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
6. The boiler shall be protected by enclosing with one(1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 sq. feet per sprinkler.
- K 7. Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue, they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508 mm), and a minimum net clear opening of 5.7 sq. feet.
8. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
- K 9. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's building code Chapter 9, section 19, 919.3.2(BOCA National Building Code/1993), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):

1. In the immediate vicinity of bedrooms
2. In all bedrooms
3. In each story-within-a dwelling unit, including basements

In addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted.

10. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4 section 407.0 of the BOCA/1993)
11. Guardrail & Handrails-A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
12. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10, section & subsections 1023. & 1024. of the City's building code. (The BOCA National Building Code/1993)
13. Stair construction in Use Group R-3 & R-4 is a minimum of 9" tread and 8-1/4" maximum rise. All other Use Group minimum 11" tread, 7" maximum rise.
- *14. Headroom in habitable space is a minimum of 7'6".
15. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
- *16. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued or demolition permit is granted.
17. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
18. The builder of a facility to which Section 4594-C of the Maine State Human Rights MRSA refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
19. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's Office.


P. Samuel Hoopes, Chief of Inspection Services

/el 3/16/95

Applicant: Brian Pratt
Address: 191 Brackett Ave
Assessors No.: 88-M-007

Date: 8/16/95

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - IR1

Interior or corner lot -

Use: 12' x 16' Addition

Sewage Disposal -

Rear Yards - 30' req - 30' + shown

Side Yards - 20' req 20' + shown

Front Yards - 30' req N/A

Projections -

Height - 1 story

Lot Area -

28,600[#] FOR ASSESSORS

Building Area - MAX 20% coverage = 5720[#] MAX

Area per Family -

Width of Lot -

Lot Frontage -

Off-street Parking -

Loading Bays -

Site Plan - N/A

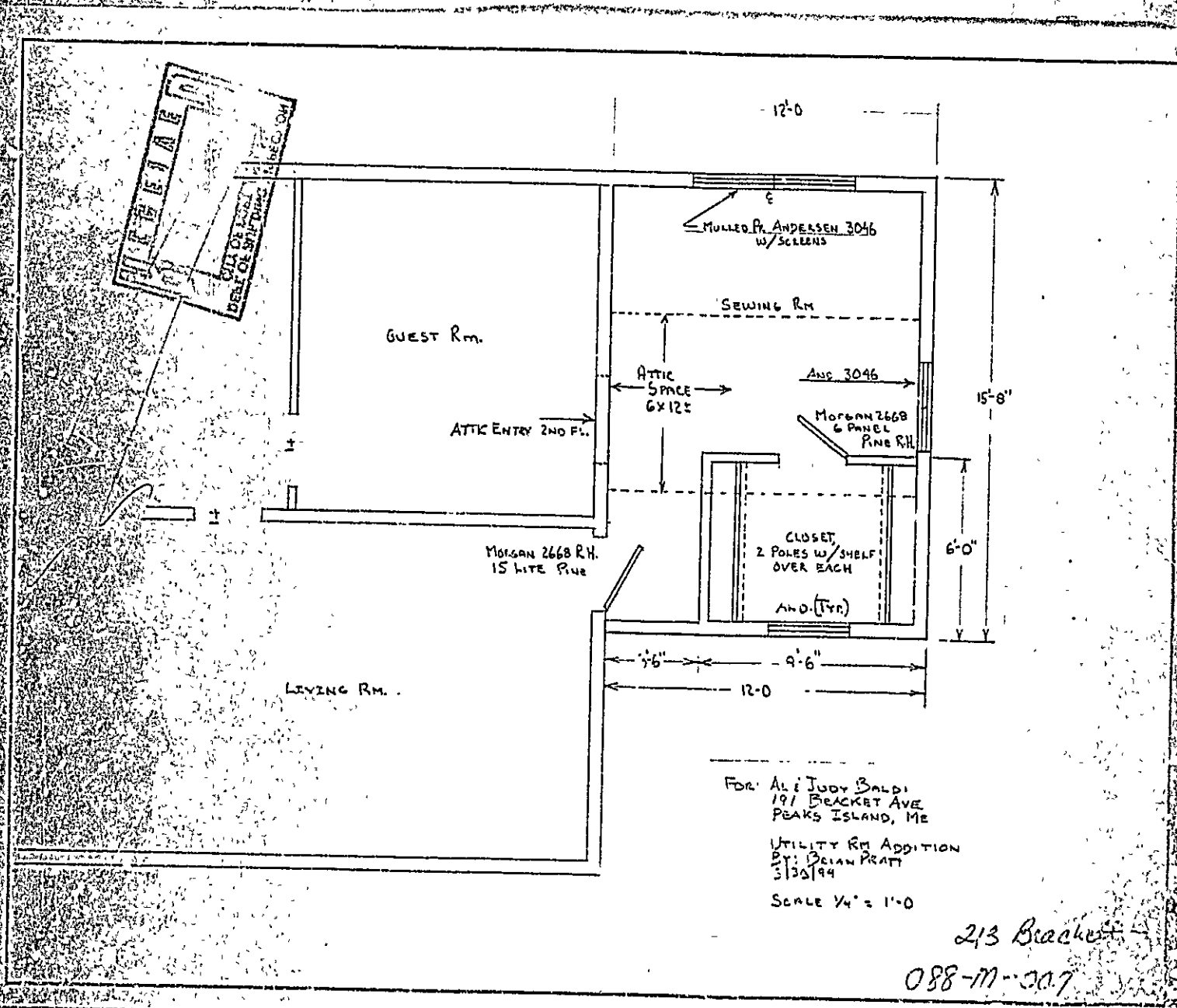
Shoreland Zoning - N/A

Flood Plains - N/A

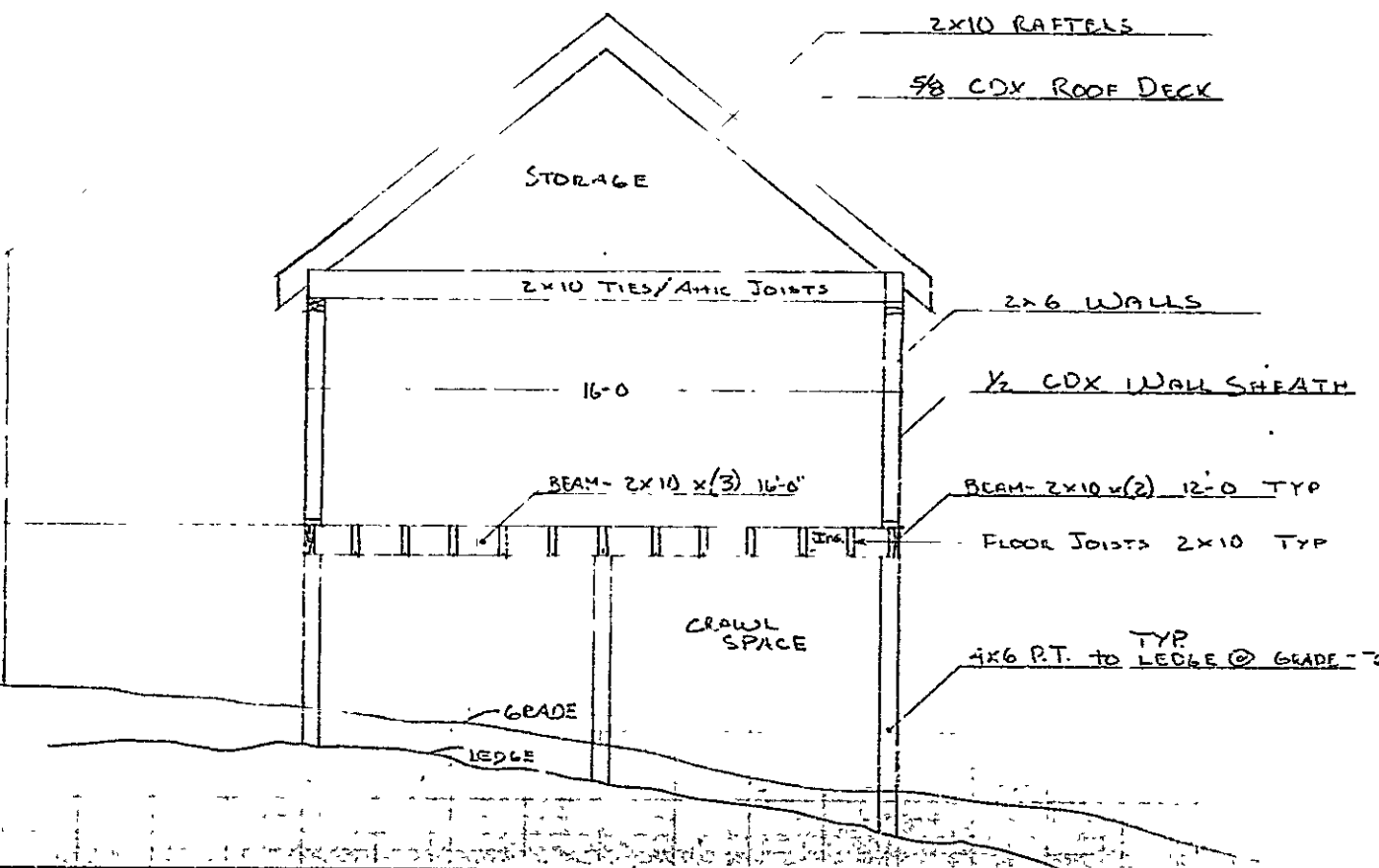
house 30 x 32 = 960[#]

addition 12 x 16 = 192[#]

1152[#]



NOT TO SCALE
 DIMENSIONS TO FACE
 UNLESS OTHERWISE NOTED



CRYSTAL
a fine name in carpentry
 1100 CRYSTAL DRIVE
 PRINCETON, MN 55371
 (612) 389 4187

DEALER
 PRION PRATT
 STREET
 92 LIGHTS RD
 CITY
 FAL ME 04105
 STATE ZIP
 797 3322
 DATE 8/1/95 PO NO.

DRAWN BY SCALE
 D. PRATT 1/4" = 1'-0"

CASNET LINE
 DOOR STYLE
 WOOD LAMINATE
 FINISH
 HARDWARE
 ADD'L INFORMATION

CUSTOMER NAME
 AL & JUDY BALDI
 CITY/STATE
 121 BRACKET AVE
 OF
 PEAKS ISLAND, ME

FORM 100 (6/78)