

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND PERMIT # 1,187 TOWN COPY \$ 40 FEE L.P.I. # 0123 Local Plumbing Inspector Signature Date Approved
Town Or Plantation	PORTLAND - PEAKS ISLAND	
Street	BRACKETT AVENUE	
Subdivision/Lot #	TR MAP 88 - BLOCK M - LOT 8	
PROPERTY OWNERS NAME		
ROUTENIS	ROBERT	
Last:	First	
Applicant Name:	ROBERT ROUTENIS	
Mailing Address of Owner/Applicant (If Different)	39 TOLMAN AVENUE SHIRLEY, MASS. 01654	
Owner/Applicant Statement		Caution: Inspection Required
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 R. Routenis Signature of Owner/Applicant Date 8-5-85		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 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: YES/NO FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 1. <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
SIZE OF PROPERTY: 7,8,600 ZONING: Residential-3		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 750 GALS	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC) 2 BEDROOM NO LAUNDRY TO BE INSTALLED LOW VOLUME TOILET MODERATE DESIGN FLOW: 178 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: A-III DEPTH TO UNSATURATED ZONE: 25	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"/> BFD 480 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 June 15, 1985 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Jordan 003/4814 6/28/85
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date

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

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND-PEAKS ISLAND** Street, Road, S. Division: **BRACKETT AVE & NO. 88-M-8** Owners Name: **ROBERT POUTENIS**

SITE PLAN Scale 1" = 50 FL

SITE LOCATION PLAN (Attach)

PROPOSED 30' x 12' HOME SITE

LOT 7, LOT 8, LOT 9

BRACKETT AVENUE

TRAVELLED WAY

ROW

WOOD STAKE NO.

1% SLOPE

TP2

TP1

N

PEAKS ISLAND

SITE

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole #1 Test Pit Boring

1" FOREST DEPTH Depth of Organic Horizon Above Mineral Soil:

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-2	FINE SANDY LOAM	FRIABLE	MEDIUM BROWN	NONE
2-10	VERY STONY FINE SANDY LOAM	FRIABLE	REDDISH BROWN	
10-15				
15-20				
20-30				
30-40				
40-50	SHALY BEDROCK			

Soil Classification: 4 A-III Loam

Slope: 1% Limiting Factor: 35"

Ground Water Aquic Layer Surface

Observation Hole #2 Test Pit Boring

2" Depth of Organic Horizon Above Mineral Soil:

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-2	FINE SANDY LOAM	FRIABLE	DARK BROWN	NONE
2-10	VERY STONY FINE SANDY LOAM	FRIABLE	REDDISH BROWN	
10-15				
15-20				
20-30				
30-40	SHALY BEDROCK			

Soil Classification: 4 A-III Loam

Slope: 1% Limiting Factor: 25"

Ground Water Aquic Layer Surface

William B. Goodwin 003/4814 6/28/85
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

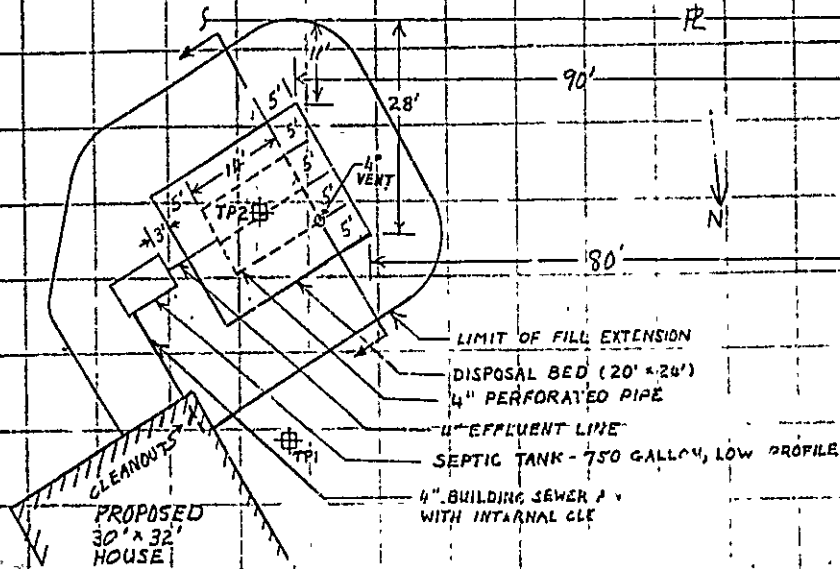
Town, City, Plantation
PORTLAND - PEAKS ISLAND

Street, Road, Substation
BRICK E. T. AVENUE
8'-7" W-7

Owners Name
ROBERT POUTENIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

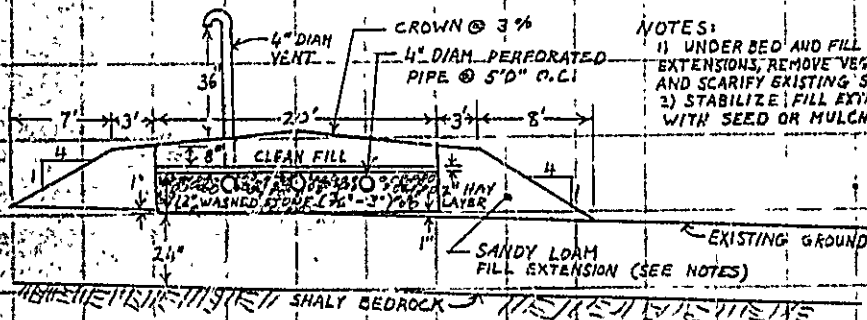
Scale 1" = 20' Fl.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	21"	Reference Elevation is	102.00	NAIL IN CMP POLE 16 AT EDGE OF BRACKETT AVE.	
Depth of Fill (Downslope)	23"	Bottom of Disposal Area	99.13		
		Top of Distribution Lines or Chambers	91.05		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4' Fl.
Horizontal: 1 inch = 10' Fl.



- NOTES:
- 1) UNDER BED AND FILL EXTENSIONS, REMOVE VEGETATION AND SCARIFY EXISTING SOIL.
 - 2) STABILIZE FILL EXTENSIONS WITH SEED OR MULCH.

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

003/4814
SE #1 PE #

6/28/85
Date

Page 3 of 3
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CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant Robert Poutenis

Date August 5, 1985

Mailing Address 39 Tolman Avenue, Shirley, MA 01464

Address of Proposed Site #88-M-8 Brackett Avenue, Peaks Island

Proposed Use of Site single family dwelling
28,600 SF

Site Identifier(s) from Assessors Maps #88-M-8
R-3

Acres 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	LIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: _____

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Conc't Poutenis

August 3, 1985

Applicant

Date

29 Tolman Avenue, Shirlev, MA 01364

468-M-8 Brackett Avenue, Peaks Island

Mailing Address

Address of Proposed Site

Proposed Use of Site

Site Identifier(s) from Assessors Maps

38,390 sq ft

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:

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received)

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TRAVEL MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER
APPROVED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
APPROVED CONDITIONALLY															
DISAPPROVED															

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

(Attach Separate Sheet if Necessary)

Robert J. Roy Aug 22 1985

SIGNATURE OF REVIEWING STAFF/DATE

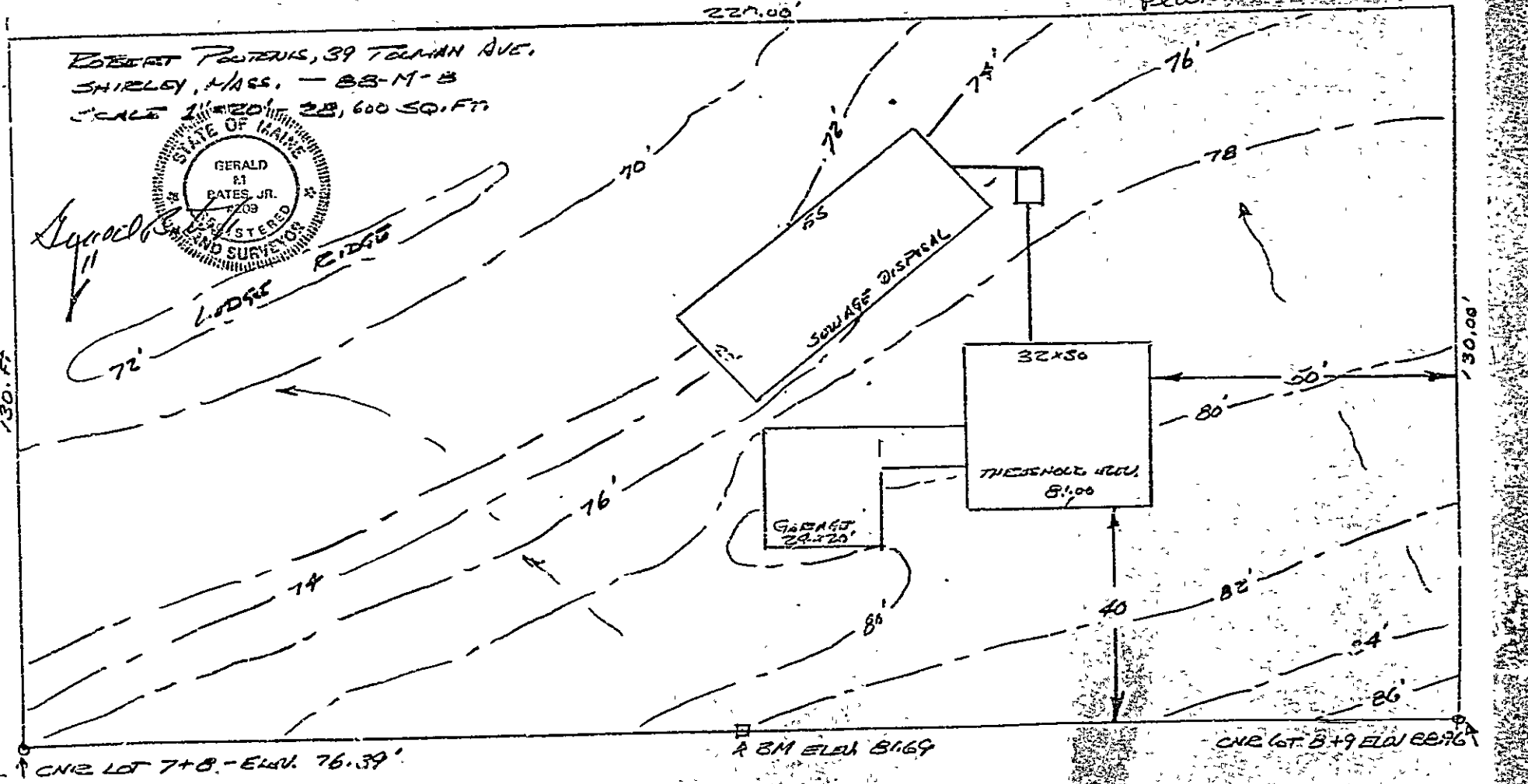
PUBLIC WORKS DEPARTMENT COPY

ROBERT PATRICKS, 39 TOLMAN AVE.
 SHIRLEY, MASS. - 88-M-8
 SCALE 1" = 20' 28,600 SQ. FT.



Seacoast Ridge

88-M-8 Brackett Av. Peaks Island



130. FT

227.00'

30.00'

ONE 1/2 LOT 7+8 - ELEV. 76.39'

A BM ELEV. 81.69

ONE LOT 8+9 ELEV. 88.76

BLACKWELL ST., PEAKS ISLAND

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

0.0124

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-8 Brackett Avenue, Reark Island ... Fire District #1 [] #2 []
1. Owner's name and address Robert Foutanis, 39 Tolman Ave. S 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
Last use No. families
Material No. stories Heat Style of roof Roofing

Estimated contractual cost \$ 10,000

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

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

with detached garage 20' x 16' approximate size

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? ... yes
Is connection to be made to public sewer? ... yes no ... If not what is proposed for sewage? ... septic system syst
Has septic tank notice been sent? ... Form notice sent?
Height average grade to top of plate ... yes ... Height average grade to highest point of roof
Size, front ... depth ... 30 ... No. stories ... 2 ... solid or filled 'and? ... ledge earth or rock? ... rock
Material of foundation ... Thickness, top ... 12" bottom ... 12" cellar ... slab
Kind of roof ... flat concrete ... Rise per foot ... 12 ... Roof covering ... commercial rubber
No. of chimneys ... Material of chimneys ... of lining ... clay kind of heat ... elec fuel
Framing Lumber - Kind ... Dressed or full size? ... brick ... Corner posts ... Sills
Size Girder ... zinc & oak ... Size ... Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in eave, floor and flat roof span over 8 feet.
Joists and rafters: 1st floor ... 2nd ... 6 x 6 ... 3rd ... roof ... 6 x 8
On centers: 1st floor ... cement slab ... 2nd ... 6 x 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 ... 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 - PLAT. EXAMINER ... Will work require disturbing of any tree on a public street? no
ZONING:
BUILDING CODE: ... Will 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 observed? yes
Others:

Signature of Applicant ... Robert Foutanis ... Phone #
Type Name of above Robert Foutanis 1 [] 2 [] 3 [] 4 []

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

B PERMIT # 002297 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.
Call will pick up permit

Owner: Janice A. Blake (Permit to) 767-2404
 Address: 76 Spring St. Apt. 304 So. Portland, 04106
 LOCATION OF CONSTRUCTION 88-M-8 Brackett Ave. P.I.
 CONTRACTOR: Solar Design & Construction 892-3658
 ADDRESS: 8 Johnson Rd. Windham, 04062

For Official Use Only	
Date: <u>June 23, 1989</u>	Subdivision: Yes / No <u>NO</u>
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$171,000</u>	Permit Expiration: _____
Value/Structure _____	Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Fee: <u>\$875.00</u>	

Est. Construction Cost: \$171,000 Type of Use Single Family Year Round
 Past Use: vacant lot W/attached garage
 Building Dimensions 162 W 34 Sq. Ft. # Stories: 2 Lot Size: 28,600
 Is Proposed Use: Seasonal Condominium Apartment
Conversion - Explain year round single family

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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

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

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

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

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____
 5. Ceiling Height: _____ JUL 7 1989

Roof:
 1. Truss or Rafter Size _____ City of Portland
 2. Sheathing Type _____
 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: _____ Street Frontage Req: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other: _____ (Explain) _____
 Date Approved: _____

Permit Received By Latini

Signature of Applicant Janice A. Blake Date 6/23/89

Signature of CEO _____ Date _____

Inspection Dates 7/23

PERMIT # 002297 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.
Call - will pick up permit

Owner: Janice A. Blake (Permit to) 767-2404

Address: 76 Spring St. Apt. 304 So. Portland, 04106

LOCATION OF CONSTRUCTION 88-H-8 Brackett Ave. P.I.

CONTRACTOR Scier Design & Construction 893-3658

ADDRESS 48 Johnson Rd. Windham, 04062

Est. Construction Cost: \$171,000 Type of Use: Single Family Year Round

Past Use: vacant lot N/attached garage

Building Dimensions L52 W 26 Sq. Ft. # Stories: 2 Lot Size: 28,600

Is Proposed Use: Seasonal Condominium Apartment

Conversion - Explain year round single family

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 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. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only

Date: June 23, 1989 Subdivision: Yes / No KB

Inside Fire Limits _____ Name _____

Bldg Code: _____ Lot: _____

Time Limit: _____ Block _____

Estimated Cost: \$171,000 Permit Expiration _____

Value/Structure _____ Ownership: _____ Public _____ Private _____

Fee: \$875.00

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing: PERMIT ISSUED
3. Type Ceiling: _____
4. Insulation Type _____ Size JUL 7 1989
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ City Of Portland
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) 00.278 Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes: 00.00
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: 17' x 30' on 20' square footage
3. Must conform to National Electrical Code and State Law.

Zoning:

District: RS-1 Street Frontal Setback: _____ Side: _____

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: 6/23/89

Permit Received By: Latini

Signature of Applicant: Janice A. Blake Date: 6/23/89

Signature of CEO: _____ Date: _____

Inspection Dates: _____

PERMIT ISSUED WITH LETTER

PLOT PLAN

N
↑

FEES (Breakdown From Percent)
 Base Fee \$ 875.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ 50.00 Minor Minor
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____
 Total \$925.00

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

COMMENTS Submitting 2 sets construction plans 2 plot plans

3-16-90 - Frame Formed general all OK. WI/OK @
 8-18-90 - Complete OK. done CO

Signature of Applicant

Janice A. Blake

Date

June 23, 1989



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

July 7, 1989

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

Ms. Janice A. Blake
76 Spring Street
Apt. 304
South Portland, Maine 04106

Dear Ms. Blake:

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

Site Plan Review Requirements

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

Building Code Requirements

1. Please read and implement items 1, 6, 7, 8 and 9 of the attached building permit report.
2. This permit is being issued with the understanding that it is only a single family dwelling.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc

cc: William Giroux, Zoning Codes Enforcement Officer
Steve Harris, Public Works

BUILDING PERMIT REPORT

ADDRESS: 88M-2 Burchett Ave P.I.

DATE: 6/July/89

REASON FOR PERMIT: To Construct A Single Family Dwelling with Garage

BUILDING OWNER: Janice A. Blake

CONTRACTOR: Solar Design & Cont.

PERMIT APPLICANT: owner

APPROVED: 1/6/89

~~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 of 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 window 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 the 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 Groups R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

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

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

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


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

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

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

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

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el
11/16/88

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

Applicant Janice A. Blake Date June 23, 1989
 Mailing Address 76 Spring St. Apt 304 So. Portland, 04106
 Address of Proposed Site Brackett Ave. Peaks Island
 Proposed Use of Site Year Round Single Family with Attached Garage
 Site Identifier(s) from Assessors Maps 88-M-8
 Acreage of Site / Ground Floor Coverage 28,600 / 1804 sq. ft.
 Zoning of Proposed Site IR-1
 Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No
 Proposed Number of Floors 2
 Total Floor Area 2837 sq. ft.
 Other Comments: _____
 Date Dept. Review Due: _____

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

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

Explanation _____
 Use complies with Zoning Ordinance — Staff Review Below

Zoning Space & Bulk, as applicable

COMPLIES
 COMPLIES
 CONDITIONALLY
 DOES NOT
 COMPLY

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

CONDITIONS SPECIFIED BELOW
 REASONS SPECIFIED BELOW

REASONS: OK W.P.A. 7-6-89

SIGNATURE OF REVIEWING STAFF/DATE
 BUILDING DEPARTMENT--ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Janice A. Blake Date June 23, 1989
 Mailing Address 76 Spring St. Apt 304 So. Portland, 04106
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 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No
 Proposed Number of Floors 2
 Total Floor Area 1837 sq. ft.

Other Comments: _____
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

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

REASONS: _____

 (Attach Separate Sheet if Necessary)

Steph K. Harris 6/26/89
 SIGNATURE OF REVIEWING STAFF/DATE
 PUBLIC WORKS DEPARTMENT COPY

Applicant: *Tamice Blake*

Date: *7-6-89*

Address: *88-M-8*

Assessors No.: *88-M-8*

CHECK LIST AGAINST ZONING ORDINANCE

Date - *7-6-89*

Zone Location - *IR-1*

Interior or corner lot -

Use - *single*

Sewer Disposal - *OK*

Rear Yards - *OK*

Side Yards - *OK*

Front Yards - *OK*

Projections - *None*

Height - *2 1/2 stories*

Lot Area - *28,600 sq. ft.*

Building Area - *62' x 26'*

Area per Family - *single*

Width of Lot - *OK*

Lot Frontage - *OK*

Off-street Parking - *OK*

Loading Bays - *N/A*

Site Plan -

Shoreland Zoning -

Flood Plains -

*Checked on possible illegal division
from abutting property - checks out all right*

WDT



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Lot 88-M-8
Brackett Avenue, Peaks Island

June 30, 1989


Ms. Janice A. Blake
76 Spring Street, Apt. 204
South Portland, Maine 04106

Dear Ms. Blake:

This is in reference to your application for a building permit for a single family with garage on Lot 83-M-8 on Brackett Avenue, Peaks Island, in the IR-1 Zone.

In order to complete the processing of our building permit application, it will be necessary for this office to have three copies of the HHE-Form 200, Soil Test Analysis Results for inground septic disposal. In the event your lot is served by a public sewer, please so advise this office.

Sincerely


William D. Giroux
Zoning Enforcement Officer

cc: P. Samuel Hoffses, Chief, Inspections Services.
Ernold R. Goodwin, Chief, Plumbing Inspections.
Arthur Addato, Code Enforcement Officer
Wayren J. Turner, Administrative Assistant

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3926

PROPERTY ADDRESS		PORTLAND PERMIT # 3,484 TOWN COPY Date Paid: 6/21/89 \$ 40.00 FEE Double Fee Charged L.P.I. # 11213 Local Plumbing Inspector Signature
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	BRACKETT AVENUE	
Subdivision Lot #	TAX MAP 83 BLOCK M LOT 8	
PROPERTY OWNERS NAME		
Applicant Name*	JANICE BLAKE	
Last:	JANICE	
First:	BLAKE	
Mailing Address of Owner/Applicant (If Different)	32 ARCHELAUS PLACE WEST NEWBURY MASS. 01985	
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	INSTALLATION IS COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> 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: 28,600 SF ZONING: I R 1		

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 450 LOW VOLUME TOILET 45 DESIGN FLOW: 405 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: AIII DEPTH TO LIMITING FACTOR: 30	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"/> EXTRALARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ 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

On AUGUST 21, 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 G. Spelman 0003/4814 10/24/88
 Site Evaluator or Professional Engineer's Signature SE # TPE # Date

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

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

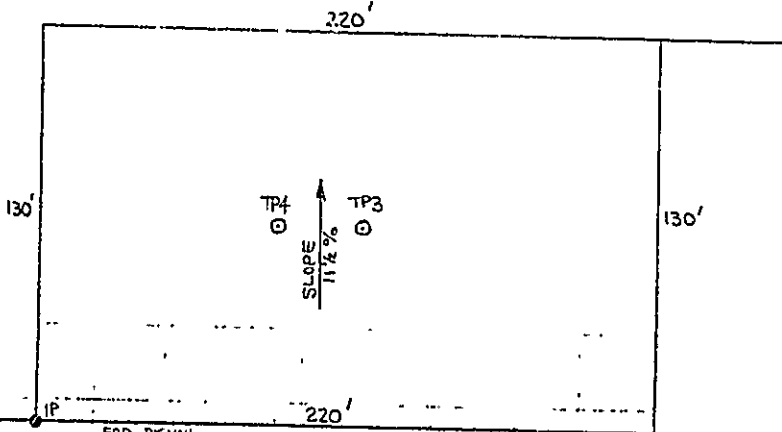
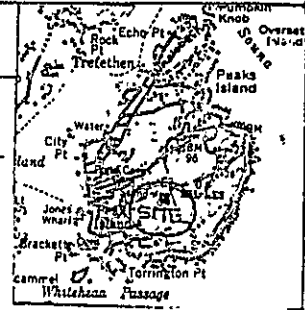
PORTLAND PEAKS ISLAND BRACKETT AVE 88-M-8

Owner's Name

JANICE BLAKE

SITE PLAN

Scale 1" = 50' FL



ERP-PK NAIL
IN CMP POLE
#16

BRACKETT AVENUE

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

Observation Hole 3 Test Pit Boring

2' FOREST FEET • Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAM		DARK BROWN	
SANDY LOAM		DARK REDDISH BROWN	
LOAMY GRAVEL	LOOSE	RED BROWN	NONE
			FEW
BEDROCK			

Soil Profile: 4 Classification: A₁ Slope: 11.5 % Limiting Factor: 25

Ground Water Restrictive Layer Bedrock

Observation Hole 4 Test Pit Boring

2' FOREST FEET • Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SANDY LOAM		DARK REDDISH BROWN	
LOAMY GRAVEL	LOOSE	RED BROWN	NONE EVIDENT
BEDROCK			

Soil Profile: 4 Classification: A₁ Slope: 11.5 % Limiting Factor: 30

Ground Water Restrictive Layer Bedrock

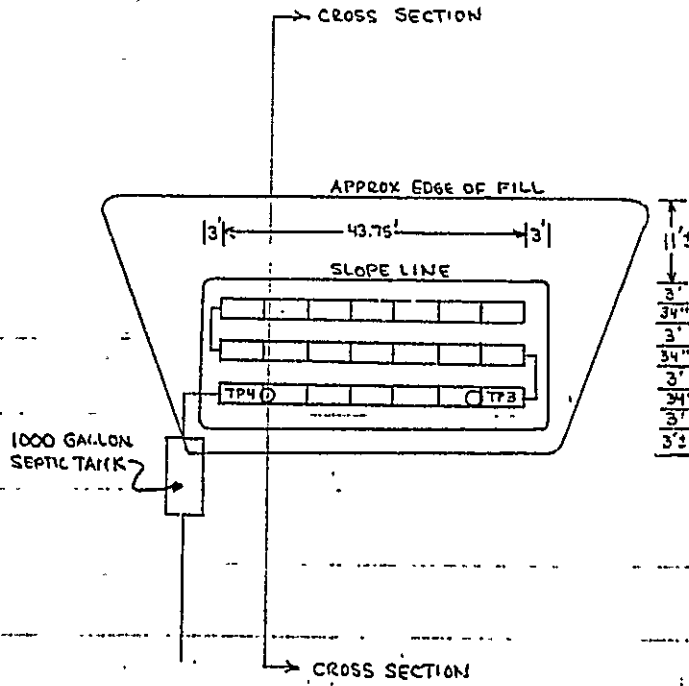
William B. Godwin 0003/4814
Site Evaluator or Professional Engineer's Signature SE #/PE #

10/26/88
Date

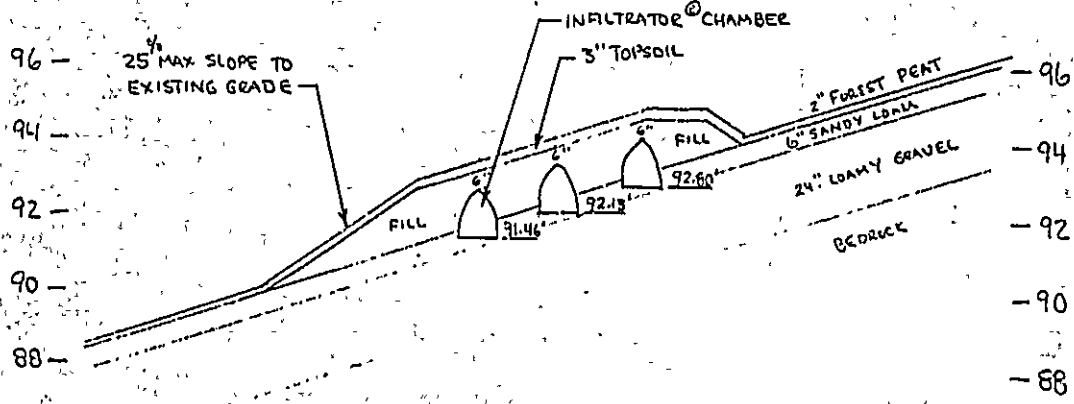
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Sub-Division BRACKETT AVE 98-M-8	Owners Name JANICE BLAKE
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>18"</u>	Reference Elevation Is <u>100.00</u>	PK NAIL IN CMP POLE
Depth of Fill (Downslope) <u>19"</u>	Bottom of Disposal Area SEE CROSS SECTION	#16 ON BRACKETT AVENUE
	Top of Distribution Lines or Chambers " " "	
DISPOSAL AREA CROSS SECTION		Scale: Vertical: 1 inch = 4 Ft. Horizontal: 1 inch = 10 Ft.



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

0003/4814
SE # / PE #

10/20/80
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **BRACKETT AVENUE**

Subdivision Lot #: **TAX MAP 88 BLOCK M LOT 8**

PROPERTY OWNERS NAME

BLAKE JANICE

Last First

Applicant Name: **JANICE BLAKE**

Mailing Address of Owner/Applicant (if Different): **32 ARCHELAUS PLACE
WEST NEWBURY MASS. 01985**

PORTLAND PERMIT # 3,484 TOWN COPY

Date Permitted: **8/21/89** \$ **14.00** FEE Double Fee Charge.

[Signature] Local Plumbing Inspector Signature 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

THIS APPLICATION IS FOR:

1. NEW SYSTEM

2. REPLACEMENT SYSTEM

3. EXPANDED SYSTEM

4. SEASONAL CONVERSION

5. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED

2. NEW SYSTEM VARIANCE
Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form

3. Requires only Local Plumbing Inspector Approval

4. Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1. NON-ENGINEERED SYSTEM

2. PRIMITIVE SYSTEM
(Includes Alternative Toilet)

3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)

5. HOLDING TANK

6. ALTERNATIVE TOILET (ONLY)

7. NON-ENGINEERED DISPOSAL AREA (ONLY)

8. ENGINEERED DISPOSAL AREA (ONLY)

9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1. 8" D 2. TRENCH

3. CHAMBER 4. OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY

PUBLIC WATER

SIZE OF PROPERTY **ZONING**

28,600 SF **IR 1**

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile

2. AEROBIC

SIZE: **1000** GALS.

WATER CONSERVATION

1. NONE

2. LOW VOLUME TOILET

3. SEPARATED LAUNDRY SYSTEM

4. ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. NOT REQUIRED

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

3. REQUIRED

DOSE: _____ GALS

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

3 BEDROOM CONSERVATIVE 450

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE **4** CONDITION **ATT**

DEPTH TO LIMITING FACTOR **30**

SIZING RATINGS USED FOR DESIGN PURPOSES

1. SMALL

2. MEDIUM

3. MEDIUM LARGE

4. LARGE

5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. BED _____ Sq. Ft.

2. CHAMBER **525** Sq. Ft.

REGULAR H 20

3. TRENCH _____ Linear Ft.

4. OTHER: _____

LOW VOLUME TOILET 45

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

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

On **AUGUST 21, 1989** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is _____ with the Subsurface Wastewater Disposal Rules.

SITE EVALUATION WAIVED BY LOCAL OPTION

[Signature] Site Evaluator or Professional Engineer's Signature **0003/4814** SE / PE #

[Signature] Local Plumbing Inspector Signature under a Local Option **10/28/88** Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORT: AND PERMIT # 3,484 TOWN COPY Date Permits Issued: 10/21/89 - \$ 1140 FEE Local Plumbing Inspector Signature: <i>Tom E. O'Connell</i> L.P.I. # 1123 Local Plumbing Inspector Signature: _____
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	BRACKETT AVENUE	
Subdivision Lot #	TAX MAP 88 BLOCK M LOT 8	
PROPERTY OWNERS NAME		
Last	BLAKE	
First	JANICE	
Applicant Name	JANICE BLAKE	
Mailing Address of Owner/Applicant (if Different)	32 ARCHELAUS PLACE WEST NEWBURY MASS. 01985	
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	INSTALLATION IS COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY PUBLIC WATER
SIZE OF PROPERTY: 28,600 SF ZONING: I R 1		

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 (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 450 LOW VOLUME TOILET 45 DESIGN FLOW: 405 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: AIII DEPTH TO LIMITING FACTOR: 30	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"/> EXTP. LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ 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

AUGUST 21, 1986
 On OCTOBER 22, 1989 (date) I conducted a site evaluation for this project and certify that the date reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Grodner 0003/4814 10/28/88
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date

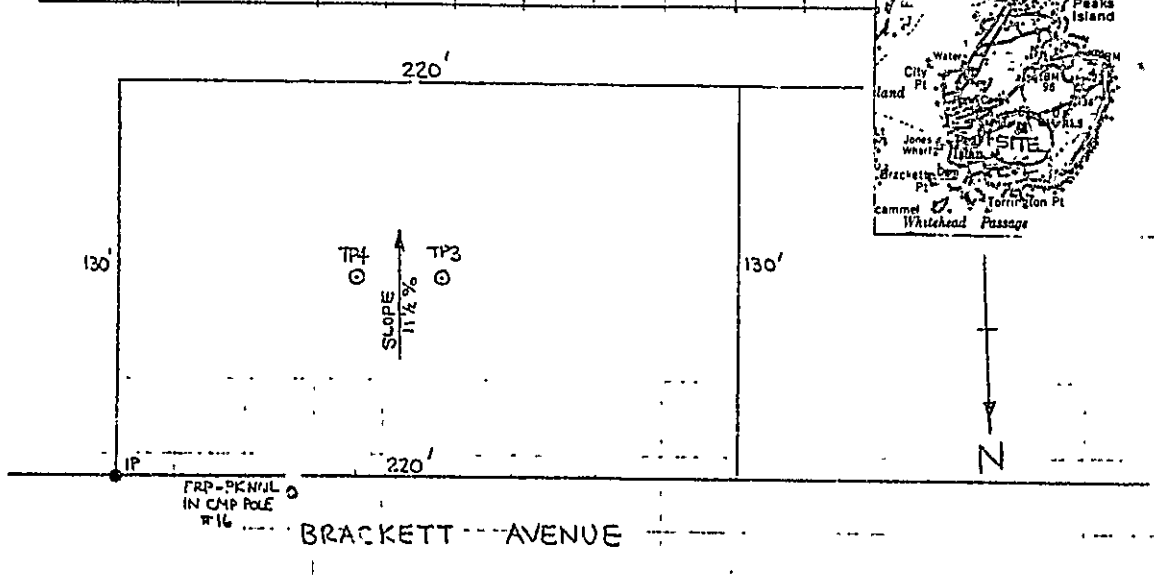
* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Subdivision: **88-M-8** Owners Name: **JANICE BLAKE**

SITE PLAN Scale 1" = **50** FL



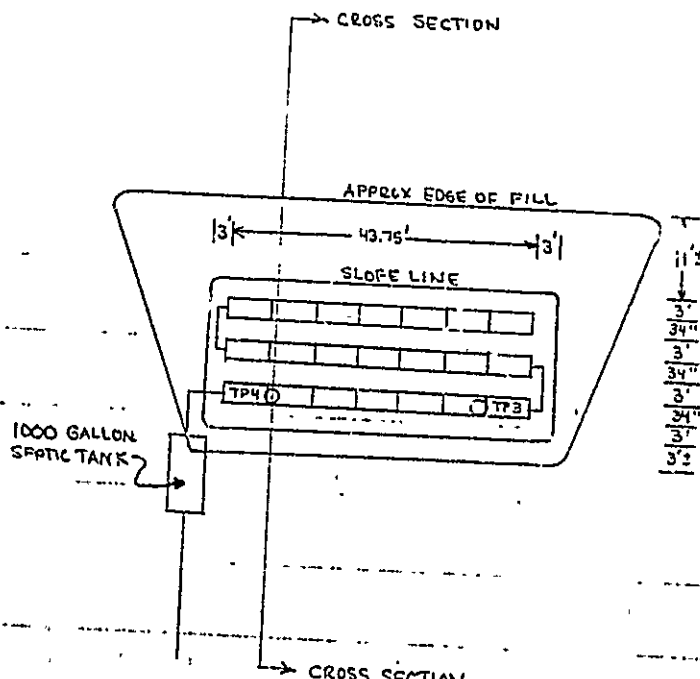
SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)					
Observation Hole <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring <input type="checkbox"/>				Observation Hole <u>4</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring <input type="checkbox"/>					
2' FOREST PEAT * Depth of Organic Horizon Above Mineral Soil				2' FOREST PEAT * Depth of Organic Horizon Above Mineral Soil					
DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	LOAM		DARK BROWN		0	SANDY LOAM		DARK REDDISH BROWN	
6	SANDY LOAM		DARK REDDISH BROWN		6				
10				NONE	10				
15	LOAMY GRAVEL	LOOSE	RED BROWN		15	LOAMY GRAVEL	LOOSE	RED BROWN	NONE EVIDENT
20					20				
30				FEW	30				
35	BEDROCK				35	BEDROCK			
40					40				
50					50				
Soil Profile: <u>H</u> Classification: <u>A</u> Slope: <u>11.5 %</u> Limiting Factor: <u>25</u> <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock				Soil Profile: <u>H</u> Classification: <u>AIII</u> Slope: <u>11.5 %</u> Limiting Factor: <u>30</u> <input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock					

William B. Goshorn 0003/4814 10/26/88
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

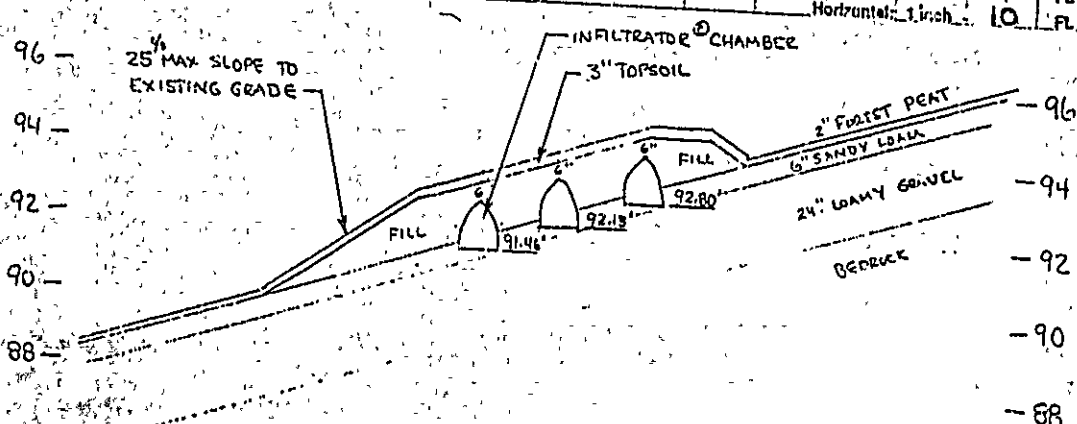
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND		Street, Road, Subdivision BRACKETT AVE 88-M-8		Owners Name JANICE BLAKE	
SUBSURFACE WASTEWATER DISPOSAL PLAN				Scale 1" = 20' FL	



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	16'	Reference Elevation is	100.00	PK NAIL IN CMP POLE #16 ON BRACKETT AVENUE	
Depth of Fill (Downslope)	19'	Bottom of Disposal Area	SEE CROSS SECTION		
		Top of Distribution Lines or Chambers	" " "		
DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical: 1 inch = 4' FL	
				Horizontal: 1 inch = 10' FL	



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

0003/4814
SE # PE #

10/28/88
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND PERMIT # 3,484 TOWN COPY Date Permit Issued: 10/21/89 \$ 40 FEE (Double Fee Charged) L.P.I. # 123 Local Plumbing Inspector Signature
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	BRACKETT AVENUE	
Subdivision Lot #	TAX MAP 85 BLOCK M LOT 8	
PROPERTY OWNERS NAME		
Last Name	BLAKE	Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules
First Name	JANICE	
Applicant Name	JANICE BLAKE	
Mailing Address of Owner/Applicant (if different)	32 ARCHELAUS PLACE WEST NEWBURY MASS. 01985	Signature of Owner/Applicant _____ Date _____
Owner/Applicant Statement		Date Approved _____
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.		Local Plumbing Inspector Signature _____

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 (+2003 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLLOWIG 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"/> BCD 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY PUBLIC WATER
SIZE OF PROPERTY: 29,600 SF ZONING: I R 1		

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 (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 450 LOW VOLUME TOILET 45 DESIGN FLOW: 405 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: AIII DEPTH TO LIMITING FACTOR: 30	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 type="checkbox"/> BED _____ 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

AUGUST 21, 1986
 On OCTOBER 22, 1989 (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. Groves 0003/4814 10/28/89
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

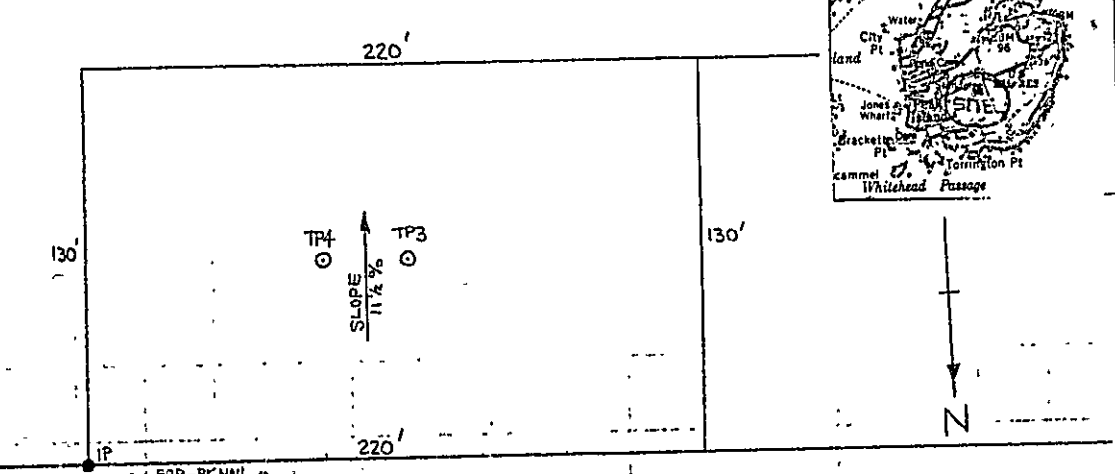
* Local Plumbing Inspector's Signature of a Local Site Evaluation Waiver under a Local Option

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION
 Department of Human Services
 Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 88-M-8** Owners Name: **JANICE BLAKE**

SITE PLAN Scale 1" = **50** Ft.



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

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

Texture	Consistency	Color	Mottling
LOAM		DARK BROWN	
SANDY LOAM		DARK REDDISH BROWN	
LOAMY GRAVEL	LOOSE	RED BROWN	NONE
			FEW
BEDROCK			

Soil: H Classification: A Slope: 11.5% Limiting Factor: 25
 Ground Water Restrictive Layer Bedrock

Observation Hole 4 Test Pit Boring
 2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SANDY LOAM		DARK REDDISH BROWN	
LOAMY GRAVEL	LOOSE	RED BROWN	NONE EVIDENT
BEDROCK			

Soil: 4 Classification: AIII Slope: 11.5% Limiting Factor: 30
 Ground Water Restrictive Layer Bedrock

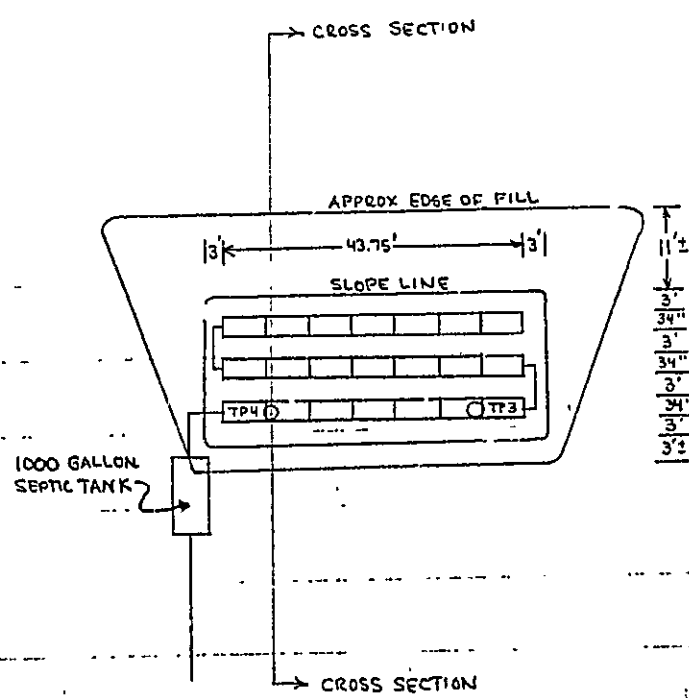
William B. Gordon 0003/4814 10/28/88
 Site Evaluator or Professional Engineer's Signature SE# / IPE# Date

Page 2 of 3
 HHE-200 Rev. 4/95

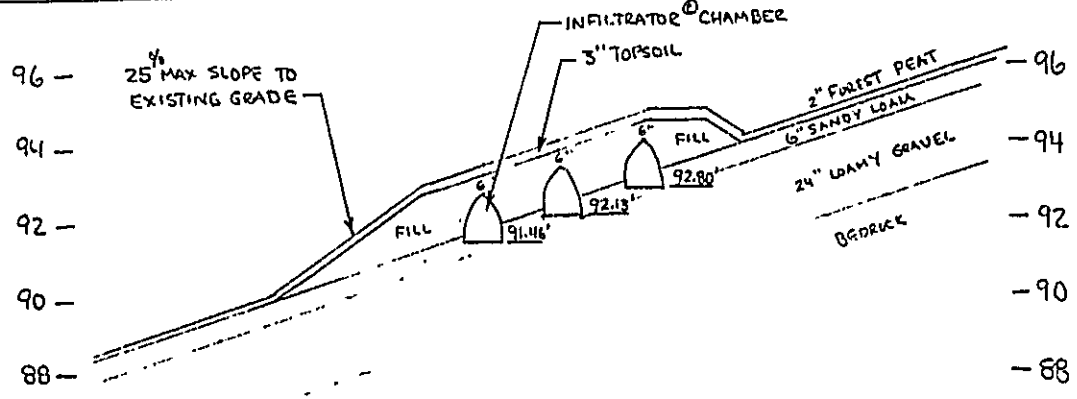
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation	Street, Road, Subdivision	Owners Name
PORTLAND PEAKS ISLAND	BRACKETT AVE 88-M-8	JANICE BLAKE
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL.



FILL REQUIREMENTS	Depth of Fill (Upslope)	18'	CONSTRUCTION ELEVATIONS	Reference Elevation is	100.00'	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	PK NAIL IN CMP POLE
	Depth of Fill (Downslope)	19'		Bottom of Disposal Area	SEE CROSS SECTION		#16 ON BRACKETT AVENUE
DISPOSAL AREA CROSS SECTION				Scale:			
				Vertical:	1 inch = 4'	FL.	
				Horizontal:	1 inch = 10'	FL.	



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

0003/4814
SE #1 PE #

10/20/88
Date

Page 3 of 3
4HE 200 Rev. 4/83



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Lot 88-M-8
Brackett Avenue, Peaks Island

June 30, 1989

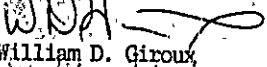
Ms. Janice A. Blake
76 Spring Street, Apt. 304
South Portland, Maine 04106

Dear Ms. Blake:

This is in reference to your application for a building permit for a single family with garage on Lot 88-M-8 on Brackett Avenue, Peaks Island, in the IR-1 Zone.

In order to complete the processing of our building permit application, it will be necessary for this office to have three copies of the MHE-Form 200, Soils Test Analysis Results for inground septic disposal. In the event your lot is served by a public sewer, please so advise this office.

Sincerely,


William D. Giroux,
Zoning Enforcement Officer

cc: P. Samuel Hoffses, Chief, Inspections Services
Ernold R. Goodwin, Chief, Plumbing Inspections
Arthur Addato, Code Enforcement Officer
Warren J. Turner, Administrative Assistant

Blake House

SOLAR DESIGN & CONSTRUCTION

48 Johnson Road
Windham, Me # 04062

892-3658

Exhibit IV

Solar Design & Construction: Specifications

Project: Blake House - Peaks Island

Date: 5/31/89

SD&C's Responsibility:

- I BUILDING PERMITS - Also See Owner's Responsibility
 - A Plumbing
 - B Electrical

- II SITE WORK - Also See Owner's Responsibility
 - A Grubbing - stump & rock removal
 - B Cleanup - disposing of stumps/rocks/etc
 - C Excavation
 - 1 Driveway Remove all organic material, stockpile any topsoil, and excavate for gravel backfill
 - 2 House Remove all organic material, stockpile any topsoil and excavate for foundation
 - 3 Septic System To be excavated so as to follow local and state ordinances
 - 4 Water System's Line Excavate and bury to below local frost conditions
 - D Backfill
 - 1 Gravel Drive 12 inches gravel 14 feet wide
 - 2 Backfill Foundation with existing fill
 - 3 Compacted sand beneath slab on grade for garage
 - E Landscaping
 - 1 Rough grading in preparation of final landscaping

- III CONCRETE WORK:
 - A Concrete Footing: Approx 10 inches deep by 20 inches wide
 - 1 2400 psi concrete
 - 2 Two #4 steel reinforcing bars 2" from bottom
 - B Concrete Wall: 8 inches thick
 - 1 2400 psi concrete
 - 2 1/2" by 10" steel anchor bolts 6'-0" O C
 - 3 Four #4 steel reinforcing bars 2 at top & 2 at bottom of wall

- C. Concrete Slab - Garage Only
 - 1. 3000 psi concrete
 - 2. Steel trowel finish
 - 3. 6" by 6" () ww steel reinforcing mesh
- D. Water proof foundation with asphalt coating
- E. Provide for all utility sleeves required.

V. MASONRY - Also See Owner's Responsibility

- A. Chimney
 - 1. 1 flue @ 8 x 8
 - 2. Hearth(s) # 1
 - 3. One Thimble located in Livingroom
 - 4. 4" Concrete Block

V. CARPENTRY - Also See Owner's Responsibility

- A. Light Wood Framing
 - 1. Exterior Walls Double Wall -- 2x6 (16" O.C.) / 2x4 (24" O.C.) #2 or better spruce
 - 2. Interior Walls 2x4 16" O.C #2 or better spruce
 - 3. Floor Joists. 2x12 16" O.C #2 or better spruce
 - 4. Roof Rafters. 2x10 16" O.C #2 or better spruce
 - 5. Structural Beams: 4x12 (48" O.C) Doug Fir
- B. Sheathing
 - 1. Wall. 1/2" CDX Plywood
 - 2. Roof. 1/2" CDX Plywood
 - 3. Subfloor 3/4" T&G U.L. Ply. ood glued & nailed
- C. Rough Stairs.
 - 1. Stringers 2x10 #2 or better spruce
 - 2. Treads. 2x10 #2 or better spruce
 - 3. Risers. 1/2" AC Plywood
- D. Siding. Clear White Cedar Shingles - Materials Only
- E. Exterior Trim: Premium Pine (#2/#3)
- F. Exterior Door & Hardware: Contractor Grade Medium Duty

VI. THERMAL & MOISTURE PROTECTION - Also See Owner's Responsibility.

- A. Insulation:
 - 1. Walls: R-38+:
 - a. 6" fiberglass batts R-19
 - b. 1" Koppers R-8+

- c 3.5" fiberglass batts R-11 (Owner's Labor & Mtl's)
- 2 Sloped Ceiling, R-49 15.5" fiberglass batts
- 3 Cap. R-57 18" fiberglass batts
- 4 Window & Door Headers, R-29+
 - a 2" blueboard R-10
 - b 1" Koppers R-8+
 - c 3.5" Fiberglass batts R-11 (Owner's Labor & Mtl's.)
- 5 Foundation walls, R-10 2" blueboard
- B Sill Seal closed cell foam
- C Vapor Barrier 4 mil Dura Tuft Polyethylene, walls & ceiling
- D Roofing
 - 1 Flashing 0.016 aluminum
 - 2 Shingles #235 3-tab asphalt or better (20 year shingle)
 - 3 Drip Edge 8" metal
 - 4 Flash roof penetrations with prefab metal or rubber flashing
- E Soffit & Ridge Vents
 - 1 Continuous aluminum soffit vent
 - 2 Continuous plastic ridge vent
- F Siding Underlayment Typar brand wind barrier

VII DOORS, WINDOWS, & GLAZINGS - Also See Owner's Responsibility

- A Skylights
 - a 3 @ Velux VS #1 w Low E glass
 - b 1 @ Velux TPS #4 w Low E glass
- B. Windows, Eagle Low E w Screens
 - 1 5 @ E2660-2 Casements
 - 2 4 @ E2640-2 Casements
 - 3 4 @ E2640-1 Casements
 - 4 1 @ E2634-1 Casement
 - 5 2 @ E5050 Pictures
 - 6 6 @ E5060 Pictures
 - 7 2 @ E5040 Pictures
 - 8 2 @ E3040 Awnings
 - 9 1 @ E1/2 C5026 Half Circle Fixed
- C. Exterior Doors.
 - 1 1 @ 6'-0" Atrium w. Screen - Patio Swing Door
 - 2 2 @ 5'-0" Atrium w. Screen - Patio Swing Door
 - 3 2 @ Brosco B1 (3'-0" x 6'-8") - Swing Door
 - 4 1 @ Brosco B9 (2'-8" x 6'-8") - Swing Door

- 5 1 @ Brosco 1013 (3'-0" x 6'-8") - Swing Door
- 6 1 @ Eagle 6068 (6'-0" x 6'-8") - French Door
- 7 1 @ Wood Sllder (8'-0" x 6'-8")

D Special Glass

- 1. Attic Glass. Single pane windows - custom

VIII FINISHES - Also See Owner's Responsibility

- A Livingroom Ceiling 3/4" T & G V-Match Premium Pine - finished ready for Sanding & Sealer (Urethane recommendccc)

IX ELECTRICAL

- A All electrical work to be installed according to National Electrical Code requirements
- B Service.
 - 1. 220/200 Amp
 - 2. Lightning arrester
 - 3. Circuit Breaker overload protection
- C Interior and exterior outlets per National Code
- D Install all electrical equipment specified elsewhere
- E Electric lighting fixtures - \$800.00 Allowance

X MECHANICAL EQUIPMENT - Also See Owner's Responsibility

- A Heating System
 - 1. Mechanical Heating System
 - a. Electric baseboard
- B Plumbing.
 - 1. All plumbing per Maine State Code (See Bid in Exhibit III)
 - 2. Soil pipes to be PVC
 - 3. Copper hot & cold water pipes with nonlead solder
 - 4. All fixtures to be low flow type.

XI. APPLIANCES - Also See Owner's Responsibility

- A. Hot Water Heater - electric
- B. Air-To-Air Heat Exchanger - electric

Owner's Responsibility:

I. BUILDING PERMITS

- A Structural

B Septic

II SITE WORK

- A Clearing - cutting & disposing of trees and brush
- B Landscaping.
 - 1 Final landscaping

III MASONRY

- A Chimney
 - 1 Stone Work to cover concrete block work

IV CARPENTRY

- A Siding, Clear White Cedar Shingles - Application Only
- B Interior Finish.
 - 1 Window & Door Trim
 - 2 Base Molding
 - 3 Closet poles & shelving
 - 4 Finish Stairs/Railing
 - 5 Kitchen & Bath Cabinets & Counter Tops

V THERMAL & MOISTURE PROTECTION.

- A Insulation.
 - 1 Inside Double Walls R-11 3.5" fiberglass batts

VI DOORS, WINDOWS, & GLAZINGS.

- A Interior Doors

VII DECKS/PORCHES (All pressure treated, unless otherwise noted)

- A Decks - Two
 - 1 Posts. 4x4
 - 2 Joists. 2x10 @ 16" O.C.
 - 3 Decking. 5/4
 - 4 Railings. 2x6 top with 5/4 beneath
 - 5 Railing Posts. 2x6
 - 6 Chair Rail
 - a Seats: 2x6
 - b Seat Backs. 5/4
 - 7 Stairs.
 - a Stringers: 2x10 Pressure Treated
 - b Treads 2x10 Pressure Treated

VIII FINISHES

- A Exterior Walls 5/8" sheetrock - finished ready for paint
- B Interior Walls 1/2" sheetrock - finished ready for paint
 - 1 Bath 1/2" water resistant sheetrock
- C Ceilings 1/2" sheetrock (except LR) - finished ready for paint
- D Flooring
 - 1 Carpet - Rec Room, Bedrooms (Recommended - \$18/Yd.)
 - 2 Linoleum - Dining, Baths, Kitchen (Recommended - \$18/Yd)
 - 3 Tile - Sunroom, Kit /LR hallway (Recommended - \$7/Ft.)
 - 4 Hardwood - Livingroom (Approximate cost \$4/Ft.)
- E Painting
 - 1 Exterior
 - a. All Wood Surfaces Stain or seal and stain - Owner's Choice
 - b. Exterior Doors Oil base exterior paint recommended
 - 2 Interior
 - a. Walls & Ceilings Two coats of paint, except baths, where oil based vapor barrier paint is recommended
 - b. V-Match Pine Ceiling Three coats Urethane
 - c. Interior Trim Stain or paint - Owner's Choice
 - d. Interior Wood Doors Paint, stain or varnish - Owner's Choice
 - e. Wood Paneling (if Used). Paint, stain or varnish - Owner's Choice

IX MECHANICAL EQUIPMENT.

- A Heating System.
 - 1. Wood Stove
- B Vents:
 - 1. Install Exhaust Vent, if required
 - 2. Install Dryer Vent, if required.

X. APPLIANCES.

- A. Stove - electric
- B. Refrigerator - electric
- C. Dish Washer

- D Stove Exhaust Fan
- E Clothes Washer
- F. Clothes Dryer - electric

XI MISCELLANEOUS Any other concerns not stated as SD&C's responsibility

SULA

BL

Dr

Sec

Sec

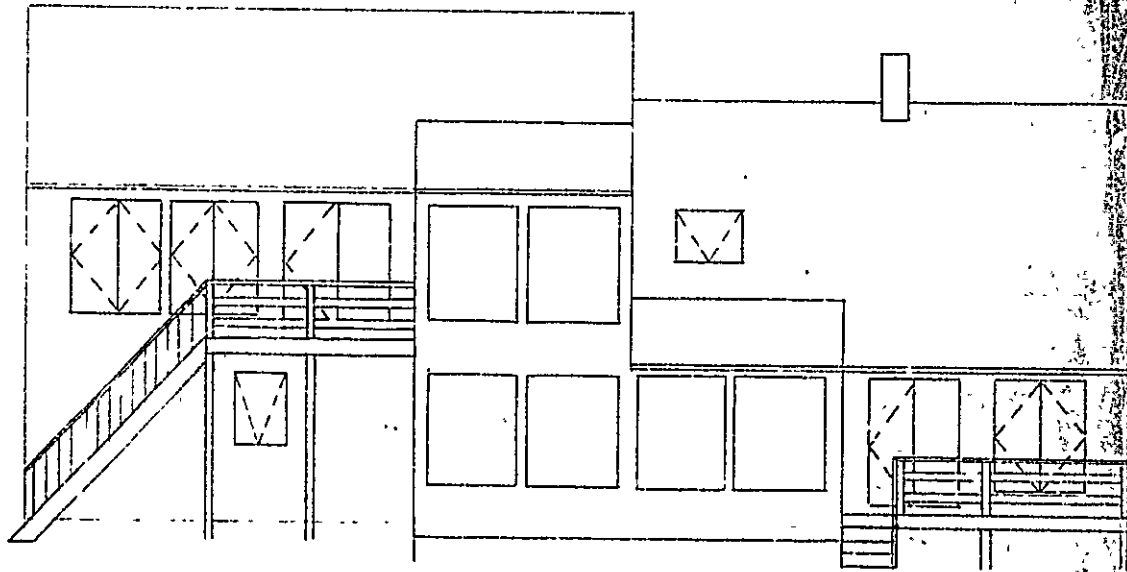
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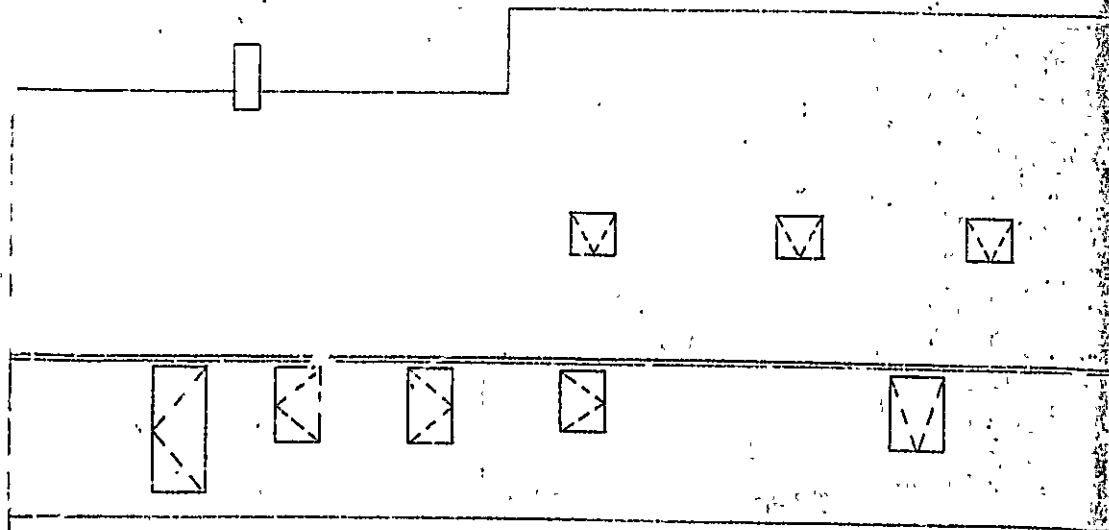
JUN

DEPT. OF BUILDING
CITY OF

ELEVATIONS



SOUTH



NORTH

SOLAR

W

BLA

Draw

Scale

Seco

Seco

REC

JUN

DEPT. OF BU

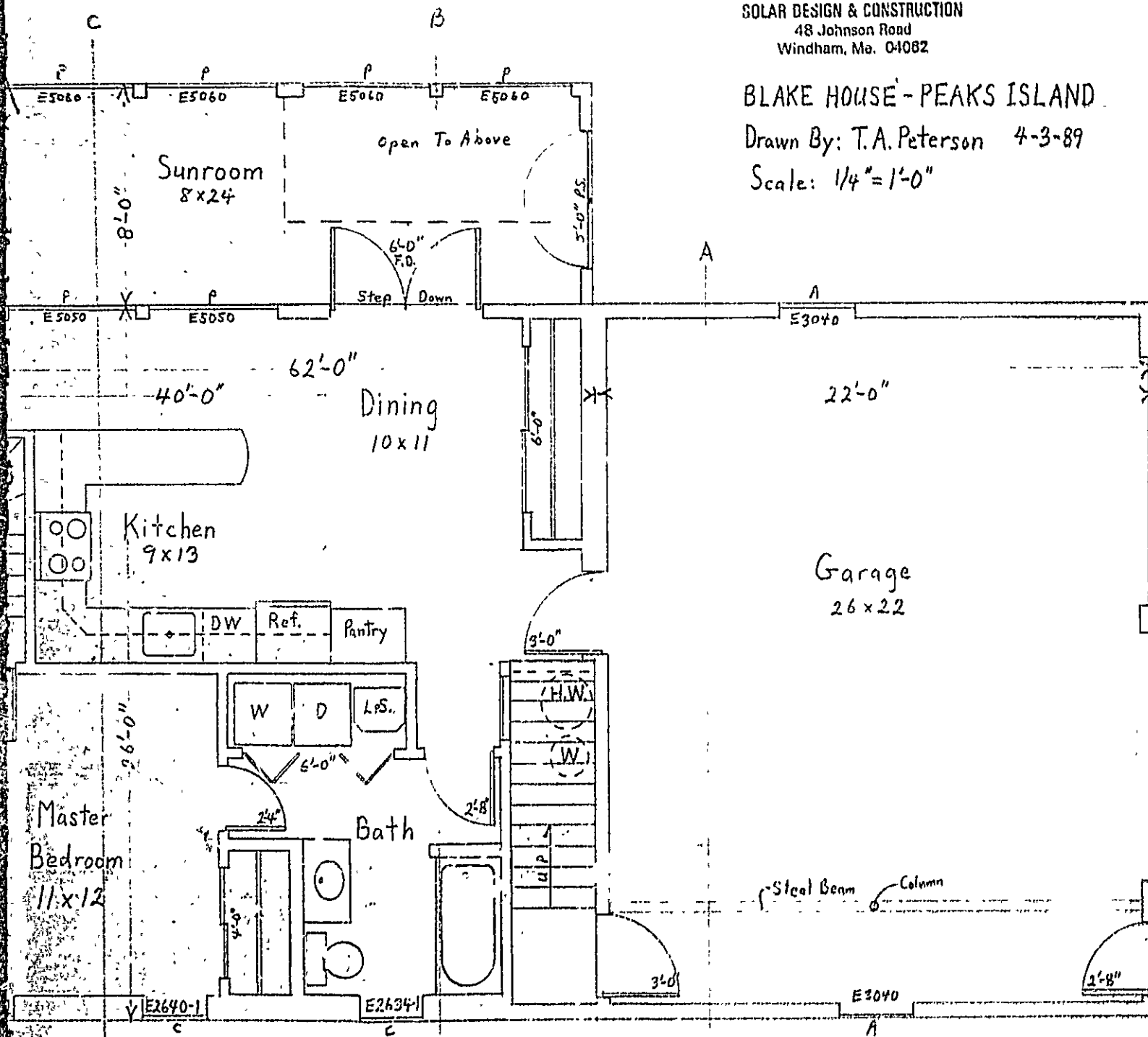
CITY

SOLAR DESIGN & CONSTRUCTION
48 Johnson Road
Windham, Me. 04082

BLAKE HOUSE - PEAKS ISLAND

Drawn By: T.A. Peterson 4-3-89

Scale: 1/4" = 1'-0"



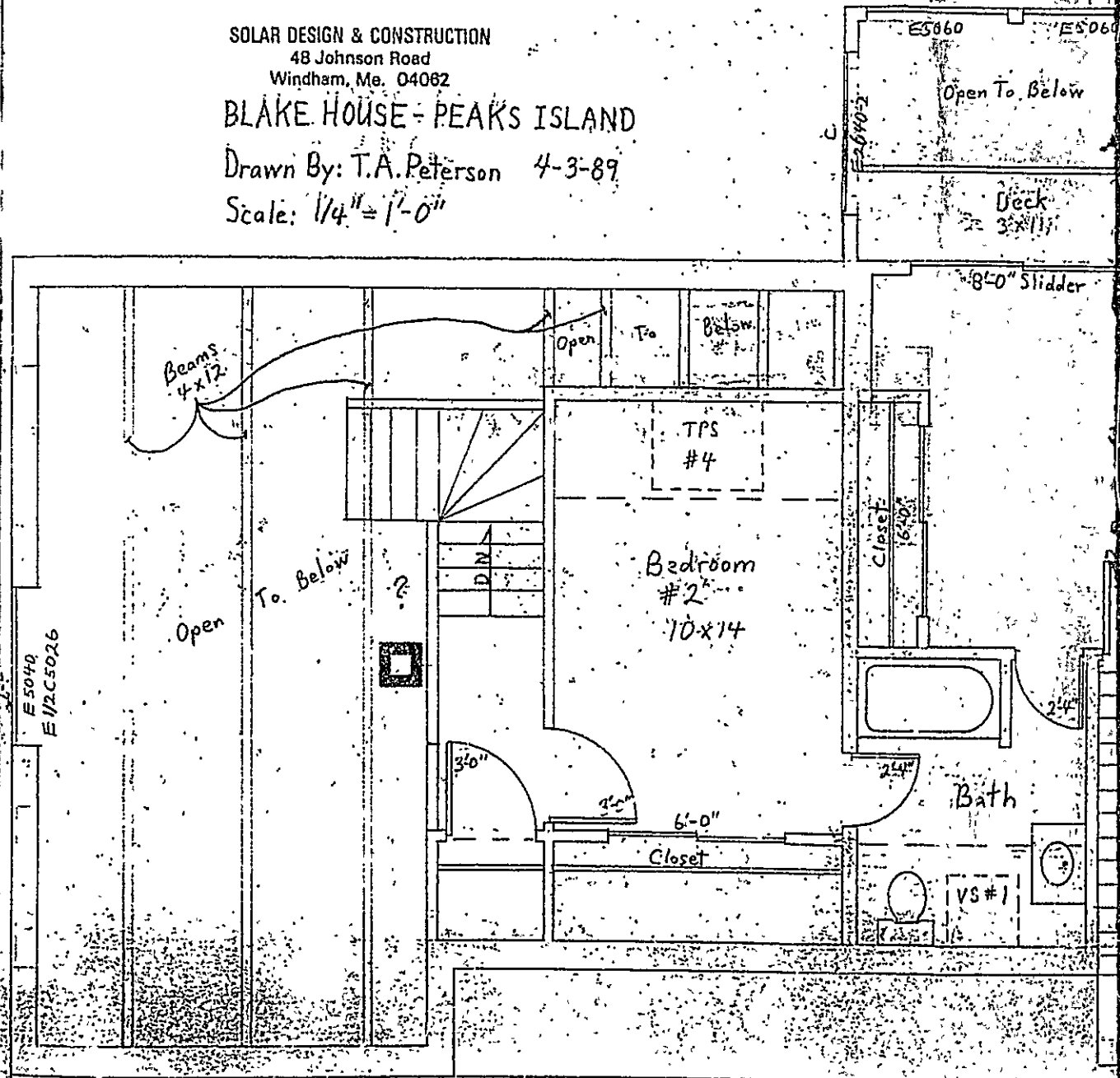
FIRST FLOOR

SOLAR DESIGN & CONSTRUCTION
48 Johnson Road
Windham, Me. 04062

BLAKE HOUSE - PEAKS ISLAND

Drawn By: T.A. Peterson 4-3-89

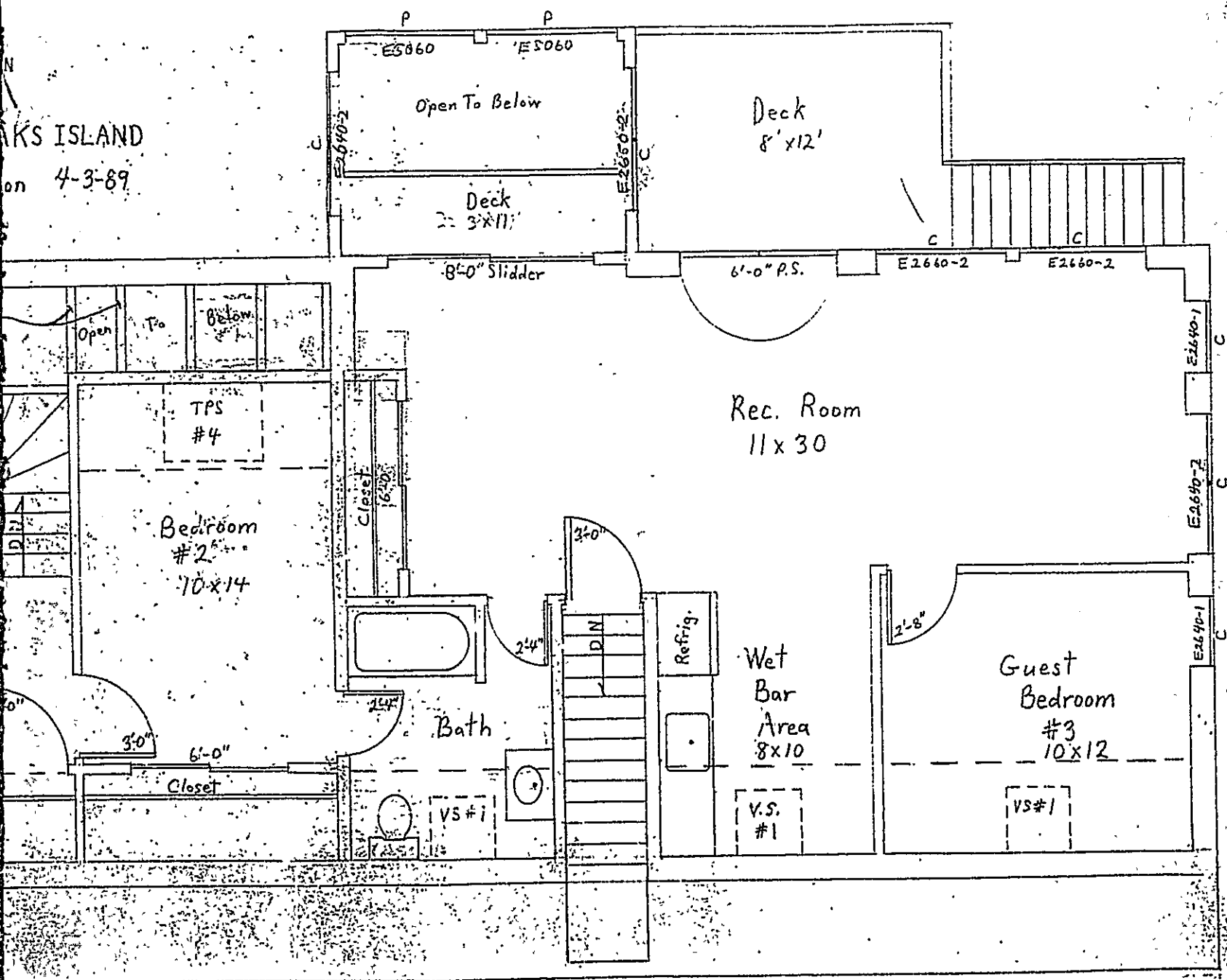
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SECOND FLOOR

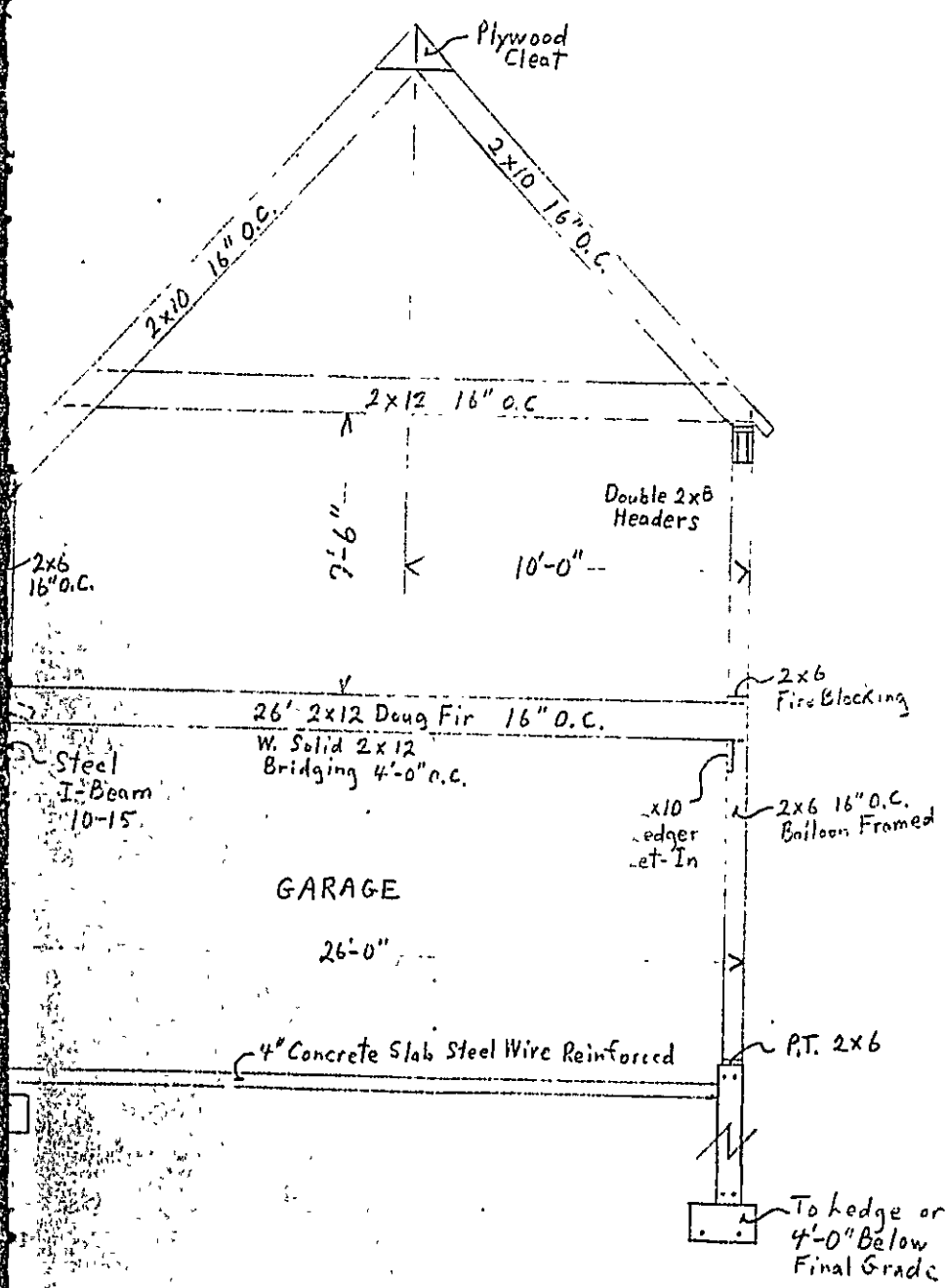
KS ISLAND

on 4-3-89



SECOND FLOOR

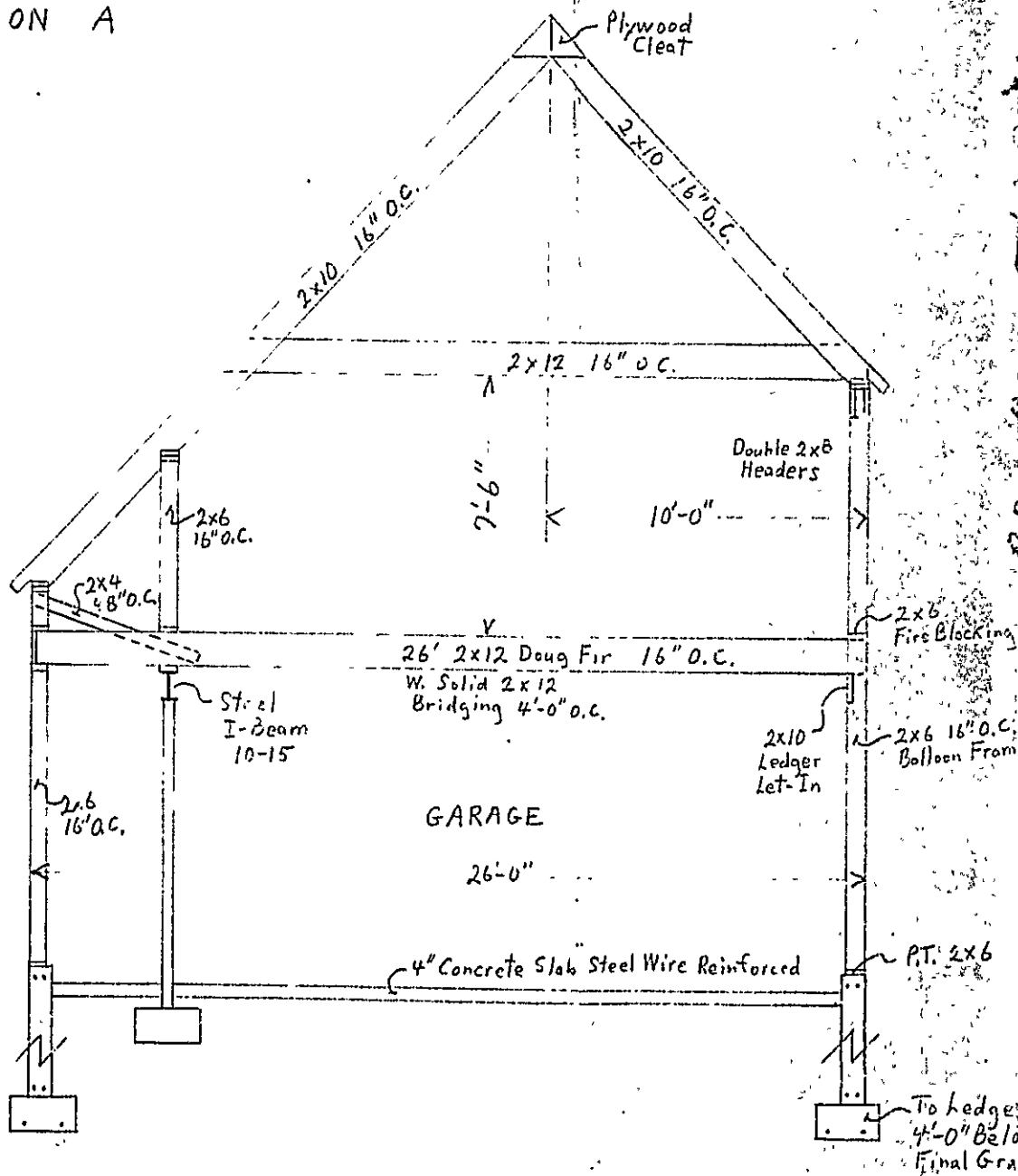
Roof Plywood 1/2" CDX
 Floor Plywood 3/4" T.G. U.L.
 Wall Sheathing 1/2" CDX



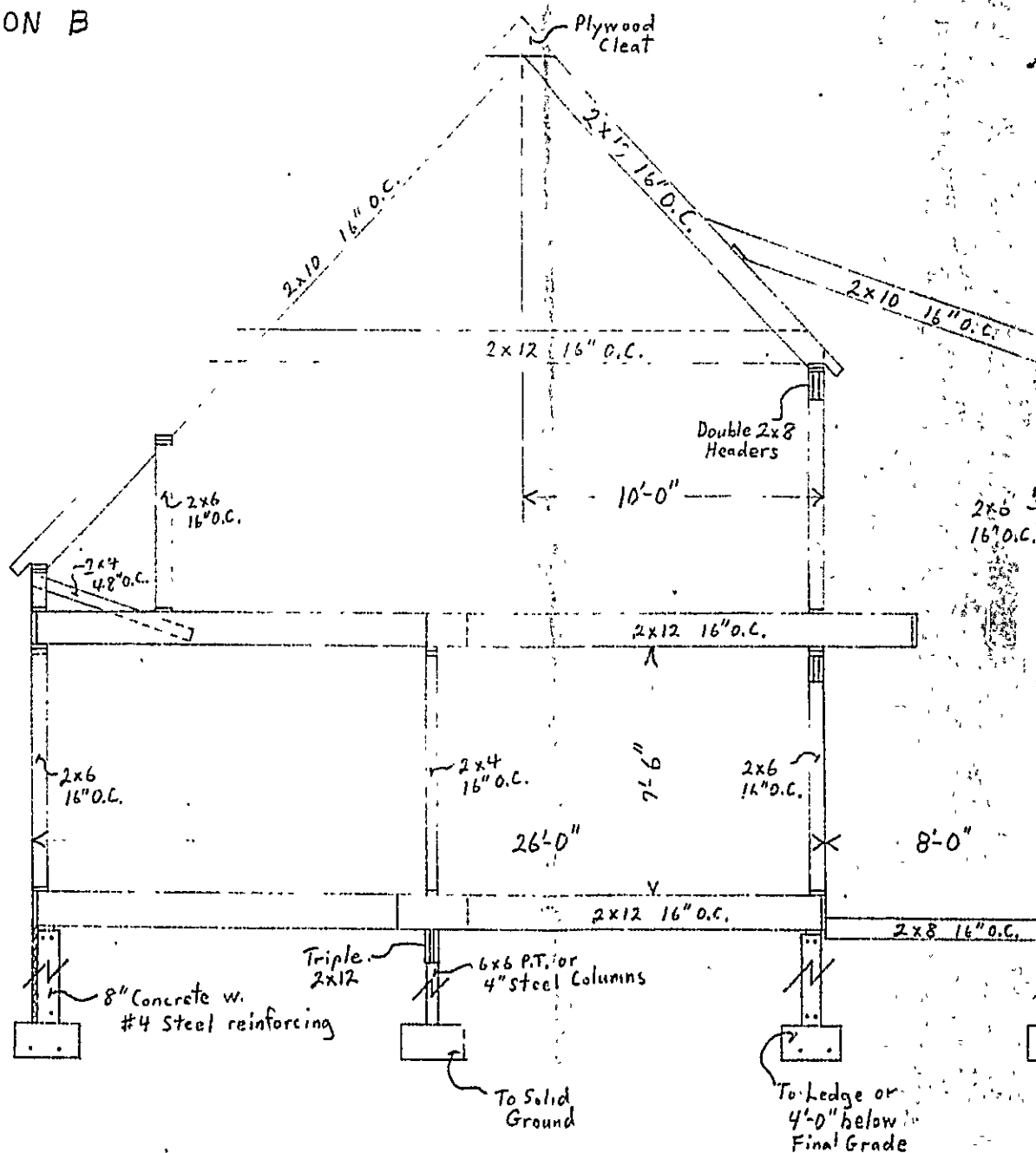
SOLAR DESIGN & CONSTRUCTION
 48 Johnson Road
 Windham, Me. 04082

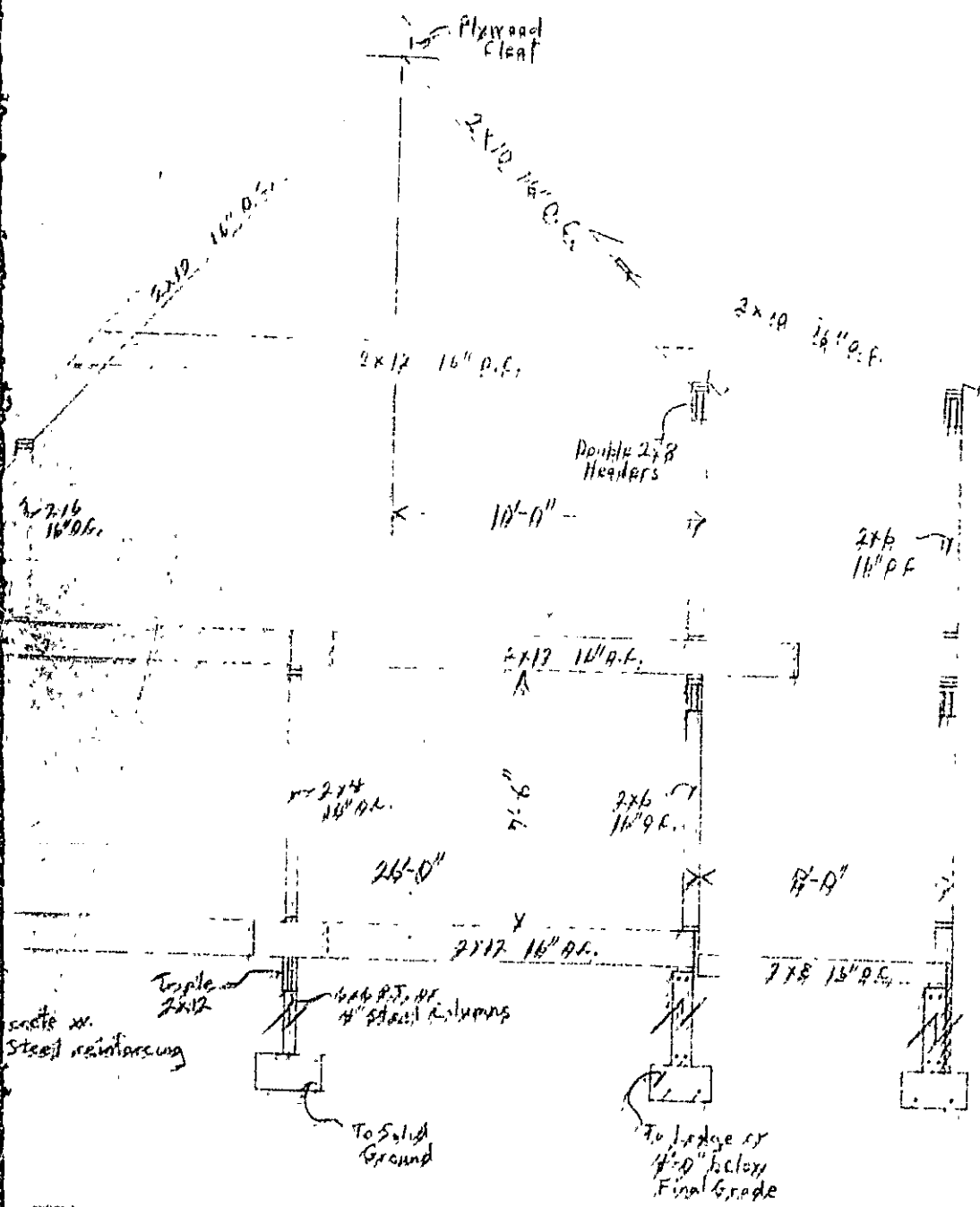
Project: BLAKE-PEAKS JS.
 Drawn By: T.A. PETERSON 6-22-89
 Scale: 1/4" = 1'-0"

SALTBOX-GARAGE
CROSS-SECTION A



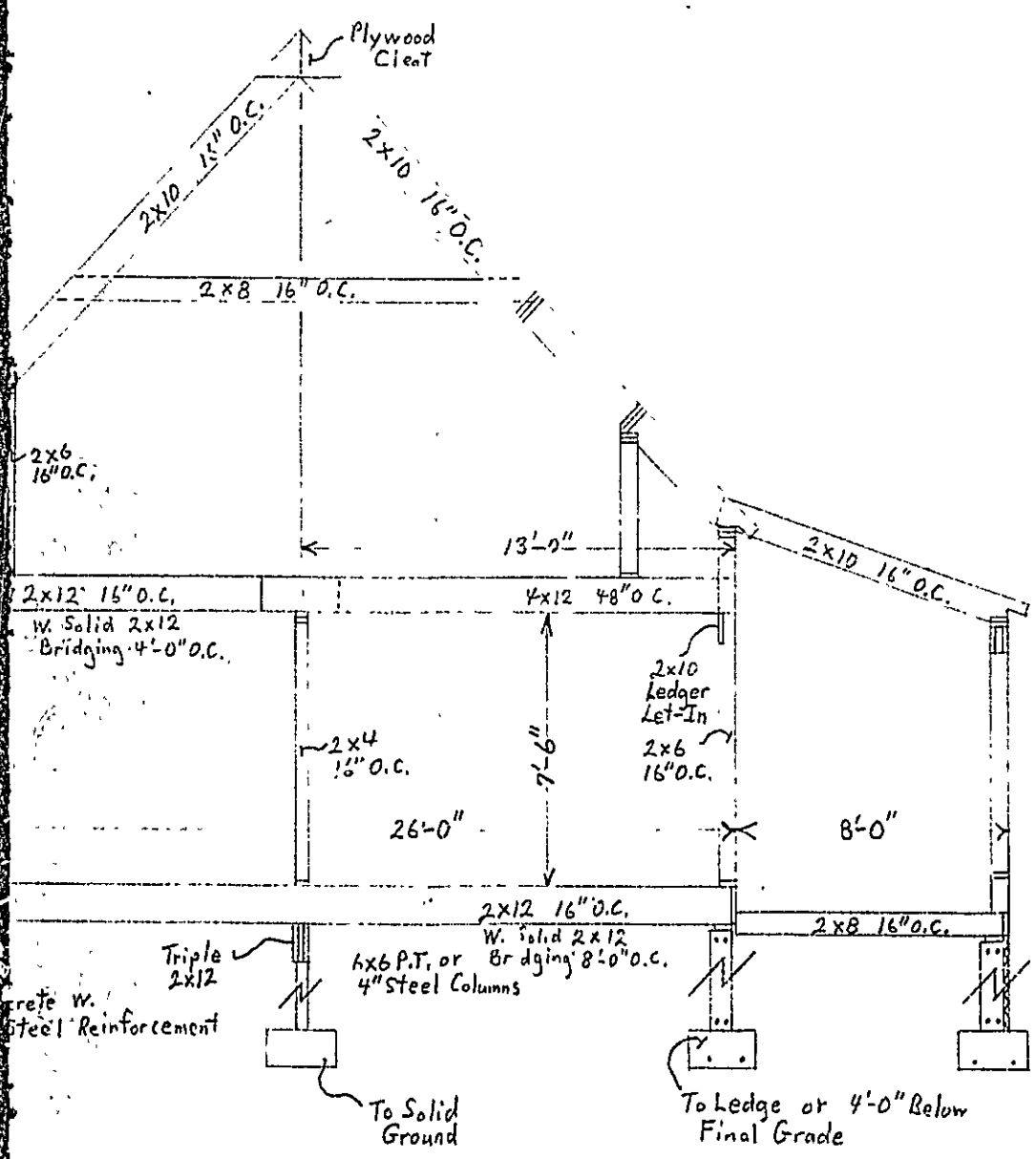
SALT BOX-SUNSPACE
CROSS-SECTION B





SOLAR DESIGN & CONSTRUCTION
 18 Johnson Road
 Windham, Me. 04092

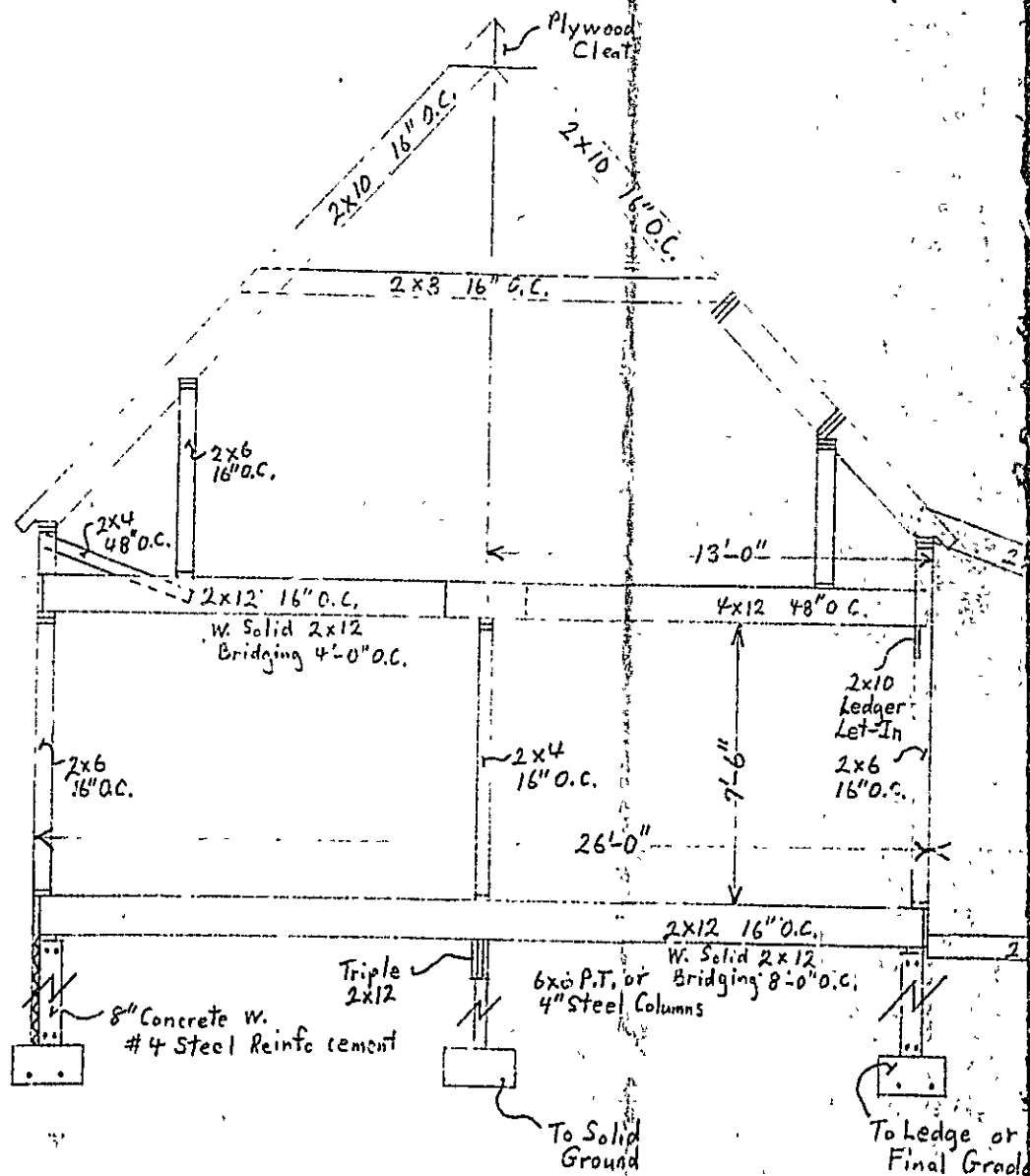
Project: BLAKE-PEAKS IS.
 Drawn By: T. A. PETERSON 6-22-89
 Scale: 1/4" = 1'-0"



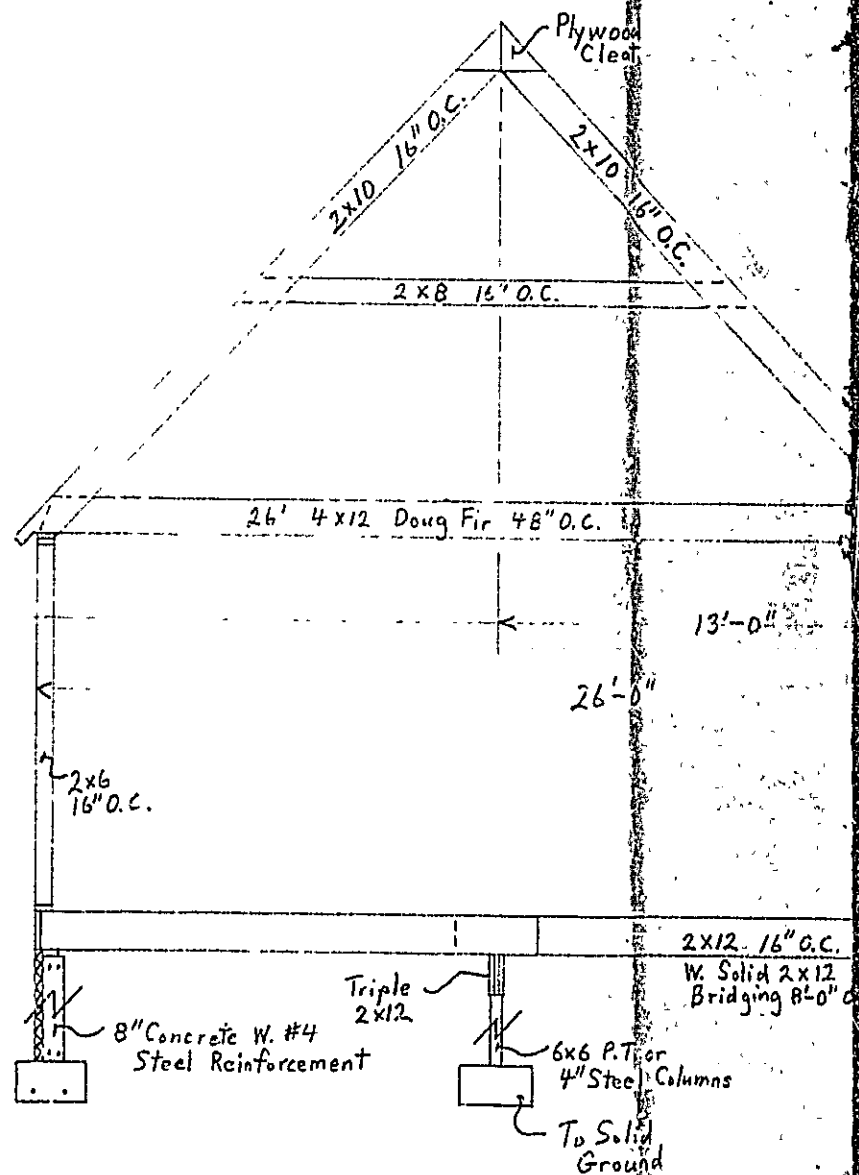
SOLAR DESIGN & CONSTRUCTION
 48 Johnson Road
 Windham, Me. 04092

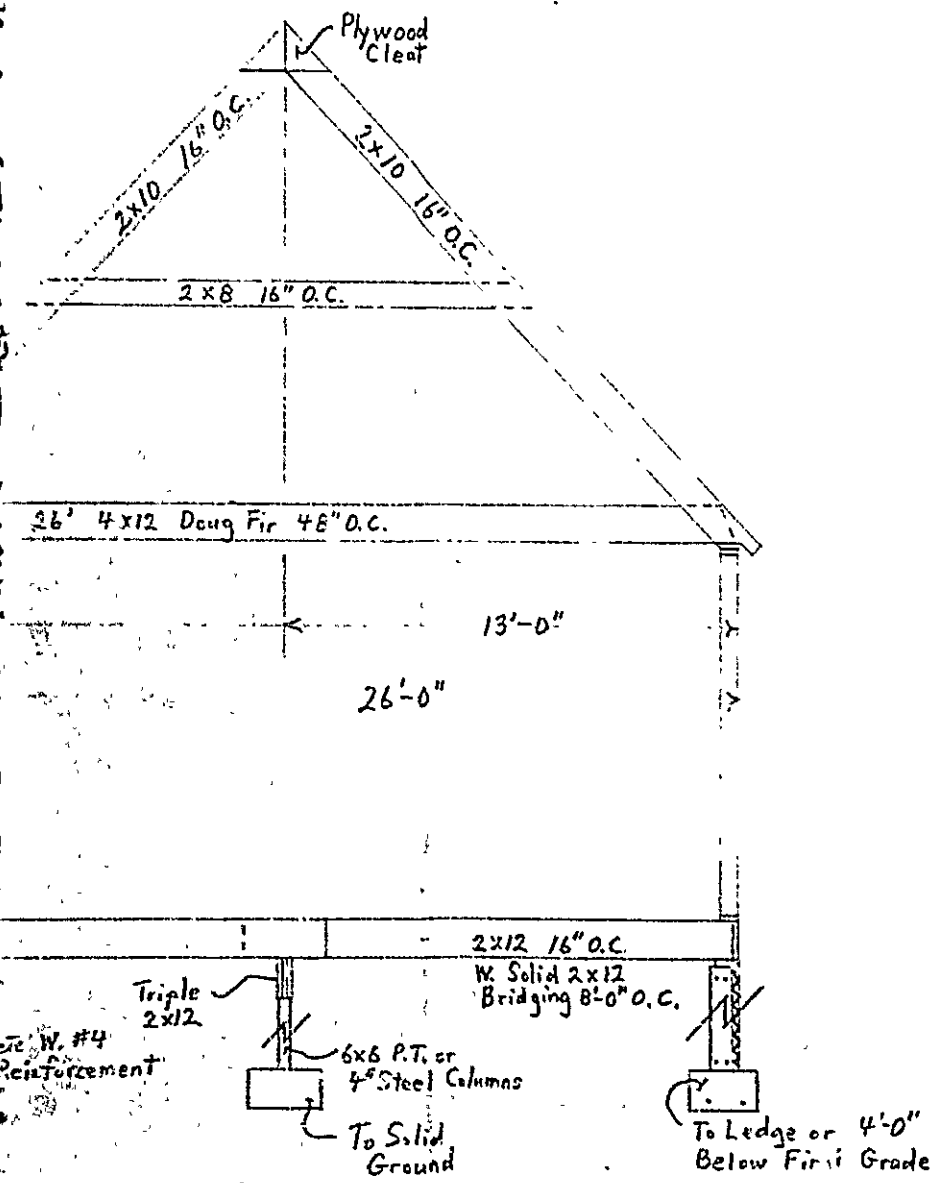
Project: BLAKE-PEAKS IS.
 Drawn By: T.A. PETERSON 6-23-89
 Scale: 1/4" = 1'-0"

CAPE - SUNSPACE
CROSS-SECTION C



CAPE - CATHEDRAL L. R.
CROSS-SECTION D.





SOLAR DESIGN & CONSTRUCTION
 48 Johnson Road
 Windham, Me. 04082

Project: BLAKE - PEAKS IS.
 Drawn By: T.A. PETERSON 6-23-89
 Scale: 1/4" = 1'-0"

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	PORTLAND PEAKS ISLAND
Street	BRACKETT AVENUE
Subdivision Lot #	TAX MAP 88 BLOCK M LOT 8
PROPERTY OWNERS NAME	
BLAKE	JANICE
Last	First
Applicant Name	JANICE BLAKE
Mailing Address of Owner/Applicant (if Different)	32 ARCHELAUS PLACE WEST NEWBURY MASS. 01985

PORTLAND	PERMIT # 3,484	TOWN COPY
Date Permit Issued: 10/21/89	\$ _____	0 <input type="checkbox"/> FEE <input type="checkbox"/> Double Fee Charged
<i>Janice Blake</i> Local Plumbing Inspector Signature		L.P.I. # 23

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.

Janice Blake
Local Plumbing Inspector Signature

Date Approved: 10/21/89

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> SEASONAL CONVERSION <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <input type="checkbox"/> Requires only Local Plumbing Inspector Approval <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval 	<p>INSTALLATION IS COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ <p style="text-align: center;">SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p style="text-align: center;">PUBLIC WATER</p>
<p>SIZE OF PROPERTY</p> <p>28,600 SF</p>	<p>ZONING</p> <p>I R 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET 45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROB: _____ CONDITION: ATLL</p>	<p>SIZING RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRALARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	

SITE EVALUATION STATEMENT * USED 2. INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On 10/20/89 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I proposed is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Grodzinski 0003/4814 10/28/89
Site Evaluator or Professional Engineer's Signature SE # IPE # Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

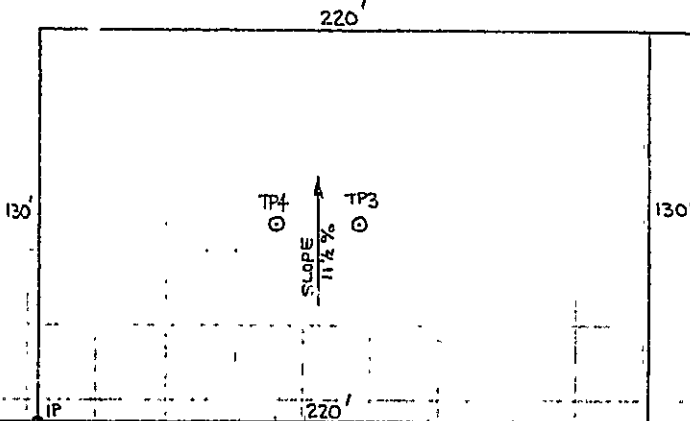
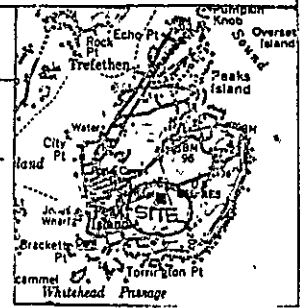
Owners Name

PORTLAND PEAKS ISLAND BRACKETT AVE 88-M-8

JANICE BLAKE

SITE PLAN

Scale 1" = 50 Ft.



ERP-PK NAIL
IN CMP POLE
#16

BRACKETT AVENUE

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

Observation Hole 3 Test Pit Boring

2" FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAM		DARK BROWN	
2	SANDY LOAM		DARK REDDISH BROWN	
10	LOAMY GRAVEL	LOOSE	RED	NONE
15			RED	
20				FEW
30	BEDROCK			

Soil Classification: A1 Consistency: Loose Slope: 11.5% Limiting Factor: 25

Observation Hole 4 Test Pit Boring

2" FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK REDDISH BROWN	
10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE EVIDENT
30	BEDROCK			

Soil Classification: A1 Consistency: Loose Slope: 11.5% Limiting Factor: 30

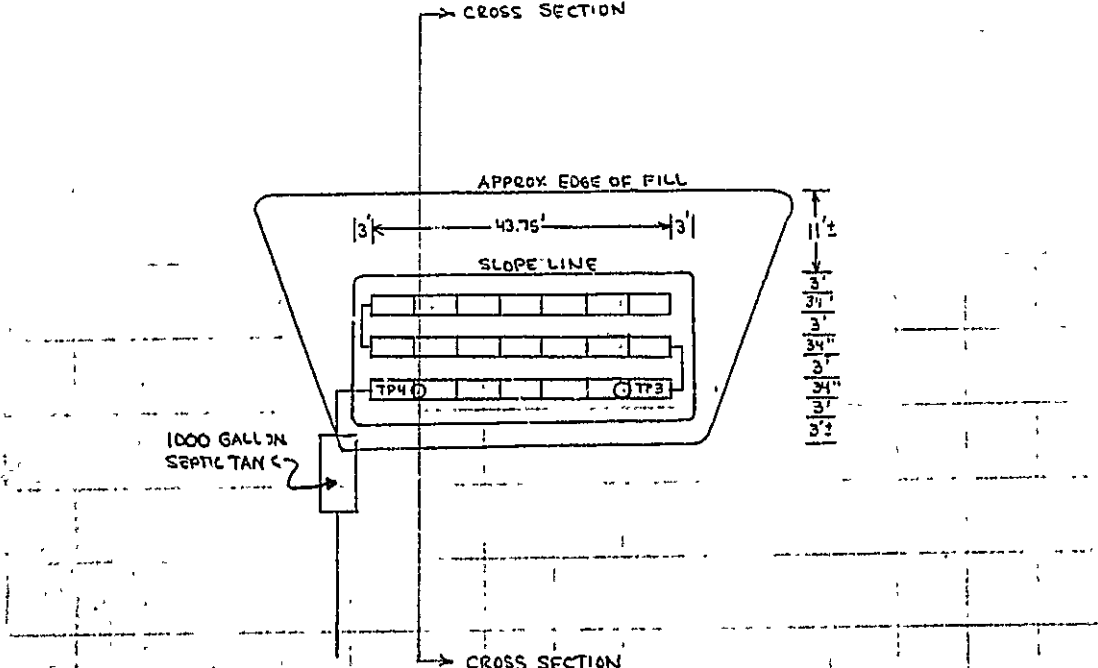
William B. Jordan 0003/4814
Site Evaluator or Professional Engineer's Signature SE# / PE#

10/29/88
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

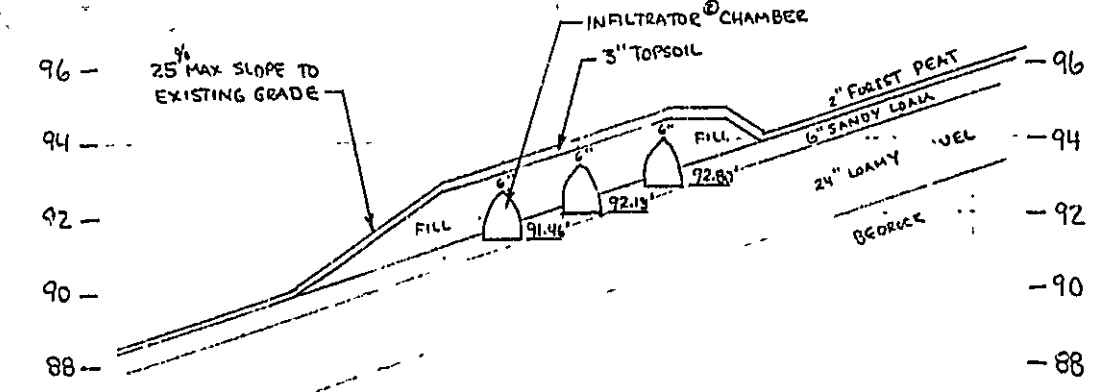
Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision BRACKETT AVE 88-M-8	Owner Name JANICE BLAKE
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 18'	Reference Elevation is 100.00	OK NAIL IN CMP POLE
Depth of Fill (Downslope) 19'	Bottom of Disposal Area SEE CROSS SECTION	#16 ON BRACKETT AVENUE
	Top of Distribution Lines or Chambers " " "	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4' FL.
Horizontal: 1 inch = 10' FL.



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

0003, 4814
SE # 1 0 E #

10/20/88
Date

Page 3 of 3
HHE 200 Rev. 4/73



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION Brackett Ave.; Peaks Island B9-4-8

Issued to Janice A. Blake

Date of Issue 8/17/90

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 9/2297, 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 dwelling

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

8-17-90 Beth Reddy
(Date) Inspector

Samuel Hoffe
Inspector of Buildings

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

Portland #

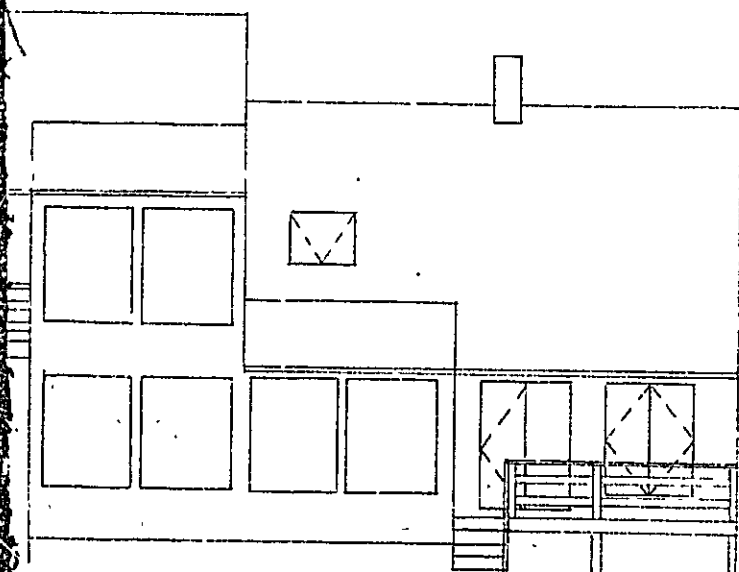
SOLAR DESIGN & CONSTRUCTION

48 Johnson Road
Windham, Me. 04062

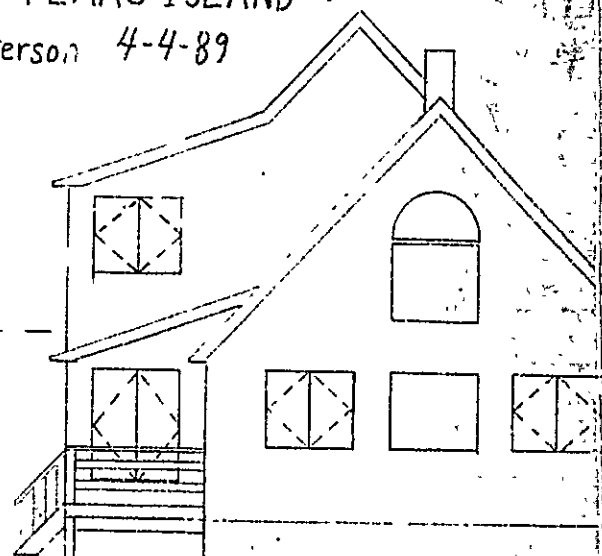
BLAKE HOUSE - PEAKS ISLAND

Drawn By: T.A. Peterson 4-4-89

Scale: 1/8" = 1'-0"

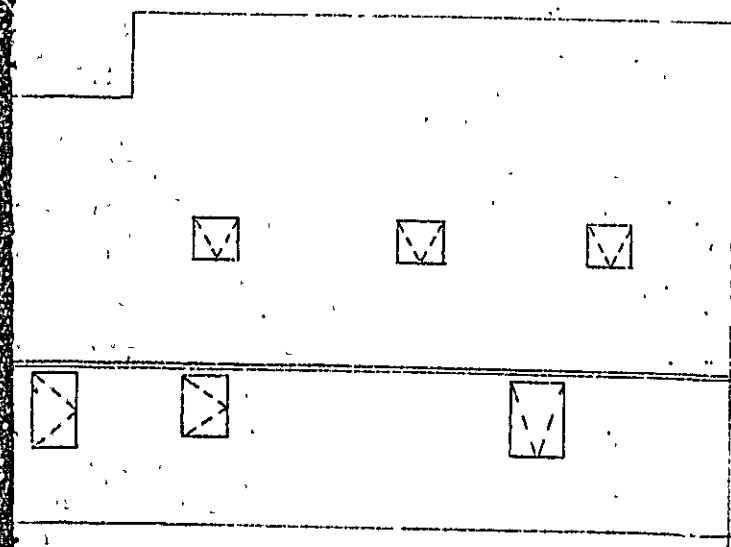


SOUTH



EAST

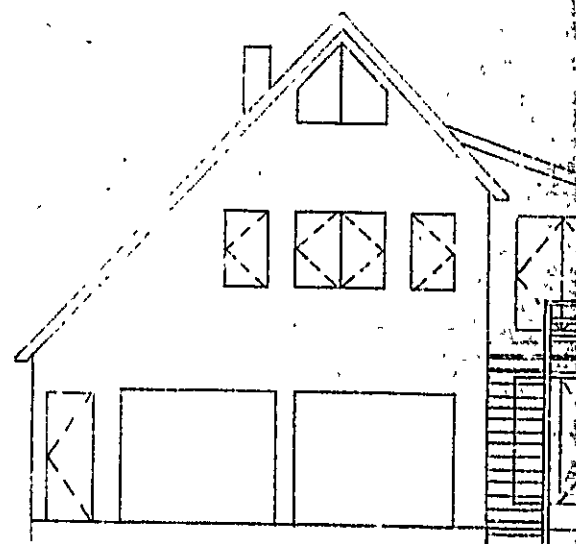
Second Floor



NORTH

RECEIVED
JUN 23 1989

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



WEST

Second Floor

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Hortland - Peaks Island

Street Subdivision Lot #: Bracket St.

PROPERTY OWNERS NAME

Last: Blake First: Von

Applicant Name: Vivian W. Hume

Mailing Address of Owner/Applicant (If Different): 31 Ward Rd, Waltham, MA 01062

Caution: Permit Required

PORTLAND 3720 TOWN COPY

Date Permitted: 11/29/89 \$ 13.90 FEE Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # 11234

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: 11/29/89

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: [Signature] Date Approved: _____

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING
MAR 8 1990

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # L 18,974

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

B.W. LUCE - PLUMBING
31 Ward Road
WINDHAM, MAINE 04062

STATEMENT

DATE	Mar. 3, 90
NUMBER	

(207) 892-6505

P. Samuel Hoffses

TERM #1

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
	This note is to be confirmed that the Denise Blake residence at 189 Brackett Ave., Peaks Island, has had the drainage system water tested & the supply piping pressure tested at 90 psi in accordance with the state of Maine plumbing code.	
	<i>B.W. Luce</i> # 1844	

B.W. LUCE - PLUMBING

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

CENTRAL

88-11-8



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 12/18/89, 19
Receipt and Permit number 01023

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
OWNER'S NAME: Jean Blake ADDRESS: same

Table with columns for item description and FEES. Includes sections for OUTLETS, FIXTURES, SERVICES, METERS, MOTORS, RESIDENTIAL HEATING, COMMERCIAL OR INDUSTRIAL HEATING, and APPLIANCES.

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 DOUBLE FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b)
TOTAL AMOUNT DUE: 30.50

INSPECTION: Will be ready on now, 19; or Will Call
CONTRACTOR'S NAME: Ames Electric Co.
ADDRESS: 35 East Bridge St, Westbrook
TEL: 774-0604
MASTER LICENSE NO.: Alan Ames #2336 SIGNATURE OF CONTRACTOR:
LIMITED LICENSE NO.:

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

ELECTRICAL INSTALLATIONS —

Permit Number 01023

Location BRACKET AVE - RT

Owner J BLAKE

Date of I. 12/18/89

Final I. 12-19-89

By Inspector FC

Permit Application Register Page No. 81

INSPECTIONS: Service 12/19/89 by Frank Clark

Service called in _____

Closing-in ✓ by Frank Clark

PROGRESS INSPECTIONS: 2-13-90

DATE:

REMARKS:

12/19/89

Rough IR. serv -

2-13-90

Electrical work activity - -

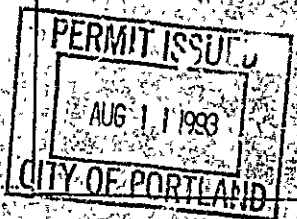
930703

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 8/11/93



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location: 189 Brackett Ave - Peaks Island 83 ft x 8 Use of Building: 1 - 1/2 stories No. Stories: Existing Name and address of owner of appliance: Larry Blake 189 Brackett Ave - Peaks Isl. Installer's name and address: Paul Erico Pl & Htg 58 Elizabeth St - Peaks Island, ME 04108 Telephone: 766-2482 General Description of Work: forced hot water heating system

IF HEATER, OR POWER BOILER

Location of appliance: basement Any burnable material in floor surface or beneath? NO If so, how protected? Kind of fuel? #2 fuel oil Minimum distance to burnable material, from top of appliance or casing top of furnace: 24 inch From top of smoke pipe: 10 in From front of appliance: 6 ft From sides or back of appliance: 6 ft Size of chimney flue: 8" x 7" Other connection: to same flue one woodstove If gas fired, how vented? Rated maximum demand per hour: 110,000 btu Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner: Beckett Labelled by underwriters' laboratories? yes Will operator be always in attendance? NO Does oil line feed from top or bottom of tank? bottom Type of floor beneath burner: concrete pipe: 7 inch Location of oil storage: basement Capacity of tanks: one 275-gal tank Low water shut off: yes Make: 170 Will all tanks be more than five feet from any flame? yes How many tanks enclosed? none Total capacity of any existing storage tanks for furnace burners: 275 gal

IF COOKING APPLIANCE

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

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Cost of work: \$5000 Paul Erico, Master oil burner License #05738

Amount of fee enclosed: \$45

APPROVED:

[Signature]

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

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

Signature of Installer

Paul Erico

[Signature]