



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

Lot 88-M-8  
Brackett Avenue  
Peaks Island

November 3, 1988

Mr. William E. Heller  
Port Island Realty  
P. O. Box 7341  
Portland, Maine 04112

Dear Mr. Heller:

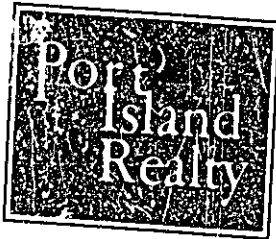
The soils analysis report for Lot 88-M-8 has been reviewed by the City Plumbing Inspector, who has given it an O.K. for this lot as a lot of record, and therefore it is a "buildable" lot for a single family dwelling.

Approval by the City Plumbing Inspector, Erno R. Goodwin, is essential to the requirements for issuance of a building permit.

Sincerely,

Warren J. Turner  
Zoning Enforcement Inspector

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



PHONE (207) 775-7253  
(207) 766-5085

WELCH STREET  
PEAKS ISLAND 04108

334 FORE STREET  
P O BOX 7341  
PORTLAND, MAINE 04112

November 2, 1988

Warren Turner  
Zoning Enforcement Officer  
City Hall  
Congress St.  
Portland, Maine 04101

Dear Warren:

Here is a Soils Analysis for Lot 83-M-8. Could you please write me a letter of "buildability".

The parcel is under Contract and the closing is set for this next Tuesday - 11/6/88. I regret the short notice and appreciate all you can do to help us meet the closing date (letter being essential to the closing).

I will be more than happy to pick it up. You can reach me at 775-725

Thank you in advance.

Sincerely,

*William E. Heller*  
William E. Heller

WEH/kg  
enc.

*Ernie 11/2/88  
Please review  
the enclosed H&E-  
RS and advise  
me as to whether  
you consider this  
lot 83-M-8 to be  
available as a lot  
of record in TR-1?  
OK  
Warren T.*

ANTIQUE, ARCHITECTURAL

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

**Owner/Applicant Statement**

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

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

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>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><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY _____ ZONING _____</p> <p>28,600 SF : IR1</p>		

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (PENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET 45</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE 4   CONDITION AIII</p> <p>DEPTH TO LIMITING FACTOR 30</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW: 405 (GALLONS/DAY)</b></p>

**SITE EVALUATOR STATEMENT** \* I 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. Jordan 0003/4814 10/28/88  
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

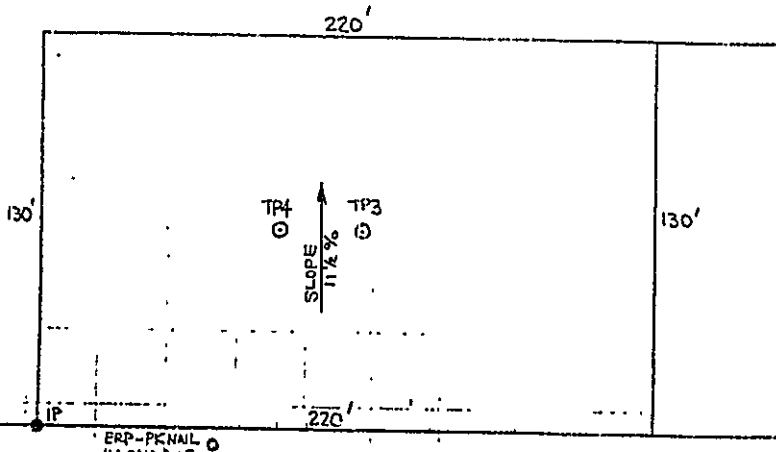
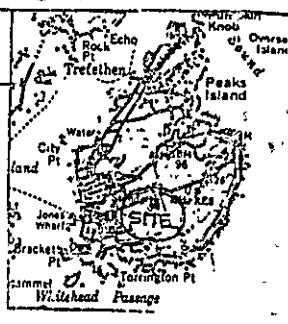
\* Local Plumbing Inspector's Signature if a Local SE. Evaluation Waiver under a Local Option

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND BRACKETT AVE 88-M-9** Street, Road, Subdivision  
Owners Name: **JANICE BLAKE**

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



**BRACKETT AVENUE**

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

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-2	LOAM		DAK (BROWN)	
2-4	SANDY LOAM		DEK REDDISH BROWN	
4-10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
10-20				FEW
20-30	BEDROCK			

Soil Name: H Classification: A1 Slope: 11.5 % Limiting Factor: 25  
 Ground Water  Permeable Layer  Bedrock

Observation Hole 4  Test Pit  Boring  
2' FOREST FEAT \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-2	SANDY LOAM		DAK REDDISH BROWN	
2-10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE EVIDENT
10-20				
20-30	BEDROCK			

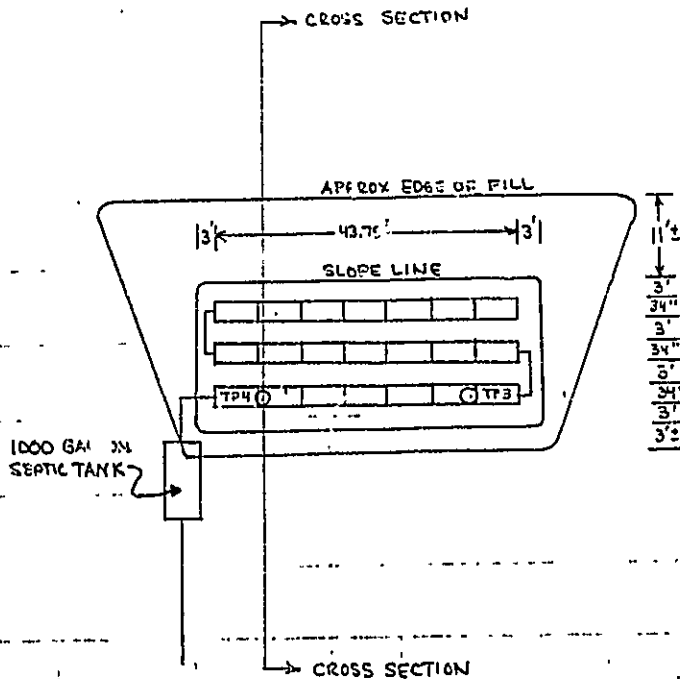
Soil Name: H Classification: A11 Slope: 11.5 % Limiting Factor: 30  
 Ground Water  Permeable Layer  Bedrock

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

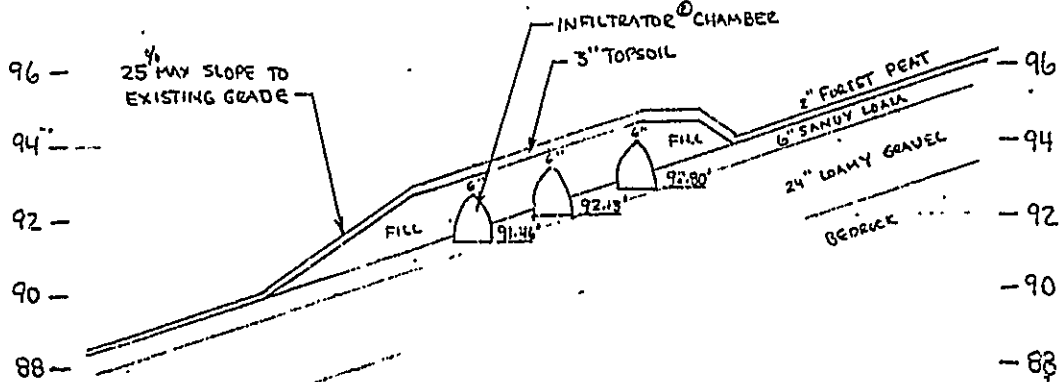
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision BRACKETT AVE 88-M-9	Owners Name JANICE BLAKE
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' F



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
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 " " "	
<b>DISPOSAL AREA CROSS SECTION</b>		Scale:
		Vertical: 1 inch = 4' FL
		Horizontal: 1 inch = 10' FL



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

0003/4814  
SE #11 2#

10/28/88  
Date

Page 3 of 3  
HHE-200 Rev. 48

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		PORTLAND PERMIT # 1,188 TOWN COPY Date Permit Issued: 5/18/85 \$ 4.00 FEE L.P.I. # 011213 [Signature] Local Plumbing Inspector Signature
Town Or Plantation	PORTLAND - PEAKS ISLAND	
Street	Brackett Ave.	
Subdivision Lot #	88-M-9	
PROPERTY OWNERS NAME		
Last: POUTENIS	First: ROBERT	
Applicant Name:	ROBERT POUTENIS	
Mailing Address of Owner/Applicant (if Different)	39 TOLMAN AVENUE SHIRLEY MASSACHUSETTS 01464	
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 a reason for the Local Plumbing Inspector to deny a Permit. [Signature: Robert R. Paulina] 8-5-85 Signature of Owner/Applicant Date

<b>THIS APPLICATION IS FOR:</b> 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	<b>THIS APPLICATION REQUIRES:</b> 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE 4. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM</b> 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) 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
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER _____	<b>DISPOSAL SYSTEM TO SERVE:</b> 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 _____	<b>TYPE OF WATER SUPPLY</b> PUBLIC WATER SUPPLY
SIZE OF PROPERTY: 57,200 S.F. ZONING: RESIDENTIAL		

<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	<b>WATER CONSERVATION</b> 1. <input checked="" 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 _____	<b>PUMPING</b> 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.	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> 2 BEDROOM MODERATE LOW VOLUME - TOILET SEPARATED LAUNDRY DESIGN FLOW: 170 (GALLONS/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: 4 CONDITION: A III DEPTH TO LIMITING FACTOR: 20"	<b>RATING RANGES USED FOR DESIGN PURPOSES</b> 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	<b>DISPOSAL AREA TYPE/SIZE</b> 1. <input checked="" type="checkbox"/> BED 500 Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

**SITE EVALUATOR STATEMENT**  SITE EVALUATION WAIVED BY LOCAL OPTION

On May 11, 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.

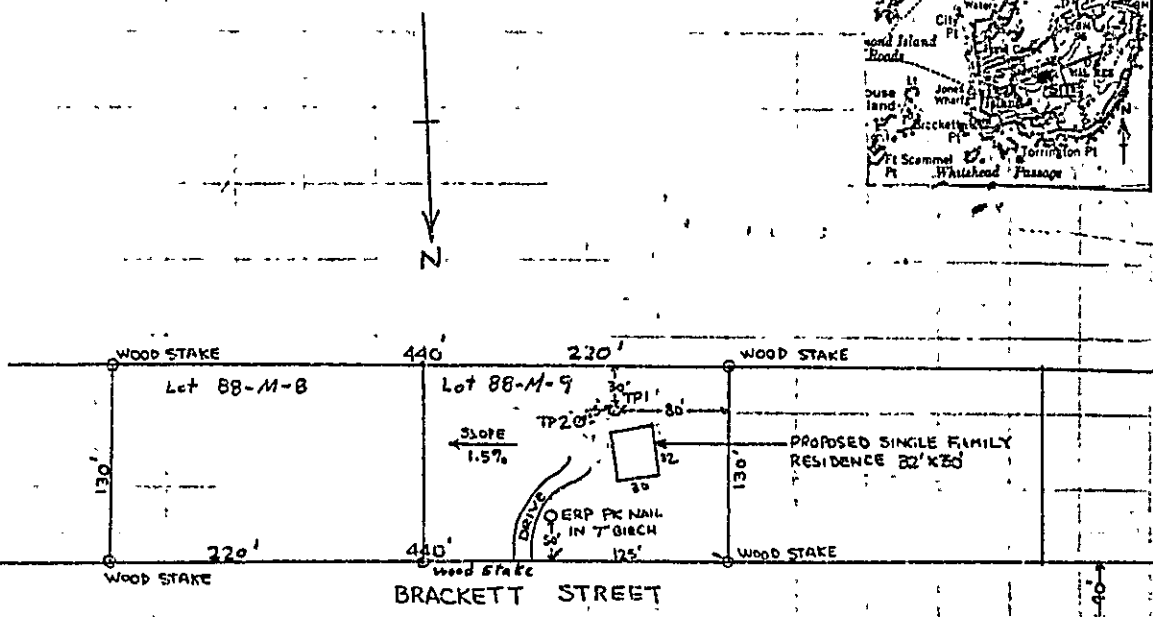
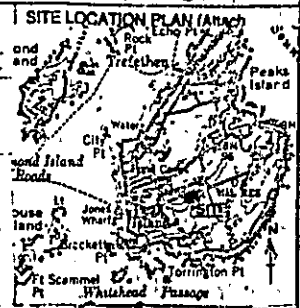
William R. Goodwin 003/4914 6/28/85  
 Site Evaluator or Professional Engineer's Signature SE # DATE

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND</b>	Street, Road, Subdivision <b>BRACKETT AVE 88-M-19</b>	Owners Name <b>ROBERT POUTENIS</b>
SITE PLAN		Scale 1" = 100' PL.



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

Observation Hole 2  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
GRAVELLY LOAM	VERY FRIABLE	RED BROWN	
	FRIABLE	RED-YELLOW	FEW
BEDROCK			

Soil Profile: <u>4</u>	Classification: <u>C</u>	Slope: <u>1.5%</u>	Limiting Factor: <u>19</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock
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Observation Hole 2  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
GRAVELLY LOAM	VERY FRIABLE	DK RED BROWN LIGHT RED BROWN	
			FEW
BEDROCK			

Soil Profile: <u>4</u>	Classification: <u>AU</u>	Slope: <u>1.5%</u>	Limiting Factor: <u>17</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock
------------------------	---------------------------	--------------------	----------------------------	--

*William B. Jones*  
SITE EVALUATOR OR PROFESSIONAL ENGINEER

003/4814  
SE 4/PE 4

6/28/85  
DI E Page 2 of 3

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

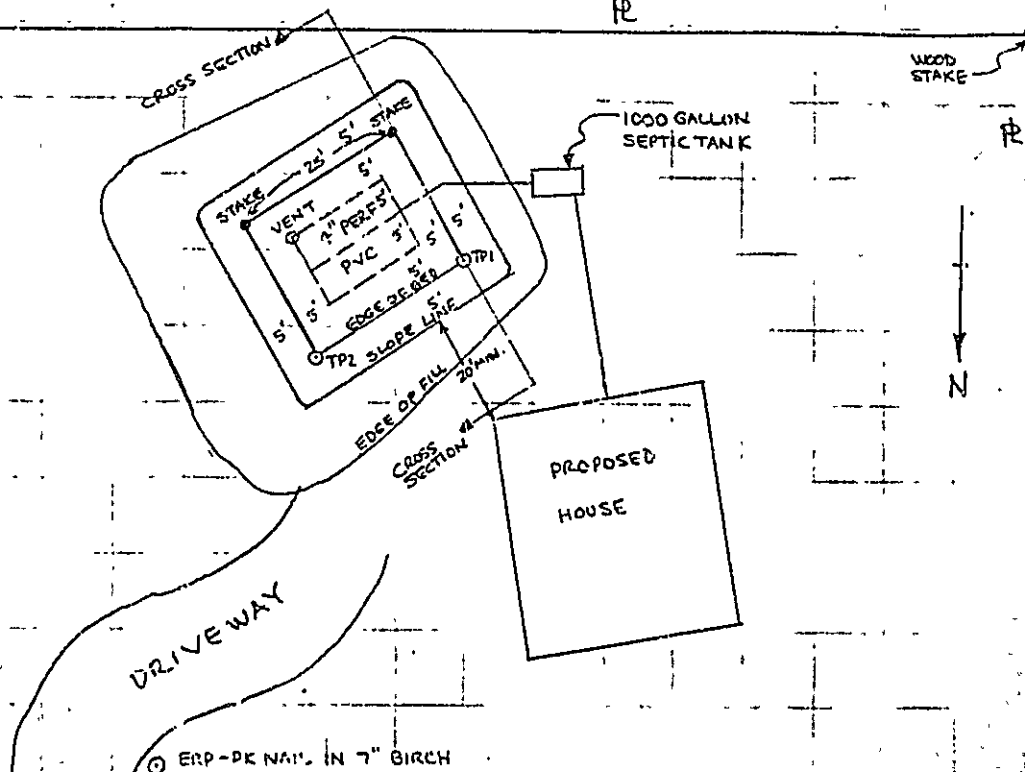
Owners Name

PORTLAND - PEAKS ISLAND BRACKETT AVE 88-M-9

ROBERT POUTENIS

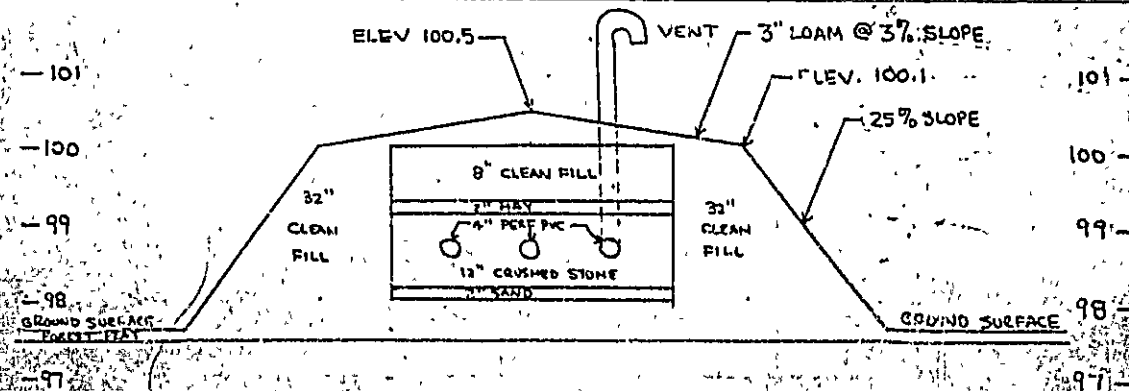
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	32"	Reference Elevation Is	100.00	PK NAIL IN 7" BIRCH TREE BESIDE DRIVE 30' IN FROM STREETLINE	
Depth of Fill (Downslope)	37"	Bottom of Disposal Area	98.1		
		Top of Distribution Lines or Chambers	99.2		

DISPOSAL AREA CROSS SECTION						Scale:	
						Vertical:	1 inch = 2' PL
						Horizontal:	1 inch = 10' PL



*William B. Goodwin*

003/4914

G/28/RS

SITE EVALUATOR OR PROFESSIONAL ENGINEER SIGNATURE

58 1/2 3 4

DATE



**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

Processing Form

Applicant Robert Poutenis  
 Mailing Address 9 Tolman Ave., Shirley, MA 01464  
 Proposed Use of Site single family dwellir.  
28,600-sf  
 Acreage of Site / Ground Floor Coverage \_\_\_\_\_  
 Site Location Review (DEP) Required: ( ) Yes ( ) No  
 Board of Appeals Action Required: ( ) Yes ( ) No  
 Planning Board Action Required: ( ) Yes ( ) No  
 Other Comments: \_\_\_\_\_  
 Date Dept. Review Due: \_\_\_\_\_

Date August 5, 1985  
 Address of Proposed Site #88-M-9 Brackett Avenue, Peaks Island  
 Site Identifier(s) from Assessors Maps #88-M-9  
R-3  
 Zoning of Proposed Site \_\_\_\_\_  
 Proposed Number of Floors \_\_\_\_\_  
 Total Floor Area \_\_\_\_\_

**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	42 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOADING AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

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

*Maria M. M. [Signature]*  
 SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT — ORIGINAL

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing - Form**

Applicant: Robert & Marie Shirley Lot 9 August 1, 1989  
 Mailing Address: 100-100 Brackett Avenue, P.O. Box 10101 Date  
 Proposed Use of Site: RETAIL Address of Proposed Site  
 Acreage of Site / Ground Floor Coverage: 0.13 / 11,000 Site Identifier(s) from Assessors Maps  
 Site Location Review (DEP) Required: ( ) Yes (  ) No Zoning of Proposed Site  
 Board of Appeals Action Required: ( ) Yes (  ) No Proposed Number of Floors  
 Planning Board Action Required: ( ) Yes (  ) No Total Floor Area  
 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

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

(Attach Separate Sheet If Necessary)

*Robert M. ...*  
 SIGNATURE OF REVIEWING STAFF / DATE

PUBLIC WORKS DEPARTMENT COPY

# APPLICATION FOR PERMIT

**PERMIT ISSUED**

**FEB 25 1986**

**City Of Portland**

B.O.C.A. USE GROUP .....  
 B.O.C.A. TYPE OF CONSTRUCTION ..... *0.01.8.7* c  
 ZONING LOCATION ..... PORTLAND, MAINE *8/5/85* .....

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: *788-N-1 Brackett Avenue Peaks Island*  
 1. Owner's name and address: *Robert Poutenia, 37 Tolman Avenue, Guilford, ME 04444* Fire District #1 , #2   
 2. Lessee's name and address: Telephone *(617) 435-6546*  
 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 ..... Pooling .....

Other buildings on same lot .....  
 Estimated contractor's cost: *18,000*  
 FIELD INSPECTOR - M: *20,000* site plan Appeal Fees *50.00* pd.  
 Base Fee *70.00* pd.  
 Late Fee *100.00*  
 TOTAL *120.00*

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

© 775-5451

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? *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 disposal? *septic system*  
 Has septic tank notice been sent? *no* If not, when?  
 Height average grade to top of plate ..... Height average grade to highest point of roof .....  
 Size, front *32* depth *30* ..... solid or filled land? *ledge* earth or rock? *rock*  
 Material of foundation *concrete* ..... top *12"* bottom *12"* cellar .....  
 Kind of roof *flat* ..... Rise per foot ..... Roof covering *wood shingles*  
 No. of chimneys *1* ..... Material of chimneys *brick of lining* clay Kind of heat *gas* fuel *rubber*  
 Framing Lumber— and *ply* Dressed or full size? ..... Corner posts ..... Sills .....  
 Size Girder *4 oak* Columns under girders ..... Size ..... Max. on centers .....  
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor on flat roof span over 8 feet.  
 Joists and rafters: 1st floor *cecut* 2nd *6 x 8* 3rd ..... roof *6 x 6*  
 1st floor *ply* 2nd ..... 3rd ..... roof *6 x 6*  
 Max. span: 1st floor ..... 2nd ..... 3rd ..... roof .....

### IF A GARAGE

No. cars now accounted for 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:  
 BUILDING INSPECTION - PLAN EXAMINER .....  
 ZONING: .....  
 BUILDING CODE: .....  
 Fire Dept.: .....  
 Health Dept.: .....  
 Others: .....

MISCELLANEOUS  
 Will work require disturbing of any trees on a public street? .....

Signature of Applicant *Robert Poutenia* Phone # .....  
 Type Name of above .....  
 Other .....  
 Building address .....

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



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

Date Feb. 27, 1990  
 Receipt and Permit number 01126

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: Lot # 88-M-9 Brackett St., Peaks Island  
 OWNER'S NAME: Joe DiMauro ADDRESS: 77 Broadway, S. P. 04106

	FEES
<b>OUTLETS:</b>	
Receptacles _____ Switches _____ Plugmold _____ ft TOTAL _____	
<b>FIXTURES: (number of)</b>	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
<b>SERVICES:</b>	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary <input checked="" type="checkbox"/> TOTAL amperes <u>100</u>	3.00
<b>METERS: (number of)</b> <u>1</u>	.50
<b>MOTORS: (number of)</b>	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES: (number of)</b>	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
<b>TOTAL</b> _____	
<b>MISCELLANEOUS: (number of)</b>	
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" (304-16.b) ..... DOUBLE FEE DUE:  
 TOTAL AMOUNT DUE: 5.00 Min.

**INSPECTION:**  
 Will be ready on Feb. 27, 1990; or Will Call \_\_\_\_\_  
**CONTRACTOR'S NAME:** Lotfey Elec.  
**ADDRESS:** 45 Hillside Rd., Portland, ME 04103  
**TEL:** 773-3400  
**MASTER LICENSE NO.:** 8675 **SIGNATURE OF CONTRACTOR:** \_\_\_\_\_  
**LIMITED LICENSE NO.:** \_\_\_\_\_

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3823

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **BRACKETT AVENUE**

Subdivision/Lot #: **TAX MAP 88 BLOCK M LOT 9**

**PROPERTY OWNERS NAME**

Last: **DIMAURO** First: **JOSEPH**

Applicant Name: **JOSEPH DIMAURO 767-4263**

Mailing Address of Owner/Applicant (if different): **377 BROADWAY SOUTH PORTLAND, MAINE 04106**

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall be installed in accordance with the Subsurface Wastewater Disposal Rules.

PORTLAND 3808 TOWN COPY

Date Permit Issued: **3/15/90** FEE: **40** Dollars Per Charged

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # \_\_\_\_\_

**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: *Joseph Dimaurio* Date: **3/15/90**

**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: **JUN 11 1990**

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

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

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

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

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

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

**TYPE OF WATER SUPPLY**

**PUBLIC WATER**

SIZE OF PROPERTY: **28,600 SF** ZONING: **IR 1**

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: **1000** GALS.

**WATER CONSERVATION**

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

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

**PUMPING**

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

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

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

**2 BEDROOM CONSERVATIVE 300**

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: **4** CONDITION: **AIII**

DEPTH TO UNSATURATED FACTOR: **19**

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER **350** Sq. Ft.  REGULAR  H 20
- TRENCH \_\_\_\_\_ Unear Ft.
- OTHER: \_\_\_\_\_

**LOW VOLUME TOILET -30**

DESIGN FLOW: **270** (GALLONS/DAY)

**SITE EVALUATOR STATEMENT** \* USED **14 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION**  SITE EVALUATION WAIVED BY LOCAL OPTION

On **MAY 11 1983** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: *William B. Gardner* License #: **0003/4814** Date: **11/20/89**

Site Evaluator or Professional Engineer's Signature Date

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

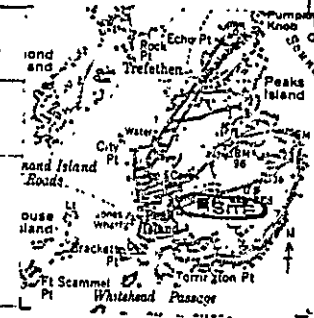
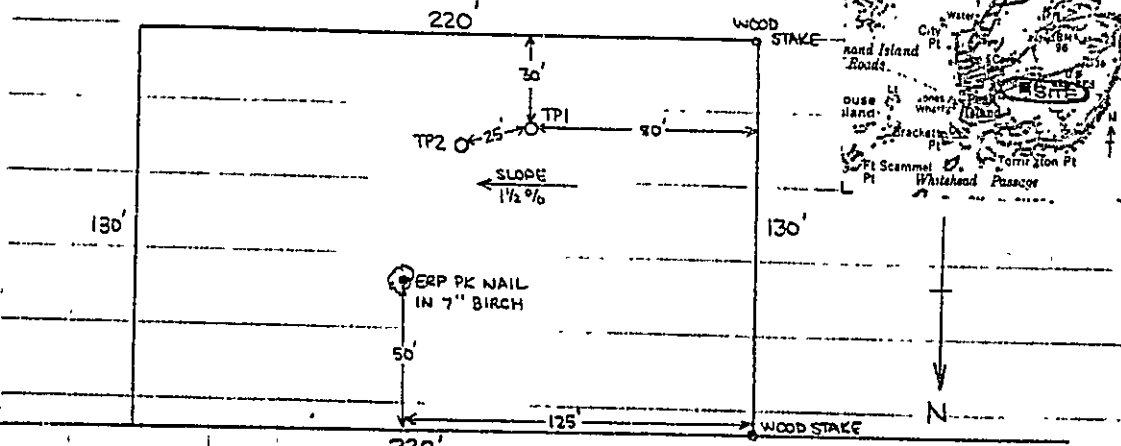
Owners Name

PORTLAND PEAKS ISLAND BRACKETT AVE 88-M-9

JOSEPH DIMAURO

SITE PLAN

Scale 1" = 50' FL



BRACKETT AVENUE

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

Observation Hole 2  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
5				NONE
10				
15	GRAVELLY LOAM	VERY FRIABLE	RED BROWN	
20				FEW
25				
30		FRIABLE	RED YELLOW	COMMON
35				
40	BEDROCK			
45				
50				

Soil Profile: 4  
Classification: AIII  
Slope: 1.5%  
Limiting Factor: 19  
 Ground Water  
 Rooting Layer  
 Bedrock

Observation Hole 2  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0			DK RED BROWN	
5				
10	GRAVELLY LOAM	VERY FRIABLE	LIGHT RED BROWN	NONE
15				
20				
25				
30	BEDROCK			
35				
40				
45				
50				

Soil Profile: 4  
Classification: AIII  
Slope: 1.5%  
Limiting Factor: 17  
 Ground Water  
 Rooting Layer  
 Bedrock

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

0003/4814  
SE# / PE#

11/28/89  
Date

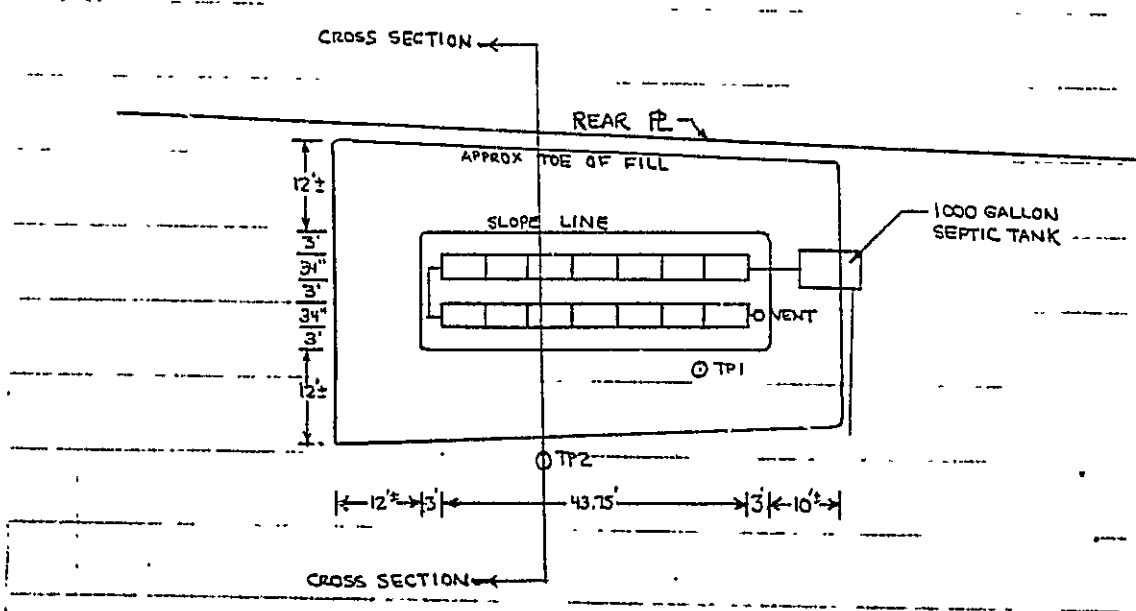
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **BRACKETT AVE 88-M-9** Owners Name: **JOSEPH DIMAURO**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

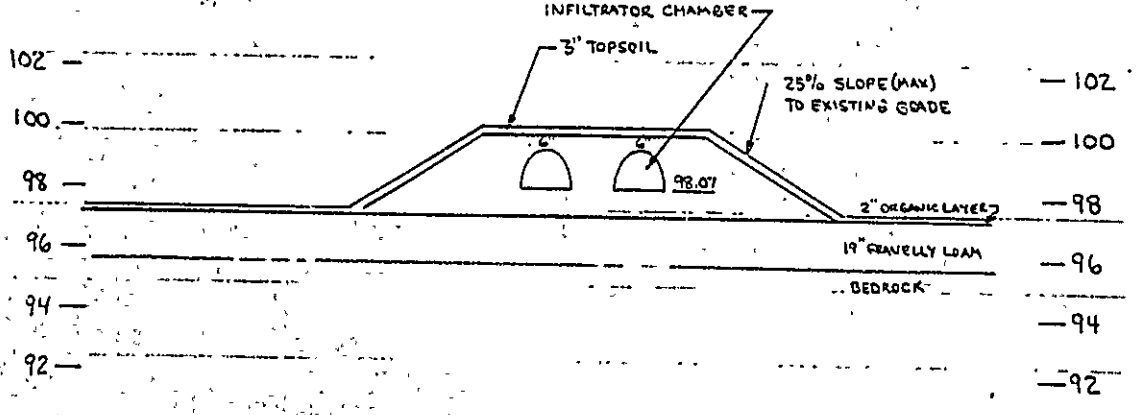
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	29'	Reference Elevation is	100.00	PK NAIL IN 7" BIRCH 50' IN FROM BRACKETT AVE 125' FROM NW COR.	
Depth of Fill (Downslope)	37'	Bottom of Disposal Area	98.07		
		Top of Distribution Lines or Chambers	99.32		

### DISPOSAL AREA CROSS SECTION

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



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

0003/4814  
SE # / PE #

11/28/89  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation	PORTLAND PEAKS ISLAND
Street	BRACKETT AVENUE
Subdivision Lot #	TAX MAP 88 BLOCK M LOT 9
<b>PROPERTY OWNERS NAME</b>	
DIMAURO	JOSEPH
Last	First
Applicant Name	JOSEPH DIMAURO
Mailing Address of Owner/Applicant (If Different)	377 BROADWAY SOUTH PORTLAND, MAINE 04106

PORTLAND	PERMIT # 3,540	TOWN COPY
Date Permit Issued: 7/25/89	\$240	FEE <input type="checkbox"/> Double Fee Charge
Local Plumbing Inspector Signature _____		L.P.I. # _____

**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.

*Joseph Dimauro*      7/27/89  
Signature of Owner/Applicant      Date

**Caution: Inspection Required**

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

\_\_\_\_\_  
Local Plumbing Inspector Signature      Date Approved

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b> PUBLIC WATER</p>
<p><b>AGE OF PROPERTY</b> 28,600SF</p>	<p><b>ZONING</b> IR.1</p>	

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b></p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET - 45</p> <p>DESIGN FLOW, 405 (GALLONS/DAY)</p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td>4</td> <td>AIII</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR 19</p>	PROFILE	CONDITION	4	AIII	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	
PROFILE	CONDITION						
4	AIII						

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

On MAY 11 1983 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

*William B. Jordan*      0003/4814      7/19/89  
Site Evaluator or Professional Engineer's Signature      SE# / PE#      Date

\* Local Plumbing Inspector Signature & a Local Site Evaluator Waiver under a Local Order



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

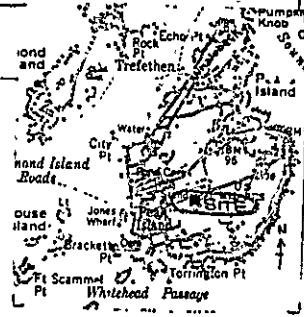
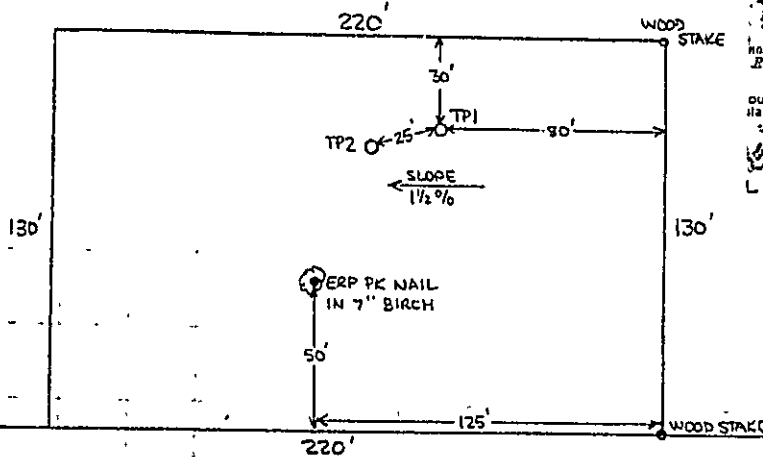
Owners Name

PORTLAND PEAKS ISLAND BRACKETT AVE 88-M-9

JOSEPH DIMAURO

SITE PLAN

Scale 1" = 50 Ft.



BRACKETT AVENUE

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" Depth of Organic Horizon Above Mineral Soil				2" Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
			NONE			DK RED BROWN	
GRAVELLY LOAM	VERY FRIABLE	RED BROWN		GRAVELLY LOAM	VERY FRIABLE	LIGHT RED BROWN	NONE
			FEW				
	FRIABLE	RED YELLOW	COMMON	BEDROCK			
BEDROCK							
Soil Profile <u>4</u>	Classification <u>AIII</u> Condition <u>Common</u>	Slope <u>1.5</u> %	Limiting Factor <u>19</u>	Soil Profile <u>4</u>	Classification <u>AIII</u> Condition <u>Common</u>	Slope <u>1.5</u> %	Limiting Factor <u>17</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock			

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

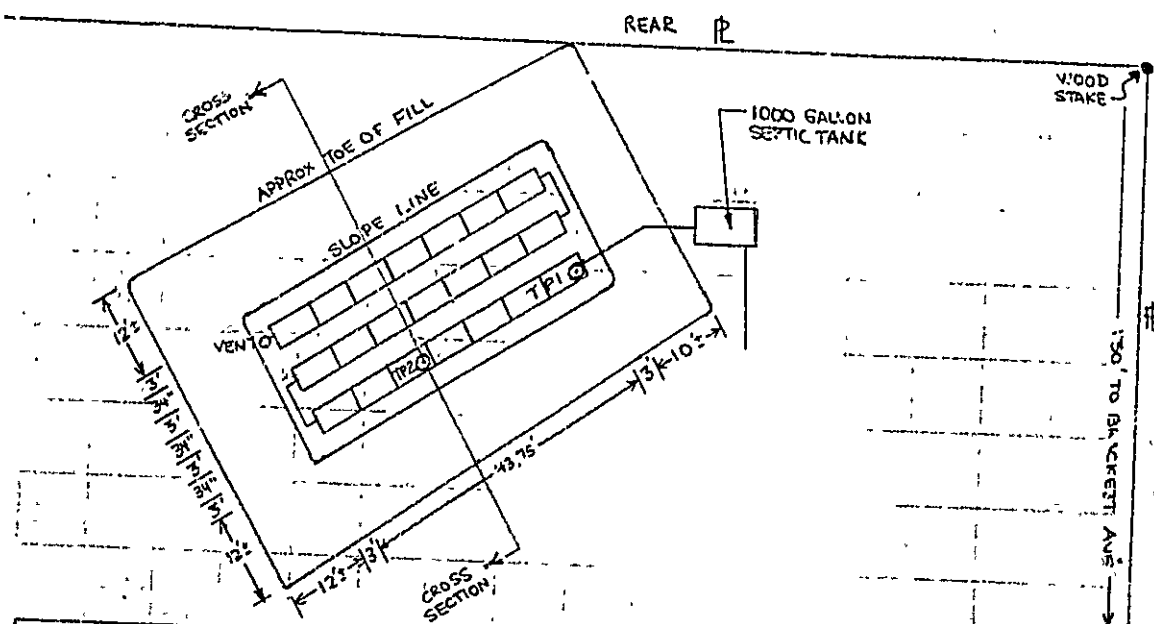
2003/4814  
SE# IPE#

7/19/89  
Date

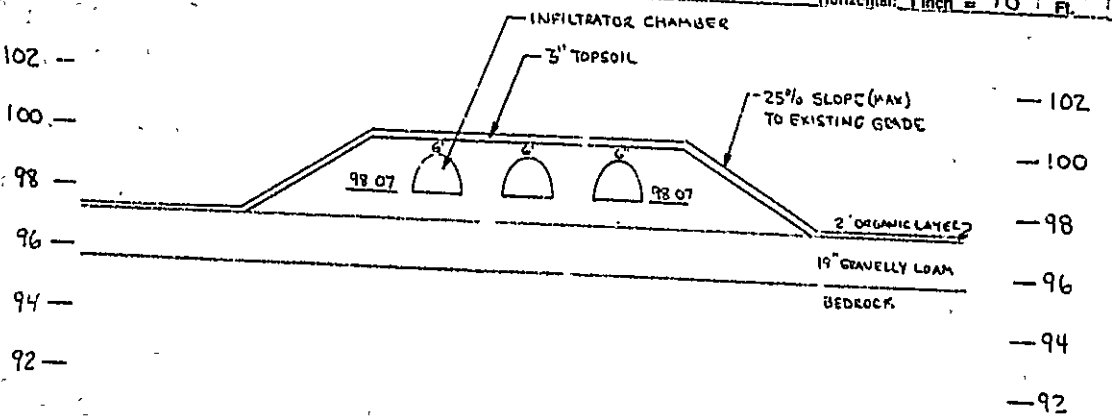
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND</b>	Street, Road, Subdivision <b>BRACKETT AVE</b>	Street, Road, Subdivision <b>88-M-9</b>	Owners Name <b>JOSEPH DIMAURO</b>
SUBSURFACE WASTEWATER DISPOSAL PLAN			Scale 1" = <b>20</b> FL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION PK NAIL IN 7" BIRCH 50' IN FROM BRACKETT AVE 125' FROM NW COR.
Depth of Fill (Upslope)	29"	Preference Elevation Is	100.00	
Depth of Fill (Downslope)	37"	Bottom of Disposal Area	98.07	
		Top of Distribution Lines or Chambers	99.32	



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

0003/4814  
SE # 1 PE #

7/19/89  
Date



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION Lot 49, Brackett Ave; Peaks Island

Date of Issue 5/8/91

Issued to Joseph DiLauro

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. 93/2492, 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

Entire

APPROVED OCCUPANCY

Single-family dwelling

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

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



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

Date 6/19/90, 19  
 Receipt and Permit number 01375

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: Lot 88 M-9 Brackett St - Peaks Island  
 OWNER'S NAME: Joseph Dimauro ADDRESS: 77 Broadway, So. Ptld

OUTLETS:		FEES	
Receptacles <u>x</u>	Switches _____	Plugmold _____ ft.	TOTAL <u>1-30</u> ..... <u>3.00</u>
FLXTURES: (number of)			
Incandescent <u>x</u>	Flourescent _____	(not strip) TOTAL <u>1-10</u> .....	<u>3.00</u>
Strip Flourescent _____	ft. ....	.....	.....
SERVICES:			
Overhead <u>x</u>	Underground _____	Temporary _____	TOTAL amperes <u>100</u> .. <u>3.00</u>
METERS: (number of) <u>1</u> ..... <u>.50</u>			
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 <u>1</u>	Water Heaters <u>1</u>	.....	.....
Cook Tops _____	Disposals <u>1</u>	.....	.....
Wall Ovens _____	Dishwashers <u>1</u>	.....	.....
Dryers _____	Compactors _____	.....	.....
Fans _____	Others (dencte) _____	.....	.....
TOTAL <u>4</u> .....	.....	.....	<u>6.00</u>
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. 15.50

INSPECTION:  
 Will be ready on now, 1990; or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: Larfey Electric  
 ADDRESS: 45 Hillside Rd; Ptld  
 TEL: 773-3400  
 MASTER LICENSE NO.: 38675 SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

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



# PLUMBING APPLICATION

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

**PROPERTY ADDRESS**

Town or Plantation: 89 BRADY AVE

Street Subdivision Lot #: PEAKS - ELDON

**PROPERTY OWNERS NAME**

Last Name: PAKE First: PAUL

Applicant Name: PAUL E. CO

Mailing Address of Owner (if Different): 28 LIZABETH ST P.T.

PORTLAND 4860

Date Permit Issued: 8-11-93

Fee: \$120 FEE

Local Plumbing Inspector Signature: [Signature]

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and that I am the owner of the property. Any falsification is reason for the local plumbing inspector to deny a permit.

Signature of Owner/Applicant: [Signature] Date: 8-11-93

**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: A. Rowe Date Approved: 8-12-93

**PERMIT INFORMATION**

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

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

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # \_\_\_\_\_

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Fixtures (Subtotal) Column 2: \_\_\_\_\_

Fixtures (Subtotal) Column 1: \_\_\_\_\_

Total Fixtures: \_\_\_\_\_

Fixture Fee: \$4

Hook-Up & Relocation Fee: \$20

Total Fee: \_\_\_\_\_

TOWN COPY

*minimum fee*



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 #9, Brackett Avenue  
Peaks Island

August 10, 1989


Mr. Joseph DiMauro, Jr.  
DiMauro, DiMauro, & DiMauro  
377 Broadway  
South Portland, Maine 04106

Dear Mr. DiMauro:

This is in reference to your application for a building permit for a new single family on Lot #9, Brackett Avenue, Peaks Island, in the IR-1 Island Residence Zone. In order to complete our review of this building permit application, we shall need to have a plot plan that incorporates the proposed building, the deck, and the setbacks from front, side and rear lot lines shown in linear feet.

Please revise the plot plan submitted for this proposed building to show the proposed deck in relation to the lot lines on a new sketch.

Sincerely,

  
William D. Giroux  
Zoning Enforcement Officer

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

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 263-3826

**PROPERTY ADDRESS**

Town Or Plantation: Peak's Island

Street Subdivision Lot #: 171 Brackett Ave

**PROPERTY OWNERS NAME**

Last: Dimauro First: John

Applicant Name: S.P. Plumbing + Heat

Mailing Address of Owner/Applicant (if Different): 42 HUNTERS AVE. So. Portland, ME

PORTLAND 3861 TOWN COPY

Date Permit Issued: 5.7.90 \$ 36.00 FEE  Double Fee Charged

L.P.I. # 01123

*[Signature]*  
Local Plumbing Inspector Signature

**Owner/Applicant Statement**

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

*[Signature]* 5/7/90  
Signature of Owner/Applicant Date

**Caution: Inspection Required**

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

*[Signature]* 5-7-90  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

**This Application is for**

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

SEP 7 - 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 # 12709

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hosebibb / Silcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<b>OR</b>		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bloet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	11	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			13	Total Fixtures
			\$ .	Fixture Fee
			\$ .	Hook-Up & Relocation Fee
			\$ 36.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE





# APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED

MAY 15 1990

City Of Portland

Amendment No. 1

Portland, Maine, 5/14/90

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 89/2492 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location lot #9, Brackett Ave. - Peaks Island Within Fire Limits? \_\_\_\_\_ Dist. No. \_\_\_\_\_

Owner's name and address Joseph DiMauro; 377 Broadway, So Ptld Telephone 767-4263

Lessee's name and address \_\_\_\_\_ ME 04106 Telephone \_\_\_\_\_

Contractor's name and address \_\_\_\_\_ owner Telephone \_\_\_\_\_

Architect \_\_\_\_\_ Plans filed \_\_\_\_\_ No. of sheets \_\_\_\_\_

Proposed use of building single-family dwelling No. families \_\_\_\_\_

Last use \_\_\_\_\_ No. families \_\_\_\_\_

Increased cost of work \$40,000 Additional fee \$200

## Description of Proposed Work

Amendment for estimated cost

## Details of New Work

Is any plumbing involved in this work? \_\_\_\_\_ Is any electrical work involved in this work? \_\_\_\_\_

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 \_\_\_\_\_

Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_

Kind of roof \_\_\_\_\_ Rise per foot \_\_\_\_\_ Roof covering \_\_\_\_\_

No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_

Framing lumber - Kind \_\_\_\_\_ Dressed or full size? \_\_\_\_\_

Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_

Girders \_\_\_\_\_ Size \_\_\_\_\_ 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.

Joints and rafters: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

Maximum span: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_

Approved: OK WLD 5-14-90 Signature of Owner Joe DiMauro

INSPECTION COPY - WHITE FILE COPY - PINK Approved: \_\_\_\_\_ Inspector of Buildings  
APPLICANT'S COPY - YELLOW ASSESSOR'S COPY - GOLDEN

[7] Mr. Addato

PERMIT # 002492 CITY OF Portland BUILDING PERMIT APPLICATION

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

Owner: Barbara DiMauro and Di Mauro (Joe - 767-4263)

Address: 377 Broadway, S. Portland 04106

LOCATION OF CONSTRUCTION: Lot #9, Brackett Avenue, Peck Island

CONTRACTOR: owner SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Est. Construction Cost: \$60,000 Type of Use: single family

Part Use: \_\_\_\_\_

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

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

Conversion - Explain MINOR, MINOR SITE PLAN and to construct new.

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

Residential Buildings Only: \_\_\_\_\_ construction with HHE204

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units 1

Foundation: \_\_\_\_\_

1. Type of Soil: \_\_\_\_\_

2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_

3. Footings Size: \_\_\_\_\_

4. Foundation Size: \_\_\_\_\_

5. Other \_\_\_\_\_

Floor: \_\_\_\_\_

1. Sills Size: \_\_\_\_\_ Sills must be anchored.

2. Girder Size: \_\_\_\_\_

3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_

4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.

5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_

6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_

7. Other Material: \_\_\_\_\_

Exterior Walls: \_\_\_\_\_

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_

2. No. windows \_\_\_\_\_

3. No. Doors \_\_\_\_\_

4. Header Sizes \_\_\_\_\_ Spar(s) \_\_\_\_\_

5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_

6. Corner Posts Size \_\_\_\_\_

7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_

8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_

9. Siding Type \_\_\_\_\_

10. Masonry Materials \_\_\_\_\_ Weather Exposure \_\_\_\_\_

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 \_\_\_\_\_

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

For Official Use Only

Date July 23, 1989 Subdivision Yes / No \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \$60,000  
 Value/Structure \_\_\_\_\_  
 Fee 250 - MINOR MINOR SITE PLAN

PERMIT ISSUED

Permit Expiration AUG 23 1990

Ownership \_\_\_\_\_

City Of Portland

Colling: \$20.00 - building fee

1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceiling: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

Roof: \_\_\_\_\_

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

Chimneys: \_\_\_\_\_

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

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

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

Plumbing: \_\_\_\_\_

1. Approval of soil test if required \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories 00.00  
 5. No. of Other Fixtures 00.00

Swimming Pools: \_\_\_\_\_

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

Zoning: \_\_\_\_\_ District JR-1 Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_

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

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

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

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

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

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

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

Date Approved 7/25/89

Permit Received By Nancy Creaman

Signature of Applicant [Signature] Date 7/25/89  
 Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_  
 Inspection Dates \_\_\_\_\_

PERMIT ISSUED WITH LETTER

78/25/89

White-Tax Assessor

Yellow-GPCOG

White Tag

© Copyright GPCOG 1987

PLOT PLAN



**FEES (Breakdown From Front)**  
Base Fee \$ 25.00  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ ~~XXXXXX~~ 50.00  
Other Fees \$ 320.00  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

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

COMMENTS

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

Signature of Applicant Josh Adams Jr.

Date 7/25/09

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Joe DiMauro 767-4263

~~XXXXXXXX~~ DiMauro, DiMauro and DiMauro

Applicant  
377 Broadway, S. Portland 04106

Mailing Address  
single family

Proposed Use of Site  
3/4 784 sq ft

Acreage of Site / Ground Floor Coverage

July 25, 1989

Date

Lot #9 Brackett Avenue, Peaks Island  
Address of Proposed Site

88-1-9  
Site Identifier(s) from Assessors Maps

IR-1  
Zoning of Proposed Site

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

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

Planning Board Action Required: ( ) Yes ( ) No

Proposed Number of Floors 2 1/2

Total Floor Area 1,568 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

CO. PLIES  
CONDITIONALLY

DOES NOT  
COMPLY

DATE	ZONE LOCATION	INTERIOR OR COLLIER LOT	40 FT. SETBACK FROM (S/D, 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 with

8-17-89

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

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

Joe DiMauro 767-4263

DiMauro,  
Kurt, DiMauro and DiMauro

Applicant  
377 Broadway, S. Portland 04106

Mailing Address  
single family

Proposed Use of Site  
3/4 / 784 sq ft

Acreage of Site / Ground Floor Coverage

July 25, 1989

Date

Lot #9 Brackett Avenue, Peaks Island

Address of Proposed Site

88-M-9

Site Identifier(s) from Assessors Maps

IR-1

Zoning of Proposed Site

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

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

Planning Board Action Required: ( ) Yes ( ) No

Proposed Number of Floors 2

Total Floor Area 1,568 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																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED															REASONS SPECIFIED BELOW	

REASONS:

(Attach Separate Sheet if Necessary)

*Stephen J. Harris* 8/18/89  
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

# 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 9**

**PROPERTY OWNERS NAME**

Last: **DIMAURO** First: **JOSEPH**

Applicant Name: **JOSEPH DIMAURO**

Mailing Address of Owner/Applicant (if different):  
**377 BROADWAY**  
**SOUTH PORTLAND, MAINE 04106**

**PORTLAND**

PERMIT # **3,540** APPLICANTS COPY

Date Permit Issued: **7, 25, 89**

FEE:  Double Fee Charged

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # \_\_\_\_\_

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

**Owner/Applicant Statement**

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

Signature of Owner/Applicant: *Joseph Dimauro* Date: **7/22/89**

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NEW SYSTEM</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> SEASONAL CONVERSION</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</li> <li><input type="checkbox"/> Requires only Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</li> </ol>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+200% gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER</li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____ SPECIFY _____</li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><input checked="" type="checkbox"/> PUBLIC WATER</p>
<p>SIZE OF PROPERTY: <b>28,600SF</b></p> <p>ZONING: <b>IR1</b></p>		

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

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <b>1000</b> GALS</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NONE</li> <li><input checked="" type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED DRAINAGE SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><b>3 BEDROOM CONSERVATIVE 450</b></p> <p><b>LOW VOLUME TOILET - 45</b></p> <p><b>DESIGN FLOW: 405 (GALLONS/DAY)</b></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <b>4</b> CONDIT. ON: <b>AIII</b></p> <p>DEPTH TO LIMITING FACTOR: <b>19"</b></p>	<p><b>SIZINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input checked="" type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA-LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER <b>525*</b> Sq Ft.                     <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</li> </ul> </li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	

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

On **MAY 11 1983** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: *William B. Jordan* Date: **7/19/89**

SE # **0003/4814**

Page 1 of 3  
HHE-200 Rev 4/83

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

PORTLAND PEAKS ISLAND

Street, Road, Subdivision  
BRACKETT AVE 88-M-9

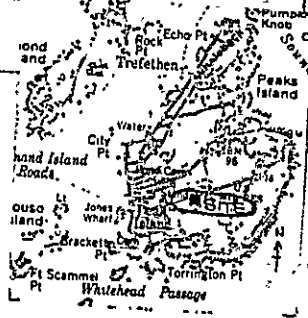
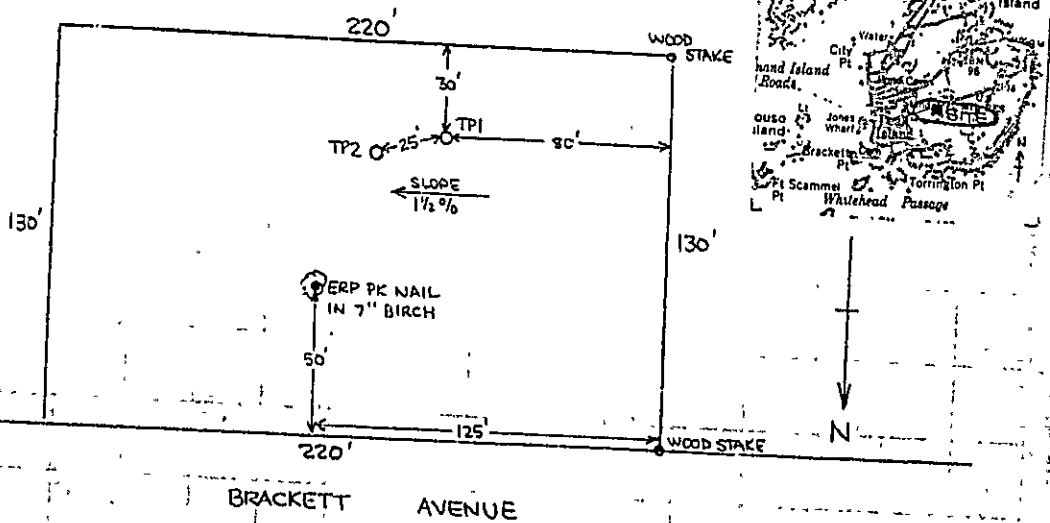
Department of Human Services  
Division of Health Engineering

Owners Name

JOSEPH DIMAURO

SITE PLAN

Scale 1" = 50' FL



BRACKETT AVENUE										

## SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole 2"  Test Pit  Boring

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Depth of Organic Horizon Above Mineral Soil			
	Texture	Consistency	Color	Mottling
0-6				
6-10				NONE
10-15	GRAVELLY LOAM	VERY FRIABLE	RED BROWN	
15-20				FEW
20-25		FRIABLE	RED YELLOW	COMMON
25-30	BEDROCK			

Soil Profile: **4**
Classification: **AIII**
Slope: **1.5%**
Limiting Factor: **19**

Ground Water  
 Rooting Layer  
 Bedrock

Observation Hole 2"  Test Pit  Boring

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Depth of Organic Horizon Above Mineral Soil			
	Texture	Consistency	Color	Mottling
0-6			DK RED BROWN	
6-10	GRAVELLY LOAM	VERY FRIABLE	LIGHT RED BROWN	NONE
10-15				
15-20				FEW
20-25	BEDROCK			

Soil Profile: **4**
Classification: **AIII**
Slope: **1.5%**
Limiting Factor: **17**

Ground Water  
 Rooting Layer  
 Bedrock

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

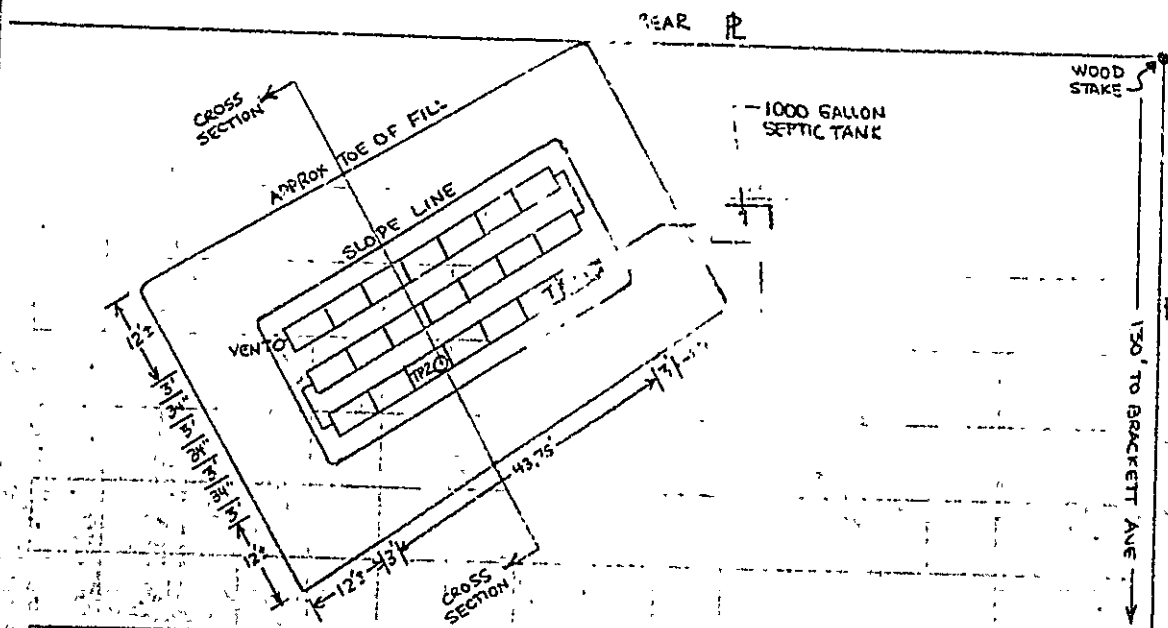
0003/4814  
SE# / PE#

7/19/84  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

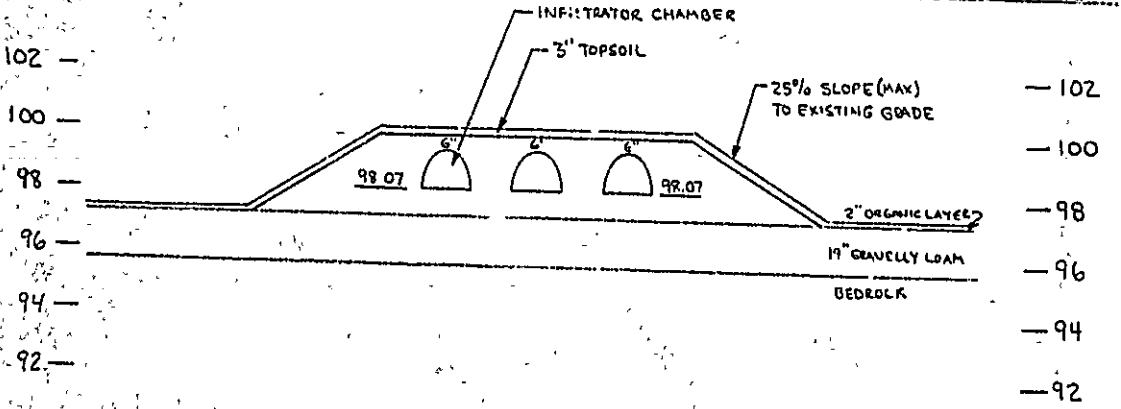
Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND</b>	Street, Road, Subdivision <b>BRACKETT AVE 88-M-9</b>	Owners Name <b>JOSEPH DIMAURO</b>
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> Ft.



<b>FILL REQUIREMENTS</b>	Depth of Fill (Upslope) <u>29'</u>	<b>CONSTRUCTION ELEVATIONS</b>	Reference Elevation is <u>100.00</u>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
	Depth of Fill (Downslope) <u>37'</u>		Bottom of Disposal Area <u>98.07</u>	PK NAIL IN 7" BIRCH 50' IN FROM BRACKETT AVE 125' FROM NW COR.
			Top of Distribution Lines or Chambers <u>99.32</u>	

<b>DISPOSAL AREA CROSS SECTION</b>		Scale:
		Vertical: 1 inch = 5 Ft.
		Horizontal: 1 inch = 10 Ft.



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

0003/4814  
SE # / PE #

7/19/89  
Date

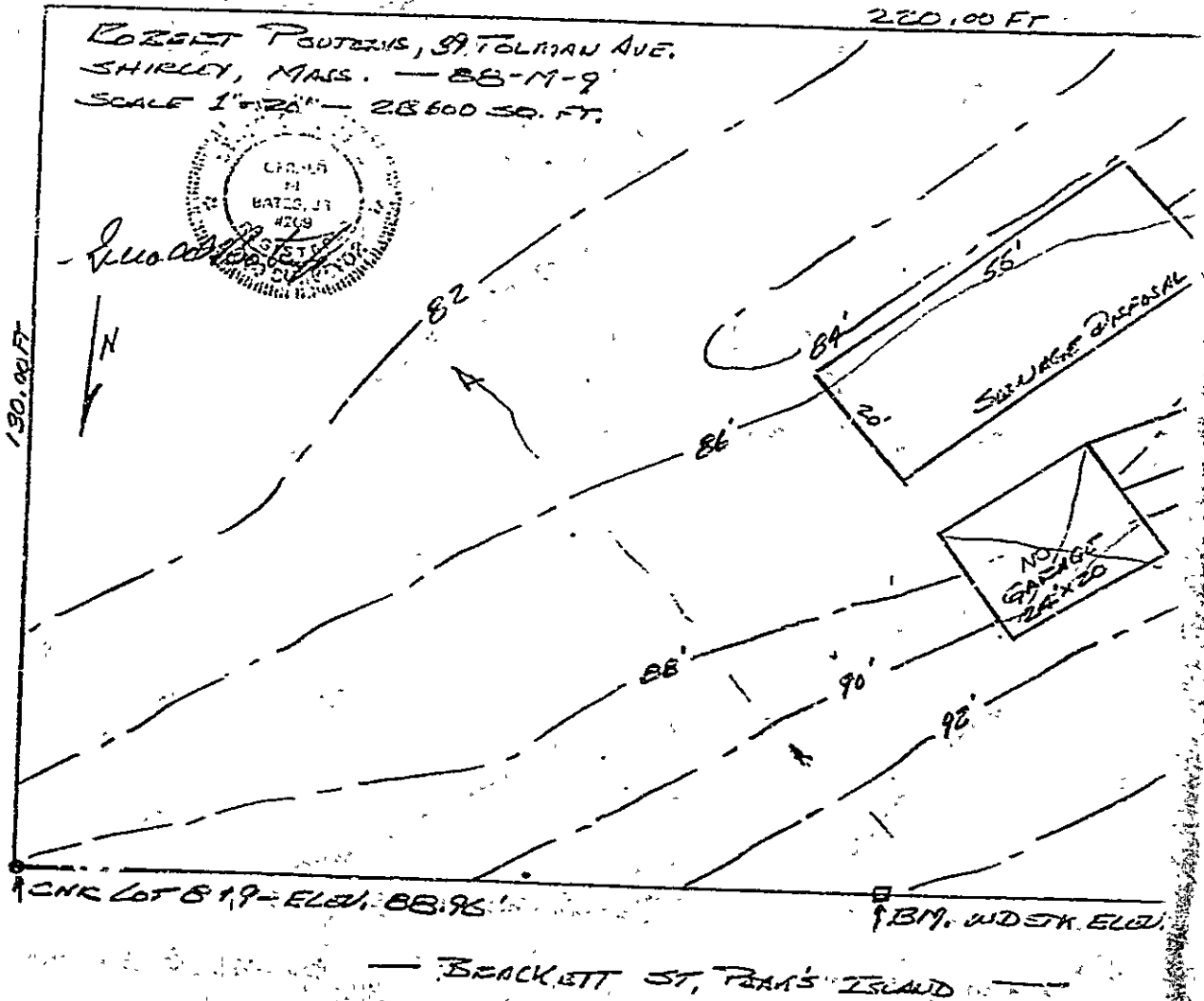


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JUL 25 1989

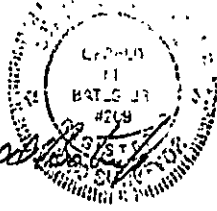
DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

Lot # 9  
Brackett Ave.  
P.D.



220.00 FT

ROBERT POTRUIS, 59 TOLMAN AVE.  
SHIRLEY, MASS. — 88-M-9  
SCALE 1" = 20' — 2860 SQ. FT.



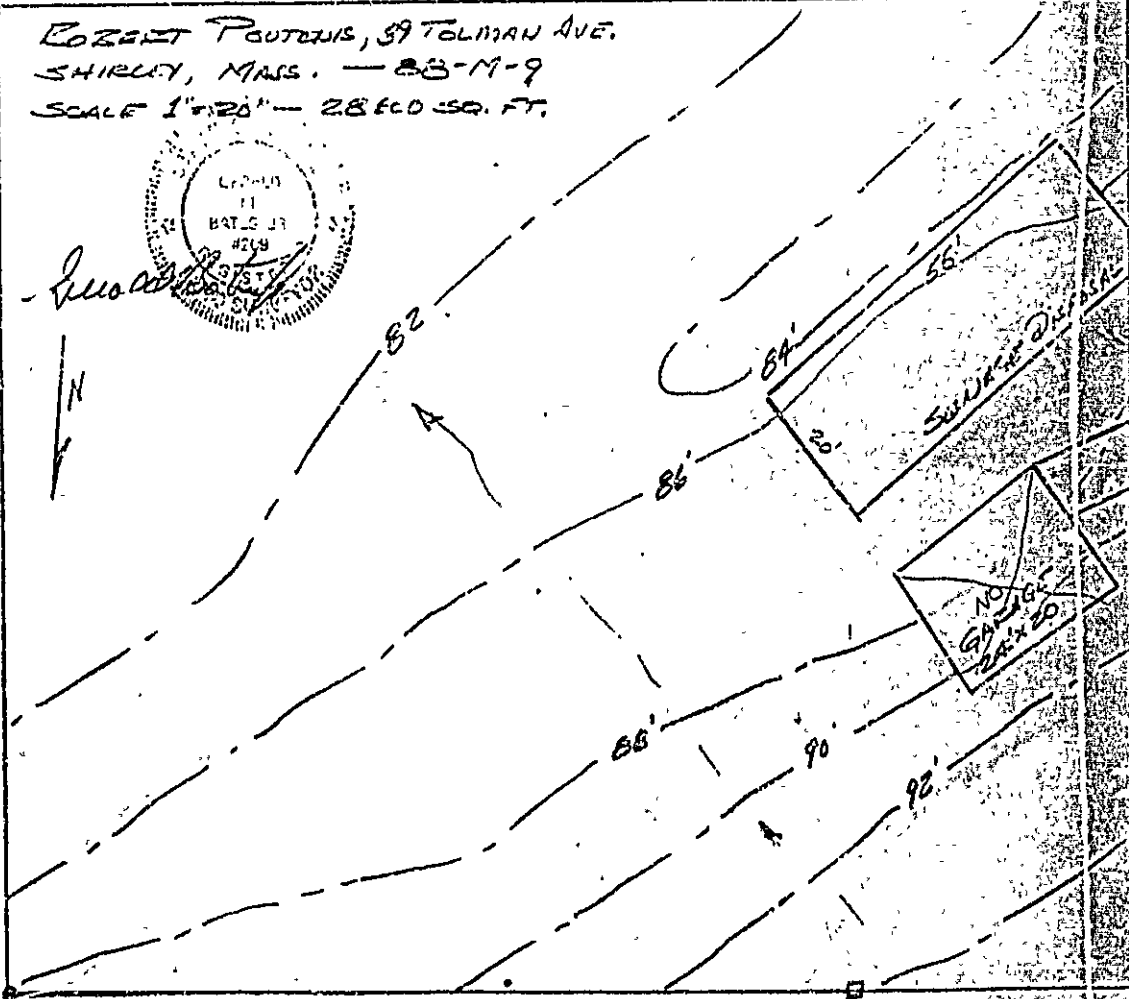
*Handwritten signature*

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JUL 25 1989

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

130.00 FT



Lot # 9  
Brackett Ave.  
P.D.

CNR LOT 819 - ELEV. 88.96

B.M. W.D. ST. ELEV.

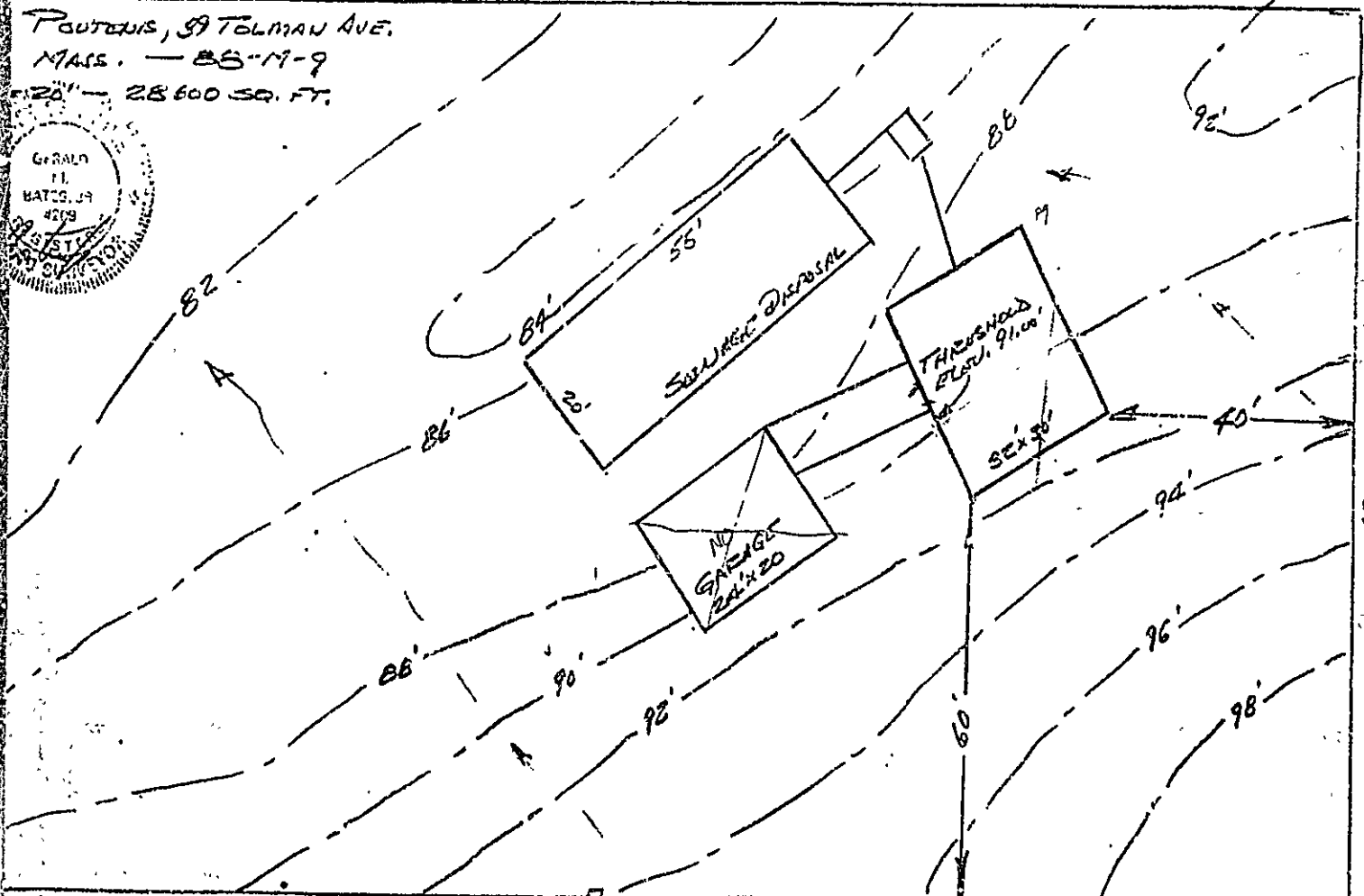
BRACKETT ST, TRAVIS ISLAND

220.00 FT

POUTENS, 89 TOLMAN AVE.

MASS. — 85-19-9

20' — 28,600 SQ. FT.



19 - ELEV. 88.95'

BM, WDSK ELEV. 93.95'

CORNER ELEV. 98.85'

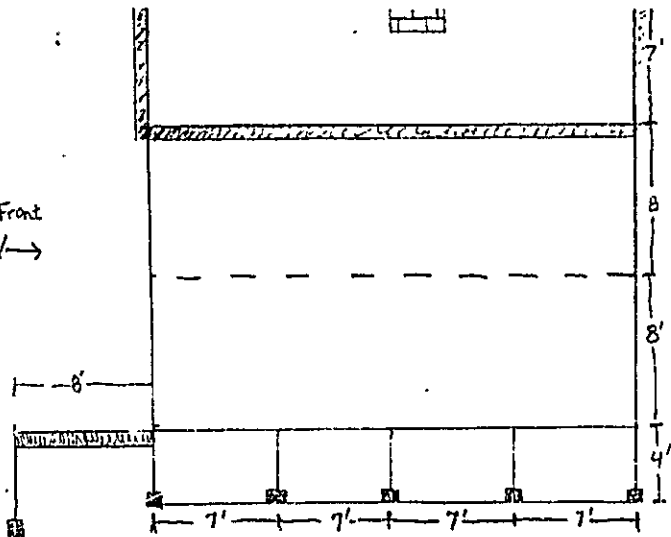
BRACKETT ST, PARK'S ISLAND

NAIL + YELLOW TAPE  
UTILITY POLE CMP # 15  
ASSUME 100.00' ELEV.

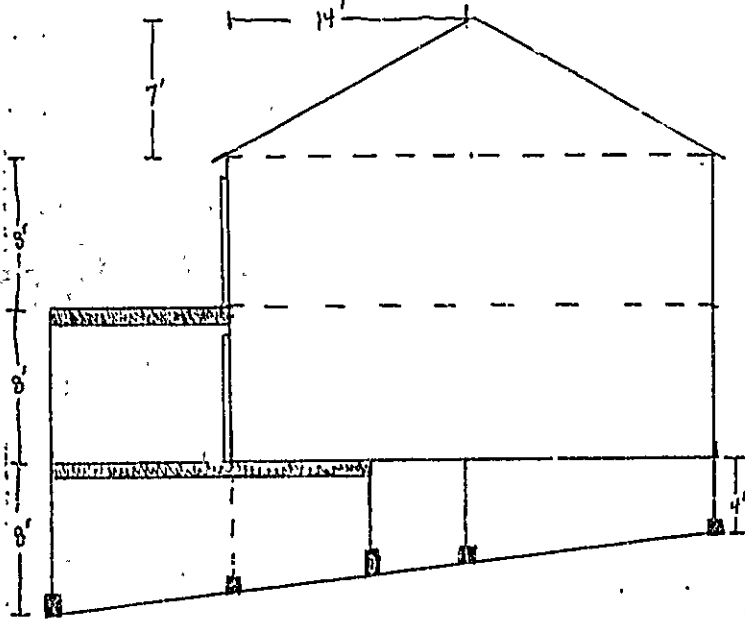
21  
22  
4

130.00 FT

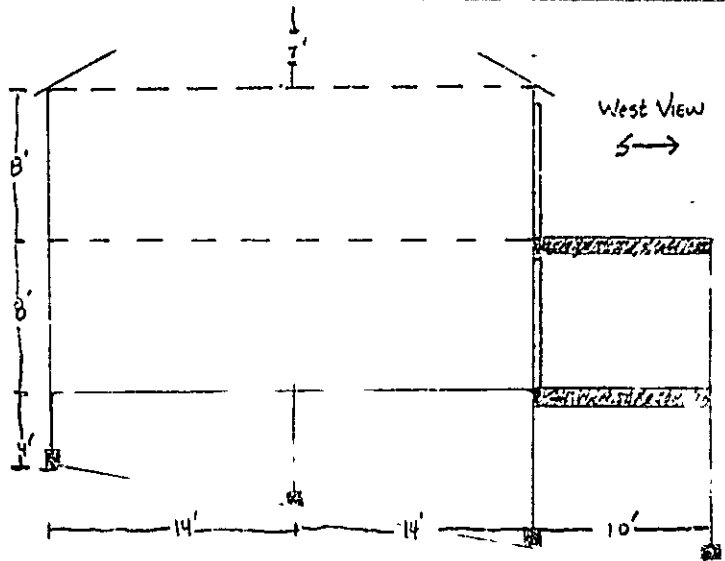
Front  
W →



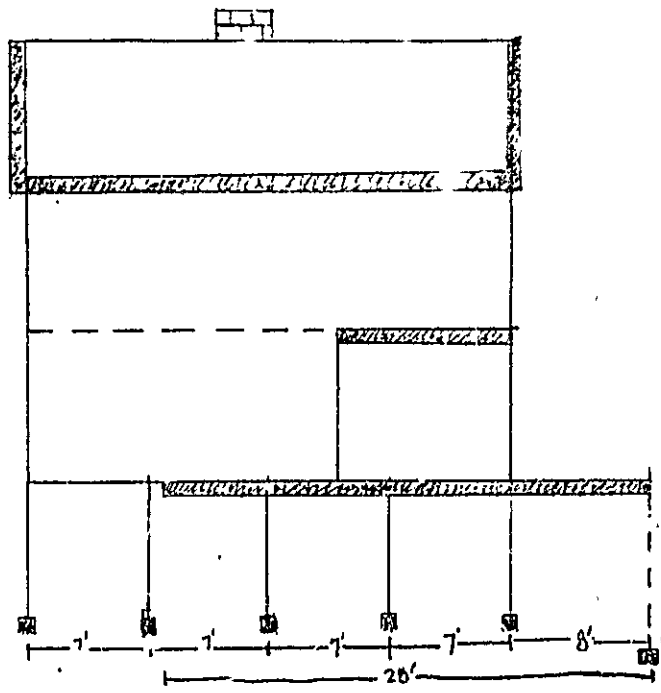
East View  
N →



West View  
S →



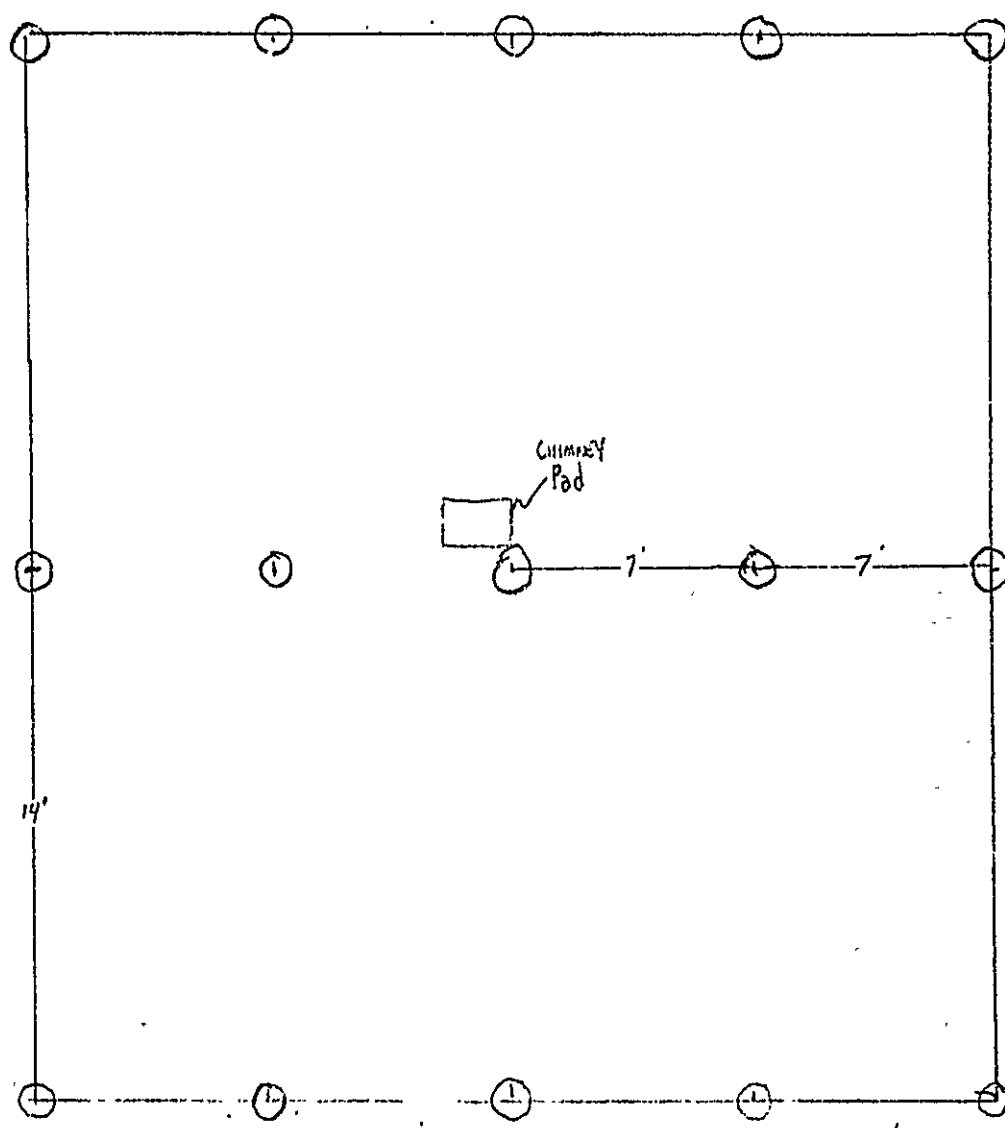
Back. E →

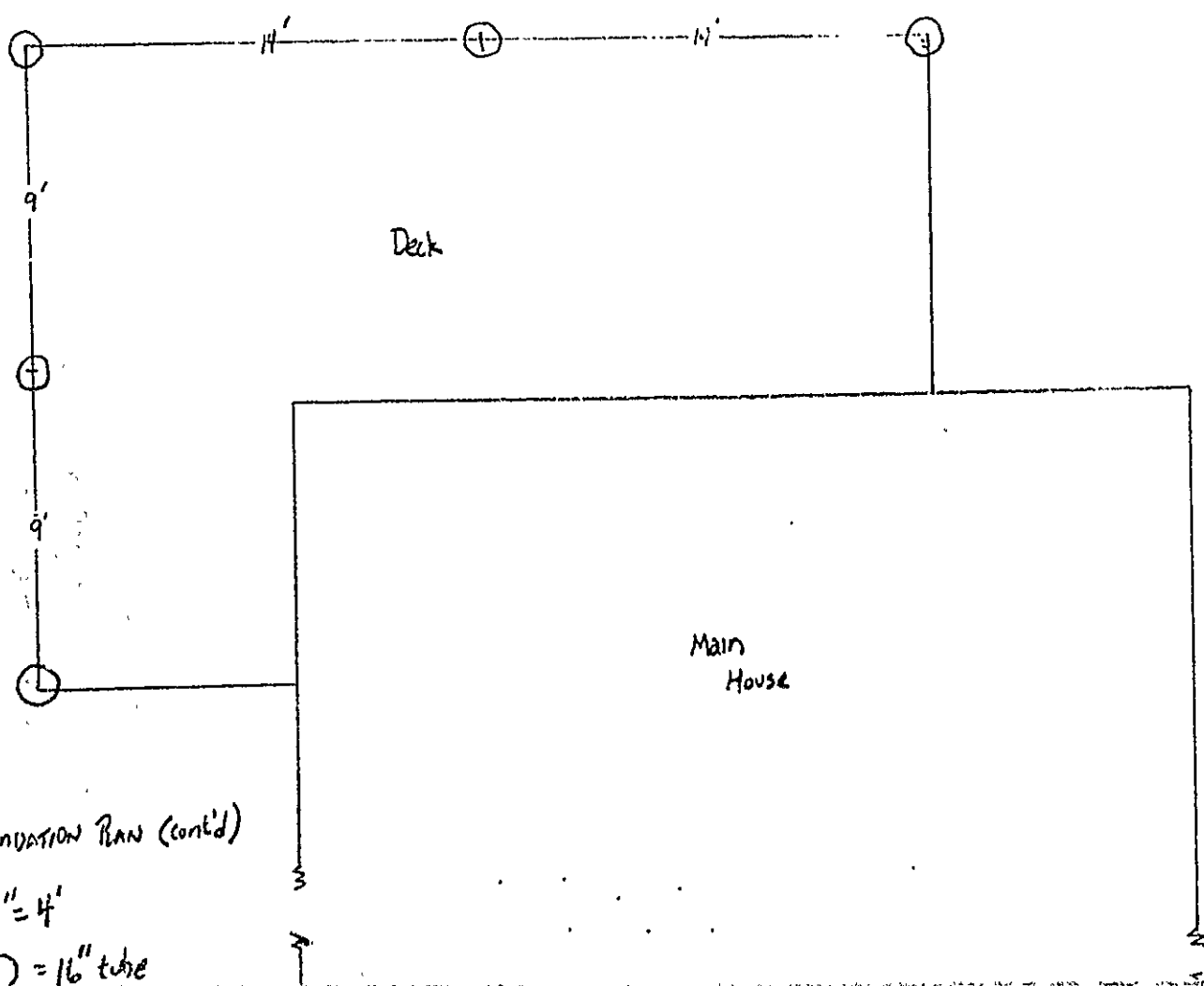


FOUNDATION PLAN

O = 16" tube

1" = 4'

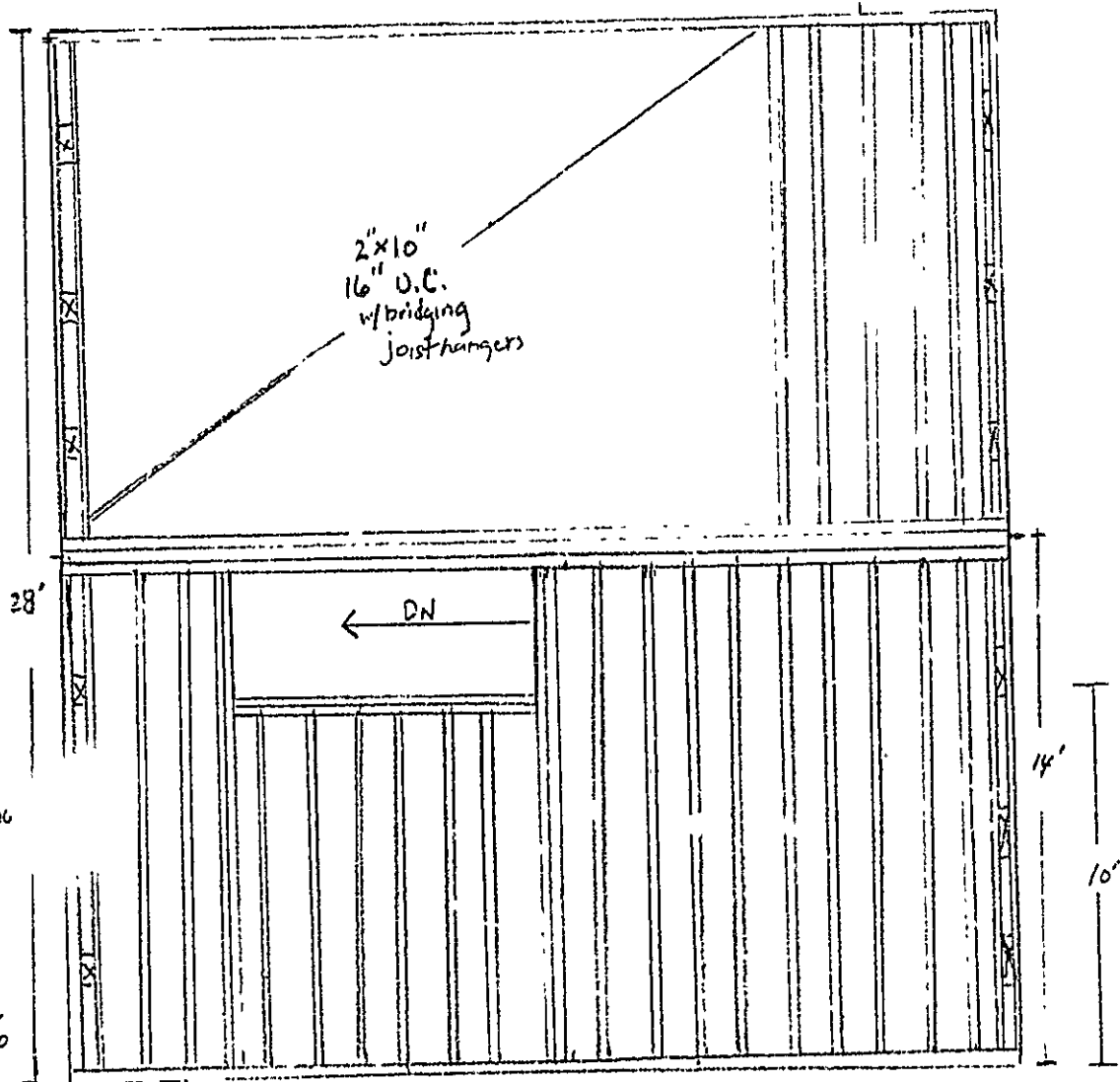




FOUNDATION PLAN (cont'd)

1" = 4'

O = 16" tube



2"x10"  
16" O.C.  
w/bridging  
joist hangers

28'

← DN

14'

10'

1st FLOOR  
FRAMING

N ↓

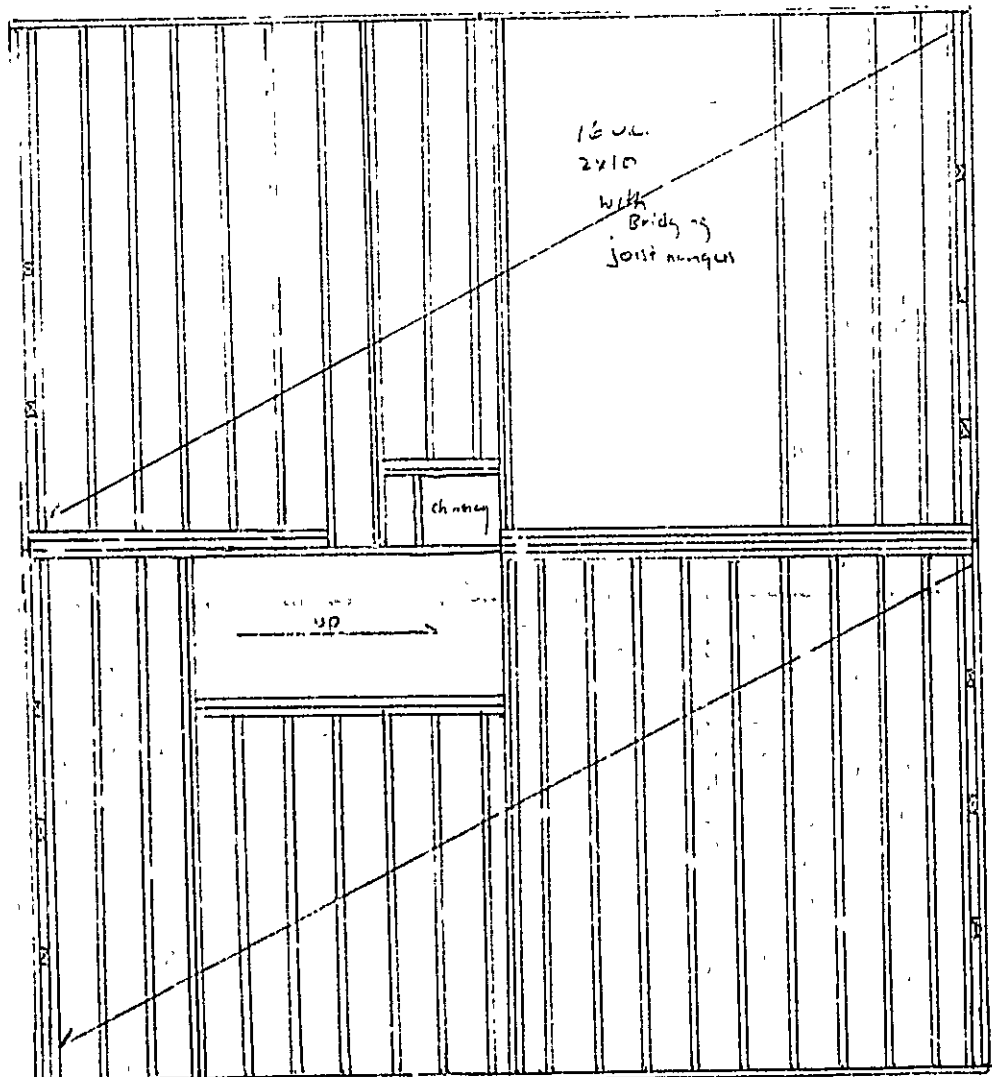
1" = 4'

3/14 8/10

2x10

2nd floor  
framing plan  
53/14 10/10 2x10

20'



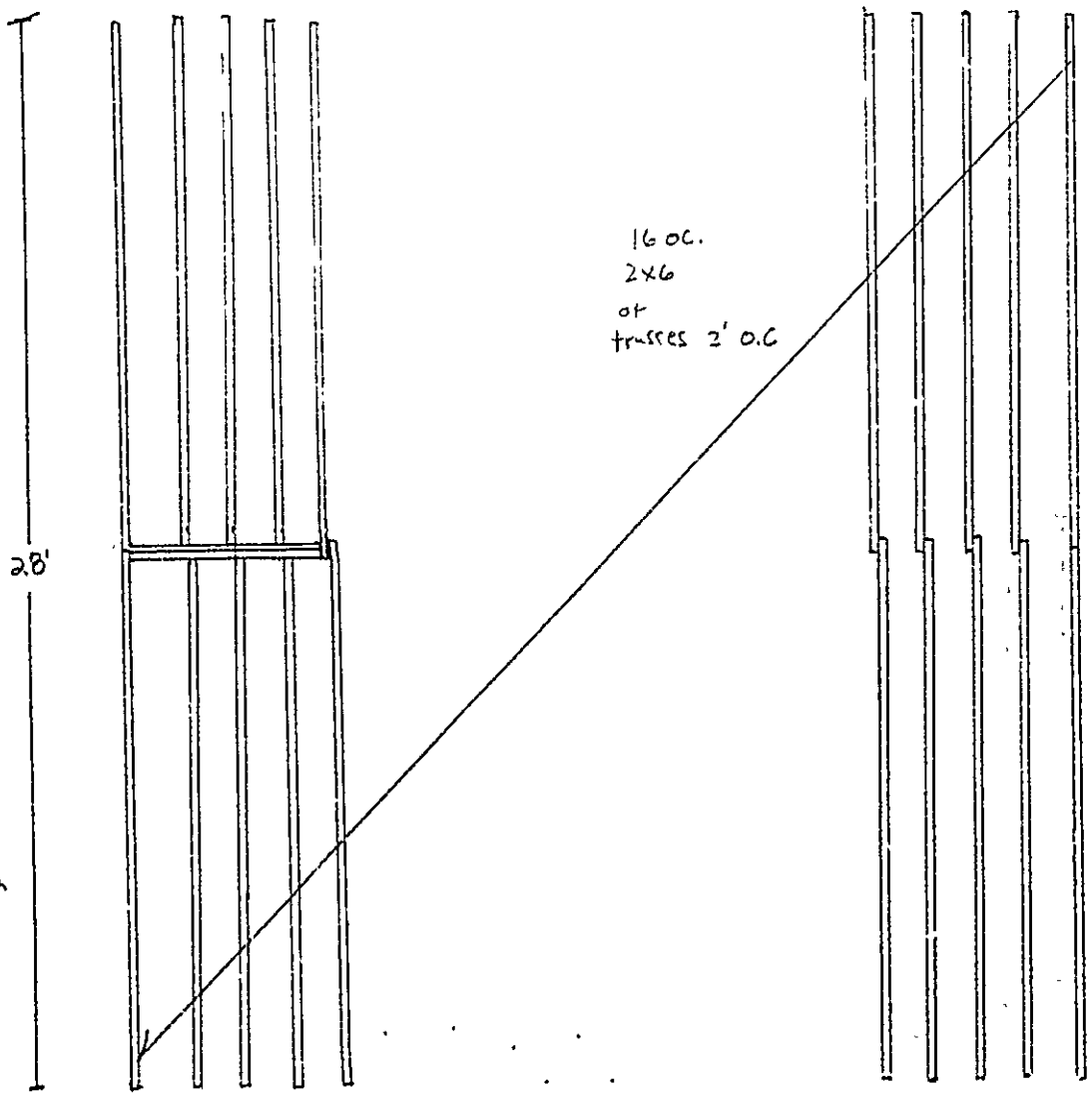
28'



2nd floor  
ceiling plan

28'

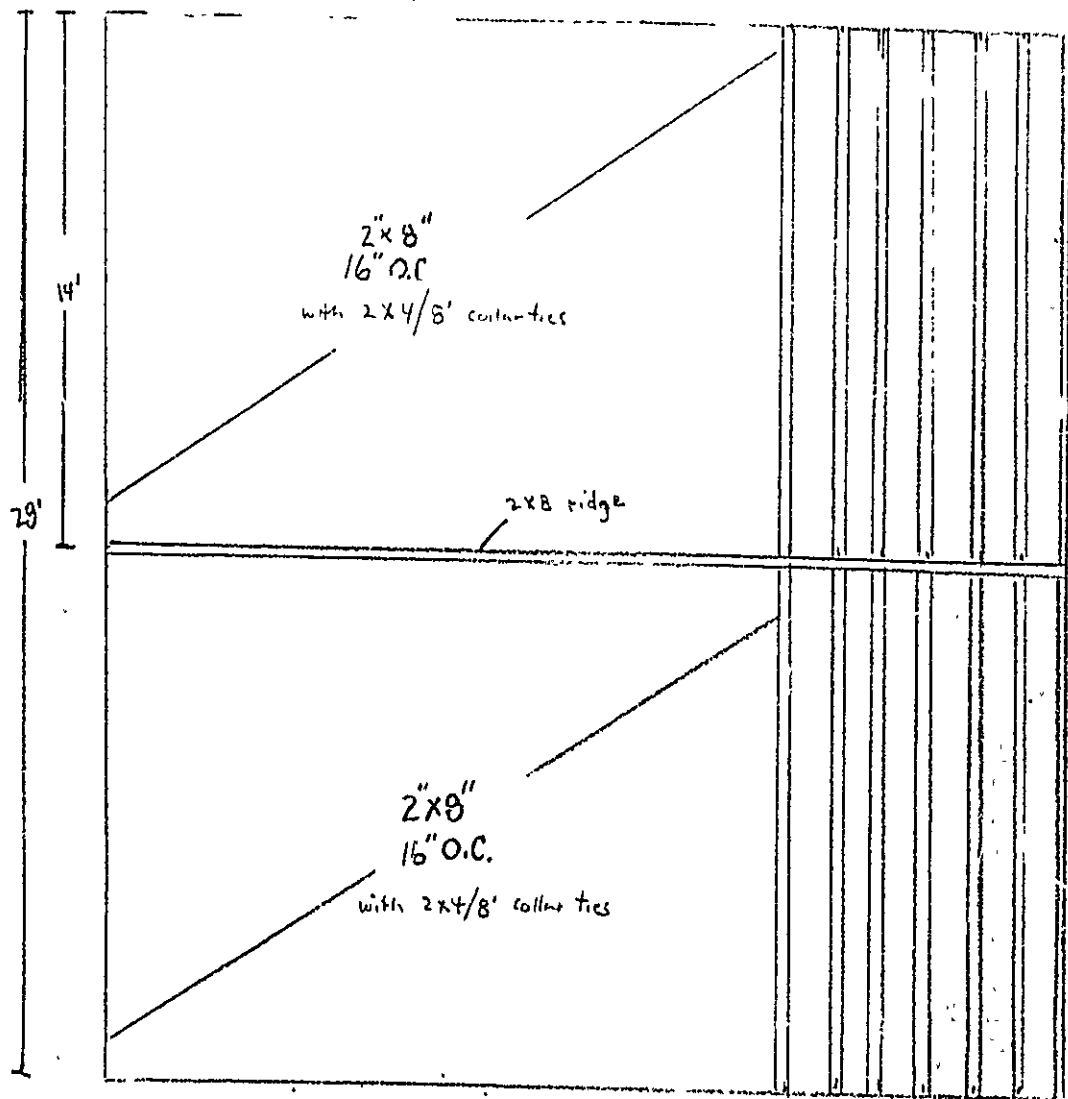
16 OC.  
2x6  
or  
trusses 2' O.C



RAFTER  
FRAMING

1" = 4'

N  
↓



Lot # 9  
Brackett Ave.  
P.S.

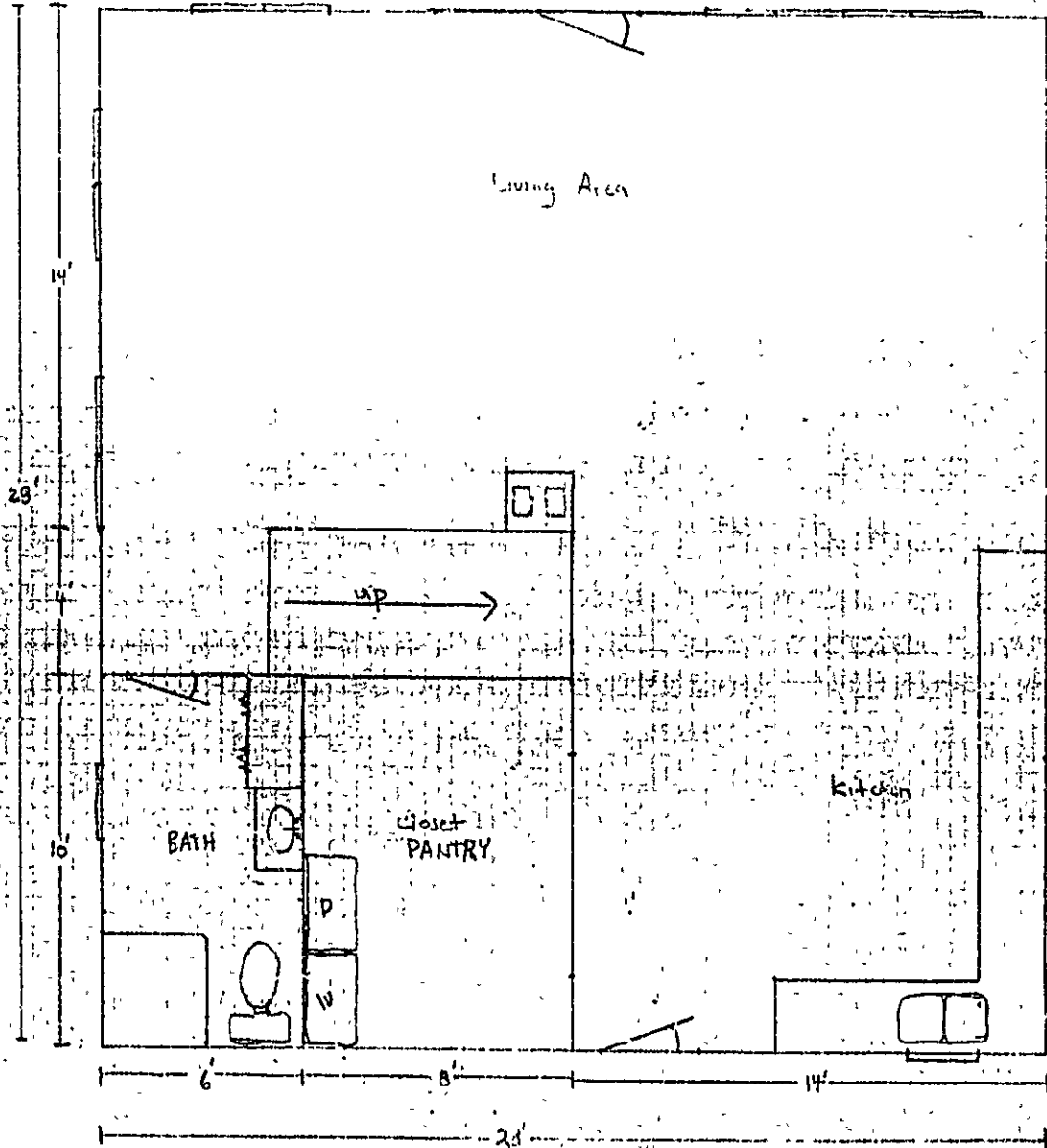
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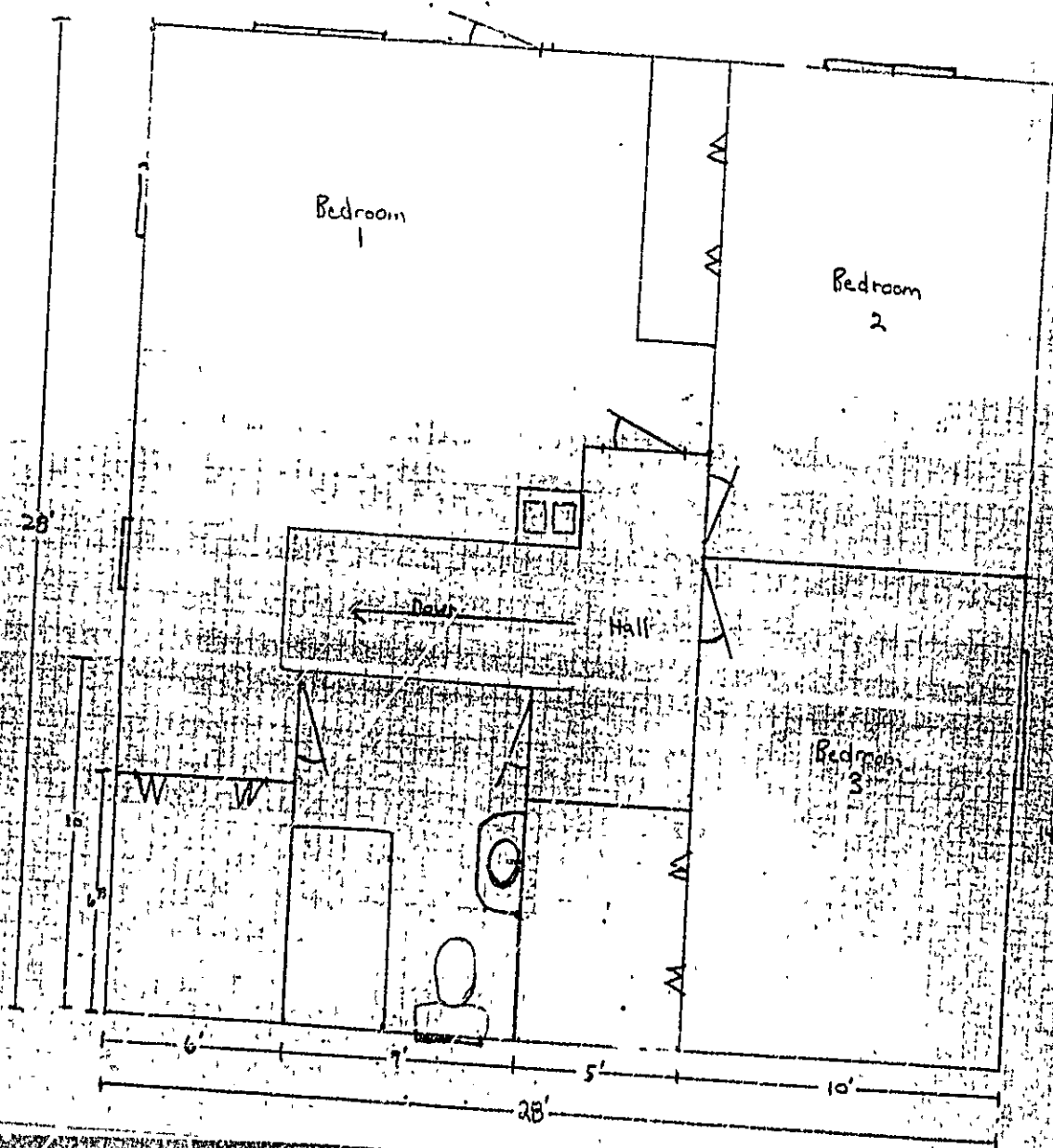
JUL 25 1989

DEPT. OF BUILDING INSPEC.  
CITY OF PORTLAND

1st floor

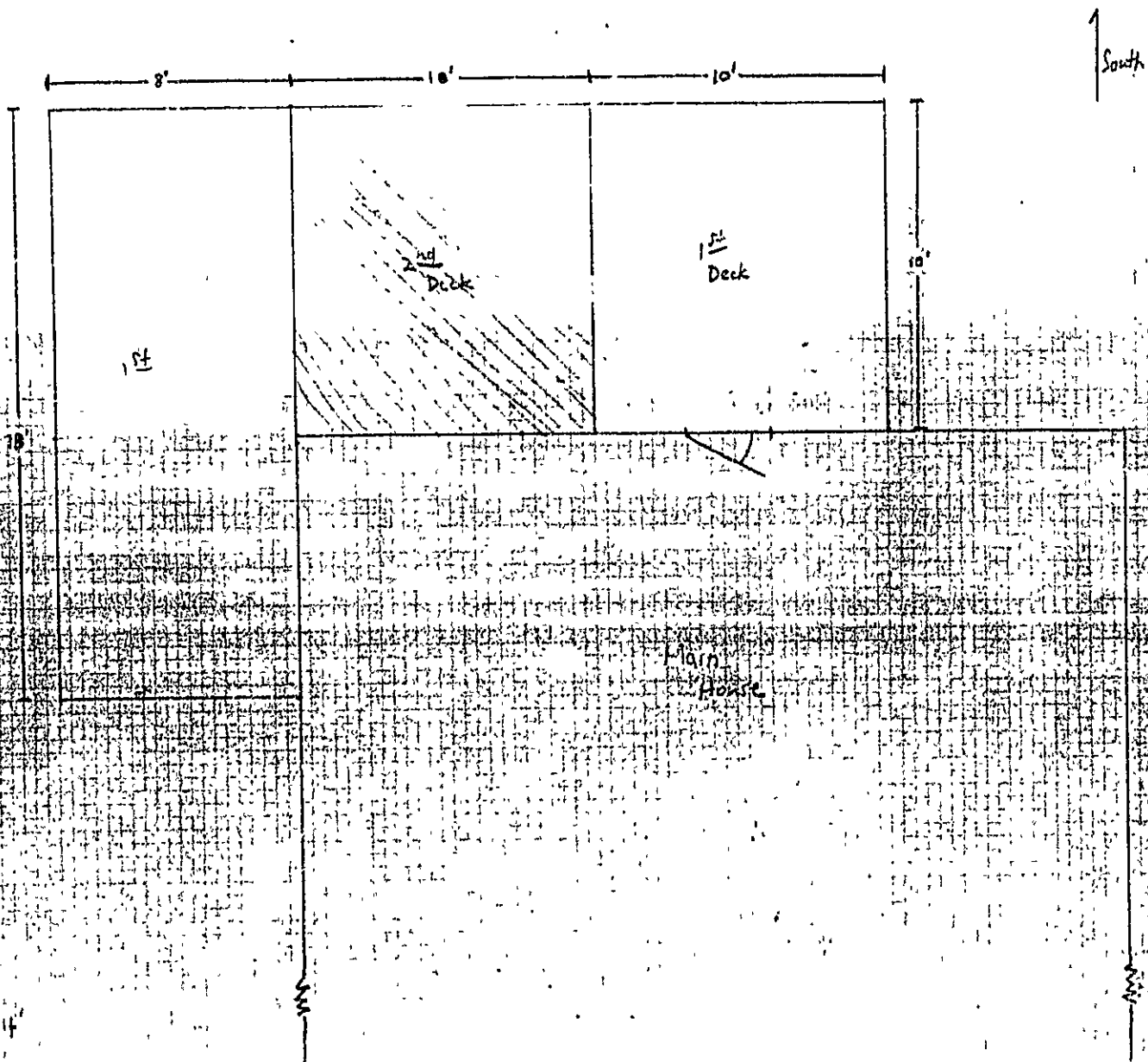
1" = 4'

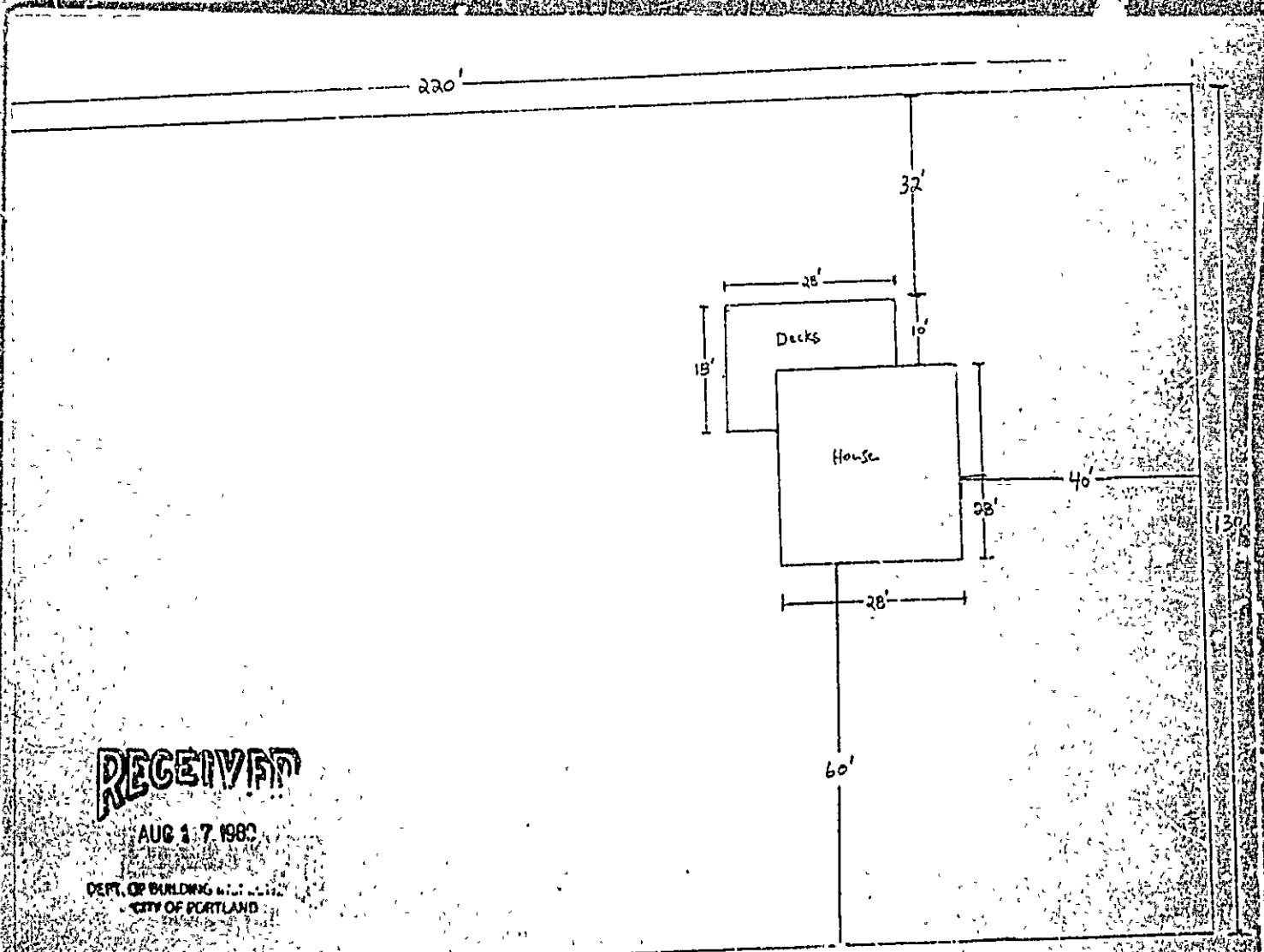




2<sup>nd</sup> floor

1" = 4'





**RECEIVED**

AUG 17 1980

DEPT. OF BUILDING AND PERMITS  
CITY OF PORTLAND

88-M-9

Bracket Ave Peats Is.

**RECEIVED**

AUG 7 1989

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

88-11-9

Bracket Ave Pecks Is.

Applicant: DiMauro

Date: 8-17-89

Address: Lot #9, ~~Br~~ Brackett

Assessors No.:

CHEF. LIST AGAINST ZONING ORDINANCE

Date - 8-17-89

Zone Location - IR 1

Interior or corner lot -

Use - single

Sewage Disposal - OK

Rear Yards - OK

Side Yards - OK

Front Yards - OK

Projections - none

Height - 2 story

Lot Area - 28,000 OK 14,433

Building Area - OK

Area per Family - single

Width of Lot - 130' OK

Lot Frontage - OK

Off-street Parking - 2 cars

Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -





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 #9, Brackett Avenue  
Peaks Island

August 10, 1989

Mr. Joseph DiMauro, Jr.  
DiMauro, DiMauro, & DiMauro  
377 Broadway  
South Portland, Maine 04106

Dear Mr. DiMauro:

This is in reference to your application for a building permit for a new single family on Lot #9, Brackett Avenue, Peaks Island, in the IR-1 Island Residence Zone. In order to complete our review of this building permit application, we shall need to have a plot plan that incorporates the proposed building, the deck, and the setbacks from front, side and rear lot lines shown in linear feet.

Please revise the plot plan submitted for this proposed building to show the proposed deck in relation to the lot lines on a new sketch,

Sincerely,

  
William D. Giroux  
Zoning Enforcement Officer

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



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
August 21, 1989

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

DiMauro's  
377 Broadway  
South Portland, Maine 04106

Re: Lot #9 Brackett Avenue, Peaks Island

Dear Sir:

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

No certificate of occupancy will be issued until all requirements of this letter are met.

Site Plan Review Requirements

Inspection Services  
Public Works

Approved  
Approved

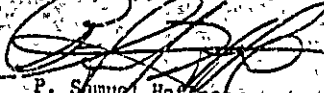
W. Giroux  
S. Harris

Building Code Requirements

1.) Please read and implement items 1,6,7 and 9 of the attached Building Permit Report.

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: W. Giroux, Zoning  
S. Harris, Public Works  
P. Niehoff, Public Works

BUILDING PERMIT REPORT

ADDRESS: 207 # 9 Brackett Ave. P.T.

DATE: 21/Aug/89

REASON FOR PERMIT: TO CONSTRUCT Single Family Dwelling.

BUILDING OWNER: (Three) D. Maure's

CONTRACTOR: owners

PERMIT APPLICANT: Samy

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 (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- \*7.) In addition to any automatic fire alarm system required by Sections 1019.3.5, 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 installed in such a manner that the actuation of one alarm will actuate all detectors 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,

  
W. Samuel Koffles  
Chief of Inspection Services

/el  
11/16/88