



CITY OF PORTLAND, MAINE
Department of Building Inspection

89-D-3

Certificate of Occupancy

LOCATION Seashore Ave.: Peaks Island

Date of Issue 7/11/90

Issued to Helene Swarts

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 00/0124, 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 otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single-Family

Limiting Conditions:

This certificate supersedes
certificate issued

Approved

(Date)

Inspector

Inspector of Buildings

Note: 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 leasee for one dollar.

900124

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # _____ Lot# _____

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

Owner: Helene Swatts Phone # _____

Address: Simmsbury Conn

LOCATION OF CONSTRUCTION: Seashore Ave. PI-89-D-3

Contractor: Jack Hutchins Sub: 846-6155

Address: RR1, Box 110 Royal Rd Phone # Powder 64069

Est. Construction Cost: 105,000 Proposed Use: Single family

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion: Construct new as per 7 sets const, site,

subsurface

Foundation: 89-D-3

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

For Official Use Only	
Date: <u>Nov 15, 1989</u>	Subdivision: <u>PERMIT ISSUED</u>
Inside Fire Limits _____	Lot _____
Bldg. Code _____	Ownership: <u>E: B: 22-1930</u>
Time Limit _____	City of <u>Portland</u>
Estimated Cost: <u>105,000</u>	

Zoning: 545.00 Bldg Minor 300.00

Street Frontage Provided: _____

Review Required: _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Condition #1 Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____

Special Exception _____

Other (Explain) I-R-2 OR 11/10/89 = 2-5-90

Ceiling:

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

Roof:

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

Chimneys:

Type: _____ Number of Fire Pieces _____

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.

Permit Received By _____

Signature of Applicant: Jack Hutchins Date: 11/16/89

Signature of CEO _____ Date _____

Inspection Dates _____

PERMIT ISSUED
WITH LETTER

White-Tax Assessor Yellow-GPCOG

White Tag -CEO [7] MR. FADATTO. © Copyright GPCOG 1988

PLOT PLAN

N
↑

FEES (Breakdown From Front)

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

Type

Inspection Record

Date

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

COMMENTS

3-16-90 - site insp. Found. OK

aa

Signature of Applicant _____

Date _____



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

February 22, 1990

RE: Seashore Avenue, Peaks Island

Mr. Jack Hutchins
RR 1, Box 110, Royal Road
Pownal, Maine 04069

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 can be issued until all requirements of this letter are met.

Site Plan Review Requirements

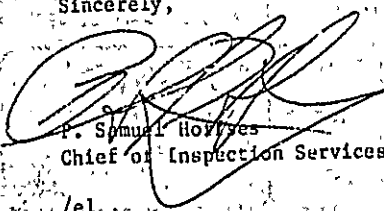
Inspection Services Approved William Giroux
Planning Division Approved Rich Henry
Public Works Approved Steve Harris

Building Code Requirements

Please read and implement items 1, 2, 6, 7, 8, 9 and 10 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

/el.

cc: Steve Harris, Public Works
Paul Niehoff, Public Works
Rich Henry, Planner
William Giroux, Zoning Codes Enforcement Officer

SUBSURFACE WASTEWATER DISPOSAL SYSTEM INSTALLATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND
 Street: SEACHOKE AVENUE
 Subdivision Lot #: TAXMAP 84 BLOCK D LOT 3

PROPERTY OWNERS NAME

Last: SUJARTS First: HELENE A.
 Applicant Name: JACK HUTCHINS CONSTRUCTION INC.
 Mailing Address of Owner/Applicant (if different): RR1 BOX 110 ROYAL ROAD POWNAL MAINE 04069

PORTLAND PERMIT # 3711 APPL AMIS COPY

Date Permit Issued: 11/16/89

Local Plumbing Inspector Signature: [Signature] L.P.I. # 11213

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] 11/15/89
 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>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER: _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>DRILLED WELL</p>
<p>SIZE OF PROPERTY</p> <p>43,360 SF</p>	<p>ZONING</p> <p>IR 1E Shovelme</p>	

DESIGN DATA (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> ALBROIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONNECTION</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>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BED ROOMS, SEATING, EMPLOYEES, WATER RECO'N, ETC.)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET -45</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: A II</p> <p>DEPTH TO LAUNCH: 12R 15</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 700* 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>DESIGN FLOW: 405 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT * USED 28 INFLTR 12 POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

ON NOVEMBER 4, 1989 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

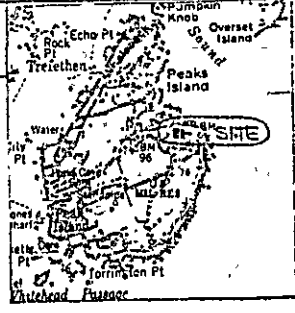
[Signature] 0003/4214 11/9/89
 Site Evaluator or Professional Engineer's Signature SE # / P # Date

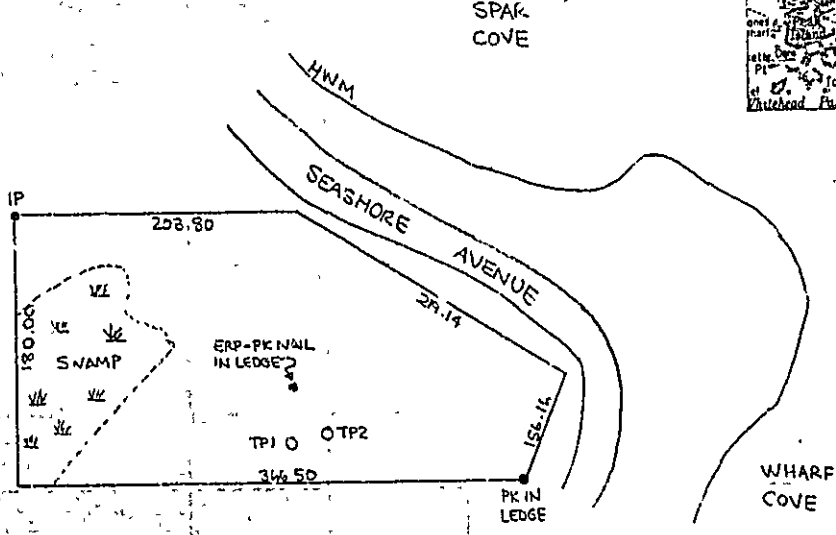
* Local Plumbing Inspector Signature & Local Site Evaluator Waiver under a Local Order

Page 1 of 3
 HMF-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 SEASHORE AVENUE 89-D-3	Owners Name HELENE A SWARTZ								
<table border="1"> <tr> <td colspan="4">SITE PLAN</td> </tr> <tr> <td colspan="4">Scale 1" = <u>100</u> Ft.</td> </tr> </table>		SITE PLAN				Scale 1" = <u>100</u> Ft.				
SITE PLAN										
Scale 1" = <u>100</u> Ft.										



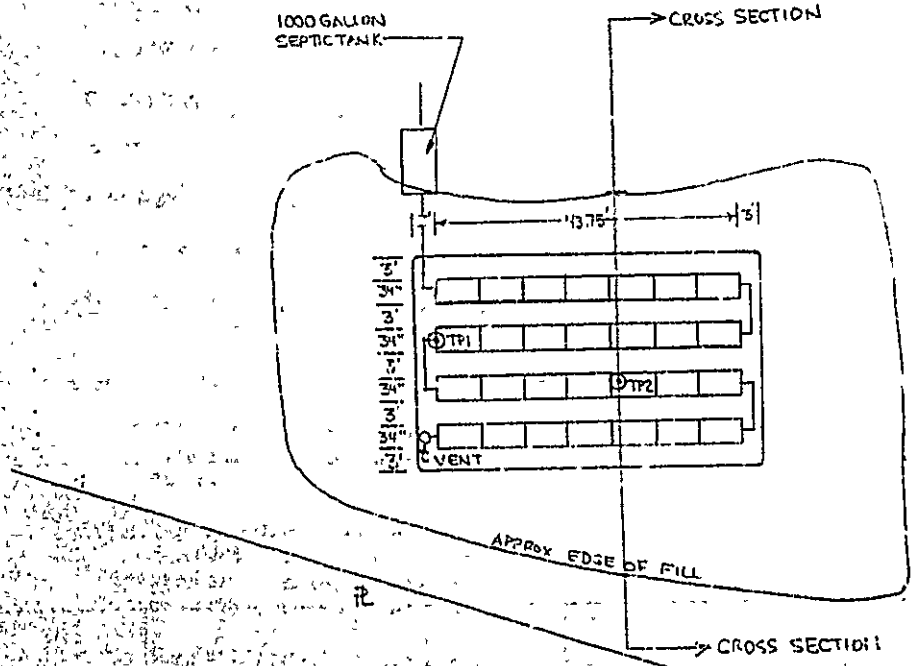
SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
2" FOREST FEET - Depth of Organic Horizon Above Mineral Soil				2" FOREST FEET - Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
LOAM		DARK BROWN		LOAM		DARK BROWN	
			NONE				NONE
STONY SANDY LOAM	FRIABLE	BROWN	FEW	STONY GRAVELLY LOAM	FRIABLE	BROWN	FEW
							STANDING WATER
				BEDROCK			
Soil Profile	Classification	Slope	Limiting Factor	Soil Profile	Classification	Slope	Limiting Factor
<u>2</u>	<u>AIII</u>	<u>3.75%</u>	<u>15</u>	<u>2</u>	<u>AIII</u>	<u>3.75%</u>	<u>16</u>
<input checked="" type="checkbox"/> Organic Matter <input type="checkbox"/> Rootzone Layer <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Organic Matter <input type="checkbox"/> Rootzone Layer <input type="checkbox"/> Bedrock			

William B. Gorman 0003/4814 11/9/89 Page 2 of 3
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date HHE-200 Rev. 4-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

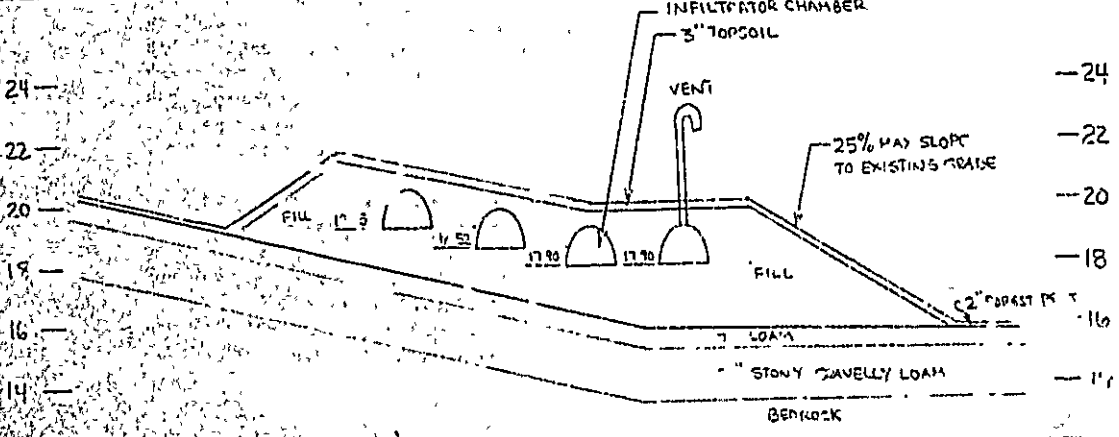
Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision SEASIDE AVENUE 27-D-3	Owners Name HELENE A. SWARTZ
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	42	Reference Elevation Is	22.29	PK NAIL IN LEDGE 38' NORTHERLY OF TP1	
Depth of Fill (Downslope)	50	Bottom of Disposal Area	17.30		
		Top of Distribution Lines or Chambers	19.15		

DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical:	1 inch = 5' FL
				Horizontal:	1 inch = 10' FL



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

0003/4814
SE # P #

11/9/89
Date

BUILDING PERMIT REPORT

ADDRESS: Seashore Ave. R.T. DATE: 21/Feb/92

REASON FOR PERMIT: Construct A Single Family Attached -
109 with car -

BUILDING OWNER: Helene Swarts

CONTRACTOR: Jack Hutchins

PERMIT APPLICANT: Contractor For owner

APPROVED: 1, 2, 6, 7, 9, 10 DENIED:

CONDITION OF APPROVAL OR DENIAL:

- *1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- *2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- *6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- *7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.1).

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.

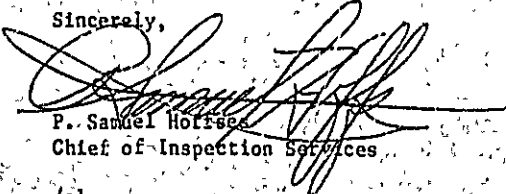
*8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely 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 handrail system located near the open side of deck or elevated walking surface 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 Hoffee
Chief of Inspection Services

/el

11/16/88

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Helene Swarts - 846-6155 (Jack Hutchins)

Nov 16, 1989

Applicant: ~~REXX~~ Simsbury, Conn.

Date

Mailing Address: Single Family

Seashore Ave PI 70-D-3
89-D-3
Address of Proposed Site

Proposed Use of Site: 1,775 sq ft
1,440 sq ft

Site Identifier(s) from Assessors Maps: IR-1

Acres of Site: 7 Ground Floor Coverage

Zoning of Proposed Site

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

Proposed Number of Floors: 1

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

Total Floor Area: 1,4440 sq ft.

Planning Board Action Required: () Yes () No

Other Comments:

Date Dept. Review Due:

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received)

Jan 80
Minor Development
Planning has sent letter of approval to appl.

ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER

DISAPPROVED

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

(Attach Separate Sheet if Necessary)

Jack Hutchins 1/18/90
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND MAINE

SITE PLAN REVIEW

Processing Form

Helena Swartz - 846-6155 (Jack Hutchins)

Nov 16, 1999

Applicant: **IBEX**, Simsbury, Conn.

Date

Mailing Address: **Single Family**

Address of Proposed Site: **Sashways Av. P) RD. A-1**

Proposed Use of Site: **1,775 sq ft**

Site Identifier(s) from Assessors Maps: **1A-1**

Area of Site: **1,440 sq ft**

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: **1,440 sq ft**

Planning Board Action Required: () Yes () No

Other Comments:

Date Dept. Review Due:

PLANNING DEPARTMENT REVIEW

(Date Received)

Major Development - Requires Planning Board Approval: Review Initiated

Minor Development - Staff Review Below

	LOCAL AREA	PARKING	REGULATION	ACCESS	PEDESTRIAN WALKWAYS	SCREENING	LANDSCAPING	SPACE & BULK OF STRUCTURES	LIGHTING	CONFLICT WITH CITY PROJECTS	FINANCIAL CAPACITY	CHANGE IN SITE PLAN
APPROVED												
APPROVED CONDITIONALLY												
DISAPPROVED												

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

(Attach separate Sheet if Necessary)

SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT COPY

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Helene Swartz - 846-6155 (Jack Hutchins)

Nov 16, 1989

Applicant: 292X Simsbury, Conn.

Date: _____

Mailing Address: Single Family

Address of Proposed Site: Seashore Ave P 89-D-3
89-D-3

Proposed Use of Site: 1,740 sq ft

Site Identifier(s) from Assessors Maps: IR-1

Area of Site / Ground Floor Coverage: _____

Zoning of Proposed Site: _____

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

Proposed Number of Floors: 1

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

Total Floor Area: 1,440 sq ft.

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW

(Does not include review of construction plans)

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

Explanation: _____

Use complies with Zoning Ordinance -- Staff Review Below

DATE	ZONE LOCATION	LOT OR CORNER LOT	AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FOOT	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS
11/16/89																	

SPACE & BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: W.D.H. 2-5-90

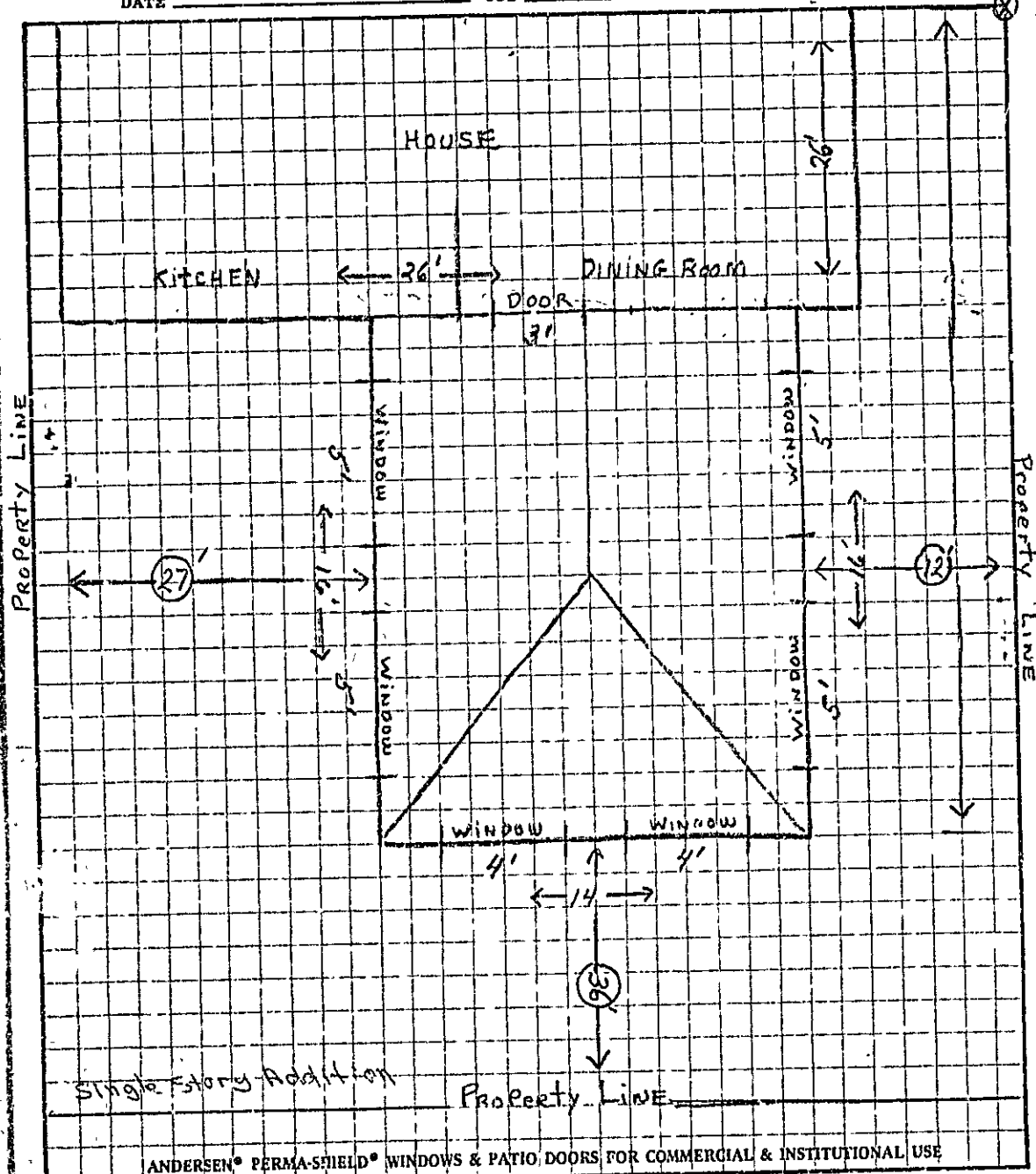
SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT - ORIGINAL

14 3 8 90

DATE _____

JOB ← Bancroft Street →



ANDERSEN® PERMA-SHIELD® WINDOWS & PATIO DOORS FOR COMMERCIAL & INSTITUTIONAL USE

924006

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION Fee \$65** Zone _____ Map # _____ Lot# _____

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

Owner: Richard XXX Swarts Phone # 766-2608

Address: Seashore Ave; Peaks Island, ME 04108

LOCATION OF CONSTRUCTION Seashore Ave- Peaks Isl

Contractor: Jack Hutchins Cont Sub: 846-6155 3D--89

Address: RR1, Box 110; Royal Rd Phone # _____

Portland, ME 04069

Est. Construction Cost: 9,000 Proposed Use: 1-fam w addition

Past Use: 1-fam

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ rason _____

Explain Conversion: Construct addition - 12'x14'

For Official Use Only

Date 8/12/92 Subdivision: _____ Name: AUG 13 1992

Inside Fire Limits _____ Lot: _____

Bldg Code _____ Ownership: Public Private

Time Limit _____ Estimated Cost: 9000

Zoning: _____

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____

Review Required: _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____

Special Exception _____

Other: WRT 8-13-92 (Explain)

Foundation: & XXX erect shed - 12'x12'

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: _____ Not in District nor Landmark. Does not require review.
 4. Insulation Type _____ Size _____ Requires Review _____
 5. Ceiling Height: _____

- Roof:
1. Truss or Rafter Size _____ Span _____ Action: Approved. Approved with conditions.
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

- Chimneys:
- Type: _____ Number of Fire Places _____

- Heating:
- Type of Heat: _____

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

- Plumbing:
1. Approval of soil test if required Yes _____ No _____
 2. No. of 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.

Permit Received By Louise E. Chase

Signature of Applicant Jack Hutchins Date 8/12/92

CEO's District: _____

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO G. M. Rowe

White - Tax Assessor

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

HISTORIC PRESERVATION

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3626

PROPERTY ADDRESS

Town Or Plantation: Portland

Street-Subdivision Lot #: Seaside Ave 1st Fl. 89-12-3

PROPERTY OWNERS NAME

Last: Swartz First: Dick

Applicant Name: Carl J. Henriksen

Mailing Address of Owner/Applicant (if Different): 39 High View Rd. Cape Elizabeth ME 04107

89-12-3

PORTLAND 3846 TOWN COPY

Date Permit Issued: 11/23/90 \$ 11.86 FEE Double Fee Charged

Henriksen L.P.I. # 1123

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 of Owner/Applicant: [Signature] Date: 11/23/90

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

AUG 7 1990

Date Approved

PERMIT INFORMATION

This Application is for:	Type Of Structure To Be Served:	Plumbing To Be Installed By:
	1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	
	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: _____	

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1
	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. OR HOOK-UP to an existing subsurface wastewater disposal system	2	Hosebibb / Silcock
		Floor Drain
		Urinal
		Drinking Fountain
		Indirect Waste
		Water Treatment Softener, Filter, etc.
		Grease/Oil Separator
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Dental Cuspidor
		Bidet
		Other: _____
Number of Hook-Ups & Relocations		1
Hook-Up & Relocation Fee		
	Fixtures (Subtotal) Column 2	7
	Fixtures (Subtotal) Column 1	7
	Total Fixtures	14
	Fixture Fee	\$ 36
	Hook-Up & Relocation Fee	\$
	Permit Fee (Total)	\$ 36

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3326

PROPERTY ADDRESS

Town or Planization: Portland Peaks

Street Subdivision Lot #: Desolve Ave 89-0-3

PROPERTY OWNERS NAME

Last: Swarts First: Allen H.

Applicant Name: Sack Hutchins Const.

Mailing Address of Owner/Applicant (if Different): 1111 Royal Rd Portland, ME 04069

89-0-3

PORTLAND 3630 **TOWN COPY**

Date Permitted: 04-17-91 \$ 114.00 FEE Design Fee Charged

James J. Woodruff L.P.I. # 01122

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 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: 6/5/96

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
- Requiring Local Plumbing Inspector Approval
- Requires 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: _____

RE 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:

Drilled well

SIZE OF PROPERTY: 43,360 SQ FT

ZONING: FR1 + Shoreline

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: _____ 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.)

3 bedroom conservative 4.50

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: A-1 CONDITION: III

DEPTH LIMITING FACTOR: 15

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 400* Sq. Ft.
- REGULAR H 20 _____ Linear Ft.
- TRENCH _____ Linear Ft.
- OTHER: _____

low volume toilet 45

DESIGN FLOW: 405 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On _____ (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.

Local Plumbing Inspector Signature: _____ Date: _____

Site Evaluator Signature: _____ Date: _____

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

TOWN COPY



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 4/23/90, 19__
 Receipt and Permit number 01253

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: PEAKS ISLAND - Seashore Ave 89-D-3
 OWNER'S NAME: Helena Swarts ADDRESS: same

	FEES
OUTLETS: <input checked="" type="checkbox"/> Receptacles <u>40</u> <input type="checkbox"/> Switches <u>20</u> <input type="checkbox"/> Lugmold _____ ft. TOTAL <u>60</u>	5.00
FIXTURES: (number of) <input type="checkbox"/> Incandescent <u>10</u> <input type="checkbox"/> Fluorescent _____ (not strip) TOTAL <u>10</u>	3.00
<input type="checkbox"/> Strip Fluorescent _____ ft.	
SERVICES <input checked="" type="checkbox"/> Overhead <input type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	3.00
METERS: (number of) <u>1</u>50
MOTORS: (number of) _____	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING: <input type="checkbox"/> Oil or Gas (number of units) _____	
<input type="checkbox"/> Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: <input type="checkbox"/> Oil or Gas (by a main boiler) _____	
<input type="checkbox"/> Oil or Gas (by separate units) _____	
<input type="checkbox"/> Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of) _____	
Ranges <u>1</u> _____	
Cook Tops _____	
Wall Ovens _____	
Dryers <u>1</u> _____	
Fans _____	
Water Heaters _____	
Disposals <u>1</u> _____	
Dishwashers <u>1</u> _____	
Compactors _____	
Others (denote) _____	
TOTAL <u>4</u>	6.00
MISCELLANEOUS: (number of) _____	
Branch Panels _____	
Transformers _____	
Conditioners Central Unit _____	
Separate Units (windows) _____	
ft. and under _____	
20 sq. ft. _____	
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: <u>17.50</u>

INSPECTION: Will be ready on 4/25/90, 19__; or Will Call _____
 CONTRACTOR'S NAME: Wm. Flynn
 ADDRESS: 24 Centennial St - Peaks Island
 TEL.: 766-2780 SIGNATURE OF CONTRACTOR: _____
 MASTER LICENSE NO.: Wm. Flynn #4548
 LIMITED LICENSE NO.: _____

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

924006

Permit # 924006 City of Portland BUILDING PERMIT APPLICATION Fee \$65 Zone _____ Map # _____ Lot# _____

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

Owner: Richard & Swails Phone # 766-2608
 Address: Seashore Ave; Peaks Island, ME 04108
 LOCATION OF CONSTRUCTION Seashore Ave - Peaks Isl
 Contractor: Jack Hutchins Cont Sub: 346-6155 PD--89
 Address: KRI, Box 110; Royal Rd Phone # _____
 Est. Construction Cost: 9000 Proposed Use: 1-fam w addition
 Past Use: 1-fam
 # of Existing Itcs. Units _____ # of New Res. Units _____
 Building Dimensions: L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms: _____ Lot Size: _____
 Is Proposed D. Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Construct addition - 12'x14'

For Official Use Only

Date: 8/12/92 Name: 924006
 Inside Fire Limits _____ Location: _____
 Bldg Code: _____ City of Portland
 Time Limit: _____ Estimated Cost: 9000

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditions Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) WR 8-13-92

Foundation: 3 #8& erect shed - 12'x12'

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

Floor: _____ Sills must be anchored.

1. Sills Size: _____
 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 _____

HISTORIC PRESERVATION

Cell: _____

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

Roof:

1. Truss or Raftor Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____
 Date: _____

Heating:

Type of Heat: 16

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 Area: _____
 3. Must conform to National Electrical Code

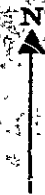
Permit Issued By: Louise Smith
 Date: 8/12/92
 Name of Applicant: Jack Hutchins
 City District: _____
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO

White - Tax Assessor

PERMIT ISSUED WITH REVERSE SIDE

16 MAR 92

PLOT PLAN



FEEs (Area Given From Front)

Ease Fee \$ 65

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain: _____)

Late Fee \$ _____

Type	Inspection Record	Date
<u>1</u>		<u>6-29-98</u>

W. J. ...

COMMENTS

CERTIFICATION

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

Paul E. ... ADDRESS _____ PHONE NO. _____

SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

BUILDING PERMIT REPORT

ADDRESS: Sea Shore Ave - 3D-89 P.M.I. DATE: 13/AUG/92

REASON FOR PERMIT: To Construct a 12' x 14' addition
and to erect shed 12' x 12'

BUILDING OWNER: Richard Swartz

CONTRACTOR: Duck Hutchins Contr.

PERMIT APPLICANT:

APPROVED: *1 *6 *7 *9 *12

CONDITION OF APPROVAL:

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 providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.

*6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).

*7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 74).


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 4 inches cannot pass through any opening. Handrails on stairs shall be no less than 34 inches nor more than 38 inches. Handrails within individual dwelling units shall not be less than 30 inches nor more than 38 inches.

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 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,


E. Samuel Hoffes
Chief of Inspection Services

/el
11/16/88
11/27/90
8/14/91

12.) 12x12 shed must meet applicable setbacks for IA1 Zone.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date September 22, 1992 19
 Receipt and Permit number 13850

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: 750 Seashore Ave/Lydon Ave Peaks Island 089-D-003
 OWNER'S NAME: Richard & Helen Swarts ADDRESS: _____

OUTLETS: _____ FEES _____
 Receptacles 6 Switches 5 Plugmold _____ ft. TOTAL _____ 2.20
 FIXTURES: (number of) _____
 Incandescent 4 Fluorescent _____ (not strip) TOTAL _____ .80
 Strip Fluorescent _____ ft. _____

SERVICES: _____
 Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) _____
 Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: _____
 Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: _____
 Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) _____
 Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (tenote) _____
 TOTAL _____

MISCELLANEOUS: (number of) _____
 Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Cutlets, 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 _____
 FOR REMOVAL OF A "STOP ORDER" (304-18.b) _____
 INSTALLATION FEE DUE: _____
 DOUBLE FEE DUE _____
 TOTAL AMOUNT DUE: 19.00

INSPECTION: _____
 Will be ready on Ready _____, 19____; or Will Call _____
 CONTRACTOR'S NAME: I & D Electric
 ADDRESS: 205 Rochester St Westbrook
 TEL: 854-9543
 MASTER LICENSE NO.: 13850 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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

