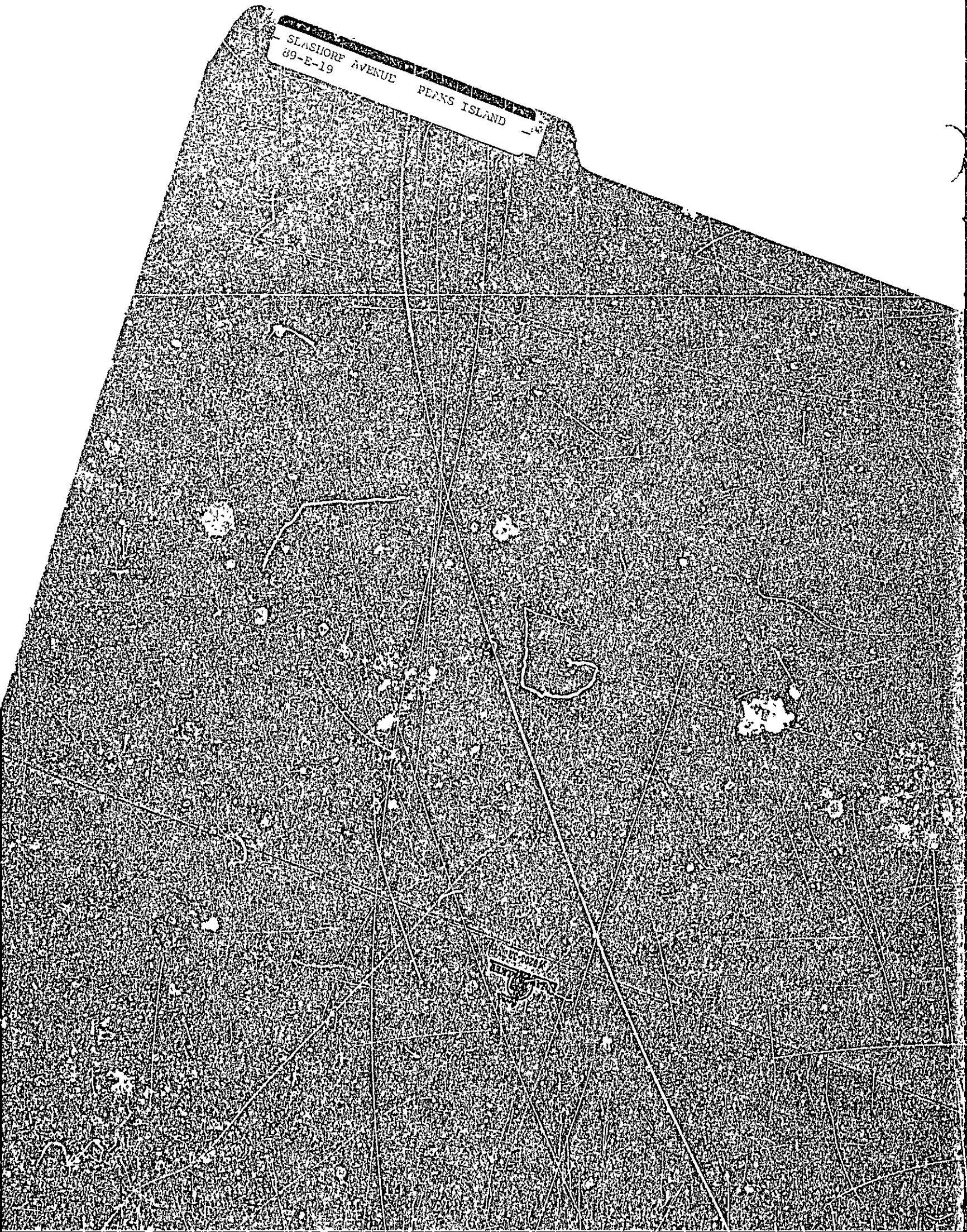


SLASHORF AVENUE
89-E-19 PEAKS ISLAND





(A) APARTMENT HOUSE ZONE

APPLICATION FOR PERMIT

Permit No. 1258
JUN 19 1930

Class of Building or Type of Structure Third Class

Portland, Maine, June 19, 1930

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect, alter, install the following building structure, equipment, or in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Off Seashore Home, Peaks Island Ward 1 Within Fire Limits? no Dist. No. _____
 near Searchlight St. Blackman property
 Owner's or lessee's name and address Geo. Winbiers, New York Telephone _____
 Contractor's name and address Geo. Reuning, Willow St. Telephone 80
 Architect's name and address _____
 Proposed use of building Cottage No. families 1
 Other buildings on same lot _____

Description of Present Building to be Altered

Material wood No. stories 1 Heat _____ Style of roof _____ Roofing _____
 Last use cottage No. families _____

General Description of New Work

To build one outside brick chimney

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED.
NOTIFICATION BEFORE LATHING
OR CLOSING-IN IS WAIVED.

Details of New Work

Size: front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
 To be erected on solid or filled land? _____ earth or rock? _____
 Material of foundation ledge Thickness, top _____ bottom _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of roof _____ Roof covering _____
 No. of chimneys 1 Material of chimneys brick of lining tile
 Kind of heat _____ Type of fuel _____ Distance, heater to chimney _____
 If oil burner, name and model _____
 Capacity and location of oil tanks _____
 Is gas fitting involved? _____ Size of service _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Material columns under girders _____ Size _____ Max. on centers _____
 Studs (outside walls and carrying partitions): 2x4-16" O. C. Girders 6x8 or larger: Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
 Joists and rafters: 1st floor _____ 2nd _____ 3rd _____ roof _____
 On centers: 1st floor _____ 2nd _____ 3rd _____ roof _____
 Maximum span: 1st floor _____ 2nd _____ 3rd _____ roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____ to be accommodated _____
 Total number commercial cars to be accommodated _____
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
 Plans filed as part of this application? no No. sheets _____ Size _____
 Estimated cost \$ 50 Fee \$ 50

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

Signature of owner Geo. Winbiers

INSPECTION COPY

7231

Ward 1 Permit No. 30/1258
Location Off. Washoe Ave, Alaska
Owner Geo. Winking
Date of permit 6/19/30
Notif. closing-in _____
Inspn. closing-in _____
Final Notif. _____
Final Inspn. 4/21/33
Cert. of Occupancy issued None

NOTES

89
9
14
in Backman
was there near
nearby light

~~4/21/33 - 532 - 1/11~~



Location, ownership and detail must be correct, complete and legible. Separate application required for every building. Plans must be filed with this application.

APPLICATION FOR PERMIT TO BUILD

(3^d CLASS BUILDING)

Portland, Me., July 14, 1923

To THE
INSPECTOR OF BUILDINGS

The undersigned hereby applies for a permit to build, according to the following Specifications:-

Location Seashore Ave, Peaks Island Ward 1 Fire Limits? no
 Name of owner is? Gus C Weinburg Address Lamb Club, N. Y.
 Name of mechanic is? Henry Hour Address Peaks Island
 Name of architect is? _____ Address _____
 Proposed occupancy of building (purpose)? cottage
 If a dwelling or tenement house, for how many families? 1
 Are there to be stores in lower story? _____
 Size of lot, No. of feet front? _____; No. of feet rear? _____; No. of feet deep? _____
 Size of building, No. of feet front? 20ft; No. of feet rear? 20ft; No. of feet deep? 38ft
 No. of stories, front? 1; rear? _____
 No. of feet in height from the mean grade of street to the highest part of the roof? 12ft
 Distance from lot lines, front? _____ feet; side? _____ feet; rear? _____ feet
 Firestop to be used? yes
 Will the building be erected on solid or t. solid
 Will the foundation be laid on earth, rock or _____
 If on piles, No. of rows? _____ distance on centres? _____ length of? _____
 Diameter, top of? _____ diameter, bottom of? _____
 Size of posts, 4 x 6 Studding 2 x 4 16 O. C. Sills 4 x 8 Roof Rafters 2 x 6 24 O. C. Girders 6 x 8
 Size of girts 4 x 4
 Size of floor timbers? 1st floor 2x8 2d _____ 3d _____ 4th _____
 O. C. " " " " 16 2d _____ 3d _____ 4th _____
 Span " " " " not over 16 ft 2d _____ 3d _____ 4th _____
 Will the building be properly braced? _____
 Building, how framed? _____
 Material of foundation? posts thickness? _____ laid with mortar? _____
 Underpinning, material of? _____ height of? _____ thickness of? _____
 Will the roof be flat, pitch, mansard or hip? _____ pitch _____ Material of roofing? asphalt
 Will the building be heated by steam, furnaces, stoves or grates? stove Will the flues be lined? yes
 Will the building conform to the requirements of the law? yes
 Means of egress? _____

Plans must be submitted in duplicate, one set to be filed with the Department and the duplicate set thereof (bearing the approval of the Inspector of Buildings) shall be kept on the work and exhibited on demand.

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK

If the building is to be occupied as a Tenement House, give the following particulars

What is the height of cellar or basement? _____
 What will be the clear height of first story? _____ second? _____ third? _____
 State what means of egress is to be provided _____
 Scuttle and stonladder to roof? _____

Estimated Cost,

\$ 1200.

Signature of owner or authorized representative,

Gus C Weinburg

Address,

Lamb Club 130-W 44 St

Plans submitted? _____

Received by? _____

100

Seashore Ave., Peab.
192.

No. 6245

APPLICATION FOR
Permit to Build
3rd CLASS BUILDING

LOCATION

No. Seashore Ave, Peab.

Blackman
89-E-14
WARD 1 A

Inspector.

CONDITIONS

PERMIT GRANTED

July 24, 1925

102

Permit filled out by _____

Permit number _____

Plan number _____

FINAL REPORT

102

Has the work been completed in accordance
with this application and plans filed and approved?

Law been violated? _____

Nature of violation? _____

Violation removed when? _____ 192

Estimated cost of building, etc., \$ _____

Building Inspector.

APPROVAL OF

Super

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 265-3826

PROPERTY ADDRESS

Town Or Plantation: Portland P.I.

Street Subdivision Lot #: Leach Ave 31E 19

PROPERTY OWNERS NAME

Last: Brand First: Tomas

Applicant Name: Rudolf Casarini

Mailing Address of Owner/Applicant (If Different): 1231 Tompkins Pk

PORTLAND PERMIT # 2,304 TOWN COPY

Date Permit Issued: 6/11/87 FEE: _____

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 understanding. Any falsification is cause for the Local Plumbing Inspector to deny a permit.

Signature of Owner/Applicant: Rudolf Casarini Date: 7/30/87

Caution: Inspection Required

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

Local Plumbing Inspector Signature: AA Date Approved: JUL 1 - 1987

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG. D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY: _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>L 1726</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hosebibb / Sillcock	2	Bathub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	4	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system		Indirect Waste	3	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
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	2	Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	15	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			17	Total Fixtures
			\$ 44.	
			\$	
			\$ 44.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3026

PROPERTY ADDRESS

Town Or Plantation: Seab Island

Street: 7-E-19

Subdivision Lot #: 1

PROPERTY OWNERS NAME

Last: Brown First: Thomas

Applicant Name: Thomas Brown

Mailing Address of Owner/Applicant (if Different): Seab Island

PORTLAND 4-6-87 PERMIT # 2,245 TOWN COPY

Fee: 4.10 Double Fee Charged

L.P.I. # 123

Local Plumbing Inspector Signature: [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: 4/1/87

Caution: Inspection Required

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

Local Plumbing Inspector Signature: [Signature] Date Approved: 4/2/87

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1 <input 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 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 type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilets)</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 REPLACING SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1 <input type="checkbox"/> BED 2 <input type="checkbox"/> TRENCH</p> <p>3 <input type="checkbox"/> CHAMBER 4 <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1 <input 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><u>Surface water</u></p>
<p>SIZE OF PROPERTY: _____ ZONING: <u>TR-1</u></p>		

DESIGN DETAILS (SEE LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1 <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2 <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>7</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1 <input type="checkbox"/> NONE</p> <p>2 <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4 <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1 <input type="checkbox"/> NOT REQUIRED</p> <p>2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3 <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, BATHING, EMPLOYEES, WATER RECORDS, ETC.)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: _____ CO. OPTION: _____</p> <p>SEPTIC TO LIMITING FACTOR: _____</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 type="checkbox"/> MEDIUM LARGE</p> <p>4 <input type="checkbox"/> LARGE</p> <p>5 <input type="checkbox"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1 <input type="checkbox"/> BED _____ Sq Ft.</p> <p>2 <input type="checkbox"/> CHAMBER _____ Sq Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3 <input type="checkbox"/> TRENCH _____ linear Ft.</p> <p>4 <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW</p> <p>_____ (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

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

Site Evaluator or Professional Engineer's Signature: _____

Local Plumbing Inspector Signature: _____ Date: _____

TOWN COPY

NEW SYSTEM VARIANCE REQUEST

This form shall accompany an Application for a proposed new system which requires a Variance to certain provisions of the Subsurface Wastewater Disposal Rules. A check or money order for \$20.00 payable to the Treasurer of the State shall accompany this request form.

The Local Plumbing Inspector shall not issue a Permit for the installation of a subsurface wastewater disposal system until approval has been received from the Department.

GENERAL INFORMATION

Town of PORTLAND - PEAKS ISLAND

Property Owner's Name: THOMAS BRAND

System's Location: SEASHOPE AVENUE 89-E-19
street

Property Owner's Address: P.O. BOX 571 DTS
street

PORTLAND
town

MAINE
state

04112
zip

VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with CMR 241.16 of the Rules if all the following criteria are satisfied:

- a. The variance request has the approval of the LPI.
- b. The variance request has received written endorsement from the elected municipal officers.
- c. The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- d. The proposed system does not conflict with Seasonal Conversion, Shoreland Zoning or Resource Protection.
- e. The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety or welfare.
- f. The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator)

Section of Code

1. Setback distance of 10' in owner's existing bunker 6-C-2-A

2. _____

3. _____

If Variance request is for Sec. 6 B 3 Suitable Soil Conditions, fill in table below

SOIL, SITE AND ENGINEERING FACTORS FOR ASSESSING NEW SYSTEM VARIANCE POTENTIAL (SEE TABLE 16-1)

	CHARACTERISTIC	POINT ASSESSMENT
SOIL PROFILE	4	7
DEPTH TO GROUNDWATER	26"	20
SIZE OF PROPERTY	23,455 SQ	-10
TERRAIN	UPLAND	5
WATERBODY SETBACK	>100'	0
WATER SUPPLY	PUBLIC	5
TYPE OF DEVELOPMENT	RESIDENTIAL	0
DESIGN FLOW	MIN + 20%	5
SEPARATION DISTANCE	MINIMUM	0
ADDITIONAL TREATMENT	NONE	0
TOTAL POINT ASSESSMENT		32

LOCAL PLUMBING INSPECTOR:

The Local Plumbing Inspector shall review all New System Variance requests prior to submission to the Division of Health Engineering. The LPI shall indicate the municipality's position in regards to the variance request. The LPI shall also inform the Division of Health Engineering of any facts relative to the variance request not specifically noted by the property owner or the site evaluator.

The proposed system (does does not) conflict with any Municipal or Shoreland Zoning ordinances, and has been shown to the Code Enforcement Officer.

CONCLUSIONS: I, Ernest R. Goodwin, the undersigned, have visited the above property and find that it is not possible to conform to certain provisions of the Rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property.

I therefore, recommend the issuance of a permit for the system's installation as proposed on the application.

Ernest R. Goodwin
Signature of LPI

MAR 24 1985
Date

STATEMENTS, JUSTIFICATIONS and RESPONSIBILITIES

PROPERTY OWNER: The property owner shall provide accurate information to the Site Evaluator, the LPI, and the Department and elaborate below the reasons for requesting the variance(s)

The site Evaluator recommends that the setback distance to the existing bunker be reduced to ten feet in order to keep the setback distance to the Street and the Ocean within the Rules

(Attach additional sheets, if needed)

I, _____, am the owner prospective owner of the subject property. I understand that the installation illustrated on the Application is not in total compliance with the Rules. I have indicated my reasons for requesting the variance(s). Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Department of Human Services and make any corrections the Department finds necessary. By signing this variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Signature of Owner
 Signature of Prospective Purchaser

Date

HAS REVIEW FEE BEEN ENCLOSED

SITE EVALUATOR:

When an undeveloped property is found to be unsuitable for subsurface wastewater disposal by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the requirements of the Rules, and the Evaluator in his professional opinion feels the variance request is justified and that the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department.

The proposed system is of standard design and will function as a normal system which is in total compliance with the Rules. The only variance necessary is to the setback distance to an existing World War II Bunker which is constructed of very thick Reinforced Concrete. The bottom floor level of the Bunker is above grade in the area of the proposed system. The proposed Home will use the existing bunker as a foundation, only there will be no access to the Bunker from the proposed Home. In my professional opinion regarding the setback to the Property Line (setback to 10' to Bunker) is appropriate.

William B. Goodwin, P.E., S.E. certify that a variance to the Rules is necessary since a system can not be installed which will completely satisfy all the Rule requirements. In my judgement, I certify that the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal, and that the system should function properly.

William B. Goodwin
Signature of Site Evaluator

5/31/86
Date

MUNICIPAL OFFICER(S): (Selectman, Councilman, Alderman, Mayor, Town Manager)

We the undersigned Officer(s) are aware that the applicant is applying to the Division of Health Engineering for a variance to the Subsurface Wastewater Disposal Rules as indicated in the application and that the proposed system does not meet the requirements of the Rules. The proposed variance request does does not comply with all Town Zoning requirements and the Municipality does does not endorse the variance request. If endorsed, the Town accepts the responsibility for any required enforcement of the Rules should the system malfunction.

Municipal Officer's Signature

Officer Title

Date

Municipal Officer's Signature

Officer Title

Date

Municipal Officer's Signature

Officer Title

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 299-3826

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **SEACHOKE AVENUE**

Subdivision/Lot #: **ITAY MAP 69 BLOCK E LOT 19**

PROPERTY OWNERS NAME

BRAND: **THOMAS**

Last: **THOMAS** First: **BRAND**

Applicant Name: **THOMAS BRAND**

Mailing Address of Owner/Applicant (if different): **PO BOX 571 DTS PORTLAND MAINE 04112**

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 understanding that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- 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)
- ENGINEER: D (- 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS.

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

TYPE OF WATER SUPPLY

PUBLIC WATER

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER _____

SIZE OF PROPERTY **ZONING**

23,453 SF. R-3

DISPOSAL SYSTEM TO SERVE:

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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: **1000** GALS

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

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

DCSE: _____ GALS

CRITERIA USED FOR DESIGN: LOW (BEDROOMS, SEATING, EMPLOYEES, WATER REFORMS, ETC.)

4 BEDROOM MODERATE.

DESIGN FLOW: 480 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

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

DEPTH TO LIMITING FACTOR: **26**

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRALARGE

DISPOSAL AREA TYPE/SIZE

- BED **12.0** Sq. Ft.
- CHAMBER _____ Sq. Ft.
- REGULAR TRENCH _____ H 2'
- TRENCH _____ (near Ft.)
- OTHER: _____

SITE EVALUATOR STATEMENT

On **April 20, 1985** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Goodwin **003/4814** **5/31/85**

Site Evaluator or Professional Engineer's Signature Date

Local Plumbing Inspector's Signature & Local Seal Date

Page 1 of 5
HHE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

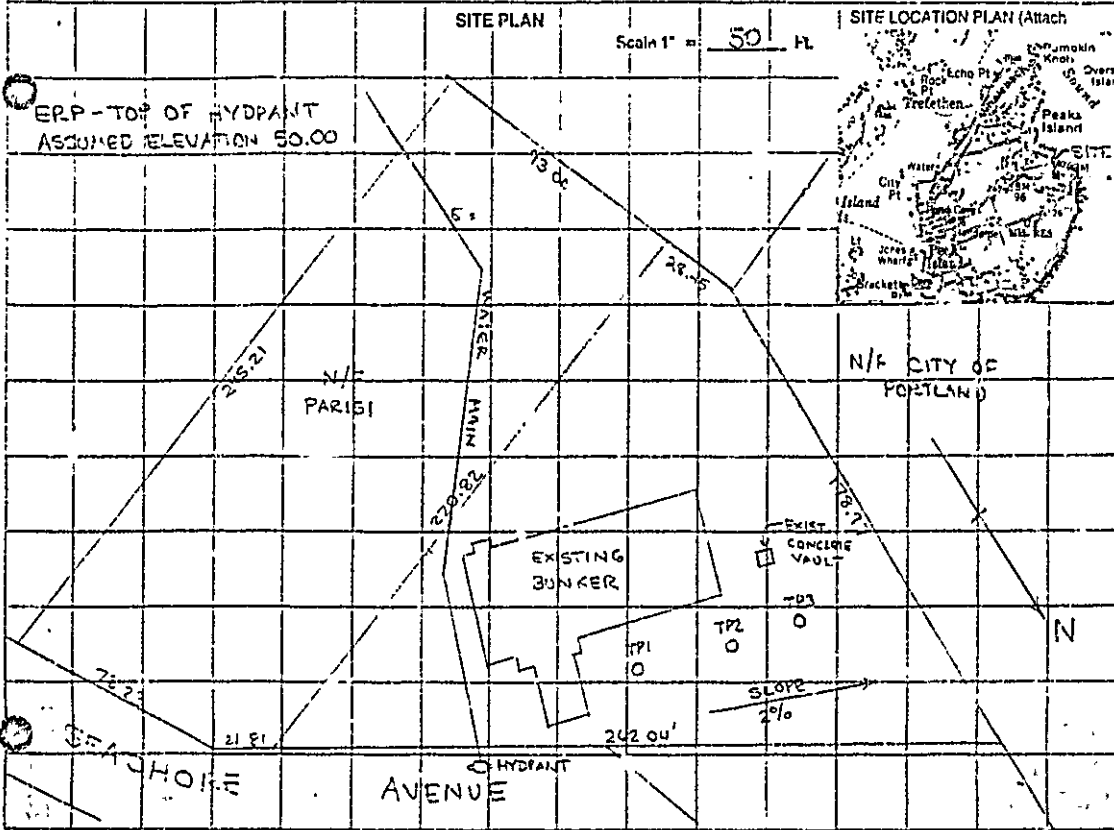
Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND PEAKS ISLAND SEASHORE AVE E-19

THOMAS BRAND



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

Observation Hole 1 Test Pit Boring

1" SOD Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	GRAVELLY LOAM		DARK BROWN	
6-15				NONE
15-20	GRAVEL	LOOSE	LIGHT BROWN	
20-30			YELLOW-BROWN	COMMON
30-40	LOAMY GRAVEL		DARK BROWN	FEW
40-50	SPOTTED GRAVEL		YELLOW	

Soil Classification: C-1 Slope: 2% Limiting Factor: S4

Observation Hole 2 Test Pit Boring

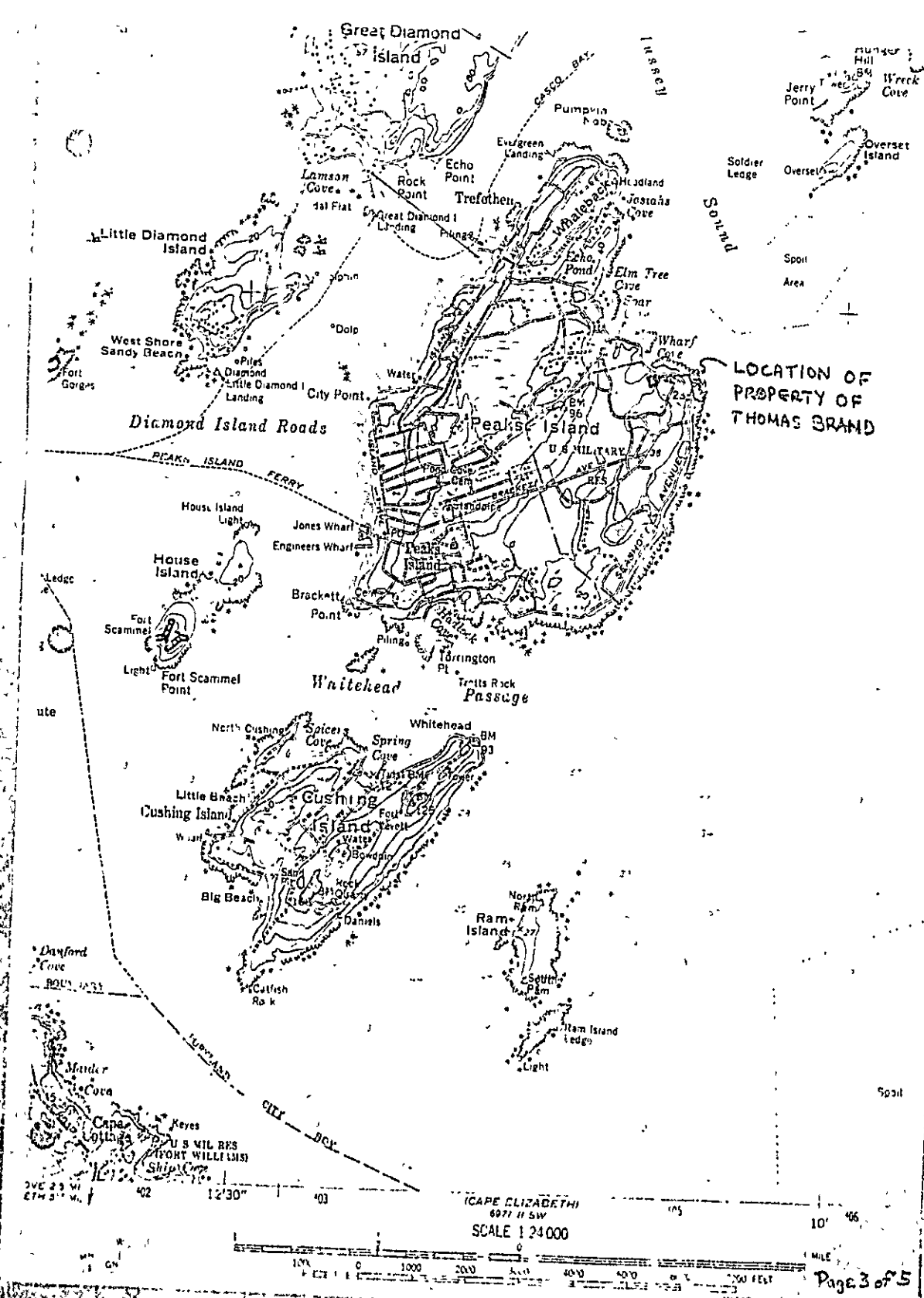
1" SOD Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL / OIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	GRAVELLY LOAM		DARK BROWN	
6-15				NONE
15-20	GRAVEL	LOOSE	MEDIUM BROWN	
20-30	BEDROCK			

Soil Classification: A-1 Slope: 2% Limiting Factor: 26

William B. Jordan 00314914

5/31/85



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road, Subdivision

Division of Health Engineering

PORTLAND PEAKS ISLAND SEASHORE AVE 89-E-19

Owners Name
THOMAS BRAND

SITE PLAN										Scale 1" = _____ Ft. SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)
(Empty grid for site plan)										

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>3</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
1" SOD		Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
GRAVELLY LOAMS		DARK BROWN		
GRAVEL	LOOSE	MEDIUM BROWN	NONE	
BEDROCK				
Soil Classification: <u>AIII</u> Slope: <u>2</u> Limiting Factor: <u>22</u> <input type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input checked="" type="checkbox"/> Bedrock				

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

003/4814
SE# / PE#

5/31/85
Date

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health: Engineering

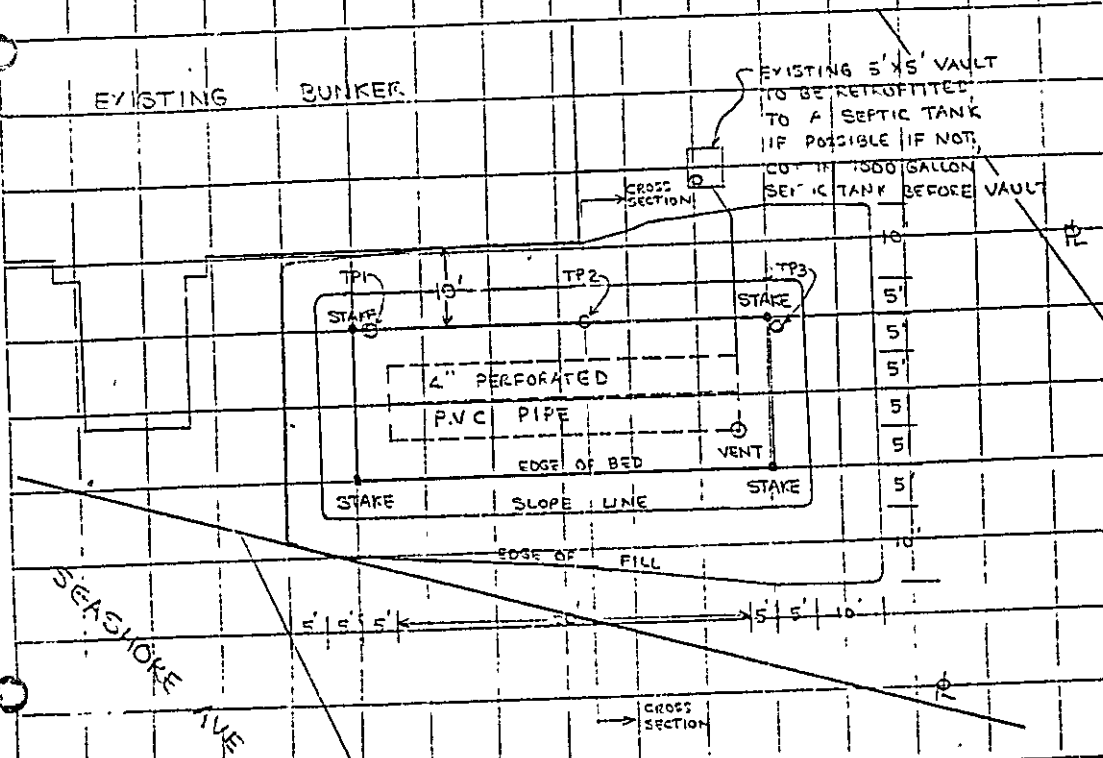
City, Plantation
PORTLAND

Street, Road, Subdivision
PEAK ISLAND SEASHORE AVE 29-E-19

Owners Name
THOMAS BRAND

SUBSURFACE WASTEWATER DISPOSAL PLAN

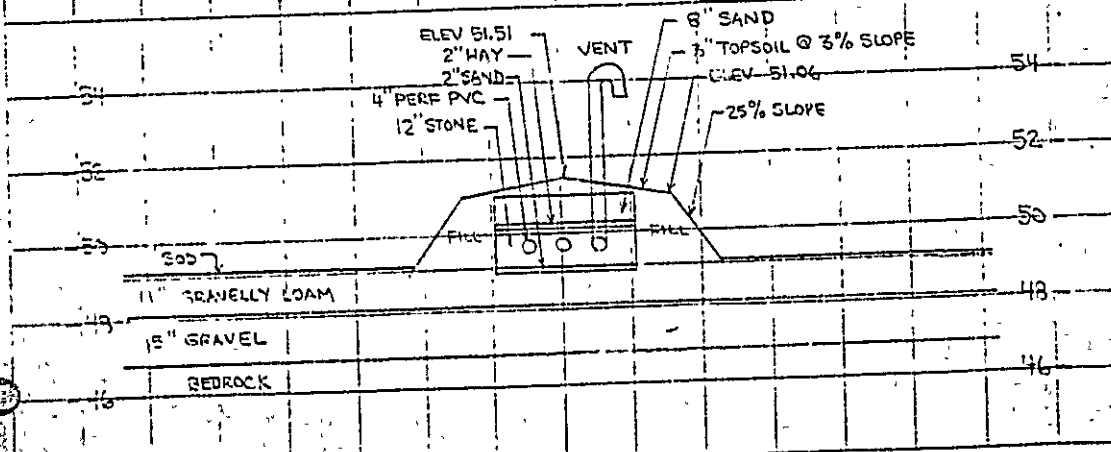
Scale 1" = 20' FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 14'	Reference Elevation Is 50.00	TOP OF HYDRANT ON SEASHORE AVE IN FRONT OF LOT
Depth of Fill (Downslope) 30'	Bottom of Disposal Area 49.06	
	Top of Distribution Lines or Chambers 50.14	

DISPOSAL AREA CROSS SECTION

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



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

003/4814
SE & PE #

5/31/85
Date

Page 5 of 5
HHE 200 - Rev. 4/83



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN
GOVERNOR

MICHAEL R. PETIT
COMMISSIONER

April 14, 1986

Thomas Brand
P.O. Box 571, DTS
Portland, ME 04112

89-2-19

Subject: New System Variance approval, Brand property, Seashore Drive,
Peaks Island, Portland

Dear Mr. Brand:

The Division has reviewed your completed Application for a new system variance to the Subsurface Wastewater Disposal Rules. A new disposal system cannot be installed on the property in full compliance with the Rules. You have requested the following:

To allow a disposal system to be installed on a site that does not meet the required setback distances. Specifically, a reduced setback distance to a foundation of 10 feet is proposed.

The Division approves of the application dated May 31, 1985 by William B. Goodwin, S.E.

Mr. Goodwin shall be retained to establish the system location and elevation at the time of construction.

Ernold R. Goodwin, the Local Plumbing Inspector shall issue a permit prior to the system's installation. The system shall be constructed in compliance with the submitted application.

Very truly yours,

James A. Jacobsen
James A. Jacobsen
Wastewater and Plumbing Control
Division of Health Engineering

JAJ/dld

cc: Ernold Goodwin, LPI ✓
William Goodwin, S.E.

Feb. 10, 1937

Arthur Addato,

The enclosed is an amendment
to a Permit issued earlier
for 89-E-19 Seashore Ave
Peaks Island



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, February 5, 1987

PERMIT ISSUED

FEB 10 1987

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. ... 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 ... 89-E-19 Seashore Avenue, Peaks Island Within Fire Limits? ... Dist. No. ...
Owner's name and address Kate Brand, Veteran St., Peaks Island Telephone 766-3344
Lessee's name and address ... P.O. Box 571 D.T.S. Telephone 773-6666
Contractor's name and address owner Telephone ...
Architect ... Plans filed ... No. of sheets ...
Proposed use of building year round dwelling ... No. families ...
Last use ... No. families ...
Increased cost of work 40,000.00 ... Additional fee 200.00

Description of Proposed Work

To construct single family dwelling, 24 x 48', 2,300.00 sq. ft., 2-story, no garage, as per revised plans.

ISSUE PERMIT TO #1

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 ... without porches ... 48' No. stories 2 ... solid or filled land? solid ... earth or rock? both ...
Material of foundation ... bunker-concrete thickness, top .6' ... bottom ... cellar in bunker ...
Material of underpinning ... Height ... Thickness ...
Kind of roof Gambrel with dormer Rise per foot .16/30 Roof covering Fiberglass, architectural grade
of chimneys 1 Material of chimneys brick or metalbestos of lining clay-brick
Lumber—Kind pine post & beam Dressed or full size? dressed
Corner posts 8x8 Sills 10x14 Girt or ledger board? Size
Girders 10x14 metal re forcing at midpoint Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16' O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 10x12 joists 2nd floor 2x8 beams 3rd floor 2x8 beams
On centers: 1st floor 16 2nd floor 16 3rd floor 16
Maximum span: 1st floor 16 2nd floor 16 3rd floor 16

Approved:

Signature of Owner

Approved:

Inspector of Buildings

INSPECTION COPY



CITY OF PORTLAND MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 89-B-13 Seashore Ave. Peaks Island

Issued to Mr. Noto Brand

Date of Issue July 1, 1967

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. 36/367, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single family

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

7-1-67
(Date)

Arthur Adelt
Inspector

[Signature]
Inspector of Buildings

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

transferred from
for one dollar.

D. P. ...
2a-2-67

NEW SYSTEM VARIANCE REQUEST

This form shall accompany an Application for a proposed new system which requires a Variance to certain provisions of the Subsurface Wastewater Disposal Rules. A check or money order for \$20.00 payable to the Treasurer of the State shall accompany this request form.

The Local Plumbing Inspector shall not issue a Permit for the installation of a subsurface wastewater disposal system until approval has been received from the Department.

GENERAL INFORMATION Town of PORTLAND - PEAKS ISLAND

Property Owner's Name: THOMAS BRAND

System's Location: SEASHORE AVENUE 89-219
street

Property Owner's Address P.O. BOX 571 DTS
street

PORTLAND MAINE 04112
Town State ZIP

VARIANCE CONDITIONS

The Department has the authority to vary the requirements of the Rules in accordance with CMR 241.16 of the Rules if all the following criteria are satisfied:

- The variance request has the approval of the LPI.
- The variance request has received written endorsement from the elected municipal officers.
- The variance request demonstrates that there is no practical alternative for wastewater disposal, such as access to public sewer or the potential for an easement.
- The proposed system does not conflict with Seasonal Conversion, Shoreland Zoning or Resource Protection.
- The site offers potential for a system which will dispose of the wastewater with minimal threat to public health, safety, or welfare.
- The property owner has indicated an awareness of the variance and any limitations or added costs the proposed system may require.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator) Section of Code

1. Collect distance of 10' to owner's existing bunker 6-C-2-A

2. _____

3. _____

If Variance request is for Sec. 6 B 3 Suitable Soil Conditions, fill in table below.

SOIL, SITE AND ENGINEERING FACTORS FOR ASSESSING NEW SYSTEM VARIANCE POTENTIAL
(SEE TABLE 10-1)

SOIL PROFILE	CHARACTERISTIC	POINT ASSESSMENT
DEPTH TO GROUNDWATER	4	7
SIZE OF PROPERTY	26"	20
TERRAIN	23,433 sq. ft.	-10
WATERBODY SETBACK	UPLAND	5
WATER SUPPLY	7100'	0
TYPE OF DEVELOPMENT	PUBLIC	0
DESIGN FLOW	RESIDENTIAL	0
SEPARATION DISTANCE	MIN + 22 1/2'	5
ADDITIONAL TREATMENT	MINIMUM	0
	NOPE	0
TOTAL POINT ASSESSMENT		32

RECEIVED

APR - 1 1986
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

LOCAL PLUMBING INSPECTOR:

The Local Plumbing Inspector shall review all New System Variance requests prior to submission to the Division of Health Engineering. The LPI shall indicate the municipality's position in regards to the variance request. The LPI shall also inform the Division of Health Engineering of any facts relative to the variance request not specifically noted by the property owner or the site evaluator.

The proposed system does does not conflict with any Municipal or Shoreland Zoning ordinances, and has been shown to the Code Enforcement Officer.

CONCLUSIONS: I, Ernest R. Goodwin, the undersigned, have visited the above property and find that it is not possible to conform to certain provisions of the Rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. Therefore, I recommend the issuance of a permit for the system's installation as proposed on the application.

Ernest R. Goodwin
Signature of LPI

MAR 24 1985
Date

STATEMENTS, JUSTIFICATIONS and RESPONSIBILITIES

PROPERTY OWNER: The property owner shall provide accurate information to the Site Evaluator, the LPI, and the Department and elaborate below the reasons for requesting the variance(s).

The site Evaluator recommends that the setback distance to the existing bunker be reduced to ten Feet in order to keep the setback distance to the Street and the Ocean within the Rules

(Attach additional sheets, if needed)

I, _____, am the owner prospective owner of the subject property. I understand that the installation illustrated on the Application is not in total compliance with the Rules. I have indicated my reasons for requesting the variance(s). Should the proposed system malfunction I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Department of Human Services and make any corrections the Department finds necessary. By signing this variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Signature of _____
 Signature of _____ Prospective Purchaser

Date _____

HAS REVIEW FEE BEEN ENCLOSED

SITE EVALUATOR:

When an undeveloped property is found to be unsuitable for subsurface wastewater disposal by a Licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a Variance to the requirements of the Rules, and the Evaluator in his professional opinion feels the variance request is justified and that the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department.

The proposed system is of standard design and will function as a normal system which is in total compliance with the Rules. The only variance necessary is to the setback distance to an existing World War II Bunker which is constructed of very thick Reinforced Concrete. The bottom floor level of the Bunker is above grade in the area of the proposed system. The proposed Home will use the existing Bunker as a Foundation only there will be no access to the Bunker from the proposed Home. In my professional opinion reducing the setback to 10' to the Bunker is justified.

William B. Goodwin, P.E., S.E., certifies that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgement, I certify that the proposed system design on the attached Application is the best alternative available, enhances the potential of the site for subsurface wastewater disposal, and that the system should function properly.

William B. Goodwin
 Signature of Site Evaluator

5/31/86
 Date

MUNICIPAL OFFICER(S): (Select one, Councilman, Alderman, Mayor, Town Manager)

We the undersigned Officer(s) are aware that the applicant is applying to the Division of Health Engineering for a variance to the Subsurface Wastewater Disposal Rules as indicated in the application and the proposed system does not meet the requirements of the Rules. The proposed variance request does does not comply with all Town Zoning requirements and the Municipality does does not endorse the variance request. If endorsed, the Town accepts the responsibility for any required enforcement of the Rules should the system malfunction.

Municipal Officer's Sign _____ Officer Title _____ Date _____
 Municipal Officer's Signature _____ Officer Title _____ Date _____
 Municipal Officer's Signature _____ Officer Title _____ Date _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 295-3826

PROPERTY ADDRESS		<p>Caution: Permit Required</p> <p>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.</p>
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	SEACROFT AVENUE	
Subdivision Lot #	TAX MAP 87 BLOCK E LOT 19	
PROPERTY OWNERS NAME		
BRAND	THOMAS	<p>Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p>
Last	First	
Applicant Name:	THOMAS BRAND	
Mailing Address of Owner/Applicant (if Different)	PO BOX 571 DTS PORTLAND MAINE 04112	
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	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 type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input checked="" type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY:</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY: 23,455 S.F.</p> <p>ZONING: R-3</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEPODIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" 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 (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS F.C.)</p> <p>4 BEDROOM MODERATE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 26</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED 1200 Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: 480 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

On Apr 20 1995 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Goodwin 003/4814 5/31/85

Site Evaluator or Professional Engineer's Signature SC# IPE# Date

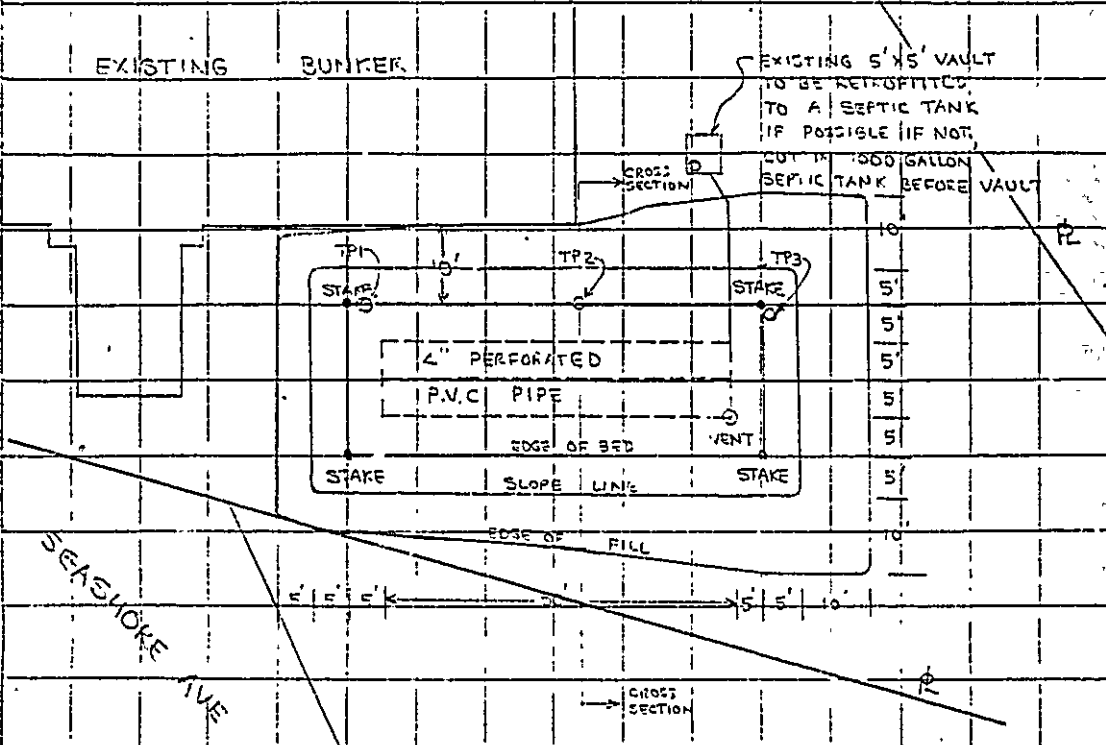
* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

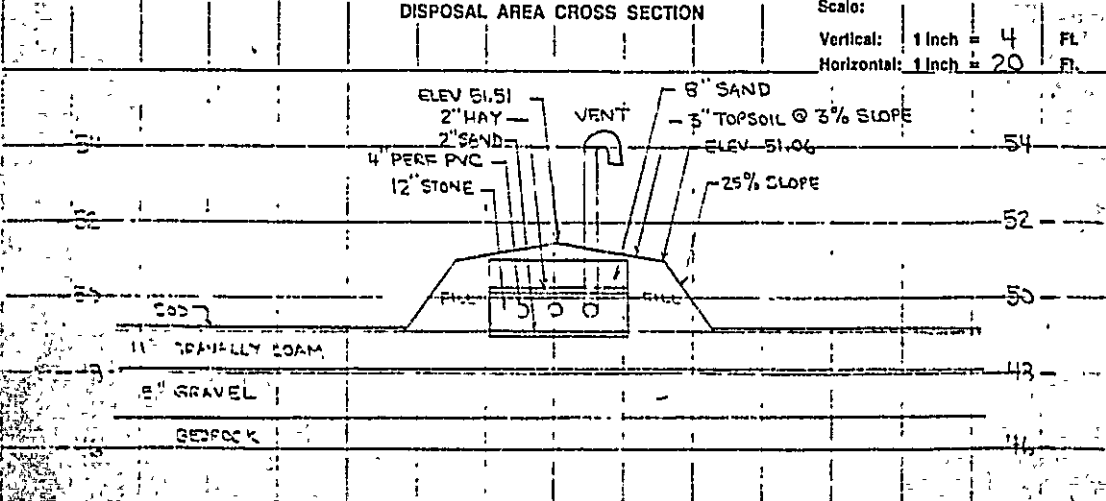
Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE 29-E-19** Owners Name: **THOMAS BRAND**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>14"</u>	Reference Elevation Is <u>50.00</u>	TOP OF HYDPANT ON
Depth of Fill (Downslope) <u>30"</u>	Bottom of Disposal Area <u>49.06</u>	SEASHORE AVE IN FRONT OF LOT
	Top of Distribution Lines or Chambers <u>50.14</u>	



Scale: Vertical: 1 Inch = 4' FL, Horizontal: 1 Inch = 20' FL

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

003/4814
SE # / PE #

5/31/85
Date

Page 519
HHE-200 Rev. 4.5



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

April 03, 1986

Ms. Kate Brand
29 Greenwood Ave.
Scarboro, Maine

Re: 89-E-19 Seashore Ave. Peaks. Island

Dear Ms. Brand,

Your application to construct a single family dwelling(3,000 sq.ft.) has been reviewed and a building permit is herewith issued subject to the following requirement.

1. All lot lines shall be clearly marked before calling for a foundation inspection.
2. Please read attached Building Code requirement sections 809.4 & 1716.3.4.

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

Sincerely,

P. Samuel Moyses
Chief of Inspection Services

PSH/jt

Applicant: *Kate Brand*
Address: *Seashore Ave. Lot #17*
Assessors No.: *S9-E-19*

Date: *April, 1986*

CHECK LIST AGAINST ZONING ORDINANCE

Date -
Zone Location - *IR-1 Zone*
Interior or corner lot - *Interior*
Use - *Single Family No garage*
Sewage Disposal - *septic disposal*
Rear Yards - *30'* *30' required*
Side Yards - *20'* *20' required*
Front Yards - *30'* *30' required*
Projections -
Height - *2 story*
Lot Area - *23,455 #*
Building Area - *46 x 36 = 1656 #*
Area per Family - *20,000 (State Plumbing Code)*
Width of Lot - *140'*
Lot Frontage - *140'*
Off-street Parking - *0, 1, K,*
Loading Bays -

Site Plan -
Shoreland Zoning -
Flood Plains -
Soil Test results are attached with form signed by Ernie Goodwin

This part of Northgate Subdivision approved for CBIDA several years ago.

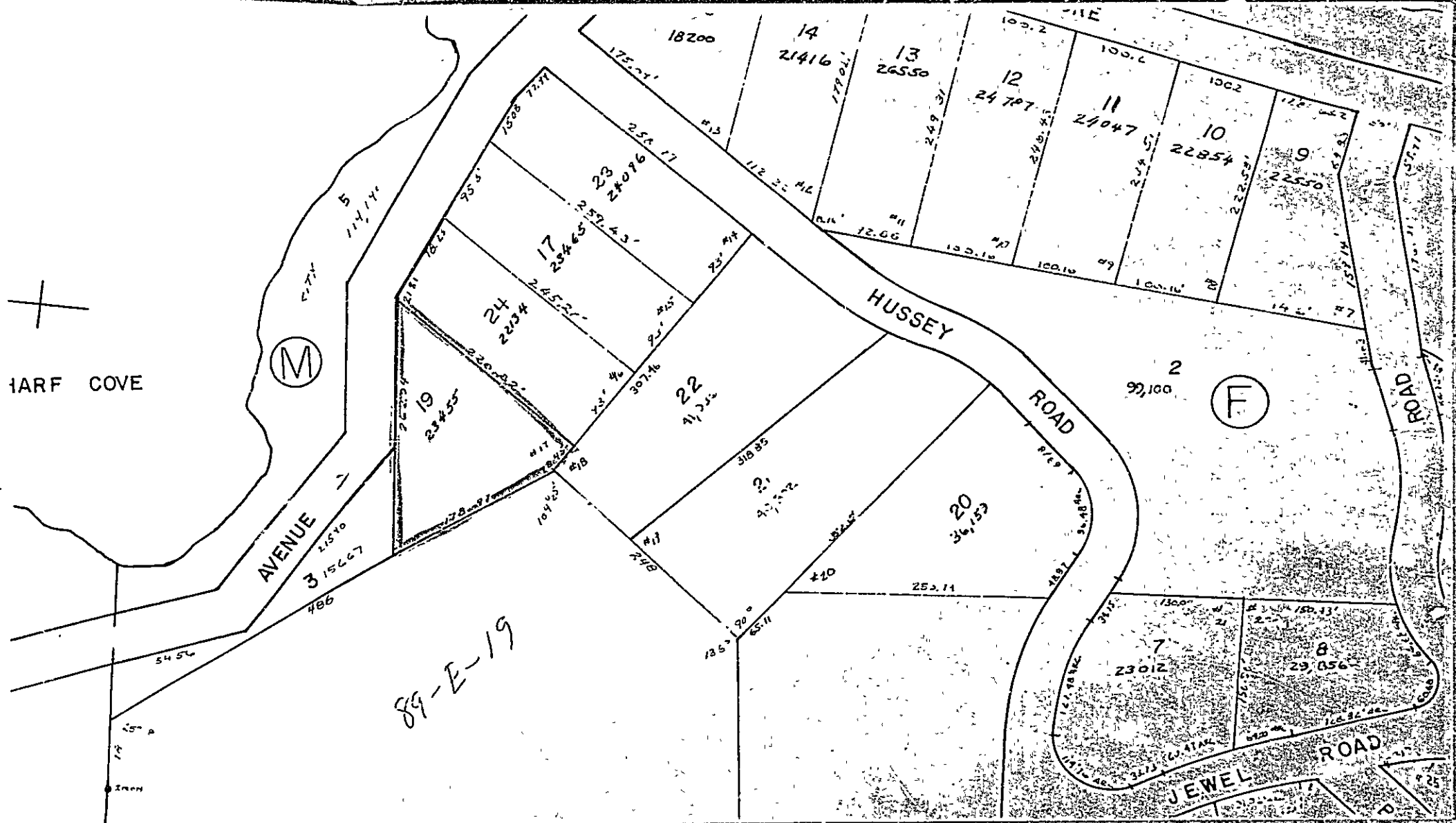
This house will be built atop a former bunker and the site offers constraints which can not allow complete compliance with the setbacks as stated in the Zoning Ordinance for the IR-1 Zone, in Section 14-145.0(3)

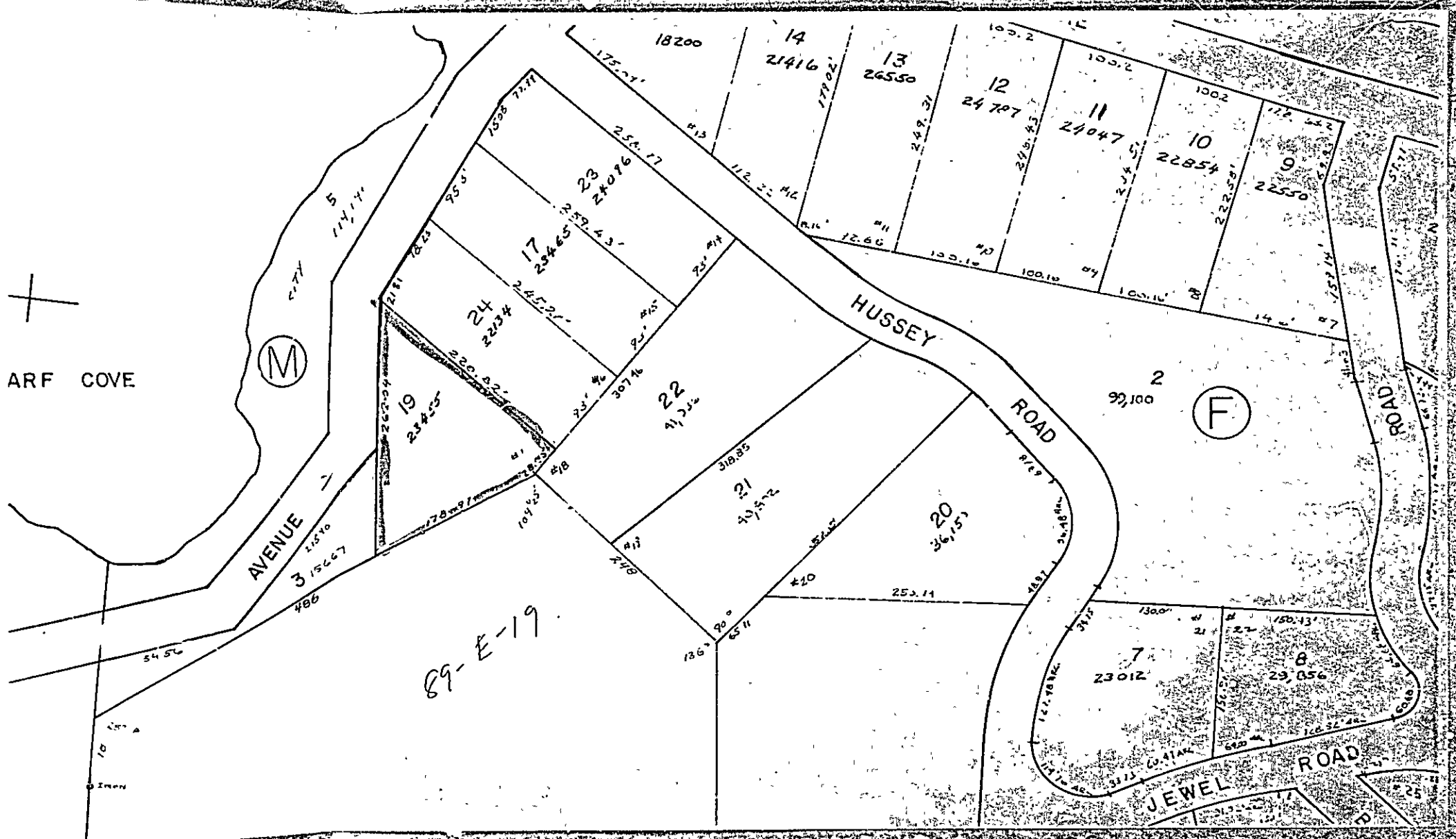
BARF COVE

(M)

(F)

89-E-19



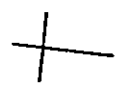


ARF COVE

M

F

89-E-19



70
IRON



APPLICATION FOR PERMIT

00367 PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

APR 3 1986

ZONING LOCATION .. 1R-1 .. PORTLAND, MAINE .. April 1, 1986

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 89-E-19 .. Seashore Ave. Peaks Island .. Fire District #1 , #2

1. Owner's name and address .. Kate Brand - 29 Greenwood Ave, Scarborough .. Telephone .. 883-4642

2. Lessee's name and address Telephone ..

3. Contractor's name and address .. Owner .. Telephone ..

Proposed use of building .. dwelling - year round .. No. of sheets ..

Last use No. families .. 1

Material .. No. stories .. Heat .. Style of roof .. Roofing ..

Other buildings on same lot

Estimated contractual cost \$.. 70,000 ..

FIELD INSPECTOR—Mr. Appeal Fees \$..

@ 775-5451 .. Base Fee .. 370.00 ..

Late Fee

TOTAL \$

To construct single family dwelling, 46 x 36, 3,000 sq ft. total
2 story, no garage as per plans. 11 sheets of plans

Stamp of Special Conditions

send permit to # 1 04074

PERMIT ISSUED WITH LETTER

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? .. yes .. Is any electrical work involved in this work? .. yes ..
Is connection to be made to public sewer? .. If not, what is proposed for sewer? .. septic system ..
Has septic tank notice been sent? .. yes .. Form notice sent? ..
Height average grade to top of plate .. 34' .. Height average grade to highest point of roof .. 34' ..
Size, front .. 46 .. depth .. 36 .. No. stories .. 2 .. solid or filled land? .. solid earth or rock? .. both ..
Material of foundation .. concrete .. Thickness, top .. bottom .. cellar .. bunker ..
Kind of roof .. existing flat .. Rise per foot .. Roof covering .. membrane ..
No. of chimneys .. 2 .. Material of chimneys masonry tiling .. tile .. Kind of heat .. elec fuel coal ..
Framing Lumber—Kind .. spruce .. Dressed or full size? .. dressed .. Corner posts .. Sills .. see plans ..
Size Girder .. Columns under girders .. Size .. Max on centers ..
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor .. 2nd .. 3rd .. roof ..
On centers: 1st floor .. 2nd .. 3rd .. roof ..
Maximum span: 1st floor .. 2nd .. 3rd .. roof ..
If one story building with masonry walls, thickness of walls? .. height? ..

IF A GARAGE

No. cars now accommodated on same lot .., to be accommodated .. number commercial cars to be accommodated ..
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? ..

APPROVALS BY: BUILDING INSPECTION—PLAN EXAMINER .. DATE ..

MISCELLANEOUS Will work require disturbing of any tree on a public street? .. no ..

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

BUILDING CODE: ..

Fire Dept: ..

Health Dept: ..

Others: ..

Signature of Applicant .. Kate Brand .. Phone # .. 773-6666

Type Name of above .. Kate Brand .. 1 2 3 4

PERMIT ISSUED WITH LETTER

FIELD INSPECTOR'S COPY .. [Signature]

APPLICANT'S COPY

OFFICE FILE COPY

NOTES

4-4-86 - Checked Site, OK. AD
 4-25-86 - NP AD
 5-29-86 - NP AD
 5-11-87 - Frame OK. Fd.
 OK. Headers and beams
 OK. Closing in OK. AD
 6-3-87 - Checked, WIP, OK. AD
 7-1-87 - All Approval
 for C of O AD

Permit No 861367
 Location 89-E-19 Beachcrest
 Owner Walt Brant R.I.
 Date of permit 4/3/86
 Approved _____
 Dwelling _____
 Garage _____
 Alter _____

Two large rectangular areas with horizontal lines, both crossed out with a large 'X'.

000905

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$180. Zone _____ Map # _____ Lot# _____

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

Owner: Walter G. Carroll Dresch Phone # 766-2451
 Address: 690 Seashore Ave; Peaks Island, ME 04108
 LOCATION OF CONSTRUCTION: 690 Seashore Ave - Peaks Isl
 Contractor: Four Seasons Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 1-fam w addition
 Past Use: 1-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 Construction addition - 15' x 20'

For Official Use Only
 Date 7/9/90 Subdivision Name _____
 Inside Fire Limits _____ Lot JUL 25 1990
 Sldg Code _____ Ownership: _____
 Time Limit _____ Estimated Cost 32,000 City of Portland
 Zoning: RK-1
 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 (Explain) OK (W) A 7-24-90

Foundation: 89-E-119
 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) 690 Seashore Ave
 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 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 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: 15' x 20' Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase
 Signature of Applicant Walter G. Carroll Dresch Date 7/9/90
 Signature of CEO _____ Date _____
 Inspection Dates _____

PERMIT ISSUED
 WITH LETTER

White-Tax Assessor

Yellow-GPCOG

White-Tax Assessor

Copyright GPCOG 1988

09/07

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 100.-
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type

Inspection Record

Date

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

COMMENTS

3-26-91 all work complete OK. [Signature]

Signature of Applicant

Walter Buscher

Date

7/9/90

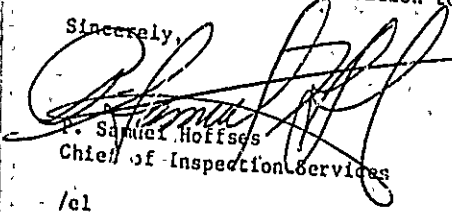
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

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

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

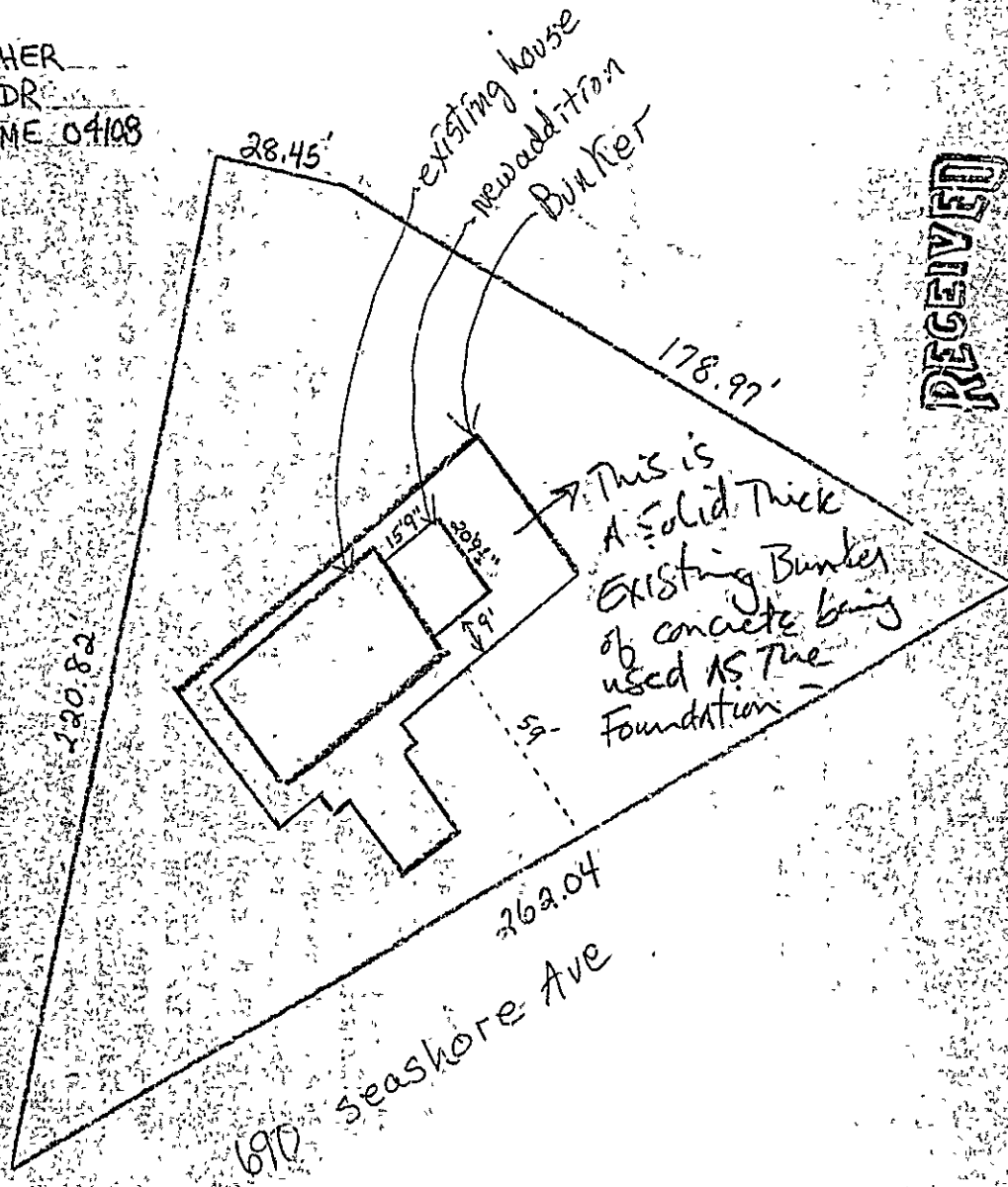
- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a here with a diameter of 6 inches cannot pass through any opening.
- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.
- 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,


Samuel Hoffes
Chief of Inspection Services

/cl
11/16/88

WALTER DRESCHER
690 SEASHORE DR
PEAKS ISLAND, ME 04108



RECEIVED

JUL 9 1957

DEPT. OF BUILDING REGULATIONS
CITY OF PORTLAND

Specifications

Page No. 2 of 3 pages

MR. AND MRS. WALTER DRESCHER
690 SEASHORE AVE.
PEAKS ISLAND, MAINE

CITY OF PORTLAND
DEPT. OF BUILDING INSPECTIONS

JUL - 6 1930

RECEIVED

SUPPLY AND INSTALL A SYSTEM 4 MODEL #15BW BY 8 BAYS
SIZE: 15'9" by 20'9"

COLOR OF UNIT TO BE BRONZE BAKED ON ENAMEL, ALL GLASS TO BE DOUBLE
TEMPERED TINTED AND ROOF SECTION TO BE HEAT MIRROR 44% TINTED.
SOLARIUM ALSO TO HAVE FOUR(4) AWNING WINDOWS AND TWO(2) 5' SLIDING
GLASS DOORS, ONE ON EACH SIDE OF UNIT

THE ABOVE UNIT WILL ALSO HAVE THERMO- drapes on ROOF SECTION.

WE WILL ALSO SUPPLY MATERIAL AND INSTALL A DECK BUILT WITH 2" by 12"
INSULATED R-30 WITH PLYWOOD AS A SUBFLOORING.

DECK TO BE SEATED ON CEMENT BLOCKWALL, ALSO INSTALLED BY US.

APPROXIMATE SIZE OF DECK AND BLOCK WALL 15'9" by 20'9"

AND ALSO A 16" BASEWALL BUILT WITH 2" by 6", FINISHED INSIDE AND OUT.

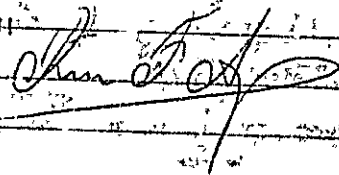
MATERIAL.

ALL TO HAVE A FIVE(5) YEAR WARRANTY

LABOR:

ALL TO HAVE A TWO(2) YEAR WARRANTY

THANK YOU!



FOUR SEASONS OF AMESBURY
AMESBURY, MA 01913

THIS PAGE BECOMES PART OF AND IN CONFORMANCE WITH PROPOSAL NO.

Job Name MR. WALTER DRESCHER

Accepted by *W.D.* Date 19

Accepted by Date 19

Submitted by R.E.A. Date 6-15 1930

100
04
10
10

Four Seasons of Amesbury
Nature's View Solariums, Inc.
Rt. 110 - Amesbury Plaza
Amesbury, Ma 01913
508 388-1228

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

JUL 9 1990

RECEIVED

THIS AGREEMENT made the 15th day of June 1990 between

Mr. & Mrs. Walter Drescher 207-7662451 508-3468904
(Homeowners) (Home phone) (business phone)
of 690 Seashore Ave. Peaks Island ME
(street) (city) (state) (zip)

hereinafter called the "Owner" and NATURE'S VIEW SOLARIUMS, INC. of
Amesbury, Massachusetts, hereinafter called "Contractor,"

WITNESSETH:

Contractor hereby agrees that it will, for consideration hereinafter
mentioned, furnish all labor and material necessary to install the
following described product: at premise located at above
We hereby submit specifications for the following products as found on the
attached specifications sheet.

Exclusions No plumbing, electrical

PAYMENT SCHEDULE:

25% When order is signed	TOTAL CASH PRICE: A	\$ 32,244.00
45% When greenhouse is delivered *	Down Payment:	\$ 48,061.00
20% When framing is completed	Amount Due:	\$ 24,183.00
10% Upon substantial job completion		

"YOU THE BUYER MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT
OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION."
"WE THE CONTRACTOR MAY CANCEL THIS CONTRACT AT ANY TIME WITHIN TEN DAYS
AFTER THE DATE OF THIS TRANSACTION."

DO NOT SIGN THIS CONTRACT IN BLANK! YOU ARE ENTITLED TO A COPY OF THE
CONTRACT AT THE TIME YOU SIGN, KEEP IT TO PROTECT YOUR LEGAL RIGHTS. WE,
THE AFORESAID OWNERS CERTIFY THAT IMMEDIATELY AFTER SIGNING OF THIS
AGREEMENT, A COMPLETELY EXECUTED COPY WAS FURNISHED TO US.

OWNER Walter Drescher
CO-OWNER Charles A. Drescher

sales representative's name Fabian R. Arroyo
Authorized Approval by Fabian R. Arroyo title Manager
for Nature's View Solariums, Inc. Contractor.

This contract will only become effective when signed by an authorized
officer of the Contractor.
See reverse side for additional terms which are incorporated in and made a
part hereof.
* When greenhouse is delivered either to showroom or customer site.

CONTRACTOR REPRESENTS THAT IT CARRIES WORKER'S COMPENSATION AND PUBLIC LIABILITY INSURANCE. CONTRACTOR WILL PROVIDE CERTIFICATE OF WORKER'S COMPENSATION PRIOR TO STARTING WORK IF REQUESTED. PERMIT WILL BE PROCURED AS PER ATTACHED BUILDING PERMIT RESPONSIBILITY FORM.

Owner understands that Contractor is an independently owned and operated entity and Owner expressly waives any claim against Four Seasons Solar Products Corp., except in accordance with any written warranties as may accompany the products. Any claim, controversy or dispute arising from the sale or installation of the products shall be governed by the laws of the Commonwealth of Massachusetts. Owner acknowledges that Contractor has not made, and Owner has not received any representations or warranties regarding advantageous tax consequence arising from the purchase or installation of the above described products.

UNCONTROLLABLE DELAY

The Seller is not responsible for delay or inability to perform caused by strikes, acts of God, war, riots, shortages, weather conditions, public authorities or other causes or casualties beyond his control, or due to Buyer's conduct.

UNKNOWN CONDITIONS OF THE PREMISES

Once the Seller enters into this contract, if he discovers unusual subsoil conditions or obstructions above or below grades, either of which require a change in work, the Seller may increase the price of the job as required. If the Buyer fails to disclose to the Seller any facts which a reasonable Buyer should realize are important to the Seller, and these facts require a change in work, the Seller may increase the price of the job. Any price increase shall be paid for by the Buyer at the Seller's regular price thereafter.

And the Contractor does further agree with the Owner that (a) he will begin the work within a reasonable time after the execution hereof and will prosecute it diligently and with due care and in a good and workmanlike manner; (b) in doing work he will comply with all statutes, rules, regulations and ordinances applicable thereto.

If the Owner refuses to permit the Contractor to proceed with the work herein, or in the event of any breach of the Owner of this agreement, the Owner agrees to become liable to the Contractor for such sum as may be established in proving damages which shall include loss of Contractor's profits. Any Down Payment may at the option of the Contractor be retained by Contractor to compensate Contractor in whole or in part for any damages sustained by Contractor. Contractor's right to retain the Down Payment shall be in addition to and not instead of any other right or remedy provided by applicable law.

The Contractor shall have the right to sell, assign and transfer this contract executed by the Owner.

Contractor shall not be held liable in damages for delays in the performance of this contract due to causes beyond its reasonable control. Owner warrants that he is the owner of the property on which the work is to be performed or that he is otherwise authorized on behalf of the owners to enter into this agreement. Owner authorizes the Contractor to enter upon said premises and Owner agrees to obtain, if necessary, consent to enter upon all adjoining neighbor's premises in order to enable the Contractor to do and complete the aforementioned work.

This contract represents the entire agreement between the Owner and the Contractor and no representation or warranty shall be binding upon either party, unless included herein. This order subject to office approval.

901837

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: Walter & Carol Drescher Phone # 766-2451
 Address: 690 Seashore Ave; Peaks Island, ME 04108
 LOCATION OF CONSTRUCTION 690 Seashore Ave; Peaks Isl.
 Contractor: Westbrook Pools Sub: _____
 Address: Westbrook, ME Phone # _____
 Est. Construction Cost: 9,000. Proposed Use: 1-fam w pool
 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 _____ Condomin _____ Conversion _____
 Explain Conversion Construct in-ground pool - 34'x16'

For Official Use Only
 Date: 8/22/90 Subdivision: **PERMIT ISSUED**
 Inside Fire Limits _____ Lot _____
 Bldg Code _____ Ownership: AUG 29 1990
 Time Limit _____ Private _____
 Estimated Cost: 9,000 City of Portland
 Zoning: TR-1
 Street Frontage Provided: _____ Back _____ Side _____
 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 (Explain) DA-P 8-24-90

Foundation: 89-E-19
 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 _____ Span(s) _____
 3. Wall _____
 4. Fire _____
 5. Other Materials _____

HISTORIC PRESERVATION
 Ceiling:
 1. Ceiling Joists Size: _____ No. in District per Landmark _____
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved.
 2. Sheathing Type _____ Size _____ Approved with Conditions.
 3. Roof Covering Type _____ Dealed.
 Chimneys:
 Type: _____ Number of Fire Places _____ Date: 8/22/90
 Signature: [Signature]
 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. Chava
 Signature of Applicant Walter Drescher Date 8/22/90
 Signature of CEO [Signature] Date _____
 Inspection Dates _____
PERMIT ISSUED WITH LETTER
 White Tag _____ © Copyright GPCOG 1988

White-Tax Assesor Yellow GPCOG

PLOT PLAN

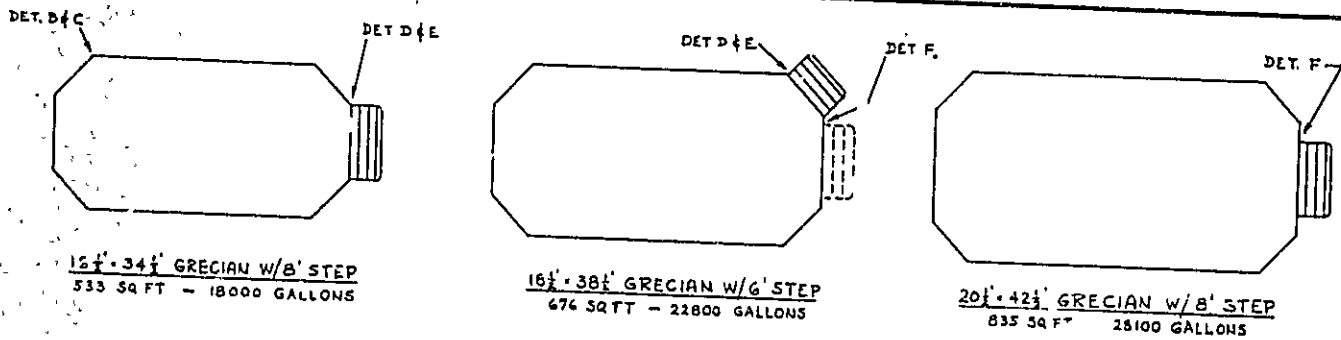


FEES (Breakdown From Front)
Base Fee \$ 65-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS *Complete OK 3-26-91*

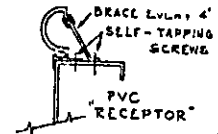
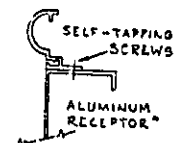
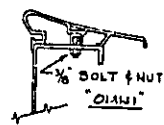
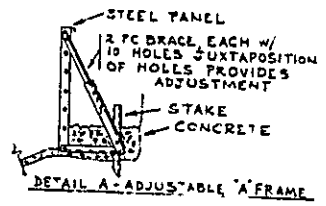
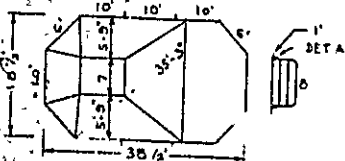
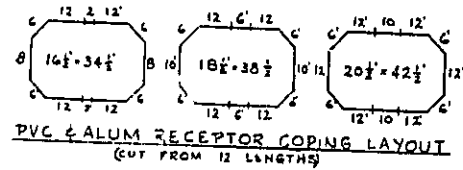
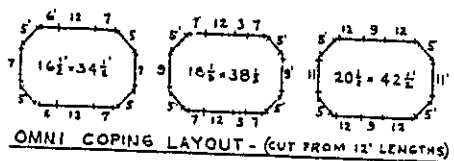
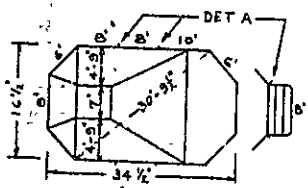
Signature of Applicant _____ Date _____



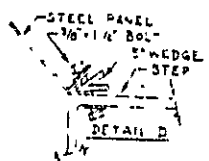
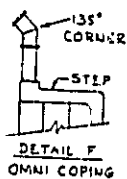
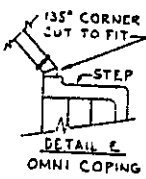
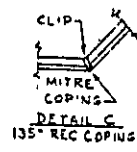
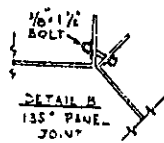
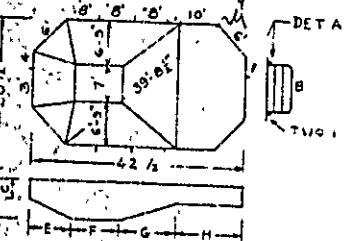
16 1/2' x 34 1/2' GRECIAN W/8' STEP
533 SQ FT - 18000 GALLONS

16 1/2' x 38 1/2' GRECIAN W/6' STEP
676 SQ FT - 22800 GALLONS

20 1/2' x 42 1/2' GRECIAN W/8' STEP
835 SQ FT - 28100 GALLONS



POOL COPING DETAILS



NOTES

1. Panels are to provide full steel wall on ends, & 1/2" in height needed adjustment
2. 1/2" WEDGE on ends only
3. Panels must have 10 holes in each panel, evenly spaced for 10" distance on bottom. 1/2" hole in bottom panel must be 1/2" from front edge of panel. 1/2" hole in 1/2" panel must be 1/2" from front edge of panel. 1/2" hole in 1/2" panel must be 1/2" from front edge of panel.
4. 1/2" hole in 1/2" panel must be 1/2" from front edge of panel.
5. 1/2" hole in 1/2" panel must be 1/2" from front edge of panel.
6. 1/2" hole in 1/2" panel must be 1/2" from front edge of panel.

POOL SIZE	C	D	E	F	G	H
16 1/2' x 34 1/2'	40"	8"	4 3/4"	7"	14"	9"
16 1/2' x 38 1/2'	40"	8"	4 3/4"	7"	14"	9"
20 1/2' x 42 1/2'	40"	8"	4 3/4"	7"	14"	9"

PANEL LAYOUT & LINER DIMENSIONS

Heritage Pools

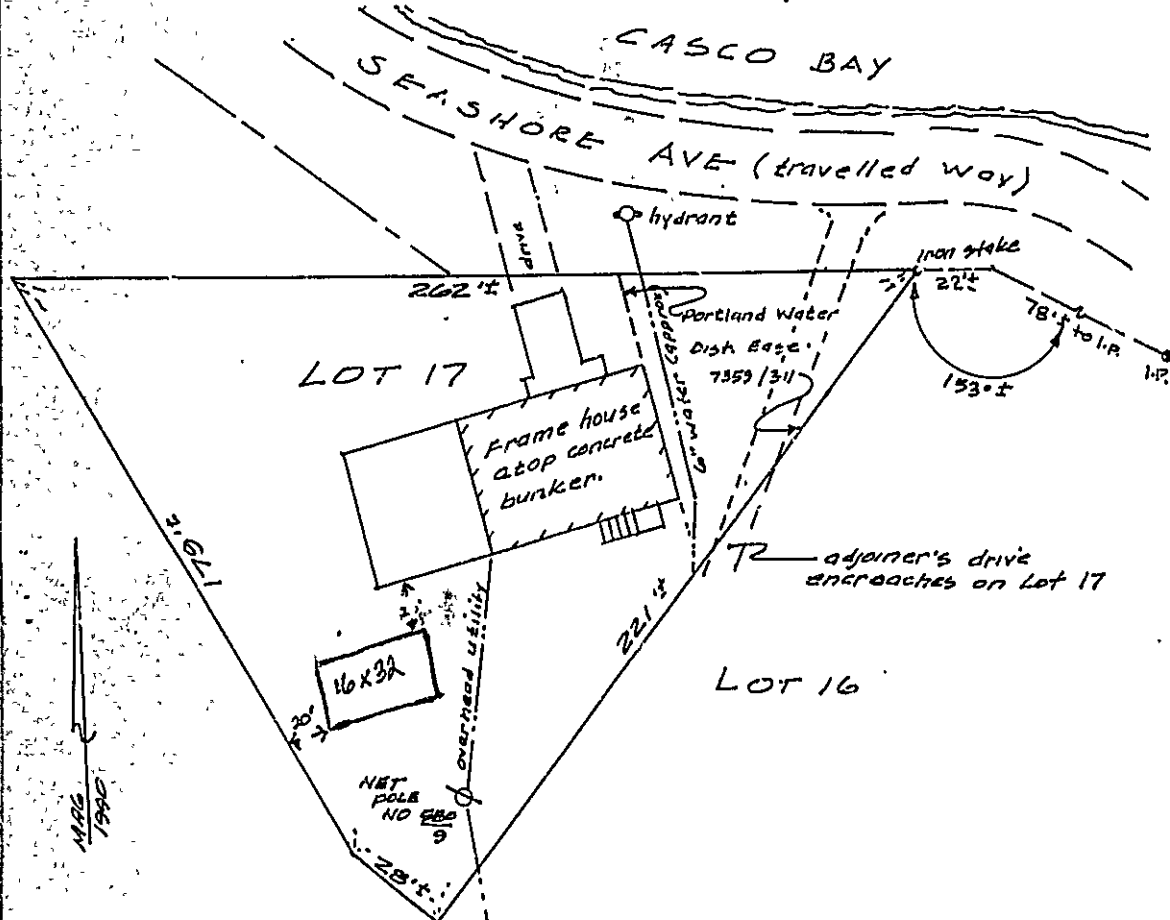
DATE: 2-2-86	PROJECT: WHM	OWNER: AHTA
NO. 3-1-B3		
BICKNELL INC.		
RT 30, FRAMINGHAM, MA 01001		14

CL 6105

MORTGAGE LOAN INSPECTION
THIS IS NOT A LAND BOUNDARY SURVEY

CURRENT OWNER
PURCHASER
LOCATION

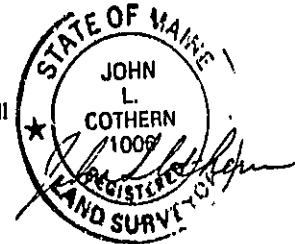
Walter B. and Carol G. Drescher
N/A
Peaks Island (Portland) Maine



BOOK-PLAN 85 PAGE 37 COUNTY Cumberland SCALE 1" = 40'

I hereby certify to the Lender and Title Insurer that the location of the dwelling shown on this plan does not conform with the local zoning laws in effect at the time of construction. The improvements do not fall within a special flood hazard zone.

This plan was not made from an instrument survey. The certifications are for mortgage purposes only. This plan applies only to conditions existing as of the date shown hereon, and does not show any possible conflicts with abutting deeds. Under no circumstances should the lines or monuments shown hereon be relied upon for construction of fences, additions or accessories.



5-21-90

JOHN L. COTHERN, R.L.S.

One India Street, Portland, Maine 04101

207-761-2837



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date May 6, 1987

Receipt and Permit number D 09372

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: 89-E-019 Peaks Isl. *Seashore Club*
 OWNER'S NAME: Kate Brand ADDRESS: P.O. Box 571 DIS Portland, Me.

	FEES	
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>31-60</u>		5.00
FIXTURES: (number of) Incandescent <u>6</u> Fluorescent _____ (not strip) TOTAL <u>6</u>		3.00
Strip Fluorescent _____ ft.		
SERVICES: Overhead <u>x</u> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..		3.00
METERS: (number of) <u>1</u>50
MOTORS: (number of) Fractional _____		
1 HP. or over _____		
RESIDENTIAL HEATING: Oil or Gas (number of units) _____		
Electric (number of rooms) <u>8</u>		8.00
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws _____ Over 20 kws _____		
APPLIANCES: (number of) Ranges <u>1</u>	Water Heaters <u>1</u>	
Cook Tops _____	Disposals <u>1</u>	
Wall Ovens _____	Dishwashers <u>1</u>	
Dryers <u>1</u>	Compactors _____	
Fans _____	Others (denote) _____	
TOTAL <u>7</u>		10.50
LLANEOUS: (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" (304-16.5)
 TOTAL AMOUNT DUE: 30.00

INSPECTION: ready, call shop and they will take you on their boat

Will be ready on _____, 1987; or Will Call _____

CONTRACTOR'S NAME: George W Blanchard

ADDRESS: 75 Ramsdell Rd. Gray

TEL.: 774-4880

MASTER LICENSE NO.: 09876 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

