



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date June 21, 1988, 19
 Receipt and Permit number 29259

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 J1 Jewel Road Peaks Island
 OWNER'S NAME: Nancy Hamblin ADDRESS: same FEES

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-30 3.00
 FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL 1-10 3.00
 Strip Fluorescent: _____ ft.

SERVICES: Overhead 1 Underground _____ Temporary _____ TOTAL amperes 100 3.00

METERS: (number of) 1

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

RESIDENTIAL HEATING: Oil or Gas (number of units) 1 3.00
 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 1 _____ Water Heaters 1 _____
 Cook Tops _____ Disposals 1 _____
 Wall Ovens _____ Dishwashers 1 _____
 Dryers 1 _____ Compactors _____
 Fans _____ Others (denote) _____
 TOTAL 5 7.50

MISCELLANEOUS: (number of) Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 19.50

INSPECTION: Will be ready on _____, 19____; or Will Call x
 CONTRACTOR'S NAME: William Flynn
 ADDRESS: Peaks Island
 TEL: 276-780
 MASTER LICENSE NO. 4548 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO. _____

PLUMBING APPLICATION

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

Town Or
Plan/lot: Peaks Island

Street
Subdivision Lot #: Jewel Rd. Lot #27

PROPERTY OWNERS NAME

Last: Hamblen First: Nancy

Applicant
Name: Hamblen, Nancy

Mailing Address of
Owner/Applicant
(if Different): 800. Skyline Dr. #4
Deduit, MA 01924

Caution: Permit Required

PORTLAND PERMIT # 2,903 TOWN COP.

Date Permit Issued: 5/27/88 \$ 30 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 understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Nancy Hamblen Date: 5/27/88

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: NOV 7 1988

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING

UN 6 - 1988 *permits*

Type Of Structure To Be Served:

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

Plumbing To Be Installed By:

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

LICENSE # _____ *Daniel Smith*

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fix.	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.		Hosebibb / Sink	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposer
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	1.0	Fixtures (Subtotal) Column 1

SEE PERMIT/FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1
Rev. 9/86

TOWN COPY



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to **Nancy Hamblin** LOCATION **Jowall and Adams, 89-J-1**
Date **August 22, 1988**

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. **81/1607**, has had final inspection, has been found to conform
substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for
occupancy or use, limited or otherwise, as indicated below

PORTION OF BUILDING OR PREMISES
Entire

APPROVED OCCUPANCY
single family

Limiting Conditions:
None

This certificate supersedes
certificate issued

Approved:

8-22-88

(Date)

Inspector

Director of Buildings

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

PERMIT # 00160 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Nancy Hamblen - 317-957-8848
 Address: 800 Skyline Drive, Apt. #4, Dracut, MASS. 01826
 LOCATION OF CONSTRUCTION 89-J-1 Jewell Road Cor. Hussey Road
 CONTRACTOR: Robert McTigue SUBCONTRACTORS: 766-2676
 ADDRESS: Brackett Ave., Peabody, MA 04108

For Official Use Only	
Date: <u>December 14, 1987</u>	Expiry: Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Type Limit: _____	Name: _____
Blk Code: _____	Block: _____
Trk Limit: _____	Permit Expiration: _____
Estimated Cost: <u>\$3,000,000</u>	Ownership: _____
Value/Structure: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>
Fee: <u>420.00</u>	

Est. Construction Cost: 30,000.00 Type of Use: Single Family
 Past Use: Vacant lot
 Building Dimensions: 14' W Sq. Ft. _____ # Stories: 1 Lot Size: 33,145 sq. ft.
 Is Proposed Use: Yearly Seasonal _____ Condominium _____ Apartment _____
 Conversion: Explicit under zoning, as per plan.

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

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

Floor:
 1. Sill Size: _____ (ills must be anchored)
 2. Girder Size: _____
 3. Jolly Column Spacing: _____ Size: _____
 4. Joist Size: _____ Type: 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____
 7. Other Material: _____

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

Interior Walls:
 1. Siding Size: _____ Spacing: _____
 2. Header Sizes: _____ Spacing: _____
 3. Wall Ceiling Type: _____
 4. Fire Wall if required: _____
 5. Other Materials: _____

Ceiling:
 1. Ceiling Joist Size: _____
 2. Ceiling Strapping Size: _____ Spacing: PERMIT ISSUED
 3. Type Ceiling: _____
 4. Insulation Type: _____ Size: _____
 5. Ceiling Height: _____ DEC 17 1987

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

Chimneys:
 Type: _____ Number of Fire Places: _____

Heating:
 Type of Heat: _____

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

Plumbing:
 1. Approval: If test if required: CO. 024 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: _____ Square Footage: _____
 3. Must conform to National Electrical Code and State Law.

Zoning:
 District: RP-1 Street Frontage Req: _____ Provided: _____
 Required Setbacks: Front: _____ Back: _____ Side: _____

Review:
 Planning Board Approval: Yes No Date: _____
 Planning Board Approval: Yes No Date: _____
 Conditions: variance Site Plan: Subdivision: _____
 Shore and Floodplain Mgmt: _____ Special Exception: _____
 Other: (Explain) _____
 Date Approved: 12/15/1987

Permit Received By: Joyce M. Rinaldi

Signature of Applicant: Nancy Hamblen Date: 12-14-87

Signature of CEO: _____ Date: _____

Inspection Dates: _____

PLOT PLAN



FEE (Breakdown From Front)

Base Fee \$ 420.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type

Inspection Record

Date

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

COMMENTS

2-10-88 - Checked - w/ e/p/c Fof/FP
3-17-88 - Found OIR

Signature of Applicant

Nancy Hamilton

Date

12-14-87



CITY OF PORTLAND, MAINE

369 CONGRESS STREET
PORTLAND MAINE 04101
(207) 775-5461

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. S. MUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

December 15, 1987

RE: 89-J-1 Jewell Road Cor. Hussey Road, Peaks Island

Mr. Robert McTigue
Brackett Avenue
Peaks Island, Maine 04108

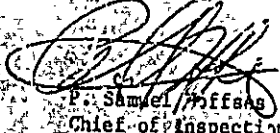
Dear Sir:

Your application to construct a single family dwelling with garage has been reviewed and a permit is herewith issued subject to the following requirement(s):

1. The lot and lot lines must be clearly marked before calling for a foundation inspection.
2. All concrete must be protected from freezing.
3. Foundation shall be a minimum of 4' below grade and 8" thick.
4. Please read and implement items 4, 5, 6 and 7 of the attached building permit report.

If you have any questions regarding these requirement(s), please do not hesitate to contact his office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

Enclosure

BUILDING PERMIT REPORT

DATE: 16/Dec/87

ADDRESS: 89-5-1 Jewell Ad Cor Hussay Rd P.F.

REASON FOR PERMIT: To Construct A Single Family
dwelling with 1-car garage

BUILDING OWNER: Nancy Hamblen

CONTRACTOR: Robert McTigue

PERMIT APPLICANT Hamblen, Nancy

APPROVED: 4-5-6-7 BERTS

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) 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.
- 3.) 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 spr. kler heads, supplied from the domestic water.
- *4.) 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, press 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).
- *5.) 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 1717.3.1).

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

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

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

*6.) 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.

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

*8.) Section 15-135 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 1, of each year to April 15 of the following year."

Sincerely,

P. Samuel Hoffses
Chief, Inspection Services

/kac
11/9/87

SUBSURFACE WASTE WATER DISPOSAL SYSTEM APPLICATION

Department of Health Services
Division of Health Engineering
(207) 289-3428

PROPERTY ADDRESS

Town or Plantation: **FORTLAND - PEAKS ISLAND**

Street: **JEWEL RD @ HADLEY RD**

Subdivision Lot #: **TAX MAP 89 BLOCK J LOT 1**

PROPERTY OWNERS NAME

Hambleton, Nancy

Applicant Name: **Nancy Hambleton**

Making Address of Owner/Applicant (if Different): **255 Rogers St. Lowell, Ma. 01852**

FOR LAND PERMIT # 2,510 APPLICANTS COPY

Date Permit Issued: **7/27/87** FEE: **40**

Local Plumber/Inspector Signatures: *[Signature]* L.P.I. # _____

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

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding and that any fabrication is false to the Local Plumbing Inspector to deny a Permit.

[Signature]
Signature of Owner/Applicant

Caution: Inspection Required

If you 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
- RULE SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED: _____
THE FAILING SYSTEM IS:
1. ADD 2. TRENCH
3. DRAINAGE 4. OTHER _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE: K.W.C.
- MULTIPLE FAMILY DWELLINGS
- OTHER _____

SIZE OF PROPERTY: **29,145 S.F.** ZONING: **R-3/1-R-1**

TYPE OF WATER SUPPLY: PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROB.

SIZE: **750** GALS

WATER CONSERVATION

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

SPF: _____

PUMPING

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

DOCS: _____ GALS

CRITERIA USED FOR DESIGN FLOW (ROOMS, LEADERS, EMPLOYEES WATER RECORDS, ETC.)

2 BEDROOM CONSERVATIVE

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
2	AIII

DEPTH TO LIMITING FACTOR: **20**

SOIL RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER **525** Sq. Ft.
 REGULAR TRENCH OTHER: **T.P.** Linear Ft.

DESIGN FLOW: 300 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On **JUNE 23, 1987** (date) I conducted a site inspection for this project and certify that the data reported is accurate. The entire process is in accordance with the Subsurface Wastewater Disposal Rules.

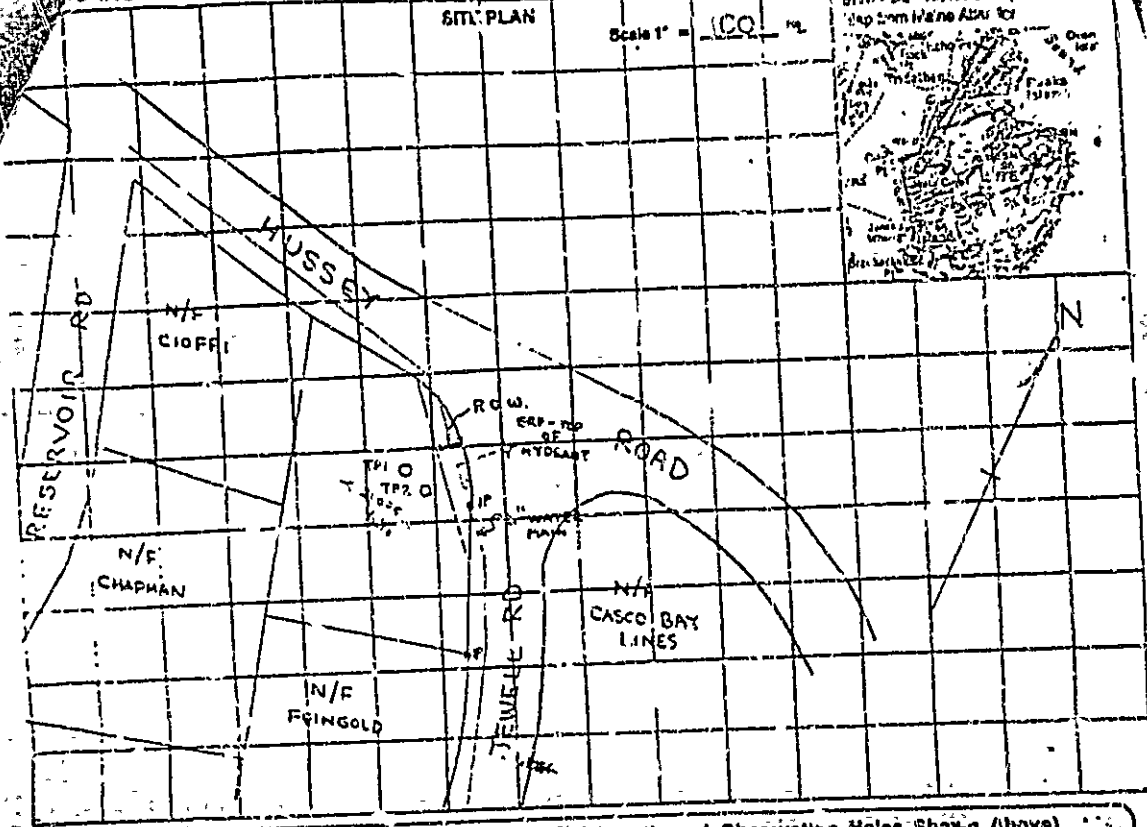
[Signature] **2003/4314** **8/27/87**

Site Evaluator or Professional Engineer's Signature: _____ DATE: _____

Local Plumbing Inspector Signature: _____ DATE: _____

1. Local Plumbing Inspector Signatures: _____ DATE: _____

Location: PEAKS ISLAND JEWELL RD @ HUSSEY RD
 Street, Road, Subdivision: Jewell Rd @ Hussey Rd
 Owner Name: Nancy Hambler



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

Observation Hole: Test Pit Boring
 FOREST PEAT - Depth of Organic Horizon Above Mineral Soil

Depth (ft)	Texture	Consistency	Color	Mottling
0 - 2			BROWN	
2 - 4			GRAY BROWN	
4 - 10	GRAVELLY LOAM	LOOSE	RED BROWN	NONE
10 - 15				
15 - 20				
20 - 25				
25 - 30				
30 - 35				
35 - 40				
40 - 45				
45 - 50				
50 - 55				
55 - 60				
60 - 65				
65 - 70				
70 - 75				
75 - 80				
80 - 85				
85 - 90				
90 - 95				
95 - 100				

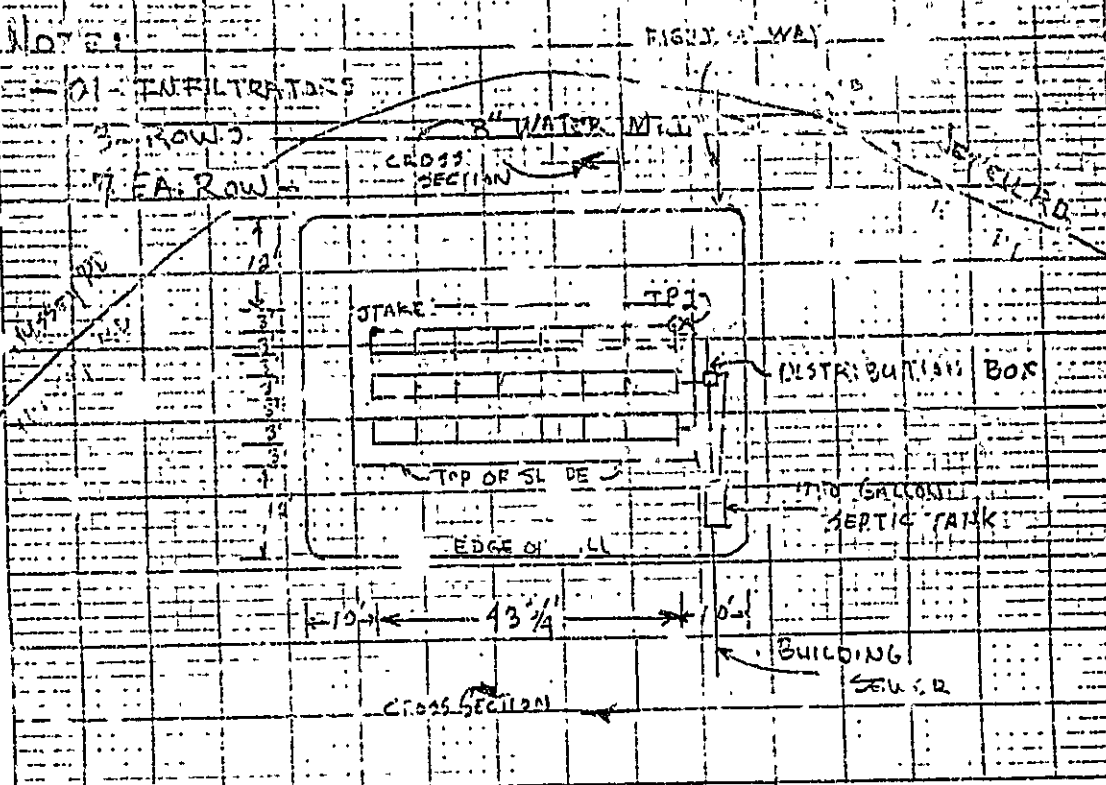
Soil Classification: AIII
 Slope: 1/2%
 Lining Factor: 20

0003/4514 1/27/77
 Date: 1/27/77
 Project: 0003
 NE-100 Rev. 103

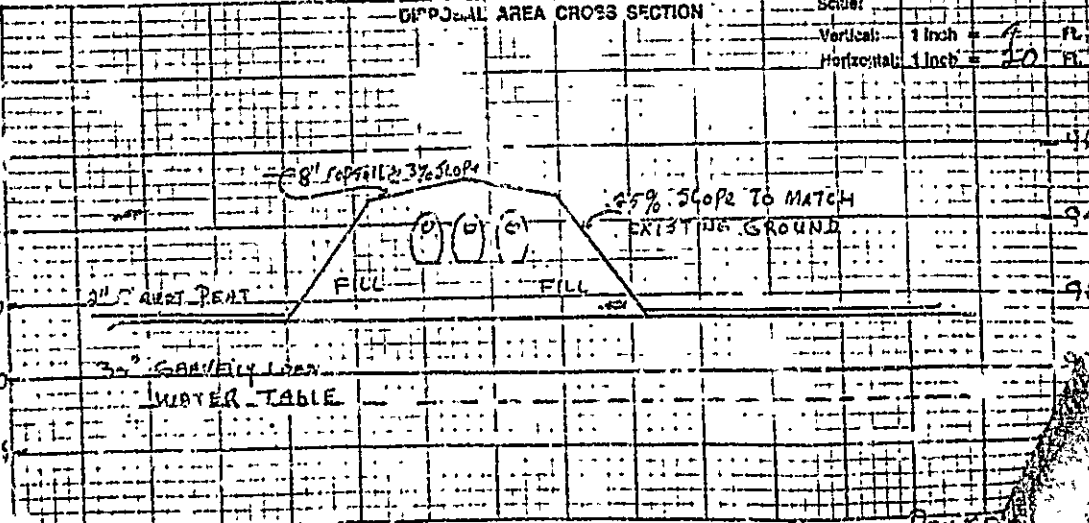
SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Precinct: CLAWD Precinct Street, Rural District: Towell Rd @ Hussey Name: ...
 SUBSURFACE WASTEWATER DISPOSAL PLAN Scale: 1" = 20.0'



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Up slope)	Reference Elevation is	100.00
Depth of Fill (Down slope)	Bottom of Disposal Area	98.74
	Top of Distribution Lines or Chambers	99.99
		JOWELL RD @ HUSSEY RD



Prof. Engineer/SEA Evaluator Signature

 0003/4814 8/27/87 45055

 SET/P.E. II Date

Applicant: *Nancy Hamblen*

Date: *Dec. 15, 1987*

Address: *Jowell Road con Hursey Road Peakes Island*

Assessors No. - *89-1-1*

CHELY LIST AGAINST ZONING ORDINANCE

Data -

Zone Location - *IR-1*

Interior or corner lot - *Corner Lot*

Use - *Construct Single Family*

Sewage Disposal - *septic*

Rear yard - *38'*

30' required

Side Yards - *30' and 120'*

20' required

Front Yards - *40'*

30' required

Projections -

Height - *2 story*

Lot Area - *23,145 sq ft*

Building Area - *1240*

Area per Family - *20,000 sq ft*

Width of Lot - *200'*

Lot Frontage - *253'*

Off-street Parking - *0:K*

Loading Bays - *NA*

Site Plan -

Shoreland Zoning -

Food Plains -