

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **RESERVOIR ROAD**

Subdivision Lot #: **TAX MAP 89 BLOCK J LOT 4**

PROPERTY OWNERS NAME

Last: **CASSIDY** First: **ROGER JR**

Applicant Name: **ROGER CASSIDY JR**

Mailing Address of Owner/Applicant (if Different): **31 HAMPSTEAD ST. METHUEN MASS. 01844**

PORTLAND PERMIT # **2,595** TOWN COPY

Fee: **\$140.00**

Local Plumbing Inspector Signature: *[Signature]*

Date Approved: **NOV 16 1987**

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: *Roger R Cassidy Jr* Date: **10/24/87**

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: **NOV 16 1987**

PERMIT INFORMATION

THIS APPLICATION IS FOR:

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

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

- HCO
- TRENCH
- CHAMBER
- OTHER _____

THIS APPLICATION REQUIRES:

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

INSTALLATION IS COMPLETE SYSTEM

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

INDIVIDUALLY INSTALLED COMPONENTS:

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

DISPOSAL SYSTEM TO SERVE:

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

TYPE OF WATER SUPPLY

PUBLIC WATER

SIZE OF PROPERTY: **29,068 S.F.** ZONING: **IR1**

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! (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

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

2 BEDROOM CONSERVATIVE 300

LOW VOLUME TOILET -30

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **4** CONDITION: **C**

DEPTH TO LIMITING FACTOR: **33**

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED **350** Sq Ft
- CHAMBER **350** Sq Ft
- TRENCH **Infiltrators** Linear Ft
- OTHER: _____

SITE EVALUATOR STATEMENT

On **MAY 13, 1986** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

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

0003/4814 SE #TYPE#

8/18/87 Date

SITE EVALUATION WAIVED BY LOCAL OFFICE

PLUMBING PERMIT APPLICATION

Applicant Name: CASIDY, Mrs. Rose

Address: 172 Park Street
Portland, ME 04101

Phone: 397-4

Local Plumbing Inspector Signature: _____ Date: _____

Caution: Permit Required

PORTLAND PERMIT # 2,453 TOWN COPY

Local Plumbing Inspector Signature: [Signature] Date: 1/20/91

L.R.I. # _____

Contractor/Applicant Statement

I hereby certify that the information furnished is correct to the best of my knowledge and understanding, and that I am a duly licensed plumber in the State of Maine.

Signature: _____ Date: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date: _____

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type of Residence To Be Served:

1. SINGLE FAMILY DWELLING

2. DUPLEX OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. JIL BURNCRMAN

3. MFG'D HOUSING DEALER/ CHANG

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # _____

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

APPLICANT FILL OUT I - XIII AND DETAILS OF WORK ON REVERSE
 Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 89-T-4 Reservoir Rd. Park Isl. 617-
 Owner or lessee's name Roger Cassidy Jr. Tel. 688-1066
 Address 31 Hampsted St. Methuen, Mass 01844

Contractor's name Owner Address Tel.

Subcontractors:

PERMIT ISSUED
MAR 6 1987
City Of Portland

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
 Name
 Lot
 Block
 Pl. & pg. Reg./deeds
 Date recorded

III. PROPOSED USE: CODE 105 If other explain single family dwelling Seasonal Condominium Apartment

IV. PAST USE:

V. OWNERSHIP: PUBLIC (Federal/State/Local government) PRIVATE (Individual/corp/nonprofit)

VI. DESCRIPTION OF WORK:

minor siteplan review - To construct single family dwelling 22 x 32

VII. BUILDING DIMENSIONS: length 22 width 32 square footage 704 height 18 #stories 1 1/2

VIII. EST. CONSTRUCTION COST: 15,000 IX. GR. SURF. OF LAND: 7,000 INCLUDING: 7,000

X. RESIDENTIAL BUILDINGS ONLY:			XI. RESIDENTIAL UNITS:	
1 BDRM	2 BDRMS	3 BDRMS	NEW DWELLINGS	EXISTING DWELLINGS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW DWELLING UNITS WITH			NET RESIDENTIAL UNITS	
EXISTING DWELLING UNITS WITH			<u> </u>	

XII. SIGNATURE OF APPLICANT: Roger Cassidy Jr. DATE: 3/30/87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING:

DISTRICT STREET FRONTAGE
 SETBACKS: front back side side
 ZONING BOARD APPROVAL: no yes (date)
 PLANNING BOARD APPROVAL: no yes (date)

XIV. OFFICE USE: TAX MAP
 VALUE/STRUCTURE PERMIT EXPIRATION

XV. CONDITIONAL USE: variance site plan subdivision shore and floodplain mgmt
 special exception other (explain)

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) DATE

XVII. FEES:

base fee.....	
subdivision fee.....	
site plan review fee.....	50.00
other fees.....	
late fee.....	
TOTAL.....	245.00

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

1. WATER SUPPLY <input checked="" type="checkbox"/> public <input type="checkbox"/> private	8. CHIMNEY # flues <u> </u> # fireplaces <u> </u>
2. SEWER <input type="checkbox"/> public <input checked="" type="checkbox"/> private, type <u>septic</u>	material <u> </u>
3. HEAT type <u>forced hot water</u>	9. FRAMING: floor joists
4. FOUNDATION type <u> </u>	size <u> </u> max. on center <u> </u>
5. ROOF type <u> </u> thickness <u> </u> footing <u> </u>	ceiling joists <u> </u>
6. PLUMBING # tubs <u> </u> # showers <u> </u>	rafters <u> </u>
# lavatories <u> </u> # laundry tubs <u> </u>	studs <u> </u>
# flushes <u> </u> # other <u> </u>	wall studs <u> </u>
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	10. If 1-story building w/ masonry walls:
7. ELECTRICAL service entrance size <u> </u>	wall thickness <u> </u> height <u> </u>
# smoke detectors <u> </u>	11. BEDROOM WINDOWS
NUMBER OF OFF-STREET PARKING SPACES:	height <u> </u> width <u> </u> sill height <u> </u>
enclosed / <u> </u> outdoors <u> </u>	egress window? <input type="checkbox"/> yes <input type="checkbox"/> no

PLOT PLP/DATA/DETAILS OF WORK ON REVERSE
 White - Municipal Office
 Green - Applicant
 Yellow - CEO
 Pink - Tax Assessor
 Gold - GPCOG

9

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

Processing Form:

Roger Cassidy Jr.

March 30, 1987

Applicant 31 Hampsted St. Methuan, Mass 617-688-1066 - 89-J-4 Reservoir Rd. Date March 30, 1987
 Mailing Address single family Address of Proposed Site Peaks Isl.
 Proposed Use of Site 29,680 sq ft. 22 x 32 Site Identifier(s) from Assessors Maps _____
 Acreage of Site / Ground Floor Coverage _____ Zoning of Proposed Site _____

Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 1½
 Board of Appeals Action Required: () Yes () No Total Floor Area _____
 Planning Board Action Required: () Yes () No

Other Comments: _____
 Date Dept. Review Due: _____

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

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

Explanation _____

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

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

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: _____

O.K. No. Turner May 5, 1987

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Roger Cassidy, Jr.

March 30, 1987

Applicant 31 Hampsted St. Methuen, Mass

617-688-1066 - 89-J-4 Reservoir Rd. Date

Mailing Address

Address of Proposed Site Peaks 1st.

Proposed Use of Site single family

Site Identifier(s) from Assessors Maps.

29,680 sq ft. 22 x 32

Zoning of Proposed Site

Acreage of Site / Ground Floor Coverage

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

Proposed Number of Floors 1 1/2

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

Total Floor Area

Planning Board Action Required: () Yes (X) No

Other Comments:

Date Dept. Review Due:

RECEIVED
APR 23 1987

PUBLIC WORKS DEPARTMENT REVIEW

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

(Date Received)

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	S' EWALKS	OTHER
APPROVED	✓	✓					✓		✓	✓	✓	✓			
APPROVED CONDITIONALLY															
DISAPPROVED															✓

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: 1) Reservoir Road is an unaccepted gravel street.

(Attach Separate Sheet if Necessary)

RECEIVED
APR 23 1987

Signature of Reviewing Staff: [Signature]
DATE: 4/22/87

SIGNATURE OF REVIEWING STAFF / DATE

PUBLIC WORKS DEPARTMENT COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 21, 1988, 19
 Receipt and Permit number 2-92-55

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 J. A. Reservoir Rd. Peaks Island
 OWNER'S NAME: Rodger Cassidy ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>31-60</u>	<u>5.00</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL <u>1-10</u>	<u>3.00</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) <u>1</u>	<u>3.00</u>
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric - Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>2</u>	<u>3.00</u>
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b)
 TOTAL AMOUNT DUE: 14.00

INSPECTION:
 Will be ready on _____, 19__; or Will Call
CONTRACTOR'S NAME: William Flynn
ADDRESS: Peaks Island
TEL: 766-2780
MASTER LICENSE NO.: 4548 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

901847

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED AUG 30 1990 City of Portland

Portland, Maine, 8/28/90

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

89-3-4 Peaks Island
Location: 41 Reservoir Rd.
Name and address of owner of appliance: Roger Cassidy, 31 Hampstead St, Methuen, MA
Installer's name and address: David Martineau, 31 Jeffrey St, Methuen, MA 01844
Telephone: 11844
General Description of Work: To install oil-fired water heat & oil-fired furnace.

IF HEATER, OR POWER BOILER

Location of appliance: cellar
Any burnable material in floor surface or beneath? no
Kind of fuel: #2 fuel
Minimum distance to burnable material, from top of appliance or casing top of furnace: 18 inches
From top of smoke pipe: 8 inches
From front of appliance: 4 ft.
From sides or back of appliance: 4 ft.
Size of chimney flue: 8 inch
Other connections to same flue: one 6 inch
Rate of maximum demand per hour: 75 g/hr
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner: Wayne MSR
Labeled by underwriters' laboratories? yes
Will operator be always in attendance? no
Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner: cement
Size of vent pipe: 6 inch
Location of oil storage: rt. rear of cellar
Number and capacity of tanks: one 275-gal
Low water cut off: M.C. Wayne No. L893440366
Will all tanks be more than five feet from any flame? yes
How many tanks enclosed? 87051707
Total capacity of any existing storage tanks for fuel oil burners: 275 gallons

IF COOKING APPLIANCE

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

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

new system - estimated /w/ 2000
David Martineau - Master #219642
oil burner
1. FILL PIPE
2. 1 1/4 VENT PIPE
3. Kind of heat
4. Burner rigidity & support
5. Name & Label
6. Remote control
7. High limit control
8. Main cutoff switch
9. Low water cutoff
10. High limit control
11. Piping support & protection
12. Valves in supply line
13. Capacity of tanks
14. Tank rigidity & support
15. Oil drain
16. Ignition gear
17. Oil leak
18. Adsque to ventilation
19. Smoke pipes to combustion
20. Thermal control or shut

Amount of fee enclosed: \$30

APPROVED [Signature]

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

INSPECTION FILE APPLICANT'S COPY ASSESSOR'S COPY

27 MR. Addgt



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION Reservoir Rd. - Peaks Island

Issued to Roger Cassidy, Jr.

37-104
Date of Issue 3/29/91

It is hereby certified that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 37/0493 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below:

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single-family dwelling

Limiting Conditions:

This certificate supersedes
certificate issued:

Approved:

(Date)

Inspector

Inspector of Buildings

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

0 483

March 30, 1987

PERMIT BUILDING PERMIT APPLICATION **Portland** (Previous permit)

APPLICANT FILL OUT I - XVIII AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 89-J-4 Reservoir Rd. Peaks Isl. 617-
Owner or lessee's name Roger Cassidy Jr. Tel. 688-1066
Address 31 Hampsted St. Methuen, Mass 01844

Contractor's name Owner Tel. _____
Address _____

Subcontractors: _____
PERMIT ISSUED
MAY 6 1987
City Of Portland

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
Name _____
Lot _____
Block _____
Bk & pg. Reg./deeds _____
Date recorded _____

III. PROPOSED USE: (CODE: If other, explain) _____ Seasonal _____ Condominium/ Apartment _____
101 - single family dwelling

IV. PAST USE: _____

V. OWNERSHIP: PUBLIC (Federal/State/local government) _____ and PRIVATE (Individual/corp/nonprofit) _____

VI. DESCRIPTION OF WORK:

minor siteplan review - To construct single family dwelling 22 x 32
And Bldg. Permit.

VII. BUILDING DIMENSIONS: length 22 width 32 square footage 704 height 18 #stories 1 1/2

VIII. EST. CONSTRUCTION COST: 45,000 IX. GR. SQ. FT. OF LAND: 29,000 BUILDING _____

X. RESIDENTIAL BUILDINGS ONLY: _____ BEDROOMS: _____
NEW DWELLING UNITS WITH: _____
EXISTING DWELLING UNITS WITH: _____
XI. RESIDENTIAL UNITS: _____
NEW DWELLINGS: _____
EXISTING DWELLINGS: _____
NET RESIDENTIAL UNITS: _____

XII. SIGNATURE OF APPLICANT: Roger Cassidy Jr. DATE: 10/28/87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT TR-1 STREET FRONTAGE _____
SETBACKS: front _____ back _____ side _____ side _____
ZONING BOARD APPROVAL: no yes (date) _____
PLANNING BOARD APPROVAL: no yes (date) _____

XIV. OFFICE USE: _____
TAX MAP: _____
LOT: _____
VALUE/STRUCTURE: _____
PERMIT EXPIRATION: _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt. _____
special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) _____ DATE _____

XVII. FEES:
base fee _____
subdivision fee _____
site plan review fee 50.00
other fees _____
late fee _____
TOTAL 245.00

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:
Turner O.K. see site plan. R/C
[Signature]
PERMIT ISSUED WITH LETTER

1. WATER SUPPLY public private
2. SEWER public private, type septic
3. HEAT type forced hot water
4. FOUNDATION type _____
thickness _____ footing _____
5. ROOF type _____ pitch _____
covering _____ load _____
6. PLUMBING * tubs _____ * showers _____
* lavatories _____ * laundry tubs _____
* flushes _____ * other _____
SPRINKLER SYSTEM? yes no
7. ELECTRICAL service entrance size _____
* smoke detectors _____

8. CHIMNEY * flues _____ * fireplaces _____
material _____
9. FRAMING: floor joists _____
size _____ max. on centers _____
ceiling joists _____
rafters _____
studs _____
wall studs _____
10. If 1-story building w/ masonry walls:
wall thickness _____ height _____
11. BEDROOM WINDOWS
height _____ width _____ sill height _____
egress window? yes no

PLOT PLAN/DETAILS OF WORK ON REVERSE

White - Municipal Office
Green - Applicant
Yellow - CEO
Pink - Tax Assessor
Gold - GPCOG

PERMIT ISSUED WITH LETTER

WITH LETTER

[Signature]



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

May 5, 1987

Mr. Roger Casady, Jr.
31 Hampsted Street
Methuen, MA 01844

Re: 89-J-4 Reservoir Road; Peaks Island, ME

Dear Sir:

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

Site Plan Requirements

Inspection Services	Approved	W. J. Turner	05/05/87
Public Works	Approved with conditions		
Reservoir Road is an unaccepted gravel street.			
		R. J. Eoy	04/22/87

Building Code Requirements

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection.
2. Your plan doesn't show type of foundation. The Portland Building Code requires 12" block wall 4" below grade - 8" frost wall 4" below grade or a 10" regular foundation.
3. Please read and implement items 5 and 6 of attached work sheet.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/ksc

BUILDING PERMIT REPORT

DATE: 5/14/67

ADDRESS: 8925-4 Reservoir Rd. P.T.

REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: Roger Cassidy, Jr.

CONTRACTOR: ll

PERMIT APPLICANT: ll

APPROVED: 5-6 DENIED

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.) Each apartment shall be equipped with an approved single station smoke detector powered by the house current. The detector shall be located in an area which will provide protection for the sleeping areas.
- 4.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- ~~5.)~~ Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).

*6.) In addition to any automatic fire alarm system required by Sections 1716.3.2 and 1716.3.3, 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).

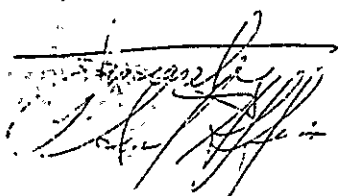
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

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.

7.) 608.1 Attached garages: 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 (102mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

608.1.1 Separation by breezeway: A garage separated by a breezeway not less than 10 feet (3048mm) in length from a building of Use Group R-3 may be of type 5B construction, but the junction of the garage and breezeway shall be fire-rated to comply with the requirements of Section 1420.0.



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **RESEPOIR ROAD**

Subdivision Lot #: **TAX MAP 89 BLOCK J LOT 4**

PROPERTY OWNERS NAME

Last: **CASSIDY** First: **ROGER JR.**

Applicant Name: **ROGER CASSIDY JR**

Mailing Address of Owner/Applicant (if Different): **31 HAMPSTEAD ST. METHUEN MASS. 01844**

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ Date: _____

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached hereto 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.

Caution: Inspection Required

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

PERMIT INFORMATION

Local Plumbing Inspector Signature: _____ Date Approved: _____

THIS APPLICATION IS FOR:

1. NEW SYSTEM
2. REPLACEMENT SYSTEM
3. EXPANDED SYSTEM
4. SEASONAL CONVERSION
5. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED
2. NEW SYSTEM VARIANCE
Attach New System Variance Form
3. REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
4. Requires only Local Plumbing Inspector Approval
5. Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1. NON ENGINEERED SYSTEM
2. PRIMITIVE SYSTEM
(Includes Alternative Toilet)
3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)
5. HOLDING TANK
6. ALTERNATIVE TOILET (ONLY)
7. NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ENGINEERED DISPOSAL AREA (ONLY)
9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

1. BED
2. CHAMBER
3. TRENCH
4. OTHER _____

DISPOSAL SYSTEM TO SERVE:

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

SPECIFY

TYPE OF WATER SUPPLY

PUBLIC WATER

SIZE OF PROPERTY: 29,068 S.F.

ZONING: IR 1

TREATMENT TANK

1. SEPTIC: Regular Low Profile
2. AEROBIC

SIZE: 1000 GALS

WATER CONSERVATION

1. NONE
2. LOW VOLUME TOILET
3. SEPARATED LAUNDRY SYSTEM
4. ALTERNATIVE TOILET

SPECIFY

PUMPING

1. NOT REQUIRED
2. MAY BE REQUIRED
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
3. REQUIRED

DOSE: _____ GALS

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

2 BEDROOM CONSERVATIVE 300

LOW VOLUME TOILET -30

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 4 CONDITION: C

DEPTH TO LIMITING FACTOR: 33

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL
2. MEDIUM
3. MEDIUM-LARGE
4. LARGE
5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. BED 700 Sq Ft
2. CHAMBER _____ Sq Ft
3. TRENCH _____ Linear Ft
4. OTHER _____

SITE EVALUATOR STATEMENT

On MAY 10 1986 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

SITE EVALUATION WANTED BY LOCAL OPTION

William B. Goodrum 0003/4814 7/7/86

Site Evaluator or Professional Engineer's Signature SEP/PEP Date

* Local Plumbing Inspector's 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

RESERVOIR RD 89-J-4

Department of Health Engineering

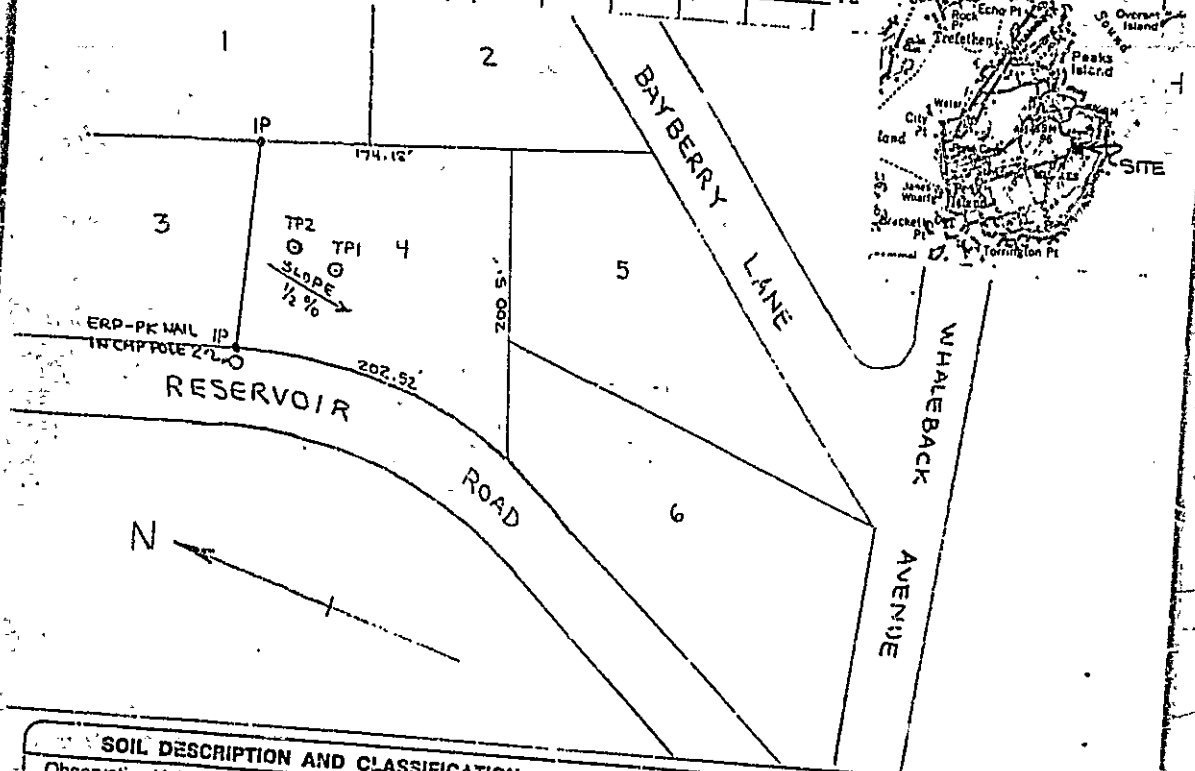
Division of Health Engineering

Owners Name
ROGER CASSIDY JR.

SITE PLAN

Scale 1" = 100' FL

SITE LOCATION PLAN (Attach)



SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole 2 SOD Test Pit Boring

(Location of Observation Holes Shown Above)

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0-5	GRAVELLY LOAM		DARK BROWN	
5-10	LOAMY GRAVEL		BROWN	
10-20				NONE
20-30	STRATIFIED COARSE & MEDIUM GRAVEL	LOOSE	YELLOW BROWN	
30-40				FEW
40-50			YELLOW	COMMON

Soil Profile: <u>4</u>	Classification: <u>C</u>	Slope: <u>0.5%</u>	Limiting Factor: <u>32</u>	<input checked="" type="checkbox"/> Organic Layer <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock
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Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0-5	GRAVELLY LOAM		DARK BROWN	
5-10	LOAMY GRAVEL		BROWN	
10-20				NONE
20-30	STRATIFIED COARSE & MEDIUM GRAVEL	LOOSE	YELLOW BROWN	COMMON
30-40	SAND		YELLOW	FEW
40-50	CLAYEY SAND	FIXABLE	GRAY	COMMON

Soil Profile: <u>4</u>	Classification: <u>C</u>	Slope: <u>0.5%</u>	Limiting Factor: <u>35</u>	<input checked="" type="checkbox"/> Organic Layer <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock
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William B. Jordan 0003/4814
Site Engineer - Professional Engineer's Signature

7/7/86
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, Co., Plantation

Street, Box, Subdivision

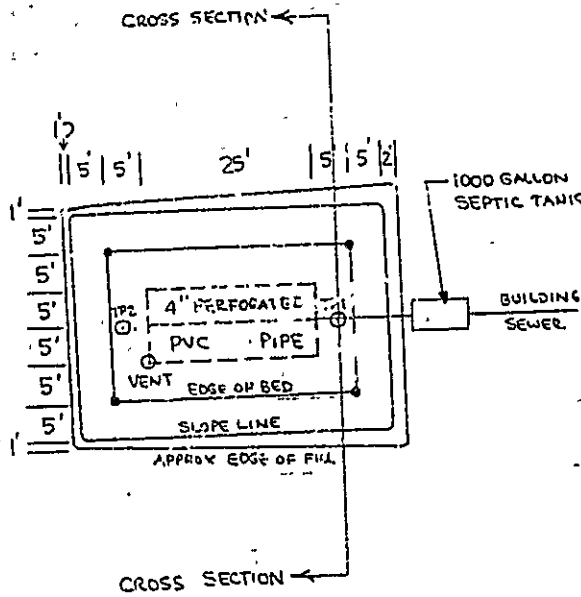
Owners Name

PORTLAND PEAKS ISLAND RESERVOIR RD 89-J-4

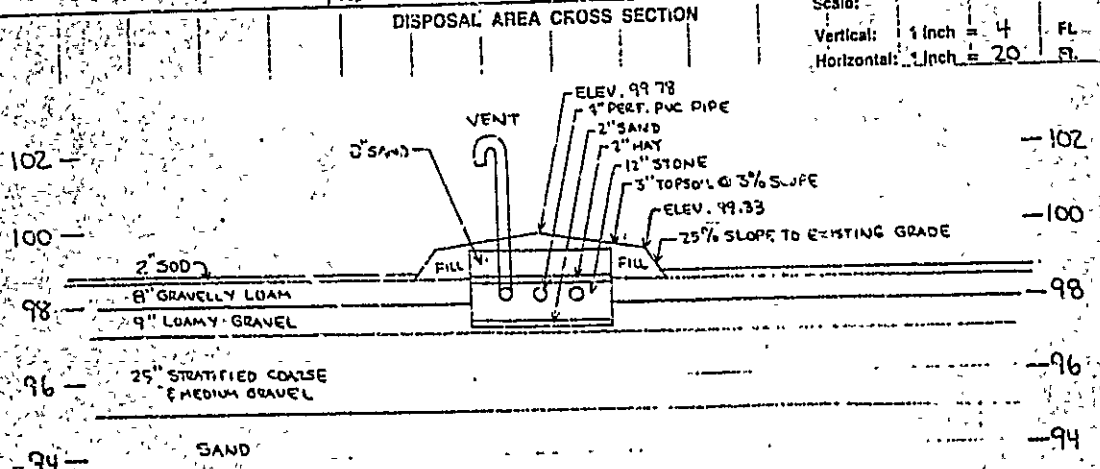
ROGER CASSIDY JR

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	3'	Reference Elevation Is	102.00		P. IN CMP POLE # 2
Depth of Fill (Downslope)	4'	Bottom of Disposal Area	97.33		
		Top of Distribution Lines or Chambers	98.41		



William B. Crookman
 State Evaluator or Professional Engineer's Signature

0023 / 4814
 SE # / PE #

7/7/86
 Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **RESERVOIR ROAD**

Subdivision/Lot #: **TAX MAP 871 BLOCK J LOT 4**

PROPERTY OWNERS NAME

CASSIDY ROGER JR

Last: **ROGER JR** First: **CASSIDY JR**

Applicant Name: **ROGER CASSIDY JR**

Mailing Address of Owner/Applicant (if Different): **31 HAMPSTEAD ST. METHUEN MASS. 01844**

Caution: Permit Required

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

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspector 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]* 7601 Date Approved: **3-26-91**

PERMIT INFORMATION

THIS APPLICATION IS FOR:

NEW SYSTEM

REPLACEMENT SYSTEM

EXPANDED SYSTEM

SEASONAL CONVERSION

EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

NO RULE VARIANCE REQUIRED

NEW SYSTEM VARIANCE
Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form

Requires only Local Plumbing Inspector Approval

Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

NON-ENGINEERED SYSTEM

PRIMITIVE SYSTEM (Includes Alternative Toilet)

ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

TREATMENT TANK (ONLY)

HOLDING TANK

ALTERNATIVE TOILET (ONLY)

NON ENGINEERED DISPOSAL AREA (ONLY)

ENGINEERED DISPOSAL AREA (ONLY)

SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

BCD TRENCH

CHAMBER OTHER _____

DISPOSAL SYSTEM TO SERVE:

SINGLE FAMILY DWELLING

MODULAR OR MOBILE HOME

MULTIPLE FAMILY DWELLING

OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY

PUBLIC WATER

SIZE OF PROPERTY **ZONING**

29,068 S.F. **IR1**

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 FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

2 BEDROOM

CONSERVATIVE 300

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE / CONDITION

4 / C

DESIGN FLOW FACTOR: **33**

SIZER RATINGS USED FOR DESIGN PURPOSES

SMALL

MEDIUM

MEDIUM-LARGE

LARGE

EXTRALARGE

DISPOSAL AREA TYPE/SIZE

BED **700** Sq Ft

CHAMBER _____ Sq Ft

REGULAR H 20

TRENCH _____ Linear Ft

OTHER _____

LOW VOLUME TOILET - 30

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On MAY 10, 1996 (date) I conducted a site evaluation for this project and certify that the data recorded is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

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

0003/4814
SEP/YPE#

7/7/86
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

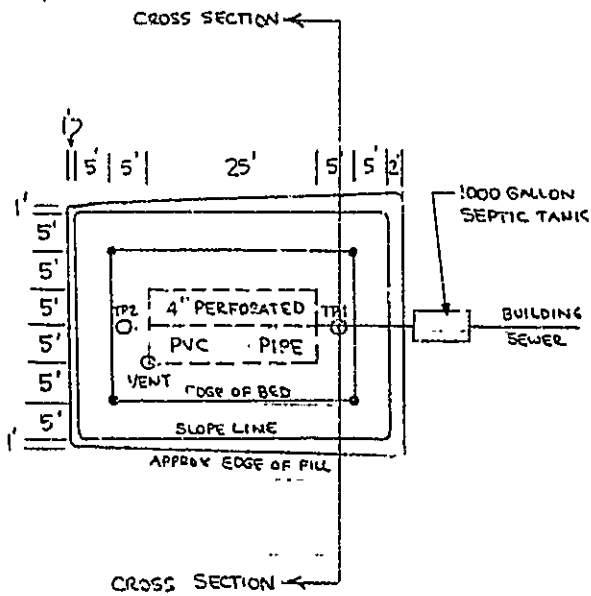
Owners Name

PORTLAND PEAKS ISLAND RESERVOIR RD 89-J-4

ROGER CASSIDY JR

SUBSURFACE WASTEWATER DISPOSAL PLAN

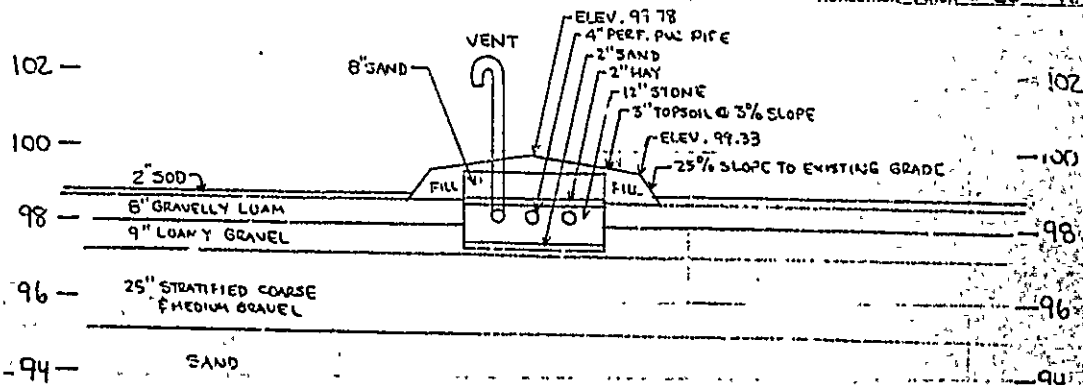
Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	3'	Reference Elevation Is	100.00	PK IN C.R.P. POLE # 2	
Depth of Fill (Downslope)	6'	Bottom of Disposal Area	97.33		
		Top of Distribution Lines or Chamber	98.41		

DISPOSAL AREA CROSS SECTION

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



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

0003 / 4814
SE # PE #

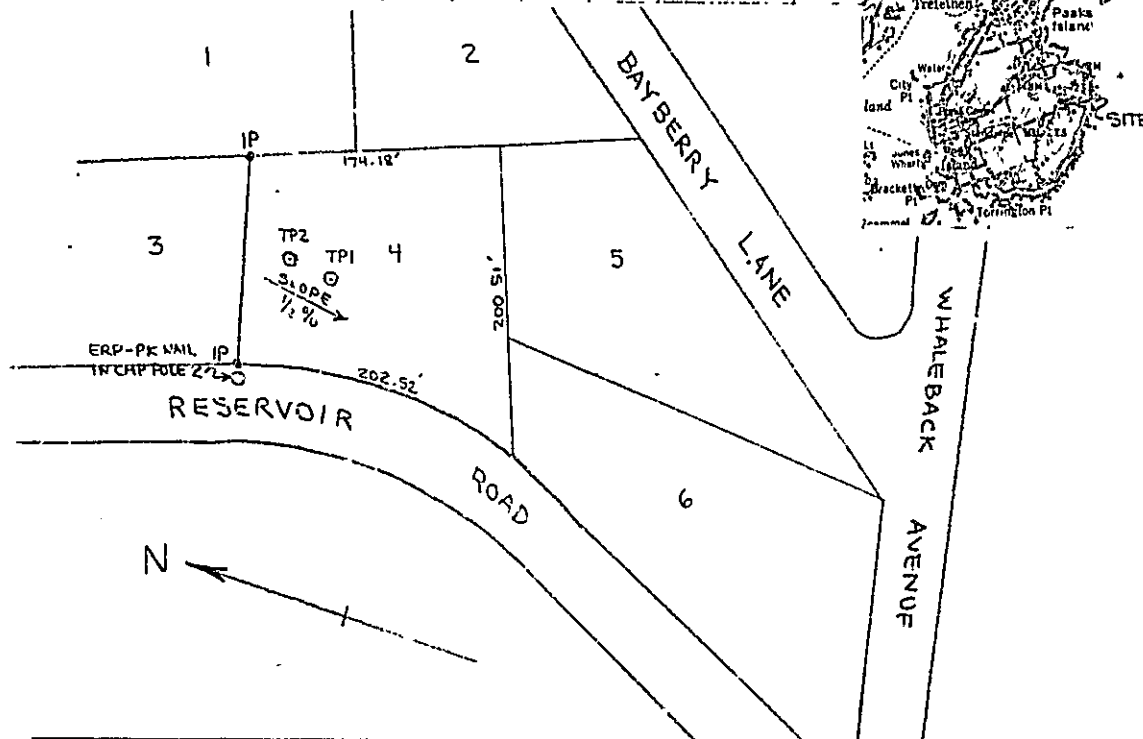
7/7/86
Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND RESERVOIR RD** Street, Road, Subdivision: **89-J-4** Owners Name: **ROGER CASSIDY JR.**



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole 1		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" SOD		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
GRAVELLY LOAM		DARK BROWN	
LOAMY GRAVEL		BROWN	NONE
STRATIFIED COARSE & MEDIUM GRAVEL	LOOSE	YELLOW BROWN	FEW
SAND		YELLOW	COMMON
Soil Profile: 4	Classification: C	Slope: 0.5%	Limiting Factor: 32
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock			
Observation Hole 2		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" SOD		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
GRAVELLY LOAM		DARK BROWN	
LOAMY GRAVEL		BROWN	
	LOOSE		NONE
STRATIFIED COARSE MEDIUM GRAVEL		YELLOW BROWN	COMMON
SAND		YELLOW	FEW
CLAYEY SAND	RIABLE	GRAY	COMMON
Soil Profile: 4	Classification: C	Slope: 0.5%	Limiting Factor: 33
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock			

William G. Ludwin 0003/4814 7/7/86
 Site Evaluator or Professional Engineer's Signature SEP/PE# Date