

SEASIDE AVENUE
91-5-2 PEAKS ISLAND

Put out upon - Hall out upon -
SUNSHINE
Put out upon - Hall out upon -



APARTMENT HOUSE ZONE
APPLICATION FOR PERMIT

PERMIT ISSUED
Permit No. 1379

Class of Building or Type of Structure Third class

Portland, Maine, November 30, 1942

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to ~~erect~~ move after install the following building structure equipment 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 Seashore Avenue Peaks Island Within Fire Limits? no Dist. No. _____
Owner's or Lessee's name and address Lawrence M. Burke, 24 Glenwood Avenue Telephone 2-7104
Contractor's name and address Perley P. Knight, Peaks Island Telephone _____
Architect _____ Plans filed yes No. of sheets 1
Proposed use of building Storage of tools (in connection with ice business) No. families _____
Other buildings on same lot Ice House
Estimated cost \$ _____ Fee \$ 50

Description of Present Building to be Altered

Material wood No. stories 1 Heat none Style of roof pitch Roofing asphalt
Last use 1 car garage (Arthur G. Libby) Est. Mary W. Wheeler No. families _____

General Description of New Work

To move building 10' x 18' from 70 W-2 Skillings Avenue to location as shown on plan

THIS PERMIT DOES NOT INCLUDE THE
RIGHT TO MOVE ANY BUILDING THROUGH
THE PUBLIC STREETS OF THIS CITY

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by the heating contractor.

NOTIFICATION BEFORE LATITUDE
ON CLOSING IS WAIVED.

Details of New Work

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

Is any plumbing work involved in this work? _____
Is any electrical work involved in this work? _____ Height average grade to top of plate _____
Size, front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
To be erected on solid or filled land? solid earth or rock? earth
Material of foundation cedar posts Thickness, top _____ bottom _____ cellar _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof _____ Rise per foot _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____
Framing lumber--Kind _____ Dressed or full size? _____
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. Laid 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
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 Lawrence M. Burke

ORIGINAL

2-578D

Permit No

12/1379

Location

Shillings Ave
Seashore Avenue, Peaks Island

Owner

Lawrence M. Eurye

Date of permit

11/30/42

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

NOTES

71

6

7



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

(3D CLASS BUILDING)

Portland, Me., July 28, 1919 19

To THE
INSPECTOR OF BUILDINGS

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

Location Stilling Avenue, Peaks Island Wd. 1

Name of owner is? Mrs Mary Wheeler Address Peaks Island

Name of mechanic is? Raymond Wheeler " " " "

Name of architect is? _____ " " " "

Proposed occupancy of building (purpose)? private garage

If a dwelling or tenement house, for how many families? _____

Are there to be stores in lower story? _____ No. _____

Size of lot, No. of feet front? 22ft; No. of feet rear? _____; No. of feet deep? 30ft

Size of building, No. of feet front? 10ft; No. of feet rear? _____; No. of feet deep? 18ft

No. of stories, front? 1 " " " "

No. of feet in height from the mean grade of street to the highest part of roof? 11ft

Distance from lot lines, front? _____ feet; side? _____ feet; side? _____ feet; rear? _____ feet

Firestop to be used? 6 ft from all lot lines and 12 ft from any building

Will the building be erected on solid or filled land? _____

Will the foundation be laid on earth, rock or piles? _____

If on piles, No. of rows? _____ distance on centres? _____ length of? _____

Diameter, top of? _____ diameter, bottom of? _____

Size of posts? _____

" girts? _____

" floor timbers? 1st floor earth 2d _____ 3d _____ 4th _____

O. C. " " " " " " " "

Span " " " " " " " "

Braces, how put in? _____

Building, how framed? _____

Material of foundation? _____ thickness of? _____ laid with mortar? _____

Underpinning, material of? posts 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? _____ Will the flues be lined? _____

Will the building conform to the requirements of the law? yes

No. of brick walls? _____ and where placed? _____

Means of egress? _____

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK.

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

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 stepladder to roof? _____

Estimated Cost,
\$ 125.

Signature of owner or authorized representative,

Raymond Wheeler
Address, Pleasant Ave Peaks Island

Plans submitted? _____ Received by? _____

91-D-2 SEASHORE AVENUE PEAKS ISLAND



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 457

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE May 2 1984

MAY 4 1984

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 87-D part of Lot 4 Seashore Ave., Peaks Isl., Fire District #1 #2

1. Owner's name and address Richard & Kathleen Reed Box 33 Peaks Isl., Telephone 766-2425

2. Lessee's name and address Telephone 04108

3. Contractor's name and address Brian Haddock 13 Wigton, Maine carpenter telephone Owner: general contractor

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 \$ 50,000

FIELD INSPECTOR - Mr. @ 775-5451

Appeal Fees \$ Base Fee 260.00 Late Fee TOTAL \$ 260.00

To construct single family year round dwelling 24' x 36', no garage as per plans. 6 sheets of plans

Stamp of Special Conditions

send permit to # 1 04108

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

DETAILS OF NEW WORK

Is an, plumbi voived 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? will call Form notice sent?
Height average grade to top of plate 9' Height average grade to highest point of roof 21'
Size: front 36' depth 24' No. stories 1.5 solid or filled land? full earth or rock? earth
Material of foundation concrete block Thickness, top 8" bottom 8" cellar full
Kind of roof pitch Rise per foot 12/12 Roof covering asphalt shingles
No. of chimneys Material of chimneys metal of lining Kind of heat elec fuel
Framing Lumber - Kind SPUNK Dressed or full size? Corner posts Sills 2 x 6
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 3 feet
Joists and rafters: 1st floor 2 x 10 2nd 3rd roof 2 x 10
On centers: 1st floor 16 2nd 3rd roof 24
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 repair be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION - PLAN EXAMINER
ZONING
BUILDING CODE
Fire Dept.
Health Dept.
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street? NO
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 Applicant Richard Reed Phone # 5810
Type Name of above Richard Reed

Other and Address

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 269-3826

TOWN OR PLANTATION Berkshire Hathaway

SUBDIVISION LOT # 91-01-2 skelton

PROPERTY OWNERS NAME

Last: McTigue First: Robert

APPLICANT NAME See

MAILING ADDRESS OF OWNER/APPLICANT (If Different)

FORTLAND PERMIT # 2,457 TOWN COPY

PL 84-871 \$ 1122 FEE if Code Fee Charged

Robert McTigue L.P.I. # 123

Local Plumbing Inspector Signature

Owner/Applicant Statement

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

Robert McTigue 9-4-87
Signature of Owner/Applicant Date

Caution: Inspection Required

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

_____ AUG 18 1987
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	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 EMPLOYE'S
		5. <input checked="" type="checkbox"/> PROPERTY OWNER
		LICENSE # _____

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.	1	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR HOOK-UP: to an existing subsurface wastewater disposal system.	1	Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator		Dish Washer
Number of Hook-Ups & Relocations		Dental Cusp/dor		Garbage Disposal
		Bidet		Laundry Tub
Hook-Up & Relocation Fee	1	Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			1	Fixtures (Subtotal) Column 2
			7	TOTAL FIXTURES
			\$ 27	Fixtures (Subtotal) Column 1
			\$	Fixtures (Subtotal) Column 2
			\$ 27	TOTAL FIXTURES

TOWN COPY

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Baldwin, P.H. 1/1/87
Street: 91-171-2
Subdivision Lot #: Sub 1/1/87

PORTLAND PERMIT # 2,457 TOWN COPY
L.S. # 1871 \$ 1.27 FEE
Local Plumbing Inspector Signature: [Signature] L.P.I. # 123

PROPERTY OWNERS NAME

Last: McTigue First: Robert

Applicant Name: Same

Mailing Address of Owner/Applicant (If Different):

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: 8-4-87

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: _____ Date Approved: AUG 18 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 checked="" type="checkbox"/> PROPERTY OWNER
		LICENSE # _____

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 areas where the connection is not regulated and inspected by the local Sanitary District.	1	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OK HOOK-UP: to an existing subsurface sanitary sewer.	1	Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
PUMP & RELOCATION: of sanitary line, drains, and piping without fixtures.		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
Number of Hook-Ups & Relocations		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Fixtures (Subtotal) Column 2: 8
 Fixtures (Subtotal) Column 1: 1
 Hook-Up & Relocation Fee: \$ 27.00
 Total Fee: \$ 27.00

TOWN COPY

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant Robert McTigue Date May 19, 1987
 Mailing Address Brackett Avenue, Peaks Island, 04108 Address of Proposed Site 91-D-1 2 Seashore Avenue, Peaks Island
 Proposed Use of Site single family seasonal dwelling Site Identifier(s) from Assessors Maps 91-D-1, 2 and 91-G-31
 Acreage of Site 1 / 720 G. unrv Floor Coverage Zoning of Proposed Site IR-1
 Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 1 1/2
 Board of Appeals Action Required: () Yes () No Total Floor Area _____
 Planning Board Action Required: () Yes () No
 Other Comments: _____
 Date of 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: _____

Warren J. Turner June 9, 1987
 SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

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

Date May 19, 1987

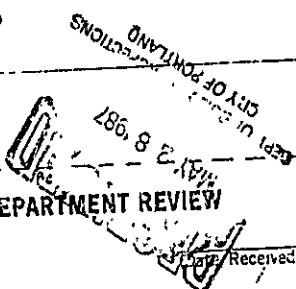
Applicant Robert McHague
 Mailing Address Brackett Avenue, Peaks Island, 04108
 Proposed Use of Site single family seasonal dwelling
 Acreage of Site 720 / Ground Floor Coverage

Address of Proposed Site 91-D-1 2 Seashore Avenue Peaks Island
91-D-1, 2 and 91-G-31
 Site Identific (s) from Assessors Maps 1R-1
 Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No

Proposed Number of Floors 1 1/2
 Total Floor Area _____

Other Comments: _____
 Date Dept. Review Due: _____



PUBLIC WORKS DEPARTMENT REVIEW

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER
APPROVED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
APPROVED CONDITIONALLY															
DISAPPROVED															

CONDITIONS SPECIFIED BELOW
 REASONS SPECIFIED BELOW

REASONS: _____

(Attach Separate Sheet if Necessary)

Robert J. Payne 5/27/87
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 91-D-1 2 Seaside Ave., Peaks Island
Date of Issue August 25, 1937

Is used to Bob McTigue

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. 877681, 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 seasonal dwelling

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

E. J. [Signature]
(Date)

Inspector

[Signature]
Inspector of Building

Notice: This certificate identifies lawful 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.

Applicant: Robert McTigue Date: June 9, 1987

Address: Seashore Ave, & Belvidere Rd

Assessors No.: 91-D-1, 2 and 91-G-31

(Formerly Ed Casey's
Land)

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - IR-1 Island Residence Zone

Interior or corner lot - Corner

Use - single family seasonal dwelling

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 - 61,332 sq ft Total (2 parcels) 24,786

Building Area - 720 sq ft 24,010

Area per Family - 60,000 sq ft 12,436

Width of Lot - 300' 61,332 sq ft

Lot Frontage - 300+'

Off-street Parking - O.K.

Loading Bays - NA

Site Plan -

Shoreland Zoning -

Flood Plains -

Soil Test Results are enclosed for this proposed dwelling septic field will be across Belvidere from the proposed dwelling



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

June 10, 1987

Mr. Robert McTigue
Brackett Avenue
Peaks Island, ME 04108

Re: 91-D-1 2 Seashore Avenue, Peaks Island

Dear Sir:

Your application to construct a 24' x 30' 1½ story seasonal dwelling without garage has been reviewed and a building permit is herewith issued subject to the following requirements:

Site Plan Requirements

Inspection Services	Approved	Mr. W. J. Turner	6/9/87
Public Works	Approved	Mr. R. J. Roy	5/21/87

Building Code Requirements

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection.
2. Please read and implement items 5, 6 and section 827.2, 827.3, and 827.4 of attached work sheet.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

Attachment

cc: R. Roy, Public Works

/ksc

PERMIT # BUILDING PERMIT APPLICATION **Portland** (Previous permit: #.....)

APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
 7 **681** Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION
 Location/address of construction 91-D-1 2 Seashore Ave., Peaks Island
 Owner or lessee's name Robert McTigue Tel 766-2676
 Address Brackett Ave., Peaks Island 04108
 Contractor's name McTigue Construction Tel Same
 Address Same

Subcontractors: Casco Bay Plumbing and Heating
William Flynn
 JUN 15 1987
 City of Portland

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

III. PROPOSED USE: CODE 101 If other, explain _____ Seasonal Condominium Apartment

IV. PAST USE: Vacant Lot

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

VI. DESCRIPTION OF WORK:
 To build 24' X 30' - 1 1/2 story seasonal dwelling without garage
 As per plans
 Minor-Minor Site Plan Review
 Owner Permit

VII. BUILDING DIMENSIONS: length 30' width 24' square footage 720 height 20 *stories 1 1/2

VIII. EST. CONSTRUCTION COST: 25,000 **IX. GR. SQ. FT. OF LAND:** 48796 **BUILDING:** 1000 sq. ft.

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

XII. SIGNATURE OF APPLICANT: Robert T. McTigue DATE May 19, 1987

DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT <u>IR-1</u> STREET FRONTAGE _____ SETBACKS: front _____ back _____ side _____ side _____ ZONING BOARD APPROVAL: no <input checked="" type="checkbox"/> yes <input type="checkbox"/> (date) _____ PLANNING BOARD APPROVAL: no <input checked="" type="checkbox"/> yes <input type="checkbox"/> (date) _____	XIV. OFFICE USE: TAX MAP: <u>100-91</u> LOT: <u>1</u> and <u>2</u> VALUE/STRUCTURE: <u>25,000</u> PERMIT EXPIRATION: _____
--	---

IV. 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..... 50.00
 Minor/Minor site plan review fee.....
 other fees..... 145.00
 late fee.....
 TOTAL..... 195.00

XVIII. SPACE FOR FIGURING (ADDITIONAL COMMENTS):
O.K. No. Turner June 9, 1987

PERMIT ISSUED WITH LETTER

1. WATER SUPPLY <input checked="" type="checkbox"/> public <input type="checkbox"/> private 2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type _____ 3. HEAT type _____ fuel _____ 4. FOUNDATION type _____ thickness _____ footing _____ 5. ROOF type _____ pitch _____ covering _____ load _____ 6. PLUMBING * tubs _____ * showers _____ * lavatories _____ * laundry tubs _____ * flushes _____ * other _____ SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no 7. ELECTRICAL service entrance size _____ * smoke detectors _____ NUMBER OF OFF-STREET PARKING SPACES: enclosed _____ outdoors _____	8. CHIMNEY 1 * flues _____ * replaces _____ material _____ cement /clay flue _____ 9. FRAMING: floor joists _____ 2 X 10 16 size max. on centers ceiling joists 2 X 10 rafters 2 X 8 studs 2 X 6 wall studs 2X4 & 2X6 10. If 1-story building w/ masonry walls. wall thickness _____ height _____ 11. BEDROOM WINDOWS height _____ egress windows? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PLOT PLAN/DETAILS OF WORK ON REVERSE Pink - Tax Assessor Gold - GPCOG
--	---	--

PERMIT ISSUED WITH LETTER

7 Addate

7-29-87 - Found, frame, roof OK.
Closed & set. Not on final OK-22
Completed copy. JF/Sig/85

104 22 100

VI. DESCRIBED WORK

AS PER PLAN

APPROVED

DATE

BY

THE DISTRICT ENGINEER

ST. LOUIS, MISSOURI

XV. CONDITIONS

NO. 104 22 100

DATE

BY

THE DISTRICT ENGINEER

ST. LOUIS, MISSOURI

NO.	DESCRIPTION	DATE	BY
1
2
3
4
5
6
7
8
9
10

RECEIVED
AT THE DISTRICT ENGINEER'S OFFICE
ST. LOUIS, MISSOURI

RECEIVED
AT THE DISTRICT ENGINEER'S OFFICE
ST. LOUIS, MISSOURI

St. Louis

913232

Permit # 913232 City of Portland BUILDING PERMIT APPLICATION Fee \$40. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Harry & Mary-Evelyn Phone # 765-5182
Address: 960 Seashore A Hults Peaks Island, ME
LOCATION OF CONSTRUCTION 960 Seashore-Peaks Isl 04108
Contractor: Great Northern Sub: Woodworking Co 761-5971
Address: Box 8105-Pt. 1, ME 04104 Phone # _____
Est. Construction Cost: 3500 Proposed Use: 1-fam w shed
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: Season _____ Condominium _____ Conversion _____
Explain Conversion const shed - 10'x12'

For Official Use Only
Date 11/8/91 Subdivision _____
Inside Fire Limits _____
Bldg Code _____
Type Limit _____
Estimated Cost 3500
Ownership: **CITY OF PORTLAND**

PERMIT ISSUED

NOV 18 1991

Zoning: Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other: W.D. 11-15-91 (Explain)

Foundation: 91-D-1,2
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 _____ Size _____
8. Sheathir _____ Size _____
9. Siding _____ Weather Exposure _____
10. Masonr _____
11. Metal Hat _____

Interior Walls:
1. Studdin _____ Spacing _____
2. Header S _____ Spacing _____
3. Wall Cove _____
4. Fire Wall if _____
5. Other Materials _____

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

Roof: 1. Truss or Rafter Size _____ Span _____ Action Approved.
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
Chimneys: Type _____ Number of Fire Places _____
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 XXX Clise E. Chase
Signature of Applicant David Hinnehan Date 11/8/91
CEO's District 7

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO [Signature]

White - Tax Assessor

Richard Gould



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 91-D-1 2 Seashore Ave., Peaks Island
Date of Issue August 25, 1987

Issued to: Bob McTigue

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. 87/681, 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.

PORION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single family seasonal dwelling

Limiting Conditions:

1 - lawn only

This certificate supersedes certificate issued

Approved: *26 Aug 87* *Adhato*
(Date) Inspector

[Signature]
Inspector of Building

Eagor
O. P. [unclear]

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.



CITY OF PORTLAND, OREGON
Department of Building Inspection

Certificate of Occupancy

LOCATION 91-0-1 2 Seashore Ave., Peaks Island

Issued to Richard Gould

Date of Issue 2/11/71

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. 87 / 681, 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.

PORION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

One-family dwelling

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

2-11-71

(Date)

Inspector

Inspector of Buildings

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

P.O. Box 400 (Rte. 115)
North Windham, Maine 04062
207-892-4485



Office Hours
8:00 AM to 4:00 PM
Mon. - Fri.

McFARLAND ASSOCIATES, INC.
ANALYTICAL LABORATORY
WATER SPECIALISTS

LAB. REF. NO.: 39940
BOTTLE NO.: 2768

CLIENT: NAME: Richard Gould
ADDRESS: 59 Highland St. Portland, Me. 04103
TELEPHONE: 775-6553

WELL LOCATION: NAME OR LOT NO.: same
ADDRESS: 960 Seashore Ave. Peaks Isl., Me. 04108

DESCRIPTION: DEPTH: 240' TYPE: Drilled

DATE & TIME: COLLECTION: 12/16/90 1 COLLECTED BY: client

ARRIVAL: 12/17/90 0810 BOTTLES BY: MAI

EXAMINATION: 12/17/90 1400 EXAM BY: JPB

BACTERIA: TOTAL COLIFORMS: - (COLONIES PER 100ml)

PHYSICAL: COLOR: - (PCU) ODOR: - (T O. NO.)

TURBIDITY: - (NTU) HARDNESS: - (mg/L CaCO₃)

TOTAL DISSOLVED SOLIDS: - (mg/L.)

CHEMICAL: pH: -

AMMONIA-N: - (mg/L) COPPER: - (mg/L)

NITRATE-N: - " IRON: 0.12 "

NITRITE-N: - " MANGANESE: - "

CHLORIDE: - " CHLORINE: - "

COMMENTS: EXCELLENT() SATISFACTORY() SATISFACTORY WITH NOTATIONS()
UNDESIRABLE() UNSATISFACTORY() INCOMPLETE()

Iron test only.

STATE CERTIFIED ACCEPTED BY EPA - HUD - VA

* While MAI maintains strict quality control to EPA standards, we make no warranty of any kind, either expressed or implied, for the consequences of erroneous test results or typing errors or omissions. Neither MAI nor its employees or agents shall be liable under any claim, charge, or demand whether in contract, tort, or otherwise, for any and all loss, cost, charge, claim, demand, fee, expense, or damage of any nature or kind arising out of, connected with, resulting from, or sustained as a result of any test requested.

< . Less than
> = Greater than
ND = None detected

P.O. Box 400 (Rte. 115)
North Windham, Maine 04062
207-687-4485



Office Hours
8:00 AM to 4:00 PM
Mon. - Fri.

McFARLAND ASSOCIATES, INC.
ANALYTICAL LABORATORY
WATER SPECIALISTS

LAB. REF. NO.: 39903

BOTTLE NO.: 113E

CLIENT: NAME: Richard Gould
ADDRESS: 59 Highland St Portland, Me. 04103
TELEPHONE: 775-6553

WELL LOCATION: NAME OR LOT NO.: same
ADDRESS: 960 Seashore Ave. Peaks Island

DESCRIPTION: DEPTH: 240' TYPE: Drilled

DATE & TIME: COLLECTION: 12/9/90 1600 COLLECTED BY: client

ARRIVAL: 12/10/90 0312 BOTTLES BY: MAI

EXAMINATION: 12/10/90 1200 EXAM BY: JPB

BACTERIA: TOTAL COLIFORMS: 0 (COLONIES PER 100ml)

PHYSICAL: COLOR: < 10 (PCU) ODOR: ND (T.O. NO.)

TURBIDITY: 2.2 (NTU) HARDNESS: 26 (mg/L CaCO₃)

TOTAL DISSOLVED SOLIDS: 46 (mg/L)

CHEMICAL: pH: 6.3

AMMONIA-N: - (mg/L) COPPER: 0.10 (mg/L)

NITRATE-N: 0.309 " IRON: 0.63 "

NITRITE-N: - " MANGANESE: < 0.01 "

CHLORIDE: 12 " CHLORINE: 0 "

COMMENTS: EXCELLENT () SATISFACTORY () SATISFACTORY WITH NOTATIONS ()
UNDESIRABLE () UNSATISFACTORY () INCOMPLETE ()

Excess iron - see note # 7.

STATE CERTIFIED ACCEPTED BY FmHA - HUD - VA
* While MAI maintains strict quality control to EPA standards, we make no warranty of any kind, either expressed or implied for the consequences of erroneous test results or typing errors or omissions. Neither MAI or its employees or agents shall be liable under any claim, charge, or demand whether in contract, tort, or otherwise, for any and all loss, cost, charge, claim, demand, fee, expense, or damage of any nature or kind arising out of, connected with, resulting from, or sustained as a result of any test requested.
< = Less than
> = Greater than
ND = None detected

1. COLIFORM GROUP BACTERIA

SIGNIFICANCE

The coliform group bacteria includes organisms found in the intestinal tract of mammals, birds, fecal organic matter (hay, leaves, wood, etc.) the top 2 to 2 feet of the soil, lakes, ponds, brooks, rivers, drainage and types of vegetables.

Because the organisms can cause some illness, because the presence of coliform organisms in the water suggests that other, more harmful, organisms may be present, water containing more than one coliform group bacteria per 100 ml of sample should not be used for drinking or cooking purposes unless boiled for 5 minutes or disinfected by other means.

DUG WELL

A dug well should have a water-tight lining such as clay tile, concrete tile or concrete to a depth of at least ten (10) feet below the ground surface (a stone lining permits the entrance of noise, wind currents and surface water). The joints between tiles and holes around water pipes must be sealed and the top of the well should extend 2-3 feet above the surrounding ground surface. The area around the well should be built up for drainage and catches should be provided to collect and carry-off any surface water that might collect around the well. The well should be provided with a concrete or metal cover that fits down over the outside edge of the well tile. There should be no opening through the cover (unless it is constructed and sealed to prevent the entrance of water, small animals and/or bird droppings, etc.) and the cover should have a "drip-edge".

Whenever the well, pump or water piping is opened, repaired or altered, the water system should be disinfected. This can be accomplished by mixing chlorine bleach (Clorox, Dazee, etc.) with the water in the well (the recommended dosage can be found in the table below). Once the chlorine solution has been mixed with the well water, open all the faucets, sink-cocks and shower outlets until the odor of chlorine is noted. Then allow the mixture to stand in the system for a few hours. The chlorine mixture should then be flushed from the system using an outside soft-cold and a garden hose. Before submitting a sample of water for analysis, let the water run from the sample faucet for 10 minutes before taking sample and test by smelling to insure that there is no odor of chlorine present.

NOTE: All lake, stream or pond waters used for drinking purposes, need to be continuously and adequately disinfected.

RECOMMENDED CHLORINE DOSAGES USING 5.25% CHLORINE BLEACH

DIAMETER OF WELL	DOSAGE FOR EACH TEN FEET OF DEPTH
2"	4 oz.
4"	2 oz.
6"	4 oz.
8"	7 oz.
12"	1 pint
24"	2 quarts
36"	1 gallon
48"	2 gallons
60"	3 gallons
72"	4 gallons
96"	8 gallons

* PLEASE NOTE :
8 HOURS OF CONTACT TIME
(CLOCK TO WATER) WHILE
IN WELL IS NECESSARY BEFORE
RUNNING WATER INTO
LINES.

8 ounces = 1 cup

2. TURBIDITY, COLOR AND ODOR

SIGNIFICANCE

Although these tests do not directly measure the safety of the water, they do relate to an individual's acceptance of a water. The levels of 5 units of turbidity, 15 units of color, and odor number of 3 are levels which are objectionable to a number of people.

POSSIBLE CORRECTIVE MEASURES

Turbidity and color may be removed by a combination with a chemical flocc, settling, and filtration. Activated carbon cartridge will remove taste and odors by adsorption.

If a supply suddenly develops an offensive odor, discontinue using the water for drinking and cooking purposes until another analysis shows the water is satisfactory for such purposes.

3. CHLORIDES

SIGNIFICANCE

Chlorides in normal ground waters fall in the 1 to 2 milligram per liter (mg/L) range, and in reasonable concentrations, are not harmful to humans. Concentrations of 250 mg per liter of chloride and above give a salty taste to water which is objectionable to many people, and are judged unsatisfactory.

POSSIBLE CORRECTIVE MEASURES

Chlorides may enter ground water from a variety of sources such as natural mineral deposits, sea water infiltration of subterranean water supplies, highways, Michigan and other household waste-water. Concentrations over 20 mg/L suggest the presence of one of the above sources of salt.

One should try to locate and eliminate the sources of chlorides and hope in the time the water will return to its natural state. Chloride removal equipment capable of treating 5 to 10 gallons a day is available for home use, and we suggest you check with a water treatment specialist.

4. NITROGEN COMPOUNDS

SIGNIFICANCE

The compounds of nitrogen are of great interest because of the importance of nitrogen in the life processes of all plants and animals. The nitrate, nitrite and ammonia determinations are of particular interest in identifying possible sources and age of pollution.

NITRATE: Nitrate, in high concentrations, can and do cause methemoglobinemia or so-called blue baby poisoning in infants. Supplies with 10 or more mg of N/L are judged unsatisfactory and are not considered safe for drinking or cooking. It is especially dangerous to children and should never be used in infants formulae.

NITRITE: Nitrite in water poses a greater health hazard, but fortunately it seldom occurs in high concentrations. Waters with nitrite-nitrogen concentrations over 1 mg/L should not be used for infant feeding.

POSSIBLE CORRECTIVE MEASURES

Nitrogen compounds result from drainage from private sewage disposal systems, manure piles, gardens, heavily fertilized land or similar sources of pollution. Once the source of pollution is located and removed, the water may take a number of years to return to normal.

Nitrate removal equipment is available for home use, and we suggest you check with a water treatment specialist.

5. HARDNESS

SIGNIFICANCE

Hard waters are as satisfactory for human consumption as soft waters. But because of their adverse action with soap, and their tendency to produce scale in hot-water pipes, heaters, etc., it may be desirable, from the economic standpoint to install a domestic water softener.

Waters nationwide are classified as follows:

0-75 mg/L of calcium carbonate	Soft
75-150 mg/L of calcium carbonate	Moderately hard
150-375 mg/L of calcium carbonate	Hard
375-up mg/L of calcium carbonate	Very hard

POSSIBLE CORRECTIVE MEASURES

The hardness in water is derived largely from calcium and magnesium dissolved from the soil and rock formations and may be removed by one of several methods - precipitation, ion exchange or a combination.

6. COPPER

SIGNIFICANCE

Iron-sulfur, such as copper is an essential and beneficial element in human metabolism and does not constitute a health hazard but does impart an undesirable taste to water when present in concentrations of 1 to 8 milligrams per liter (mg/L), water is judged undesirable at 1.0 mg/L.

POSSIBLE CORRECTIVE MEASURES

Since copper is not naturally found in Maine's ground waters, but is introduced when acid waters come in contact with copper pipes, this is best eliminated with pH control equipment or changing to plastic pipe.

7. IRON AND MANGANESE

SIGNIFICANCE

Both iron and manganese are highly objectionable constituents in domestic water supplies. Iron and manganese impart a brownish color to laundry and goods and can appreciably affect the taste of beverages, including coffee or tea.

Waters with a combined concentration of iron and manganese greater than 0.5 milligram per liter are considered undesirable.

POSSIBLE CORRECTIVE MEASURES

There are a number of domestic iron and manganese removal units commercially available from water treatment specialists.

8. DETERGENTS

SIGNIFICANCE

A positive detergent test suggests a poorly controlled or located private sewage disposal unit which if not corrected may result in a grossly contaminated water supply.

9. SWIMMING ANALYSIS

The sample submitted is satisfactory for swimming purposes as long as conditions remain the same.

10. OLD SAMPLES

Water samples sitting at the laboratory 30 hours or more after the sampling time will not give a true representation of the bacteriological quality of the water and will be reported without bacteriological analysis.

11. MISCELLANEOUS

Water bottles which are received without the information portion of the form completed, cannot be properly interpreted and will not be interpreted.



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date August 4, 1987
 Receipt and Permit number 22174

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Lot #91-D-1 & 2 Seashore Ave., Peaks Island

OWNER'S NAME: Richard Gould ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>x</u> Switches <u>x</u> Plugmold _____ ft. TOTAL <u>31-60</u>	5.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) <u>6</u>	6.00
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 _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>2</u>	3.00
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	<u>14.00</u>

INSPECTION:

Will be ready on Aug. 4, 1987, or Will Call _____

CONTRACTOR'S NAME: William Flynn

ADDRESS: Centennial St., Peaks Island, ME 04108

TEL.: 766-2780

MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date December 31 19 86
 Receipt and Permit number D 09857

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: 91 D 1&2 Seashore Avenue Peaks Isl.
 OWNER'S NAME: Robert McTigue ADDRESS: Brackett Ave. Peaks Isl.

OUTLETS:			
Receptacles	<u>1-30</u>	Switches _____	Plugmold _____ ft. TOTAL <u>1-30</u> <u>3.00</u>
FIXTURES: (number of)			
Incandescent	_____	Flourescent _____	(not strip) TOTAL _____
Strip Flourescent	_____ ft.	
SERVICES:			
Overhead	<input checked="" type="checkbox"/>	Underground _____	Temporary <input checked="" type="checkbox"/> TOTAL amperes <u>100</u> ... <u>3.00</u>
METERS: (number of)	<u>1</u> <u>.50</u>	
MOTORS: (number of)			
Fractional	_____	
1 HP or over	_____	
RESIDENTIAL HEATING:			
Oil or Gas (number of units)	_____		
Electric (number of rooms)	_____		
COMMERCIAL OR INDUSTRIAL HEATING:			
Oil or Gas (by a main boiler)	_____		
Oil or Gas (by separate units)	_____		
Electric Under 20 kws	_____	Over 20 kws	_____
APPLIANCES: (number of)			
Ranges	<u>1</u>	Water Heaters	<u>1</u>
Cook Tops	_____	Disposals	_____
Wall Ovens	_____	Dishwashers	_____
Dryers	<u>1</u>	Compactors	_____
Fans	_____	Others (denote)	_____
TOTAL	<u>3</u> <u>4.50</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 INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 11.00

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

