

928811

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone _____ Map # _____ Lot# _____

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

Owner: David A. Balise Phone # 508 597 8739
 Address: 7 Todd Dr; Townsend, MA 01469
 LOCATION OF CONSTRUCTION Tolman Rd- Peaks Island
 Contractor: owner Sub 91-C-28
 Address: _____ Phone # _____
 Est. Construction Cost: 300 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: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion const shed - 8'x10'

For Official Use Only
 Subdivision: _____
 Date 6/19/92
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost 300
 Name JUN 22 1992
 Lot _____
 Ownership: CITY OF PEAKS ISLAND

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 (Explain) WAV 06 02 92

Foundation:
 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: _____ Spacing 16" O.C.
 4. Joists Size: _____
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Materials: _____

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

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

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

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved _____
 2. Sheathing Type _____ Size _____ Approves with Conditions _____
 3. Roof Covering Type _____
 Date: 6/19/92
 Signature: [Signature]

Chimneys:
 Type: _____ Number of Fire _____
 Heating:
 Type of Heat: _____

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

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant David A. Balise Date June 19, 1992
Linda A. Balise

CEO's District [Signature]

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO [Signature]

White - Tax Assessor

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		<p style="font-size: 2em; font-weight: bold;">91-E-28</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: center; font-weight: bold;">Caution: Permit Required</p> <table border="0"> <tr> <td>PORTLAND</td> <td>PERMIT # 3,127</td> <td>STATE COPY</td> </tr> <tr> <td>Date Permit Issued</td> <td>10/11/88</td> <td>\$ 19,010.00 FEE</td> </tr> <tr> <td></td> <td></td> <td>Local Plumbing Inspector Signature</td> </tr> </table> </div>	PORTLAND	PERMIT # 3,127	STATE COPY	Date Permit Issued	10/11/88	\$ 19,010.00 FEE			Local Plumbing Inspector Signature
PORTLAND	PERMIT # 3,127		STATE COPY								
Date Permit Issued	10/11/88		\$ 19,010.00 FEE								
			Local Plumbing Inspector Signature								
Town Or Plantation	PORTLAND PEAKS ISLAND										
Street	TOLMAN ROAD										
Subdivision/Lot #	TAX MAP 91 BLOCK E LOT 28										
PROPERTY OWNERS NAME											
BALISE DAVID											
Last:	First:										
Applicant Name: DAVID BALISE											
Mailing Address of Owner/Applicant (If Different)											
7 TODD DRIVE TOWNSEND MASS. 01469											
Owner/Applicant Statement		Caution: Inspection Required									
<p><i>I certify that the information submitted is, to the best of my knowledge and understanding, true and correct and that any false statement is a violation of the Plumbing Inspection Code of the State of Maine.</i></p> <p><i>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</i></p>											
<p><i>David P. Balise</i> 05/11/88</p> <p>Signature of Owner/Applicant Date</p>		<p>Local Plumbing Inspector Signature Date Approved</p>									

PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> SEASONAL CONVERSION <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <input type="checkbox"/> Requires only Local Plumbing Inspector Approval <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval 	<p>INSTALLATION IS COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NGN ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (1 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> ALTERNATIVE TO LET (ONLY) <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>TYPE OF WATER SUPPLY</p> <p>DRILLED WELL</p>
<p>SIZE OF PROPERTY</p> <p>23,465 SF</p>	<p>ZONING</p> <p>IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE 450</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE 4 CONDITION C</p> <p>DEPTH TO LIMITING FACTOR 34</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED _____ Sq. Ft. <input checked="" type="checkbox"/> CHAMBER 525 Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW: 405 (GALLONS/DAY)</p> <p>LOW VOLUME TOILET 45</p>

SITE EVALUATOR STATEMENT USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WANTED BY LOCAL OPTION

On August 26 1988 (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.

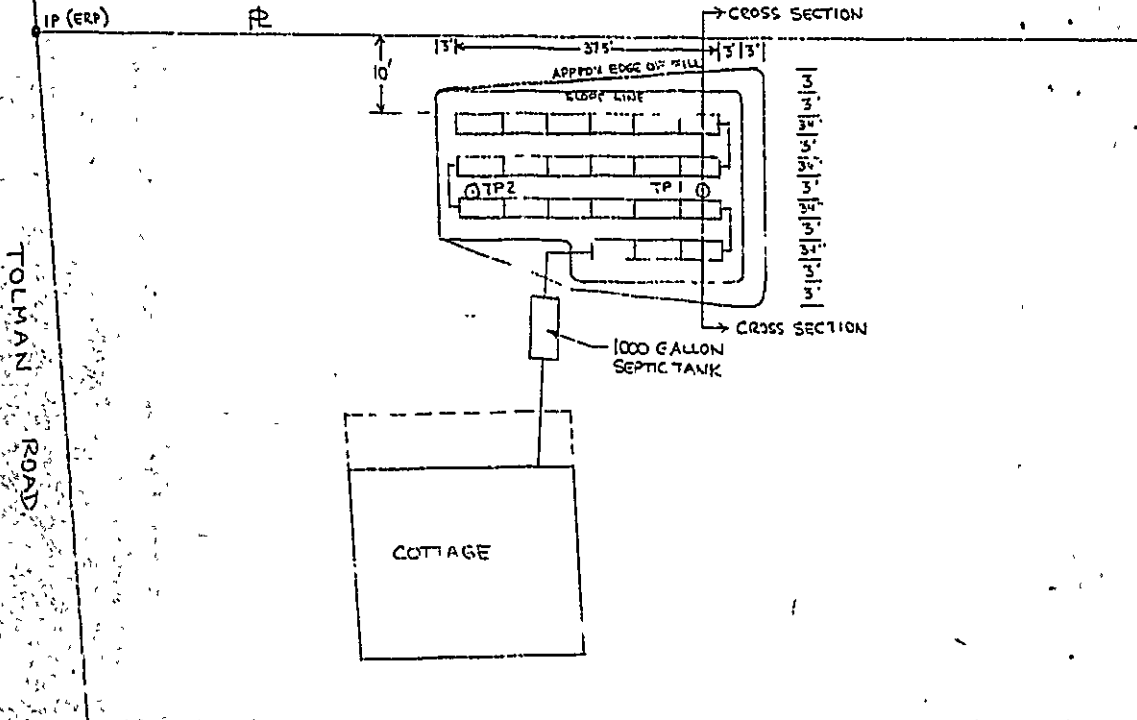
William R. Goodhue 0003/4814 8/1/87

Site Evaluator or Professional Engineer's Signature SE# / PE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

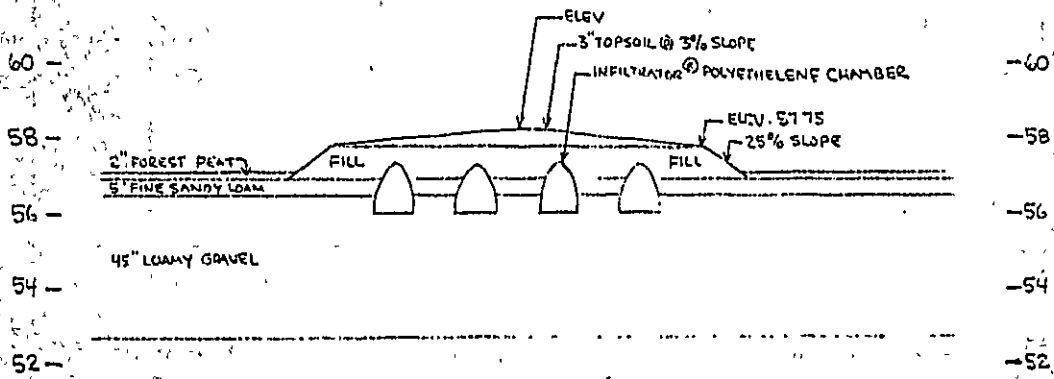
Town, City, Plantation PORTLAND PEAKS ISLAND TOLMAN ROAD	Street, Road, Subdivision 91-E-28	Owners Name DAVID BALISE
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>0</u>	Reference Elevation is <u>60.40</u>	TOP OF IRON PIPE SOUTH EAST CORNER OF LOT
Depth of Fill (Downslope) <u>9</u>	Bottom of Disposal Area <u>56.00</u>	
	Top of Distribution Lines or Chambers <u>57.25</u>	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4 Ft.
Horizontal: 1 Inch = 10 Ft.



<i>William B. Goodwin</i> Site Evaluator or Professional Engineer's Signature	0003/4814 SE # / PE #	9/1/87 Date	Page 3 of 3 HSE-200 Rev. 4/83
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND TOLMAN ROAD** Street, Road, Subdivision: **91-E-28** Owners Name: **DAVID BALISE**

SITE PLAN Scale 1" = 40 Ft.

SITE LOCATION PLAN (Attach)

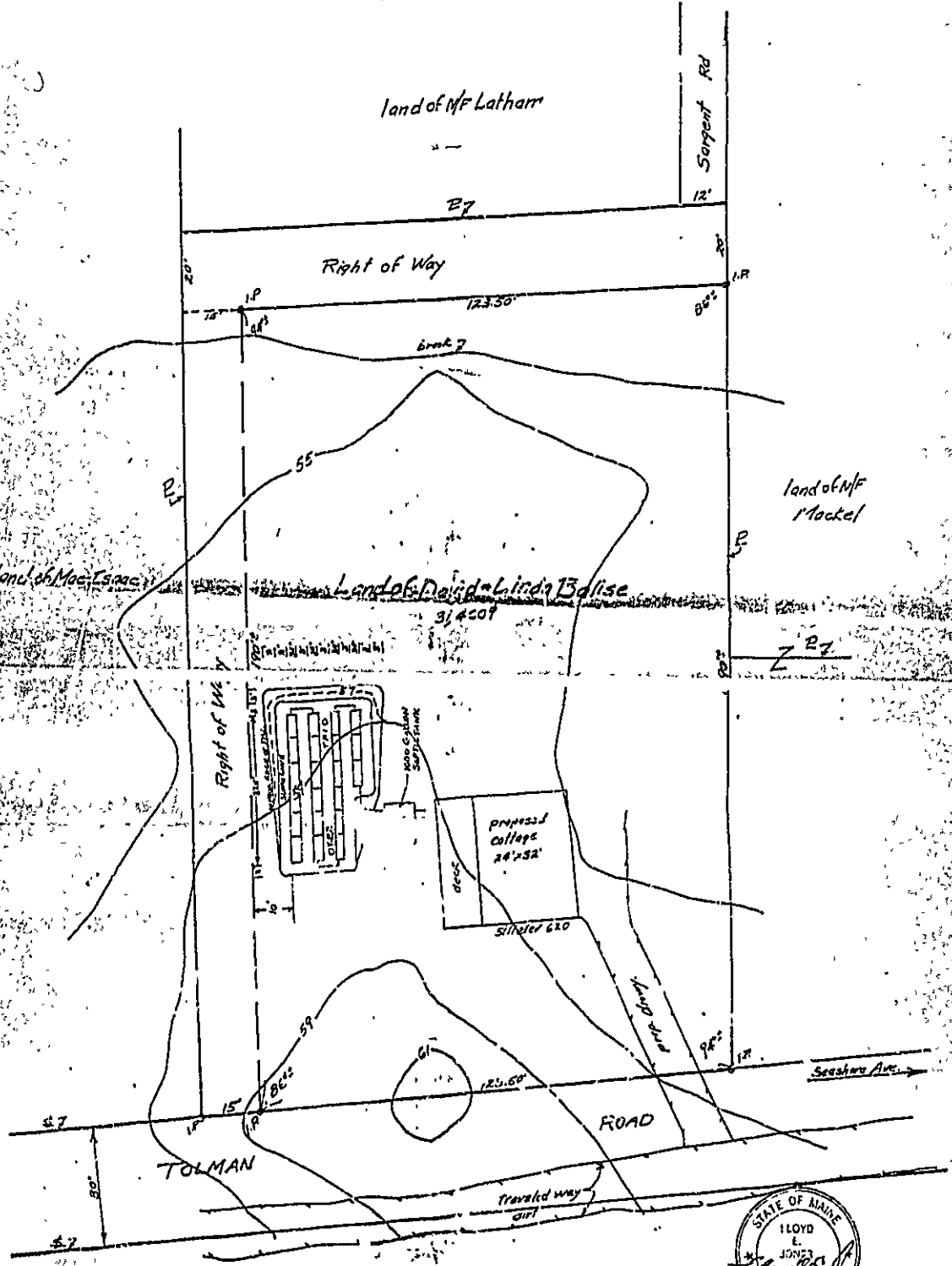
TO SEASHORE AVE

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Depth of Organic Horizon Above Mineral Soil	
<u>2' FOREST PEAT</u>	<u>FOREST FLAT</u>	Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-6" FINE SANDY LOAM		GRAY BROWN	
6-20" LOAMY GRAVEL	LOOSE	YELLOW BROWN	NONE
20-40" LOAMY GRAVEL			
40-50" LOAMY GRAVEL			FEW
Soil <u>4</u>	Classifier <u>C</u>	Slope <u>2%</u>	Limiting Factor <u>36</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Concrete Layer <input type="checkbox"/> Bedrock			
Texture	Consistency	Color	Mottling
0-6" FINE SANDY LOAM		GRAY BROWN	
6-20" LOAMY GRAVEL	LOOSE	YELLOW BROWN	NONE
20-40" LOAMY GRAVEL			
40-50" LOAMY GRAVEL			FEW
Soil <u>4</u>	Classifier <u>C</u>	Slope <u>2%</u>	Limiting Factor <u>34</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Concrete Layer <input type="checkbox"/> Bedrock			

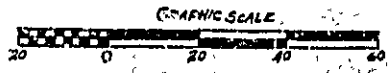
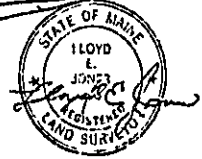
William B. Goodwin 0003/4814
Site Evaluator or Professional Engineer's Signature SE # IPE#

8/1/97
Date

Map North 1987



Legend
 I.P. - iron pipe
 N/F - now or formerly
 -57- - existing contours
 ± - plus or minus
 ± v. square feet
 -57- - proposed contours
 City Datum used for contours
 Man. built 30' R. S.W.C. Island Ave.
 and Balvidere Rd. Elev. 1.30



BOUNDARY AND TOPOGRAPHIC SURVEY
 OF LAND IN
 PEAKS ISLAND
 PORTLAND, MAINE
 MADE FOR
DAVID & LINDA BALISE
 Lloyd E. Jones - R.L.S.
 Scale 1"=20' DATE 8/07
 Assessors Plan 91-5-28

CITY OF PORTLAND, MAINE
Department of Building Inspection

91-C-28



Certificate of Occupancy

LOCATION Tolman Heights Rd; Peaks Island

Date of Issue 6/13/90

Issued to David & Linda Balise

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 38,1301, 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:

6-18-90

(Date)

Inspector

[Handwritten Signature]
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.

PERMIT #001301 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: David & Linda ~~BALISE~~ Balise BALISE
 Address: 7 Todd Drive Mass. ^{TOWN} Mail to ~~_____~~
 LOCATION OF CONSTRUCTION Tolman Heights Road, Peaks Island
 CONTRACTOR: ~~owner~~ SUBCONTRACTORS: 508-597-8739
 ADDRESS: _____

Est. Construction Cost: 25,000 Type of Use: single family

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain _____ construct new - minor site plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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

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

For Official Use Only

Date: September 9, 1988 Subdivision: Yes / No _____
 Inside Fire Limit _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Block _____
 Estimated Cost: 25,000 Permit Expiration: _____
 Value/Structure _____ Ownership: _____ Public _____ Private _____
 Fee: 175.00

Ceiling:
 1. Ceiling Joists Size: _____ PERMIT ISSUED
 2. Ceiling Strapping: _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation: Type _____ Size OCT 10 1988
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size: _____ City of Portland
 2. Sheathing Type _____
 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 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: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Zoning: District JP-2 Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other: _____ (Explain) _____
 Date Approved: _____

Permit Received By: Jeanne Quint

Signature of Applicant: _____ PERMIT ISSUED 79.00

Signature of CEO: _____ WITH LETTER

Inspection Dates: _____

8801, 9 1982

White-Tax Assessor

Yellow-GPCOG

White-Tax Assessor

Copyright GPCOG 1937

PLOT PLAN

N
▲

FEES (Breakdown From Front)

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

Type

Inspection Record

Date

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

COMMENTS

4-11-89 Ext. Granted 90 da.
5-19-89. Checked. 00

Signature of Applicant

David W. Baker

Date

SEPT 9, 1988

April 11, 1989

SAMUEL HOFFSES
CHIEF OF INSPECTION SERVICES
CITY OF PORTLAND

RE: EXTENSION OF BUILDING PERMIT #061301
ISSUED TO: DAVID & LINDA BALISE
7 TODD DRIVE
TOWNSEND MA. 01469

FOR: CONSTRUCT NEW SINGLE FAMILY
TOLMAN HEIGHTS RD, PEAKS ISLAND

I RESPECTFULLY ASK FOR AN EXTENSION
OF THE ABOVE BUILDING PERMIT. THE REASON
FOR THE DELAY IN CONSTRUCTION IS DUE TO THE
FACT THAT I WAS NOT ABLE FIND A CONTRACTOR
TO BREAK GROUND FOR THE FOOTINGS DURING
THE WINTER MONTHS. HOWEVER I DO EXPECT
TO START IN EARLY MAY WITH COMPLETION
DUE IN MID JULY I APPRECIATE YOUR
CONSIDERATION IN THIS MATTER

David A. Balise

Approved

11/APR/89

90 days Sam Hoffses
Chief of Ins.



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Tolman Heights Road
Pea's Island

September 19, 1988

Mr. and Mrs. David Belise
7 Todd Drive
Townsend, Mass.

Dear Mr. and Mrs. Belise:

This is in reference to your application for a building permit for a single family dwelling on Tolman Heights Road, Peaks Island, in the IR-1 Island Residence Zone. We are in need of some additional information concerning this proposed project before we can proceed to issue a building permit.

We need proof from an attorney that the land on which the building is to be situated is in fact a lot of record since it is less than the minimum lot size of 40,000 square feet for lots with public water. We also need Form HHE-200, Soils Test Analysis Results for septic disposal in three copies before a building permit can be issued.

We understand that the pitch of the roof is to be higher and the deck will not be constructed at the present time, and some tubes will be used instead of cinder blocks. If there is any additional information concerning the building project, please advise this office.

Sincerely,

Warren J. Turner
Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Arthur Adduto, Code Enforcement Officer

*Ed Casey acquired
this lot in 1972
and it was con-
veyed to you in
Sept. 1986, and
therefore consists
of a lot of Record
10/11/86 W.J. Turner*

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Tolman Heights Road
Peaks Island

September 19, 1988

Mr. and Mrs. David Belise
7 Todd Drive
Townsend, Mass.

Dear Mr. and Mrs. Belise:

This is in reference to your application for a building permit for a single family dwelling on Tolman Heights Road, Peaks Island, in the IR-1 Island Residence Zone. We are in need of some additional information concerning this proposed project before we can proceed to issue a building permit.

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We understand that the pitch of the roof is to be higher and the deck will not be constructed at the present time, and sono tubes will be used instead of cinder blocks. If there is any additional information concerning the building project, please advise this office.

Sincerely,

Warren J. Turner
Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Arthur Adato, Code Enforcement Officer

*Ed Carey acquired
this lot in 1926,
and it was con-
veyed to you in
Sept. 1986, and
therefore consists
of a lot of record
10/11/88 W.J. Turner*

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

September 9, 1988

Applicant David & Linda Belise
7 Todd Drive, Bangor
 Mailing Address
single family
 Proposed Use of Site
31,460 / 768
 Acreage of Site / Ground Floor Coverage

Date
Tolman Heights Road, PL
 Address of Proposed Site
IR-1
 Site Identifier(s) from Assessors Maps
IR-1
 Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes (X) No
 Proposed Number of Floors 1
 Board of Appeals Action Required: () Yes (X) No
 Total Floor Area 768
 Planning Board Action Required: () Yes (X) 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

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 FLOOR AREA	OFF-STREET PARKING	LOADING BAYS

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASON IS:

*We need proof that this is a hot
 oil burner and Form HHE-200 boiler
 Test Results for septic disposal*

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

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

Public Works

Applicant <u>David & Linda Bellse</u>	Date <u>September 9, 1988</u>
Mailing Address <u>7 Todd Drive, Maes.</u>	Address of Proposed Site <u>Tolman Heights Road, POI 9</u>
Proposed Use of Site <u>single family</u> <u>31,460 / 768</u>	Site Identifier(s) from Assessors Maps <u>IR-1</u>
Acreage of Site / Ground Floor Coverage	Zoning of Proposed Site
Site Location Review (DEP) Required: () Yes (X) No	Proposed Number of Floors <u>1</u>
Board of Appeals Action Required: () Yes (X) No	Total Floor Area <u>768</u>
Planning Board Action Required: () Yes (X) No	
Other Comments: _____	
Date Dept. Review Due: _____	

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC REGULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: _____

*At meeting 7-4-88 ...
 (Attach Separate Sheet if Necessary)
 of Records and ...
 Test Results provided ...*

John K. Harris 9/14/88
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

Applicant: David + Linda Belise Date: Sept. 17, 1988
Address: Tolman Heights Road Peakes Island
Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - *1 R 1*

Interior or corner lot - *Interior*

Use - *Single Family Cottage*

Sewage Disposal - *Septic*

Rear Yards - *115'* 30' required

Side Yards - *40' and 48'* 20' required

Front Yards - *40'* 30' required

Projections -

Height - *1 story*

Lot Area - *31,460*

Building Area - *768 (24' x 32')*

Area per Family - *40,000 (except for lots of record)*

Width of Lot - *123.5*

Lot Frontage - *123.5'*

Off-street Parking - *O.K.*

Loading Bays - *NA*

→ served with public water

Site Plan -

Shoreland Zoning -

Flood Plains -

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **TOLJAN ROAD**

Subdivision/Lot #: **TAX MAP 91 BLOCK E LOT 28**

PROPERTY OWNERS NAME

Last: **BALISE** First: **DAVID**

Applicant Name: **DAVID BALISE**

Mailing Address of Owner/Applicant (if Different): **7 TODD DRIVE TOWNSEND MASS 01469**

PORTLAND PERMIT # **3,127** APPLICANTS COPY

Date Permit Issued: **10/11/88** Fee: **14,000.00** M Double Fee Changed

Local Plumbing Inspector Signature: *[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.

Note: The 6 months has been changed to 2 years

Owner/Applicant Statement

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

[Signature]
Signature of Owner/Applicant Date _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>DRILLED WELL</p>
<p>SIZE OF PROPERTY: 23,465 SF ZONING: IR 1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET 45</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: C</p> <p>DEPTH TO LIMEING FACTOR: 34</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525 Sq. Ft. <input type="checkbox"/> RFO <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: 405 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT USED 21 IN. INTERLOCKED POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On August 26, 1988 (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.

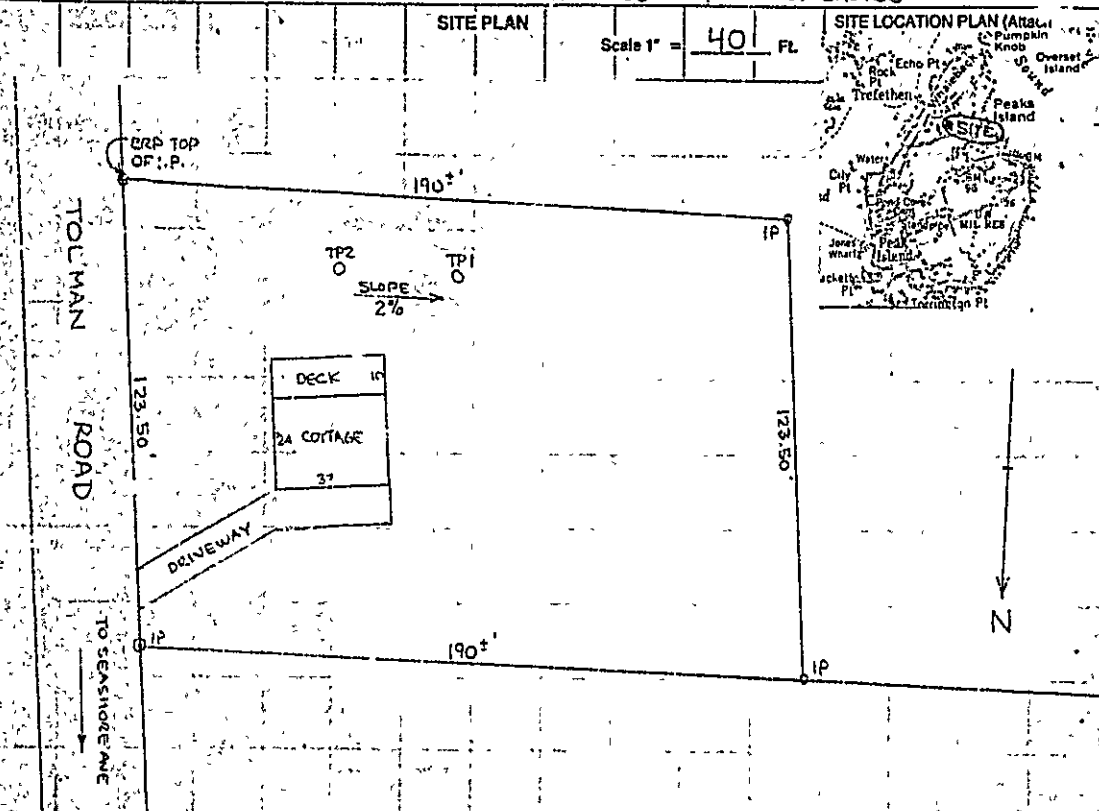
[Signature] **0003/4814** **8/1/87**
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

Page 1 of 3
HHE-200 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND - PEAKS ISLAND TOLMAN ROAD** Street, Road, Subdivision: **91-E-28** Owners Name: **DAVID BALISE**



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
2' FOREST PEAT		2' FOREST PEAT		
Depth of Organic Horizon Above Mineral Soil				
DEPTH (inches)	Texture	Consistency	Color	Mottling
0-8	FINE SANDY LOAM		GRAY BROWN	
8-20		LOOSE		NONE
20-30	LOAMY GRAVEL		YELLOW BROWN	
30-40				FEW
40-50				
Soil <u>4</u>		Classification <u>C</u>	Slope <u>2%</u>	Limiting Factor <u>3b</u>
Ground Water <input type="checkbox"/>		Removes Layer <input type="checkbox"/>	Replaces Layer <input type="checkbox"/>	Seals <input type="checkbox"/>

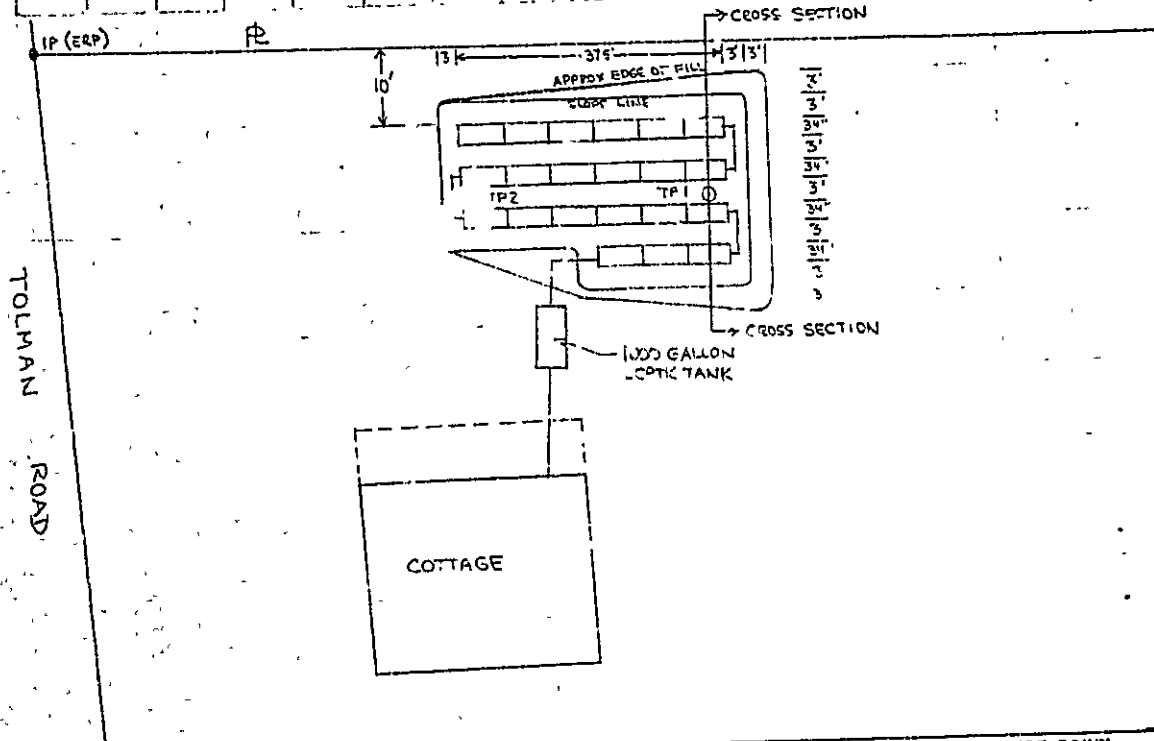
DEPTH (inches)	Texture	Consistency	Color	Mottling
0-8	FINE SANDY LOAM		GRAY BROWN	
8-20		LOOSE		NONE
20-30	LOAMY GRAVEL		YELLOW BROWN	
30-40				FEW
40-50				
Soil <u>4</u>		Classification <u>C</u>	Slope <u>2%</u>	Limiting Factor <u>3b</u>
Ground Water <input type="checkbox"/>		Removes Layer <input type="checkbox"/>	Replaces Layer <input type="checkbox"/>	Seals <input type="checkbox"/>

William B. Pordwin 0003/4814 8/11/87
 Site Evaluator or Professional Engineer's Signature Date
 SE/1 PE# Page 2 of 3 HHE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

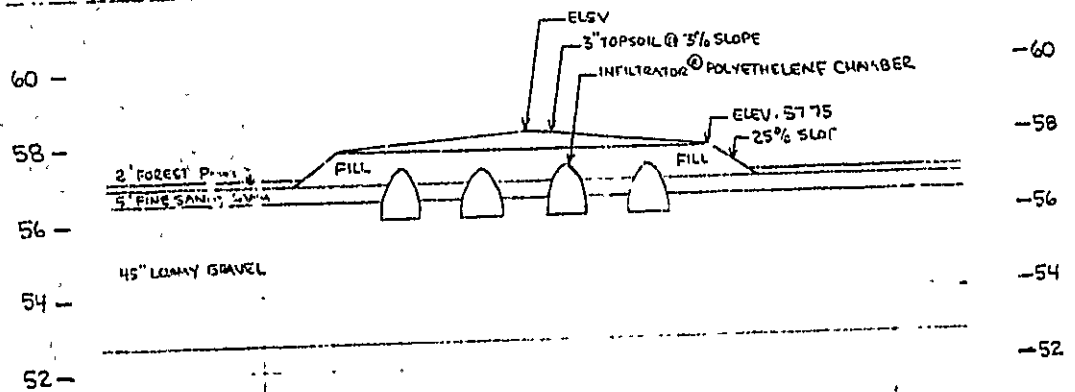
To: City, Plantation PORTLAND PEAKS ISLAND		Street, Road, Subdivision TOLMAN ROAD 91-E-28		Owner's Name DAVID BALIS
SUBSURFACE WASTEWATER DISPOSAL PLAN				Scale 1" = 20 FT.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (L. slope) $\frac{0}{9}$	Reference Elevation is 60.40	TOP OF IRON PIPE SOUTH EAST CORNER OF LOT
Depth of Fill (Downslope) $\frac{0}{9}$	Bottom of Disposal Area 56.00	
	Top of Distribution Lines or Chambers 57.25	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4 FT.
Horizontal: 1 Inch = 10 FT.



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

0003/4814
EE #1 PE #

8/1/87
Date



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Tolman Heights Road
Peaks Island

September 19, 1988

Mr. and Mrs. David Belise
7 Todd Drive
Townsend, Mass.

Dear Mr. and Mrs. Belise:

This is in reference to your application for a building permit for a single family dwelling on Tolman Heights Road, Peaks Island, in the IR Island Residence Zone. We are in need of some additional information concerning this proposed project before we can proceed to issue a building permit.

We need proof from an attorney that the land on which the building is to be sited is in fact a lot of record since it is less than the minimum lot size of 40,000 square feet for lots with public water. We also need Form HHE-200, Soils Test Analysis Results for septic disposal in three copies before a building permit can be issued.

We understand that the pitch of the roof is to be higher and the deck will not be constructed at the present time, and sonotubes will be used instead of cinder blocks. If there is any additional information concerning the building project, please advise this office.

Sincerely,

Warren J. Turner
Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Arthur Addato, Code Enforcement Officer



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, 6/13/90

PERMIT ISSUED

JUN 15 1990

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 88/1301 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications.

Location 112 Main Street, Rock Beach Island Within Fire Limits? _____ Dist. No. _____

Owner's name and address David & Linda Jallisa Telephone _____
7 Todd Drive, Townsend, MA 01469

Lessee's name and address _____ Telephone _____

Contractor's name and address _____ Plans filed _____ No. of sheets _____

Architect _____ No. families _____

Proposed use of building single-family inn No. families _____

Last use _____ Additional fee \$270.

Increased cost of work \$50,000.

Description of Proposed Work

Additional cost of work.

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____

Height average grade to top of plate _____ Height average grade to highest point of roof _____

Size, front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____

Material of foundation _____ 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 _____

Framing lumber -- Kind _____ Dressed or full size? _____

Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____

Girders _____ Size _____ Columns under girders _____ Size _____ Max. on centers _____

Studs (outside walls and carrying partitions) 2x4-16" O.C. Bridging in every floor and flat roof span over 8 feet.

Joints and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____

On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____

Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____

Approved: [Signature] 6-15-90

Signature of Owner

Approved: [Signature]
Inspector of Buildings

INSPECTION COPY - WHITE
APPLICANT'S COPY - YELLOW

FILE COPY - PINK
LESSOR'S COPY - GOLDEN

[Handwritten signature]

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: TOLMAN Rd PEAKST.

Street: L.G. 91-28

Subdivision Lot #:

PROPERTY OWNERS NAME

Last: BRALISE First: DAVID

Applicant Name: BRALISE, DAVID

Mailing Address of Owner/Applicant (if Different): 7 TODD DRIVE TOLLINGEND MA 01460

PORTLAND PERMIT # 3,538 TOWN COPY

Date Permit Issued: 7-12-51-89 \$ 118.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # 11213

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 authority to deny a Permit.

Signature of Owner/Applicant: David Bralise Date: 7/12/89

Caution: Inspection Required!

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

Local Plumbing Inspector Signature: _____ Date Approved: 7-14-1989

PERMIT INFORMATION

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

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

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Carbargo Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
Number of Hook Ups & Relocations		Fixture (Subtotal) Column 2	15	Fixture (Subtotal) Column 1
Hook-Up & Relocation Fee		Fixture (Subtotal) Column 2	16	Fixture (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Total Fixture
				Hook-Up & Relocation Fee
				Total

TOWN COPY



APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED

Amendment No. 1

JUN 13 1990

Portland, Maine, 6/13/90

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 2/1301 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location Tolman Heights Rd; Peaks Island Within Fire Limits? _____ Dist. No. _____

Owner's name and address David & Linda Balise 77-6-28 Telephone _____

Lessee's name and address 7 Todd Drive; Townsend, MA 01460 Telephone _____

Contractor's name and address _____ Telephone _____

Architect _____ Telephone _____

Proposed use of building single-family dwelling Plans filed _____ No. of sheets _____

Last use _____ No. families _____

Increased cost of work \$50,000. No. families _____

Additional fee \$270

Description of Proposed Work

Additional cost of work. _____

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____

Height average grade to top of plate _____ Height average grade to highest point of roof _____

Size front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____

Material of foundation _____ 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 _____

Framing lumber _____ Kind _____ Dressed or full size? _____

Corner posts _____ Sills _____ Girt or ledger board? _____

Girders _____ Size _____ 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 ft.

Maximum span: Joints and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____

On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____

Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____

Approved: [Signature] 6-15-90

Signature of Owner: [Signature]
Approved: [Signature]
Inspector of Buildings

INSPECTION COPY - WHITE
APPLICANT'S COPY - YELLOW

FILE COPY - PINK
ASSESSOR'S COPY - GOLDEN

[Handwritten: 21 Mr. Addis]



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date August 1, 19 89

Receipt and Permit number 00557

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-G-23 Tolmen Rd., Peaks Island, Maine

OWNER'S NAME: David Balise ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>X</u> Switches <u>X</u> Plugmold _____ ft. TOTAL 1-30	3.00
FIXTURES: (number of)	
Incandescent <u>X</u> Fluorescent _____ (not strip) TOTAL <u>1-10</u>	3.00
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u>	3.00
METERS: (number of) <u>1</u>50
MOTORS: (number of)	
Fractional: _____	
1 HP or over: _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters <u>1</u> _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>1</u>	1.50
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 _____	
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: _____	11.00

INSPECTION:

Will be ready on 8-1- _____, 19 89 or Will Call _____

CONTRACTOR'S NAME: William Flynn

ADDRESS: Centennial St., Peaks Island

TEL.: 766-2780

MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

923811

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone Map # Lot#
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: David A. Balise Phone # 908 597 8739
 Address: 7 Todd Dr; Townsend, MA 01469
 LOCATION OF CONSTRUCTION Tolman Rd - Back Island
 Contractor: OWNER Sub. 91-C-28
 Address: Phone #
 Est. Construction Cost: 390 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: Seasonal Condominium Conversion
 Explain Conversion const shed - 3'x10'

For Official Use Only

Date: 6/19/92 subdivision Name
 Inside Fire Limits Lot
 Blgd Code Ownership
 Time Limit
 Estimated Cost 300

PERMIT ISSUED
JUN 22 1992
CITY OF PORTLAND

Zoning:
 Street Frontage Provided:
 Provided Setbacks: Front Back Side Side
 Review Required:
 Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Conditional Use: Variance Site Plan Subdivision
 Shoreland Zone: Yes No Floodplain Yes No
 Special Exception
 Other (explain) A.N.N. - 06 02 92

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

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

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

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

White - Tax Assessor

Ceiling: **HISTORIC PRESERVATION**
 1. Ceiling Joists Size:
 2. Ceiling Strap, ing Size Spacing Do not instruct nor L.A.S. 2000
 3. Type Ceilings: Does not require review.
 4. Insulatio. Type Size Requires Review.
 5. Ceiling Height:
 Roof:
 1. Truss or Rafter Size Span Action Approved.
 2. Sheathing Type Size Approved with Conditions.
 3. Roof Covering Type Deeded
 Chimneys:
 Type: Number of Fire Places
 Heating:
 Type of Heat:
 Electrical:
 Service Entrance Size: # Smoke Detector Required: Yes No
 Plumbing:
 1. Approval of soil test if required Yes No
 2. No. of Tubs or Showers
 3. No. of Flushes
 4. No. of Lavatories
 5. No. of Other Fixtures
 Swimming Pools:
 1. Type:
 2. Pool Size: Square Footage
 3. Must conform to National Electrical Code and State Law.

Permit Received By: Louise E. Chase
 Signature of Applicant Linda A. Balise Date 6/19/92
 CEO's District
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO 16 MM Row

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Type	Inspection Record	Date
<i>Completed</i>	<i>6</i>	<i>12/27/91</i>
<i>A. Per</i>		

COMMENTS

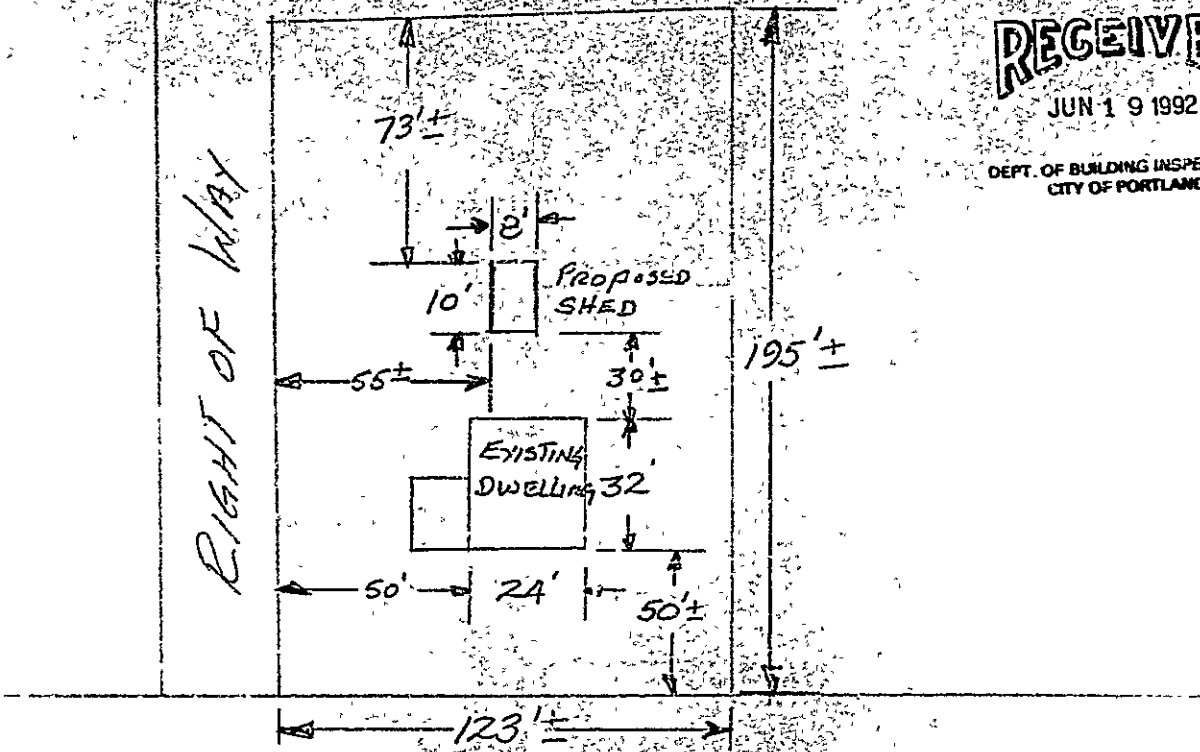
CERTIFICATION

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

Linda A. Balis
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

RIGHT OF WAY

RIGHT OF WAY



RECEIVED

JUN 19 1992

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

TOLMAN Rd

DAVID BALISE
JUNE 19, 1992

PROPOSED SHED
TOLMAN ROAD
DAVID BAUSE
JUNE 19, 1992

O.A. DIM.
10' x 8'

RECEIVED

JUN 19 1992

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND

5/8" T-III EXT.
SIDING

1" x 8" R.O.G.E. POLE

2x6 KD 16" ON
CENTER

2x4 K.D.
STUD
16" ON CENTER

3/4" AT&G
EXT. COX

2x8 PT.

CEMENT
BLOCK

10'

