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APPLICATION FOR AMENDMENT TO PERMIT

Amendment No.

Portland, Maine, November 3, 1988

PERMIT ISSUED

NOV 8 1988

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE 657-059

The undersigned hereby applies for amendment to Permit No. ~~355~~ 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 51-P-9, Pease Island
 Owner's name and address FRANK J. ... 49 Miller Rd., Telephone 617-24-0387
 Lessee's name and address ... Telephone 02130
 Contractor's name and address ... Telephone
 Architect Plans filed No. of sheets ...
 Proposed use of building single ... No. families ...
 Last use No. families ...
 Increased cost of work Additional fee \$15.00

Description of Proposed 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.
 Joists and rafters: 1st floor .. 2nd .. 3rd .. roof ..
 On centers: 1st floor .. 2nd .. 3rd .. roof ..
 Maximum spar: 1st floor .. 2nd .. 3rd .. roof ..

Approved:

Signature of Owner *Frank J. ...*

Approved:

Inspector of Buildings

INSPECTION COPY

FILE COPY

APPLICANT'S COPY

ASSESSOR'S COPY

7aa

(SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION)

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

PROPERTY ADDRESS		PORTLAND PERMIT # 2,556 TOWN COPY Date Permitted: 10.8.84 \$140.00 <input type="checkbox"/> Double Fee Charged Local Plumbing Inspector Signature: <i>Francis R. Woodruff</i> L.P.I. # _____ Local Plumbing Inspector for Copies
Town Or Plantation	PORTLAND - PEAKS ISLAND	
Street	REED AVENUE	
Subdivision Lot #	TAX MAP 91 BLOCK P LOT 9	
PROPERTY OWNERS NAME		
Last: O'LEARY First: FRANCIS		
Applicant Name: FRANCIS O'LEARY		
Mailing Address of Owner/Applicant (if Different): 19 Hillcroft Road Jamaica Plain, Mass 02130		
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.		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Signature of Owner/Applicant: <i>Francis O'Leary</i> Date: _____		Local Plumbing Inspector Signature: <i>Francis R. Woodruff</i> Date Approved: 10/15/84

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION / IS COMPLETE SYSTEM: 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY DRILLED WELL
SIZE OF PROPERTY: 23,428 SF ZONING: R-3		

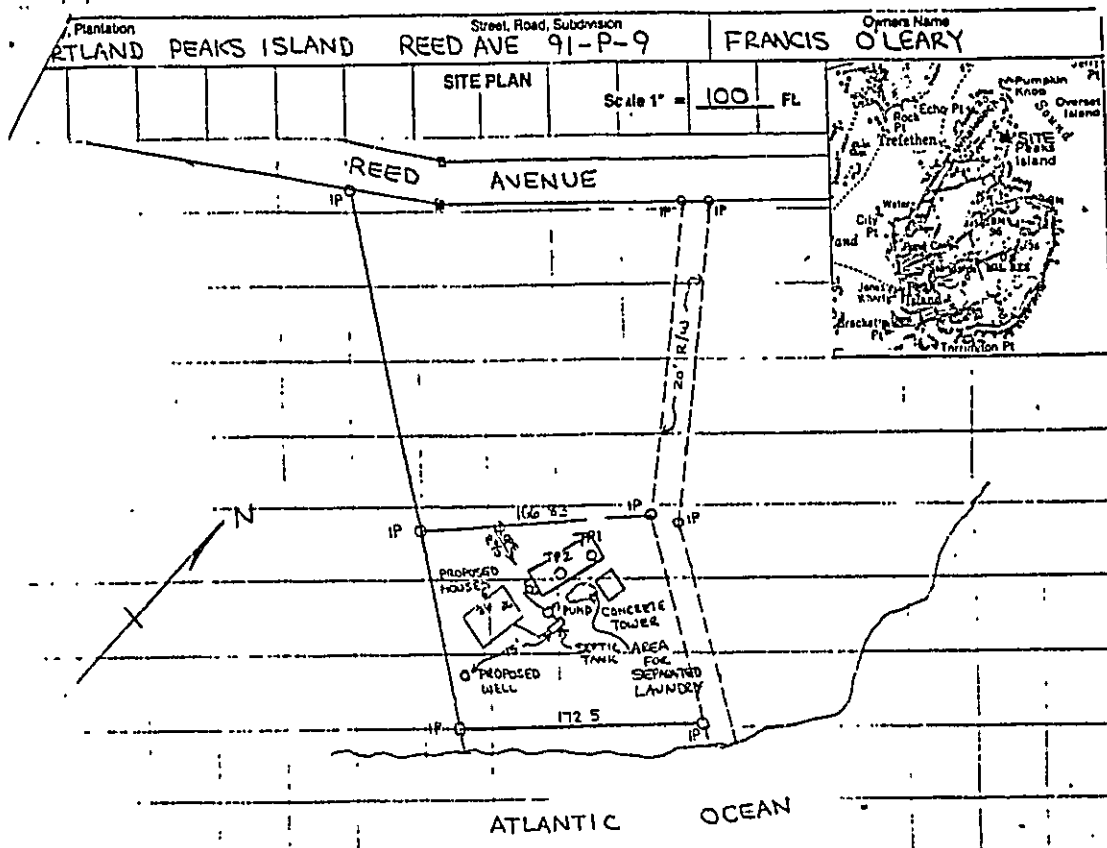
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 4 BEDROOM MINIMUM SEPARATED LAUNDRY SYSTEM DESIGN FLOW: 300 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 2 CONDITION: A III DEPTH TO LIMITING FACTOR: 24	SIZING RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRALARGE	DISPOSAL AREA TYPE/SIZE 1. <input checked="" type="checkbox"/> BED 1000 Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

On JUNE 23, 1984 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Jordan 003 14814 7/15/87
 Site Evaluator or Professional Engineer's Signature SE # PE # Date

Page 1 of 3



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		
2" FOREST PEAT		Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
0				
4	LOAM	LOOSE	DARK GREEN	
10				NONE
15	SILTY SAND		LIGHT GRAY	
20				FEW
25	SILTY SANDY LOAM	FRIBBLE	RED BROWN	
30				NONE
40				
60	BEDROCK			
Soil Profile	Classification	Slope	Limiting Factor	Groundwater
2	AIII	2%	20	<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Perched Layer
				<input type="checkbox"/> Bedrock

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		
2" FOREST PEAT		Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
0	LOAM	LOOSE	DARK BROWN	
4	SILTY LOAM	FRIBBLE	LIGHT GRAY	
10				NONE
15	SANDY LOAM	MODERATELY FRIBBLE	RED BROWN	
20				FEW
25	BEDROCK			
35				
45				
50				
Soil Profile	Classification	Slope	Limiting Factor	Groundwater
2	AIII	2%	24	<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Perched Layer
				<input type="checkbox"/> Bedrock

William B. Jacobson 003/4814 SEP/FEA Date: **7/15/87** Page 2 of 3 HNE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Portland

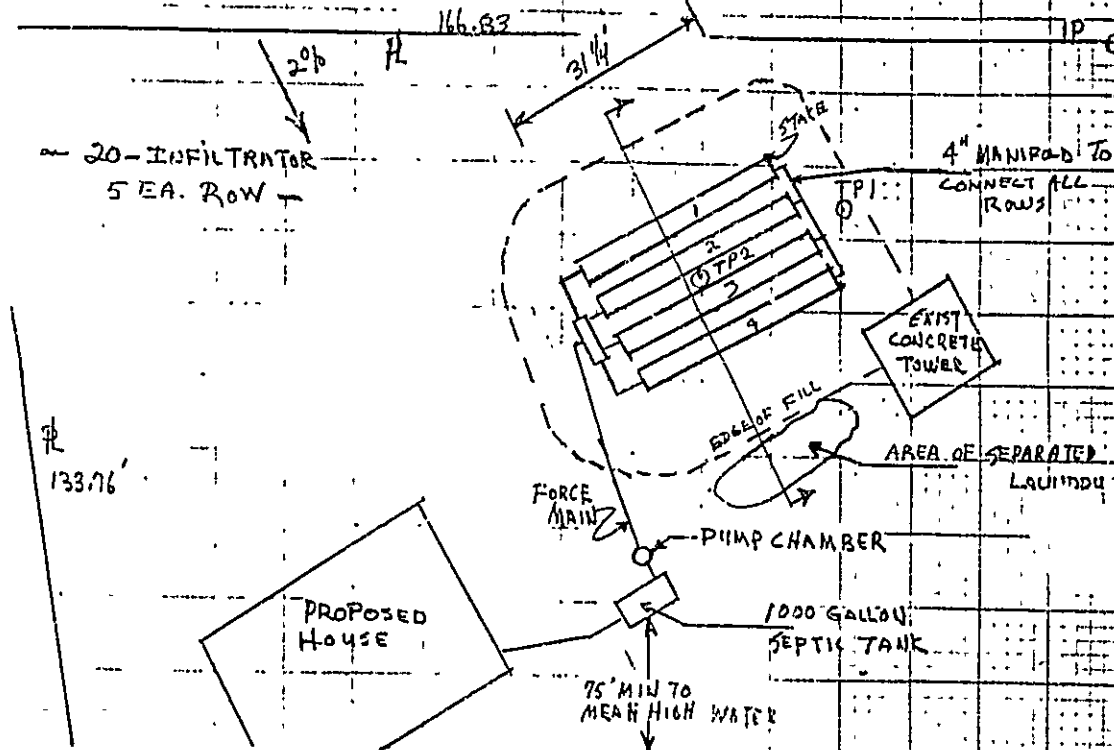
Street, Road, Subdivision

Peaks Island Reed Ave 91-P-9
SUBSURFACE WASTEWATER DISPOSAL PLAN

Owner Name

FRANCIS O'LEARY

Scale 1" = 20' PL



FILL REQUIREMENTS

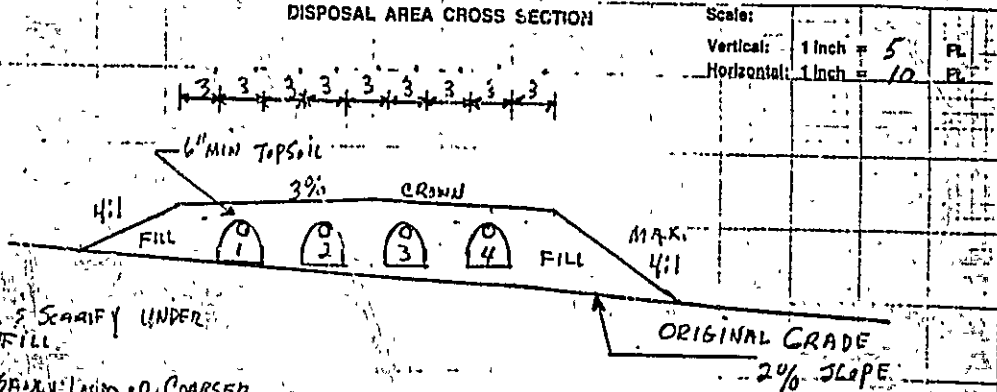
Depth of Fill (Upslope)	21"
Depth of Fill (Downslope)	26"

CONSTRUCTION ELEVATIONS

Reference Elevation Is	100.0
Bottom of Disposal Area EA, ROW	100.0
Top of Distribution Lines or Chambers EA, ROW	101.25

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

DISPOSAL AREA CROSS SECTION



Scale:

Verticals	1 Inch = 5' PL
Horizontal	1 Inch = 10' PL

- CLEAR & SCARIFY UNDER ALL FILL
- FILL - SANDY LOAM OR COARSE
- DIVERT ALL SURFACE WATER AWAY FROM INF.

Will B. Goodwin 003/4814 7/15/87



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 2
Portland, Maine, March 6, 1990

PERMIT ISSUED
MAR 7 1990
City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 85/1059 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 19 Hillcroft Rd. Peaks Island Within Fire Limits? _____ Dist. No. _____
Owner's name and address Francis M. O'Leary Jamaica Plain, MA 02130 Telephone 617-524-0287
Lessee's name and address _____ Telephone _____
Contractor's name and address Jack Hutchkins RR1 box 110; Royal Rd. Telephone _____
Architect Edward, ME-24069 Telephone _____
Proposed use of building single family Plans filed _____ No. of sheets _____
Last use _____ No. families _____
Increased cost of work \$130,000. Additional fee \$650.

Description of Proposed 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 _____ sold 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 g _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Framing lumber -- Kind _____ Dressed or full size? _____
Corner posts _____ Sill's _____ 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.
Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____

Approved: _____

Signature of Owner [Signature]

Approved: _____

Inspector of Buildings

INSPECTION COPY -- WHITE
APPLICANT'S COPY -- YELLOW

FILE COPY -- PINK
ASSESSOR'S COPY -- GOLDEN

[Signature]



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION Reed Ave. Peaks Island 91-P-3

Date of Issue 3/28/91

Issued to Francis H. O'Leary

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. 85/1059 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

Single-family dwelling

Entire

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Inspector of Building

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 or lessee for one dollar.

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION *10*

SEP 19 1985

ZONING LOCATION *R-3* PORTLAND, MAINE Aug. 13, 1985

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 *91-P-9 Reed Ave., Peaks Island* Fire District #1 #2 Jamaica Plain, Maine

1. Owner's name and address *Francis O. Leary, 19 Hillcroft Rd.* Telephone *521-130*

2. Lessee's name and address Telephone

3. Contractor's name and address *same* Telephone

..... No. of sheets

Proposed use of building *sin. fam.* No. families

Last use *vacant lot* No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ *25,000.00* Appeal Fees \$

FIELD INSPECTOR—Mr. Base Fee \$ *50.00* Site Plan.

..... @ 775-5451 Late Fee

To construct *single Family, 26' x 36', no garage,* TOTAL \$ *145.00*

as per plan. Also, Site Plan Review: \$ *195.00*

Stamp of Special Conditions

ISSUE PERMIT TO #1

issued with letter

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? *yes* Is any electrical work involved in this work? *yes*

Is connection to be made to public sewer? *no* If not, what is proposed for sewage? *septic system*

Has septic tank notice been sent? *yes* Form notice sent? *yes*

Height average grade to top of plate *22' 12"* Height average grade to highest point of roof *22'*

Site front *36'* depth *26'* No. stories *1 1/2* solid or filled land? *solid earth or rock, both*

Material

Kit

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION R-3 PORTLAND, MAINE APR 13 1985

SEP 10 1985

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 91-P-9, Reed Ave., Peaks Island, Maine
1. Owner name and address Francis O. Leary, 19 Hillcroft Rd., Jamaica Plain, Mass 02130
2. Lessee's name and address
3. Contractor's name and address same

Proposed use of building ... No. of sheets ... No. families ... Last use ... No. families ... Material ... No. stories ... Heat ... Style of roof ... Roofing ... Other buildings on same lot ... Estimated contractual cost \$ 25,000.00 ... Appeal Fees \$

FIELD INSPECTOR—Mr. @ 775-5451 Base Fee ... 50.00 Site Plan. Late Fee ... TOTAL \$ 145.00 \$195.00

To construct single family, 26' x 36', no garage, as per plan. Also, Site Plan Review.

Stamp of Special Conditions

ISSUE PERMIT TO #1

issued with letter

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? yes. Is any electrical work involved in this work? yes. Is connection to be made to public sewer? no. If not, what is proposed for sewage? septic system. Has septic tank notice been sent? yes. Form notice sent? yes. Height average grade to top of plate 22.12. Height average grade to highest point of roof 22. Size front 36. depth 26. No. stories 1.5. solid or filled land? solid earth or rock? both. Material of foundation posts. Thickness, top 12" footing, 8" posts. Kind of roof pitch. Rise per foot 9 1/2 / 12. Roof covering asphalt shingle. No. of chimneys 2. Material of chimneys. Kind of heat none. Fuel. Framing Lumber—Kind spruce. Dressed or full size? dressed. Corner posts 4x4. Sills 2x6. Size Girder 2x10. three Columns under girders 1ally. Size 3 1/2. Max. on centers 24x8. Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet. Joists and rafters: 1st floor 2x6. 2nd. 3rd. roof 2x8. On centers: 1st floor 16". 2nd. 3rd. roof 16". Maximum span: 1st floor 8'. 2nd. 3rd. roof 13'. If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

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

APPROVALS BY: DATE MISCELLANEOUS BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? no. ZONING Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes. BUILDING CODE: File Dept. Health Dept. Others:

Signature of Applicant Francis M. O'Leary Phone # 524-0387 Type Name of above ERANDIS M. O'LEARY 1 2 3 4 Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

me Additto



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 2
Portland, Maine, March 6, 1990

PERMIT ISSUED

MAR 7 1990

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 85/1059 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 91-P-9 Reed Avenue, Peaks Island Within Fire Limits? _____ Dist. No. _____
Owner's name and address Francis M. O'Leary 145 H. Leroff Rd. Jamaica Plain, MA 02130 Telephone 617-524-0387
Lessee's name and address _____ Telephone _____
Contractor's name and address Jack Hutchkins RRI Bcx 110 ; Royal Rd. Pownal, ME 04069 Telephone _____
Architect _____ Plans filed _____ No. of sheets _____
Proposed use of building single family No. families _____
Last use _____ No. families _____
Increased cost of work \$130,000. Additional fee \$650.

Description of Proposed 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 - Knees _____ Dressed or full size? _____
Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
Girders _____ Size _____ Columns and 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 of Owner _____

Inspector of Buildings _____

INSPECTION COPY - WHITE
APPLICANT'S COPY - YELLOW

FILE COPY - PINK
ASSESSOR'S COPY - GOLDEN

[Handwritten signature]



APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED

NOV 8 1988

City Of Portland

Amendment No. _____
Portland, Maine, November 3, 1988

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE 85/1059

The undersigned hereby applies for amendment to Permit No. ~~85/1059~~ 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: 91-P-9 Reed Avenue, Peaks Island Within Fire Limits? _____ Dist. No. _____
 Owner's name and address: Francis O'Leary, 19 Hillcroft Rd., Telephone 617-524-0387
 Lessee's name and address: _____ Jamaica Plain, Mass 02130 Telephone _____
 Contractor's name and address: McTigue Construction, Peaks Island, Me Telephone _____
 Architect: _____ Plans filed _____ No. of sheets _____
 Proposed use of building: single family No. families _____
 Last use: _____ No. families _____
 Increased cost of work: none Additional fee \$25.00

Description of Proposed Work

New construction plans.

Arthur
 Based on our call, here's
 \$625 x 25 = \$150,000
 This is to cover
 Cost of amended
 Permit.
 Fran O'Leary \$625
 x 25
 \$650

Is any plumbing in _____
 Height average ground _____
 Size front _____
 Material of foundation _____
 Material of under _____
 Kind of roof _____
 No. of chimneys _____
 Framing lumber _____
 Corner posts _____
 Girders _____
 Stairs (outside wall) _____
 Joists and rafters: 1st floor _____ 2nd _____ 3rd _____ roof _____
 O. centers: 1st floor _____ 2nd _____ 3rd _____ roof _____
 Maximum span: 1st floor _____ 2nd _____ 3rd _____ roof _____

Approved: *H. J. Turner*, IR-1, Nov 7, 1988

Signature of Owner: _____
Approved: _____ Inspector of Buildings

INSPECTION COPY

FILE COPY

PLANT'S COPY

ASSESSOR'S COPY

Mr. Paddy

To: Malcolm Ward - Planning & Urban Dev. 8/9/85
From: William Boothby - Parks & Public Works
Subject: O'Leary Site Plan - Peaks Island

Site plan as drawn by L.C. Jones is acceptable to this dept.

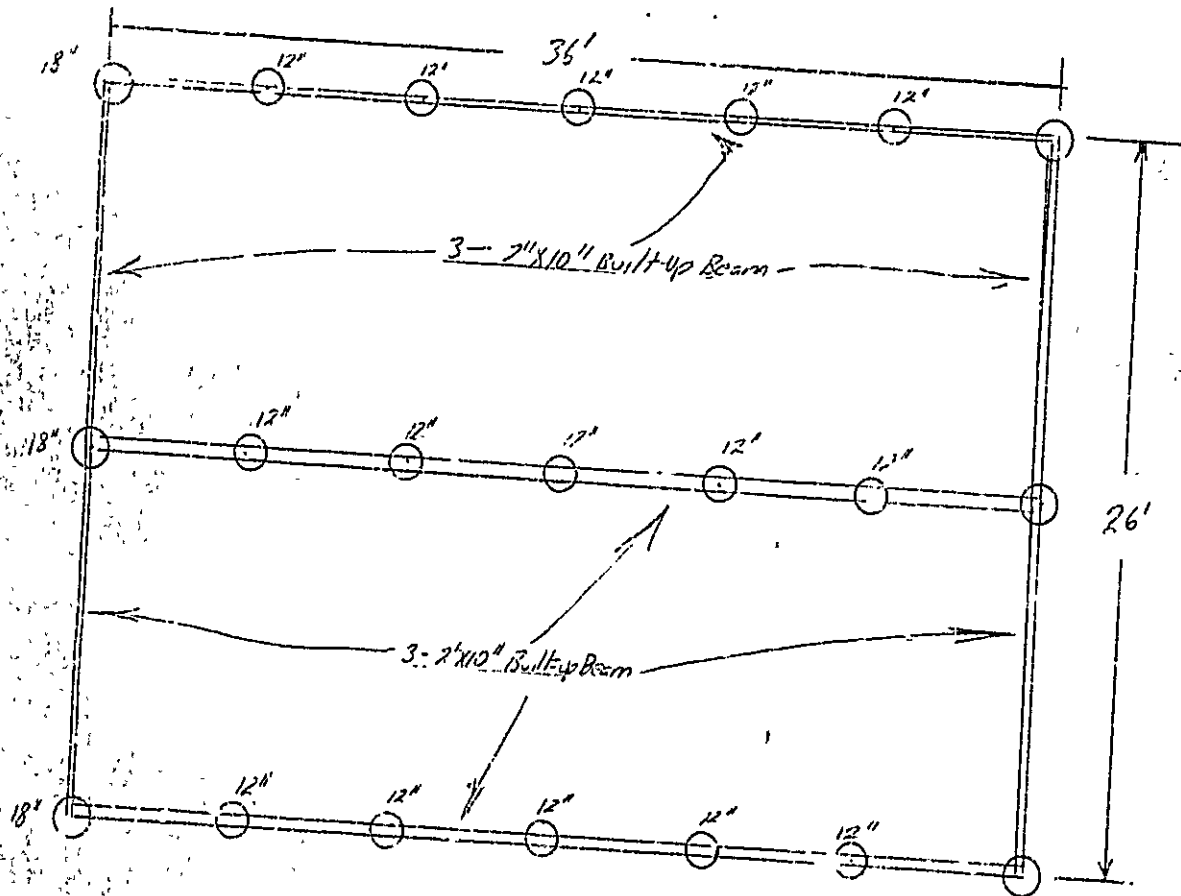
No contours are required.
If you have any questions please give me a call.

W. Boothby

RECEIVED

NOV 03 1988

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND



House Foundation Plan

○ - sonotubes

Francis O'Leary
 19 Hillcroft Road
 Jamaica, Plain, Mass.
 08130

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Date August 13, 1985

Applicant Francis M. O'Leary

Mailing Address 19 Hillcroft Rd., Jamaica Plain, Mass.

Proposed Use of Site XXXXXXXXXXXXX Single Family

Acres of Site 23.428 sq. ft. / Ground Floor Coverage 912 sq. ft.

Address of Proposed Site 02130 91-P-9 Reed Ave., Peaks Island

Site Identifier(s) from Assessors Maps 91-P-9

Zoning of Proposed Site R-3

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 912 sq. ft.

Other Comments: _____
 Date Dept. Review Due: _____

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

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

Explanation _____
 Use complies with Zoning Ordinance — Staff Review Below

Zoning SPACE & BULK, as applicable

COMPLIES
 COMPLIES CONDITIONALLY
 DOES NOT COMPLY

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

CONDITIONS SPECIFIED BELOW
 REASONS SPECIFIED BELOW

REASONS: _____

Michael B. Wood 8/13/85
 SIGNATURE OF REVIEWING STAFF/DATE

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant: Prof. J. ... Date: 1-26-85

Mailing Address: 1-26-85 Address of Proposed Site: Deane Island

Proposed Use of Site: XXXXXXXXXX Site Identifier(s) from Assessors Maps: F-3

Zoning of Proposed Site: Shoreland Zone?

Area of Site: 1.2 Ground Floor Coverage: 1.2 Proposed Number of Floors: 1

Site Location Review (DZ?) Required: () Yes () No Total Floor Area: 322 sq. ft.

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

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received)

APPROVED
 APPROVED
 CONDITIONALLY
 DISAPPROVED

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

CONDITIONS
 SPECIFIED
 FOLLOW

REASONS
 SPECIFIED
 BELOW

REASONS: 1) The first floor elevation of the structure shall be at least two feet above the 100 year flood level.
 2) All disturbed areas shall be loamed and seeded.

(Attach Separate Sheet if Necessary)

Robert J. Ray Aug 15, 1985
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

September 16, 1985

Francis M. O'Leary
19 Hillcroft Road
Jamaica Plain, MA 02130

RE: #91-P-9 Reed Avenue, Peaks Island

Dear Mr. O'Leary:

Permit to construct a 26' x 36' single family dwelling with no garage as per plans is being issued with the following site plan and building code requirements.

Under Site Plan Review, Public Works (Robert Roy) requires that:
(a) The first floor elevation of the structure shall be at least 2 feet above the 100 year flood level; and (b) All disturbed areas shall be loamed and seeded.

Please read the attached B.O.C.A. regulations that give the minimum sizes of bedroom windows and smoke detector requirements. Consult with your field inspector as to proper placement of the detectors.

Very truly yours,

Marge Schmuckal
Acting Building Code Examiner

MS/kat
Enclosure

BOCA BASIC BUILDING CODE - 1984

Section 809.4 - Emergency Escape

Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53 m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).

Section 1716.3.4 - Sleeping Areas and Dwelling Units

In addition to any automatic fire alarm system required by Sections 1716.3.2 and 1716.3.3, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

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

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

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

608.1 Attached garages: Private garages located below

91-P-9

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3926

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND - PEAKS ISLAND**

Street: **REED AVENUE**

Subdivision Lot #: **TAX MAP 91 BLOCK F LOT 9**

PROPERTY OWNER'S NAME

Last: **O'LEARY FRANCIS**

Applicant Name: **FRANCIS O'LEARY**

Mailing Address of Owner/Applicant (if different): **19 Hillcroft Road
Jamaica Plain, Mass 02130**

APPROVED

Caution: Permit Required 8-13-85

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

CITY OF PORTLAND

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: *William G. Chisholm* 1101 Date Approved: **2-20-91**

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 2. <input type="checkbox"/> TRENCH</p> <p>3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input 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 23,428 SF</p> <p>ZONING R-3</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW, BEDROOMS SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>4 BEDROOM MINIMUM</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>2</u> CONDITION: <u>A11</u></p> <p>DEPTH TO LIMITING FACTOR: <u>24</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" 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 checked="" type="checkbox"/> PED <u>1200</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>300</u> (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

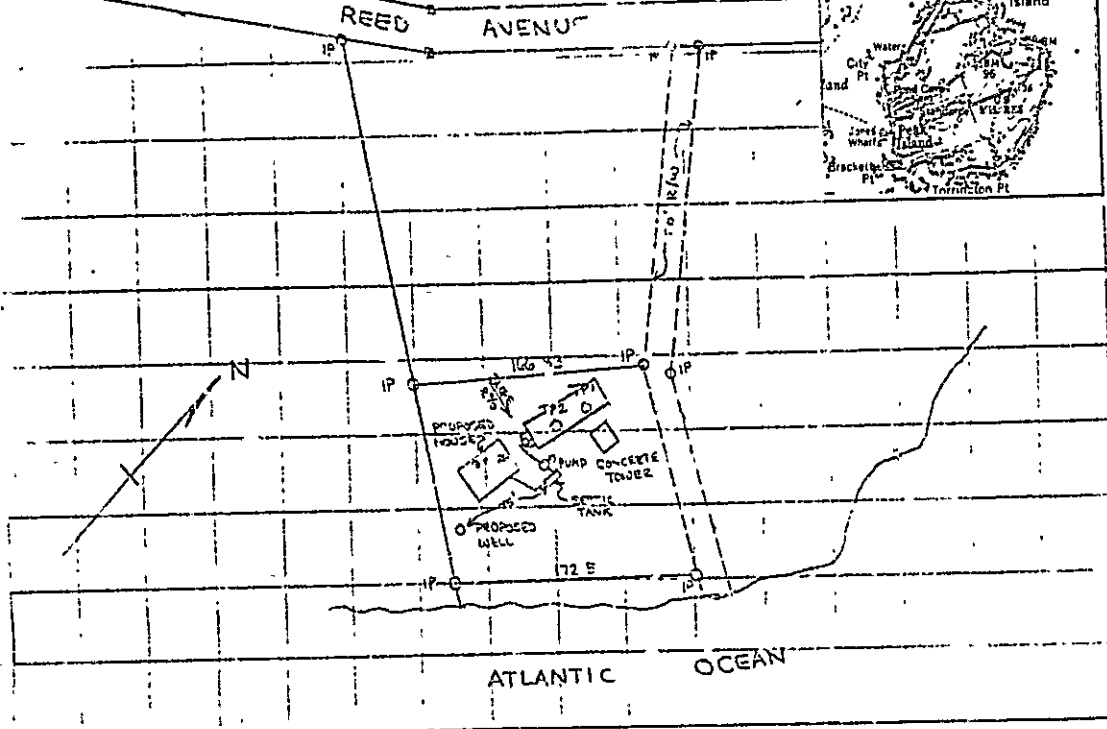
On JUNE 23, 1984 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator or Professional Engineer's Signature: William G. Chisholm 003 14814 Date: 8/13/85

SE PE

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **REED AVE 91-P-9** Owners Name: **FRANCIS O'LEARY**

SITE PLAN Scale 1" = 100 FL



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observational Holes Shown Above)			
Observation Hole	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Depth of Organic Horizon Above Mineral Soil	Observation Hole	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Depth of Organic Horizon Above Mineral Soil
2' FOREST PEAT				2			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
LOAM	LOOSE	DARK BROWN	NONE	LOAM	LOOSE	DARK BROWN	
SILTY SAND		LIGHT GRAY	FEW	SILTY LOAM	FRIABLE	LIGHT GRAY	NONE
SANDY LOAM	MODERATELY FRIABLE	RED BROWN	NONE	SANDY LOAM	MODERATELY FRIABLE	RED BROWN	FEW
RED ROCK				RED ROCK			
Soil	Classification	Slope	Limiting Factor	Soil	Classification	Slope	Limiting Factor
2	AIII Coron	2	20	2	AIII Coron	2	24

William B. Gardner 003/4814 **8/13/85** Page 2 of 3
 Site Evaluator or Professional Engineer's Signature SEP/PEP DTS HBE-200 Rev 4/80

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

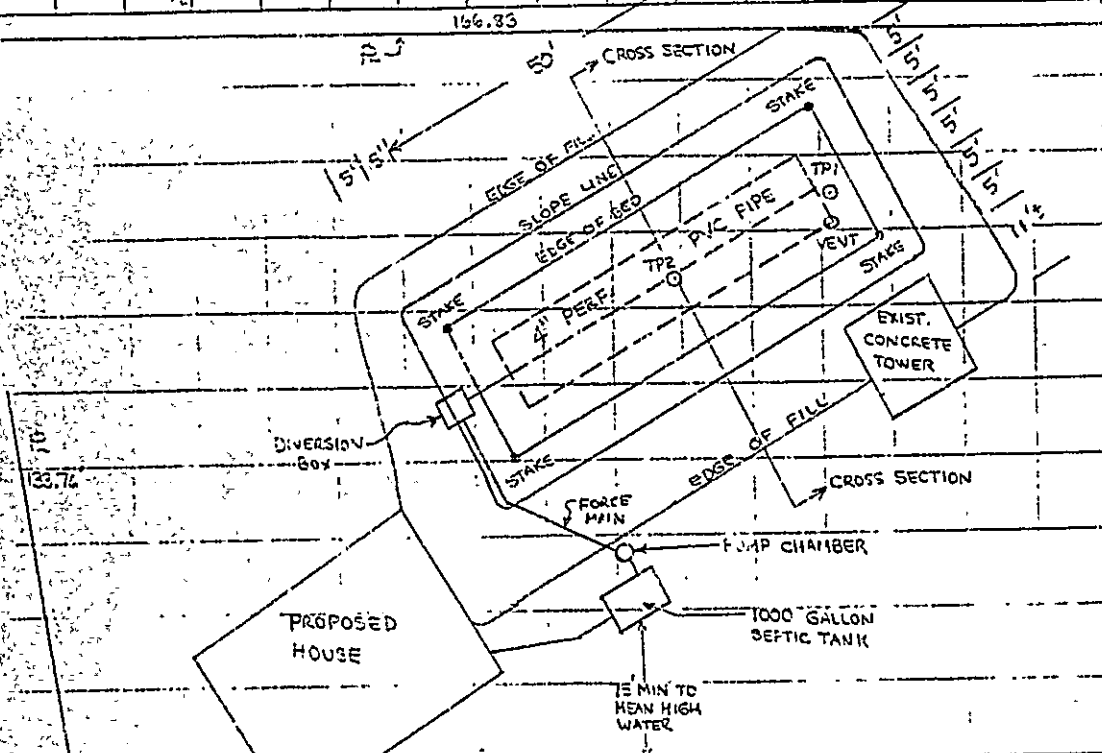
Owners Name

PORTLAND PEARS ISLAND REED AVE 91-P-9

FRANCIS O'LEARY

SUBSURFACE WASTEWATER DISPOSAL PLAN

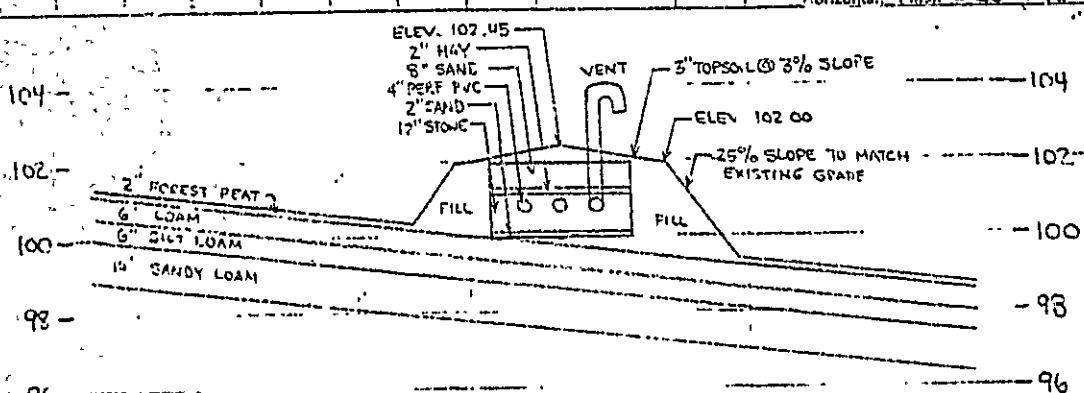
Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	24'	Reference Elevation Is	100.00	CONCRETE FLOOR OF CONCRETE TOWER	
Depth of Fill (Downslope)	32'	Bottom of Disposal Area	100.00		
		Top of Distribution Lines or Chambers	101.03		

DISPOSAL AREA CROSS SECTION

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



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

003/9014
SE #1 PE #

8/13/85
Date

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