

ISLAND AVENUE  
92-F-2 PEAKS ISLAND





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 for Alterations, etc.

To the Portland, September 27, 1922 192  
 INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following described building:—

Location Island Avenue, Peaks Island Ward, 1 in fire-limits? no  
 Name of Owner or Lessee, Mrs Louise Blum Address 1209 Monocacy Street  
 " Contractor, Charles Ross " Peaks Island  
 " Architect \_\_\_\_\_

Description of Present Bldg.

Material of Building is wood Style of Roof pitch Material of Roofing, shingle  
 Size of Building is 25ft feet long; 25ft feet wide. No. of Stories, 2 1/2  
 Cellar Wall is constructed of posts is \_\_\_\_\_ inches wide on bottom and batters to \_\_\_\_\_ inches on top.  
 Underpinning is \_\_\_\_\_ is \_\_\_\_\_ inches thick; is \_\_\_\_\_ feet in height.  
 Height of Building 26ft Wall, if Brick; 1st, \_\_\_\_\_ 2d, \_\_\_\_\_ 3d, \_\_\_\_\_ 4th, \_\_\_\_\_ 5th, \_\_\_\_\_  
 What was Building last used for? cottage No. of Families? 1  
 What will Building now be used for? same

REFORM

### DETAIL OF PROPOSED WORK

Build fire place and tile lined chimney all to comply with the building ordinance

Estimated Cost \$150.

### IF EXTENDED ON ANY SIDE

Size of Extension, No. of feet long? \_\_\_\_\_; No. of feet wide? \_\_\_\_\_; No. of feet high above sidewalk? \_\_\_\_\_  
 No. of Stories high? \_\_\_\_\_; Style of Roof? \_\_\_\_\_; Material of Roofing? \_\_\_\_\_  
 Of what material will the Extension be built? \_\_\_\_\_ Foundation? \_\_\_\_\_  
 If of Brick, what will be the thickness of External Walls? \_\_\_\_\_ inches; and Party Walls \_\_\_\_\_ inches.  
 How will the extension be occupied? \_\_\_\_\_ How connected with Main Building? \_\_\_\_\_

### WHEN MOVED, RAISED OR BUILT UPON

No. of Stories in height when Moved, Raised, or Built upon? \_\_\_\_\_ Proposed Foundations \_\_\_\_\_  
 No. of feet high from level of ground to highest part of Roof to be? \_\_\_\_\_  
 How many feet will the External Walls be increased in height? \_\_\_\_\_ Party Walls \_\_\_\_\_

### IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED

Will an opening be made in the Party or External Walls? \_\_\_\_\_ in \_\_\_\_\_ Story.  
 Size of the opening? \_\_\_\_\_ How protected? \_\_\_\_\_  
 How will the remaining portion of the wall be supported? \_\_\_\_\_

Signature of Owner or Authorized Representative \_\_\_\_\_  
 Address \_\_\_\_\_

*Mrs. J. E. Ross*  
Peaks Island  
me

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

Island Ave, Peaks ✓

10 Julius  
E-2  
92 A-3450

Miss Louise Brown  
NTP

E.B. Petruccas  
OK. 1924

## FINAL REPORT

192

Has the work been completed in accordance with this application and plans filed and approved?

Law been violated? Doc. No. of 192

Nature of violation?

Violation removed, when? 192

Estimated cost of alterations, etc., \$

Inspector of Buildings

PERMIT WORK BE OBTAINED BEFORE BEGINNING WORK

PERMIT GRANTED

Sept 27, 1922

102

Permit filled out by

Permit number

Location Island Ave, Peaks

MISS GRAYD STATED ON SEPT 15, 1922

Inspector of Buildings

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(707) 289-3526

**PROPERTY ADDRESS**  
Town Or Plantation: Peaks Island  
Street: Island Ave  
Subdivision Lot #

**PROPERTY OWNERS NAME**  
Last: Patterson First: Charlot  
Applicant Name: Island Bay Services Inc  
Mailing Address of Owner/Applicant (if Different): P.O. Box 48 Peaks Island

PORTLAND 3961 TOWN COPY  
Date: 08/29/90 Fee: 120.00  
Local Plumbing Inspector: [Signature] L.P.I. # 01123

**Owner/Applicant Statement**  
I certify that the information furnished is correct to the best of my knowledge and understand that any falsification is a violation of the Local Plumbing Inspector's Jurisdiction.  
[Signature]  
Signature of Owner/Applicant Date: \_\_\_\_\_

**Caution: Inspection Required**  
I have inspected the installation submitted above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.  
Local Plumbing Inspector Signature: \_\_\_\_\_ Date: AUG 27 1990

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

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

**THIS APPLICATION REQUIRES:**

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

**INSTALLATION IS COMPLETE SYSTEM**

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)
- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**  
YEAR FAILING SYSTEM INSTALLED: 1970  
THE FAILING SYSTEM IS:  
1.  SEPTIC 3.  TRENCH  
2.  CHAMBER 4.  OTHER

**DISPOSAL SYSTEM TO SERVE:**

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

**TYPE OF WATER SUPPLY**  
Public

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

**TREATMENT TANK**

- SEPTIC  Regular  Low Profile
- AFFROBIC

SIZE: 1000 GALS.

**WATER CONSERVATION**

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

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED  
(DEPENDENT ON TREATMENT TYPE, LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS

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

DESIGN FLOW: \_\_\_\_\_ (GALLONS/DAY)

**CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: \_\_\_\_\_ CONDITION: \_\_\_\_\_

DEPTH TO LAYER FACTOR: \_\_\_\_\_

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SQ FT**

- RED \_\_\_\_\_ Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER \_\_\_\_\_

**SITE EVALUATOR STATEMENT**  
On \_\_\_\_\_ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.  
 SITE EVALUATION WAS CONDUCTED BY LOCAL OFFICE

Site Evaluator or Professional Engineer's Signature: \_\_\_\_\_  
Local Plumbing Inspector Signature if a Local Site Evaluator: \_\_\_\_\_  
SE/PEP \_\_\_\_\_  
Date: \_\_\_\_\_  
Printed: \_\_\_\_\_  
1986-200 Rev. 4/83