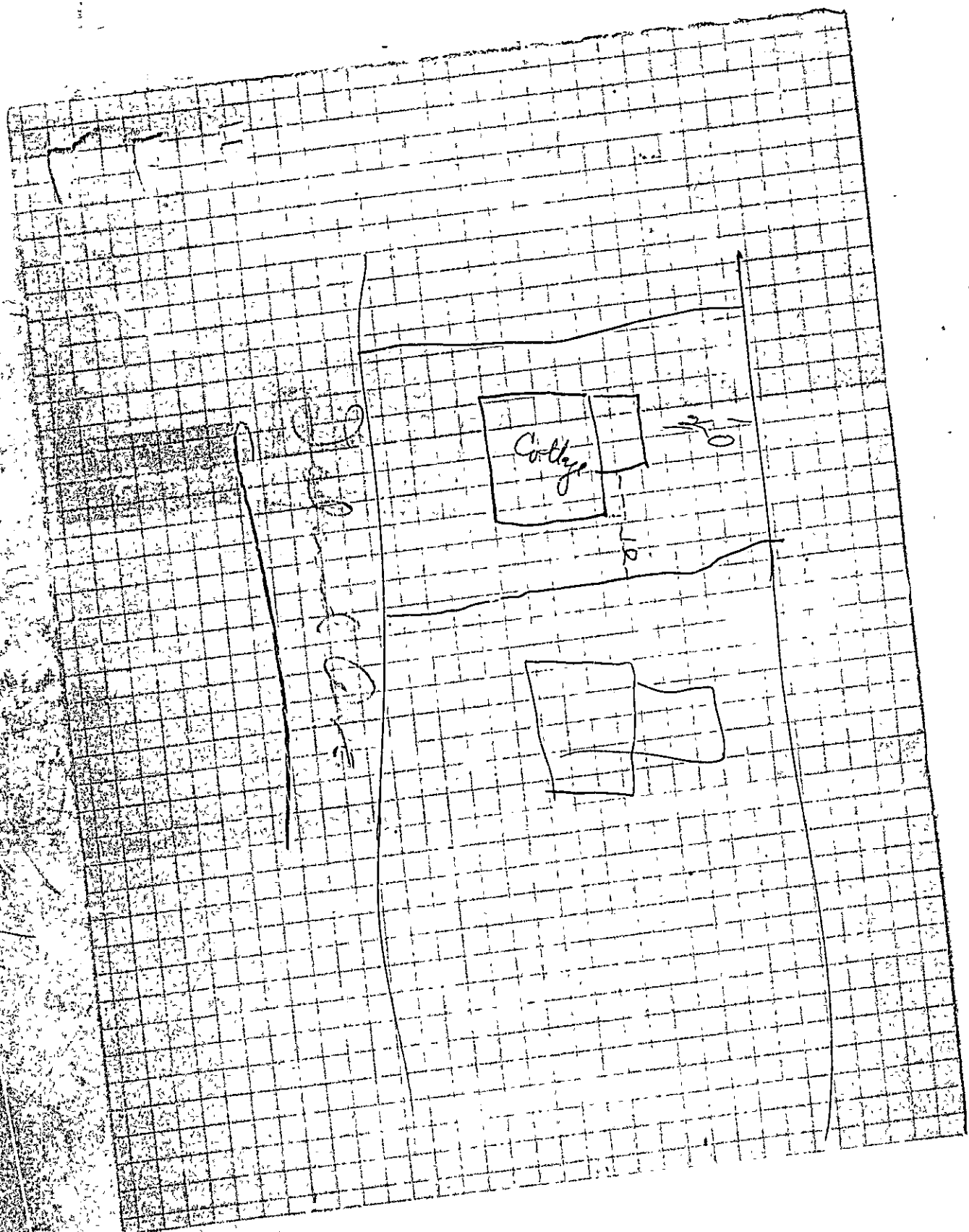


EVERGREEN AVE., PEAKS ISL.

92-F-28





PERMIT ISSUED

Permit No. 103  
MAR 5 1929

# APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine March 4, 1929

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Island Avenue, Evergreen Landing Ward 1 Within Fire Limits? No Dist. No. \_\_\_\_\_

Owner's or Lessee's name and address Mrs. J. G. Lookey, East Orange, N.J. Telephone \_\_\_\_\_

Contractor's name and address P. V. Knight, Peaks Island Telephone 103 - 2

Architect's name and address \_\_\_\_\_

Proposed use of building Cottage No. families 1

Other buildings on same lot none

### Description of Present Building to be Altered

Material wood No. stories 1 1/2 Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_

Last use Cottage No. families 1

### General Description of New Work

To put roof 4' x 10' on rear corner of cottage over existing concrete platform or wall

NOTIFICATION OF CLOSURE OR OCCUPANCY EQUIPMENT IS WANTED

### Details of New Work

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_

To be erected on solid or filled land? solid earth or rock? \_\_\_\_\_

Material of foundation concrete Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_

Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_

Kind of roof flat 2" to foot Roof covering Asphalt roofing Class C Urd. Lab.

No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_

Kind of heat \_\_\_\_\_ Type of fuel \_\_\_\_\_ Distance heater to chimney \_\_\_\_\_

If oil burner, name and model \_\_\_\_\_

Capacity and location of oil tanks \_\_\_\_\_

Is gas fitting involved? \_\_\_\_\_ Size of service \_\_\_\_\_

Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_

Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. in centers \_\_\_\_\_

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

Joists and rafters: 1st floor \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ roof 2x4

On centers: 1st floor \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ roof 16"

Maximum span: 1st floor \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ roof 4x4

If one story building with masonry walls, thickness of walls? \_\_\_\_\_ height? \_\_\_\_\_

### If a Garage

No. cars now accommodated on same lot \_\_\_\_\_ to be accommodated \_\_\_\_\_

Total number commercial cars to be accommodated \_\_\_\_\_

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? \_\_\_\_\_

### Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? No

Plans filed as part of this application? yes No. sheets 1

Estimated cost \$5. Fee \$ 25.

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

Signature of owner Mrs. J. G. Lookey

INSPECTION COPY

9595



Ward 1 Permit No. 29/09

Location Salmon Ave. Peaks

Owner Mr. J. C. Mackey

Permit 3/3/29

Notif. closing-in

Inspn. closing-in

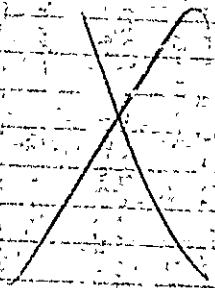
Fine if

Final Inspn.

Cert. of Occupancy issued

NOTES

92  
38  
11/2/29 Work done  
ajs





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.

Portland, Me., ~~JANUARY 10, 1925.~~ 10

To the  
 INSPECTOR OF BUILDINGS:

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

Description of Present Bldg.

Location ..... Island Avenue, Peaks Island ..... Ward 1 ..... in fire-limits? no  
Evergreen Landing  
 Name of Owner or Lessee, ..... W. H. Jackee ..... Address 32 Union Sq, N. Y.  
 " " Contractor, ..... J. F. Stimpson ..... " Peaks Island  
 " " Architect, ..... " .....  
 Material of Building is ..... wood ..... Style of Roof, ..... pitch ..... Material of Roofing, shingle  
 Size of Building is ..... 20ft ..... feet long; ..... 25ft ..... feet wide. No. of Stories, 1 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 ..... 16ft 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? cottage

### Detail of Proposed Work

Change two windows in side of house, put in door, tear down lean-to on rear of cottage and rebuild addition to be used as kitchen, bedroom and bath. Build fire-place and tile-lined chimney all to comply with the building ordinance

Estimated Cost \$ 300.

### 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

J. F. Stimpson

Add as

Peaks I. Maine

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK







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.

Portland, Me., Sept. 23, 1924..... 19

To the  
 INSPECTOR OF BUILDINGS:

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

Location ..... Evergreen Landing, Peaks Ward 1 ..... in fire-limits? no.....  
 Name of Owner or Lessee, W H Lackie ..... Address New York City.....  
 " " Contractor, Charles Ross ..... " Peaks Island.....  
 " " Architect, ..... " .....  
 Material of Building is wood ..... Style of Roof, pitch ..... Material of Roofing, asphalt.....  
 Size of Building is 30ft feet long; 25ft feet wide. No. of Stories, 1 1/2.....  
 Cellar Wall is constructed of ..... is ..... inches wide on bottom and batters to ..... inches on top.  
 Underpinning is ..... is ..... inches thick; is ..... feet in height.  
 Height of Building ..... 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? ..... cottage 1 family.....

Description of Present Bldg.

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

### Detail of Proposed Work

build tile lined chimney and fire place also platform for kitchen.....  
and addition to retaining wall.....  
all to comply with the building ordinance.....

Estimated Cost \$ 225.....

### 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

Arthur H. Ross  
Peaks Island

Feb 2/10





Evergreen Landing

Sept. 25, 1924

Fit 5a

9-9-25

5060

Application for Permit for Altimeter etc

Large must I. 1924 with this exhibit sign. Altimeter - application returned for serial number. 10/10/24 and 4 and must be returned complete and signed.

W. F. Jackson

Application for permit for altimeter etc. The altimeter is to be used on the ship. The altimeter is to be used on the ship. The altimeter is to be used on the ship.

Form with fields for Name, Address, Date, and other details. Includes a section for 'Remarks' and a signature line.

Detail of Francisco West

Francisco West, California. Detail of Francisco West, California. Detail of Francisco West, California.

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

287-5672  
 Department of Human Services  
 Division of Health Engineering  
 (207) 295-3826

**PROPERTY ADDRESS:**

Town Or Plantation: PORTLAND (PEAKS ISLAND)  
 Street Subdivision Lot #: MAP 92, BLOCK F, LOTS 28 & 29  
EVERGREEN AVENUE

**PROPERTY OWNERS NAME:**

Last: LACKIE First: KENNETH WILLIAM

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): 6629-32nd STREET N.W. WASHINGTON, D.C. 20015

**PORTLAND** Caution: Permit Required

5098 **TOWN COPY**

Date Permit Issued: 6-2-94 \$ 1160  Double Fee Charged

*Arthur Rowe*  
 Local Plumbing Inspector License # 0124  
 Chief Plumbing Inspector

**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.

*K. L. Lackie* 9/1/93  
 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.

*Arthur Rowe* 9-29-96  
 Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM                  2. <input type="checkbox"/> REPLACEMENT SYSTEM                  3. <input type="checkbox"/> EXPANDED SYSTEM                  4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p><b>SEASONAL CONVERSION</b>                  to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES                  6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER                  7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____                  8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p><b>IF REPLACEMENT SYSTEM:</b>                  YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BCD      3. <input type="checkbox"/> TRENCH                  2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER: <u>STRAIGHT PIPE</u></p> <p>SIZE OF PROPERTY: <u>9914 S.F.±</u>      ZONING: <u>IR 2</u></p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE                  2. <input type="checkbox"/> NEW SYSTEM VARIANCE                  Attach New System Variance Form                  3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE                  Attach Replacement System Variance Form                  a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval                  b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval                  4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>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 _____</p>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM                  2. <input type="checkbox"/> PRIMITIVE SYSTEM                  (Includes Alternative Toilet)                  3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)                  5. <input checked="" type="checkbox"/> HOLDING TANK <u>1300</u> GAL                  (OR 1500)                  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</p> <p><b>TYPE OF WATER SUPPLY</b></p> <p><u>PUBLIC WATER</u></p>
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**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular  <input type="checkbox"/> Low Profile                  2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: _____ GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE                  2. <input checked="" type="checkbox"/> LOW VOLUME TOILET                  3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM                  4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED                  2. <input type="checkbox"/> MAY BE REQUIRED                  (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)                  3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p style="text-align: center;"><small>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</small></p> <p style="text-align: center;"><b>SEASONAL COTTAGE (2 BEDROOM)</b></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>Shallow to bedrock</u>      CONDITION: _____</p> <p>DEPTH TO LIMITING FACTOR: _____</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL                  2. <input type="checkbox"/> MEDIUM                  3. <input type="checkbox"/> MEDIUM-LARGE                  4. <input type="checkbox"/> LARGE                  5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ 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: _____</p>	

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

**SITE EVALUATOR STATEMENT**

On April 1, 1993 (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.

*Albert Frick* 163 8/18/93  
 Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion)

Page 1 of 3  
 HHE-200 Rev. 11/86

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Parish

Street, Road, Subdivision

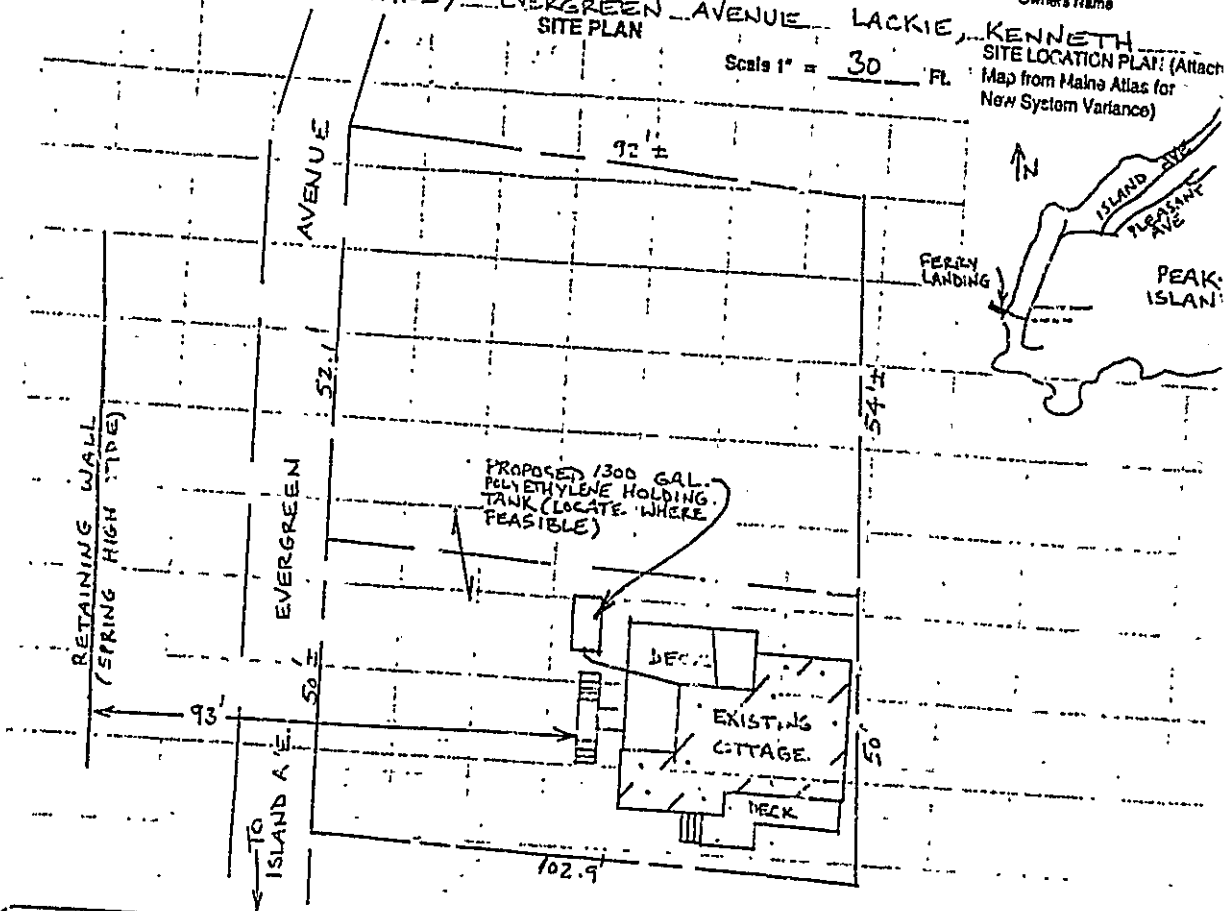
Department of Human Services  
Division of Health Engineering

PORTLAND (PEAKS ISLAND) EVERGREEN AVENUE LACKIE, KENNETH  
SITE PLAN

Owner's Name

Scale 1" = 30' PL

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



## SOIL DESCRIPTION AND CLASSIFICATION: (Location of Observation Holes Shown Above)

Observation Hole  Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

*Shallow to bedrock  
less than 80' to  
table water*

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
		%		<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole  Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
		%		<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

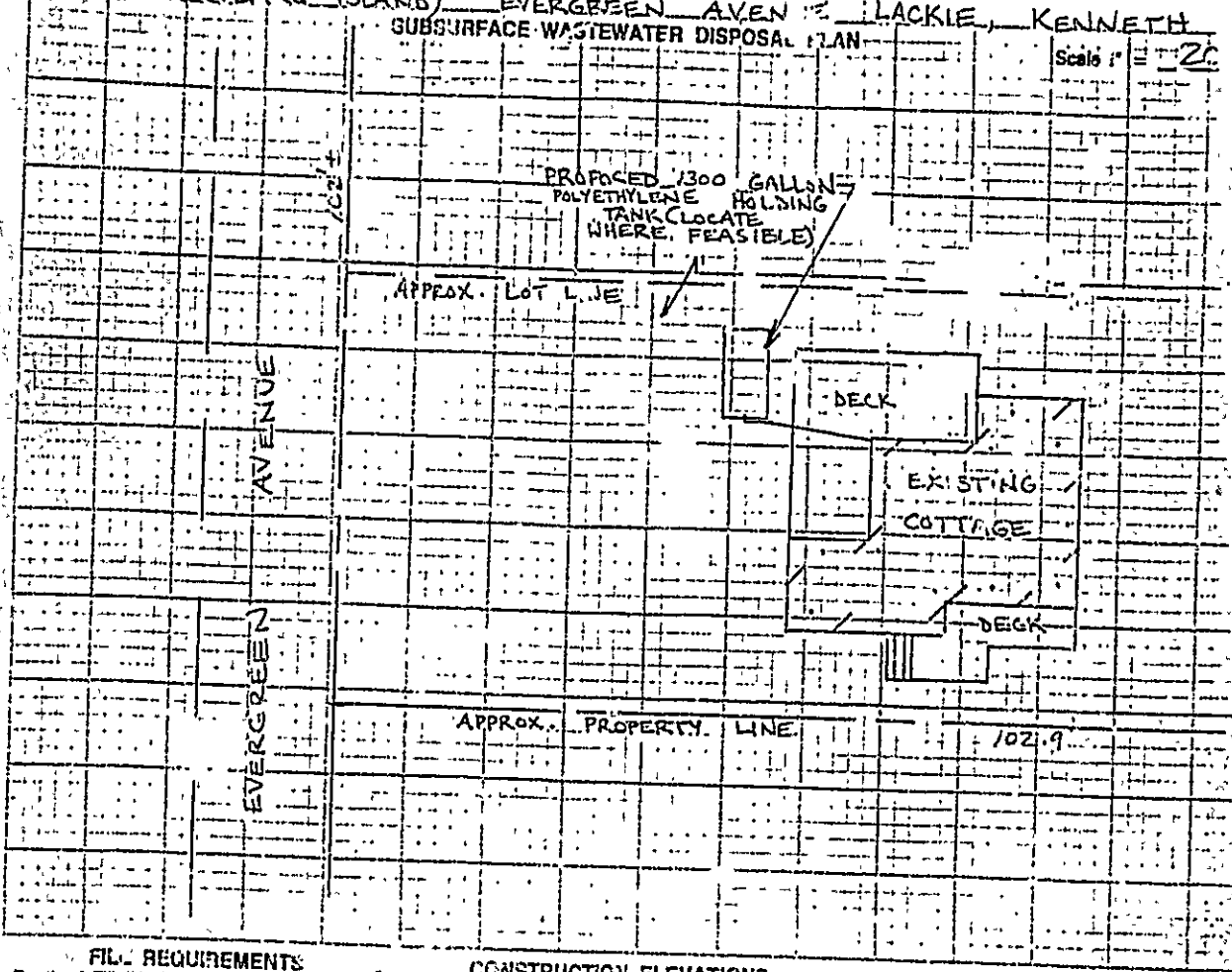
Department of Human Services  
Division of Health Engineering

Town, City, Parish

Street, Road, Subdivision

Owner's Name

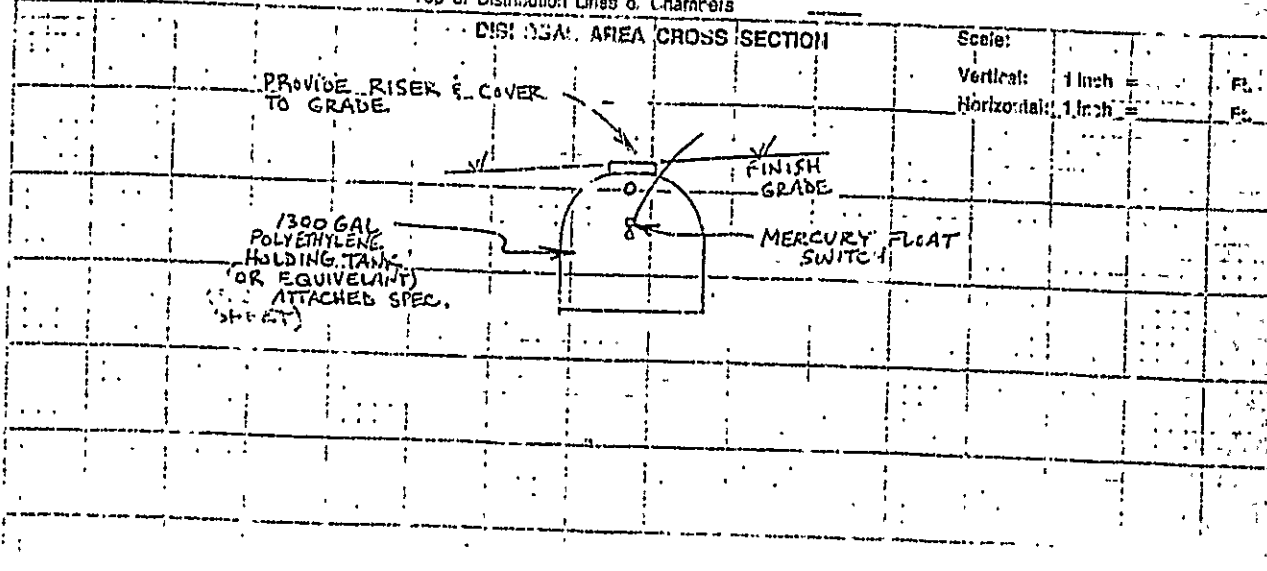
PORTLAND (PEAKS ISLAND) EVERGREEN AVENUE LACKIE, KENNETH  
SUBSURFACE WASTEWATER DISPOSAL PLAN Scale 1" = 20'



**FILL REQUIREMENTS**  
 Depth of Fill (Upslope)  
 Depth of Fill (Downslope)

**CONSTRUCTION ELEVATIONS**  
 - - - - - Ref. Elevation Is  
 - - - - - Bottom of Disposal Area  
 - - - - - Top of Distribution Lines or Chambers

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**





EVERGREEN AVE., PEAKS ISL.

92-F-29



CITY OF PORTLAND, MAINE

EXECUTIVE DEPARTMENT

CITY COUNCIL  
EDWARD C. HERRY, CHAIRMAN  
ARTHUR E. CRAIG  
W. KARL ESKILSON  
WILLIAM J. WARD  
HARRY E. MARTIN

JAMES E. HARLOW  
CITY MANAGER  
TELEPHONE  
DIAL 3-0682 & 3-8307

*Planned  
confound  
5/26/29*

April 24, 1939

Mr. Oliver T. Sanborn  
Chief of the Fire Department  
118 Federal Street  
Portland, Maine

Dear Sir:

Attached hereto is a copy of a letter, dated April 17th,  
from Mrs. W. H. Lackie, Room 1088, Eastland Hotel, in regard  
to the debris left from cottages burned on each side of her  
cottage on Peaks Island.

Have your any suggestion to make in regard to her re-  
quest?

Very truly yours,

*JEB*  
James E. Harlow  
CITY MANAGER

*92-7-26*

JEB:G  
Enc.

CC: Mr. Warren McDonald  
Inspector of Buildings

RECEIVED  
APR 25 1939  
DEPT. OF BLD'G. INSP.  
CITY OF PORTLAND

*Wagon of Annie Kenworthy 92-7-26-27  
54 Central Ave. Portland, Maine  
Horner Harriet H 92-7-29  
9/Elizabeth Henry  
43 Richardson St*

(COPY)

THE  
EASTLAND

THE  
CONGRESS SQUARE

Portland, Me. April 17, 1939.

Mr. James E. Barlow  
City Manager, Portland, Maine.

Dear Sir,-

I am the owner of a cottage on Peaks Island. Last fall, the house on each side of mine burned to the ground. Much of the debris still remains, making a very unsightly mess for me to look at on both sides.

Is there any law which would compel owners to clean up such ruins and to whom should I write relative to the matter?

Aside from my going to the police headquarters and enlisting their help, I do not know whether or not any move has been made to discover cause of fires and to apprehend the guilty party. I am, naturally quite worried, that cottage being my only home.

I should greatly appreciate any information or help you may be able to give me regarding this matter.

Thanking you for your courtesy, I am

Very truly yours,

(Signed) (Mrs. W. H.)

Georgene N. Lackie

Room 1088  
Eastland Hotel



(A) APARTMENT HOUSE ZONE  
Complaint No. C-39-74

Location: Evergreen Ave. Peabody

Date Received: 5/26/39

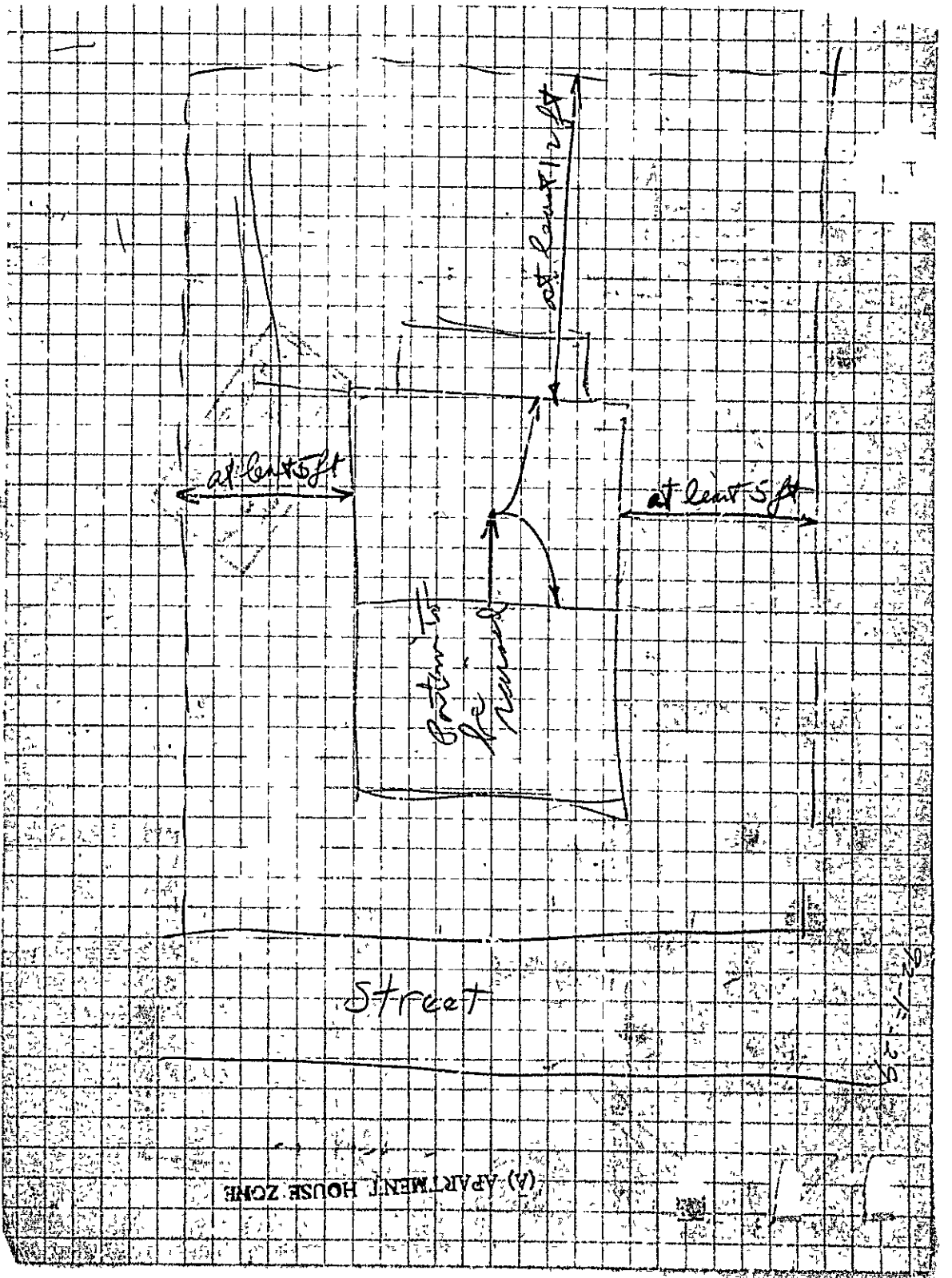
Date disposed of: 5/27/39

NOTES

5/27/39 - Showed  
Chief Langdon

He has seen  
other such matters  
at Peabody and is  
going to handle  
them all together

see complaint C-39/73  
for layout of cottages  
Bo







(A) APARTMENT HOUSE ZONE  
APPLICATION FOR PERMIT

PERMIT 15011  
Permit No. 1129  
JUN 14 1928

Class of Building or Type of Structure Third Class

Portland, Maine, June 6, 1928  
Completed June 14, 1928

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Evergreen Landing, Peaks Island Ward 1 Within Fire Limits? No Dist. No. \_\_\_\_\_  
Owner's or Lessee's name and address Mrs. Richard Horsey, 43 Richardson St. Telephone \_\_\_\_\_  
Contractor's name and address Geogins & Clark, 46 Portland St. Telephone 7 841-4  
Architect's name and address \_\_\_\_\_  
Proposed use of building Cottage No. families \_\_\_\_\_  
Other buildings on same lot 1072

Description of Present Building to be Altered

Material wood No. stories 2 Height \_\_\_\_\_ Style of roof Gitch Roofing Asphalt  
Last use Cottage No. families \_\_\_\_\_

General Description of New Work

To raise the rear portion of the roof of cottage so as to make it two stories high with flat roof. The cottage is now supported upon cedar posts which will be changed to masonry piers. Re-arrange interior partitions and reinforce present side walls to take wall boards. To extend chimney upwards.

Details of New Work

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_  
To be erected on solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_  
Material of foundation masonry piers Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_  
Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_  
Kind of roof Flat Roof covering Tar & Gravel, 5 ply  
No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_  
Kind of heat \_\_\_\_\_ Type of fuel \_\_\_\_\_ Distance, heater to chimney \_\_\_\_\_  
If oil burner, name and model \_\_\_\_\_  
Capacity and location of oil tanks \_\_\_\_\_  
Is gas fitting involved? \_\_\_\_\_ Size of service \_\_\_\_\_  
Corner posts 4x8 Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_  
Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
Studs (outside walls and carrying partitions) 2x4-16" O.C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.  
Joists and rafters: 1st floor \_\_\_\_\_, 2nd 8x8, 3rd \_\_\_\_\_, roof 2x8  
On centers: 1st floor \_\_\_\_\_, 2nd 16", 3rd \_\_\_\_\_, roof 16"  
Maximum span: 1st floor \_\_\_\_\_, 2nd 16', 3rd \_\_\_\_\_, roof 16'  
If one story building with masonry walls, thickness of walls? \_\_\_\_\_ height? \_\_\_\_\_

If a Garage

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

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no  
Plans filed as part of this application? yes No. sheets 1  
Estimated cost \$ 1000. Fee \$ 1.00

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes  
Signature of owner Mrs. Richard Horsey  
F. T. Geogins

INSPECTION COPY

5739

Year 1 Permit No. 28/1129

Location Evergreen Lodge, P.E.

Owner Mr. Richard Henry

Jat permit June 14/28

Notif. closing-in

Inspn. closing-in 92

Final notif. F

Final Inspn. 6/29/28

Cert. of Occupancy issued 92

NOTES

Manic studding  
How close to chimney

Found during at post floor

Stud to be headed  
off where spike pipe  
is close

One length shall go  
ends

the joints almost need to  
close in on studs date  
looked out over with  
change in notes and revised  
and then work 6/29/28

John R. McKernan, Jr.  
Governor



Jane Sheehan  
Commissioner

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

February 16, 1994

Mr. Kenneth Lackie  
6629-32nd St. N.W.  
Washington DC 20015

SUBJECT: Replacement System Variance for Holding Tank installation, K. Lackie property, 4 Evergreen Avenue, Portland (Peaks Island)

Dear Mr. Lackie:

We have reviewed your HHE-200 form by Mr. Albert Frick, SE, HHE-233 form, and supplemental information.

After review of the information submitted, we approve the proposed installation with the following conditions:

1. The installation of a 1500 gallon, (but not less than 1300), holding tank with suitable float alarm meeting the construction standards of CMR 241, Section 17.F.1.
2. The cottage is to be used only seasonally.

Samuel Hoffses, the Local Plumbing Inspector still has to issue a permit prior to the system's installation. The system needs to be constructed in compliance with the approved application. This approval does not release you from having to comply with more stringent local ordinances and other state laws. The owner shall on an annual basis, provide the municipal officers or LURC with copies of their pumping records.

Yours very truly,

A handwritten signature in cursive script that reads "Jay Hardcastle".

Jay Hardcastle  
Wastewater & Plumbing Control  
Division of Health Engineering

JH/.d

cc: Samuel Hoffses, LPI  
Albert Frick, SE

### HOLDING TANK APPLICATION

This form along with a completed HHE-200 form constitutes an application for installation of a holding tank to receive sanitary wastewater. Holding tanks are permitted only for:

- the replacement of a malfunctioning subsurface disposal system, surface discharge, or overboard discharge when no other alternative is available and no change in usage is proposed;
- for new commercial or industrial facilities generating less than 500 GPD of wastewater when no other alternative is available;
- for temporary use by a new single family dwelling when a public sewer will be available within 18 months.

Applications not meeting one of the above criteria will be immediately rejected. Incomplete applications will be returned. Applications for new commercial or industrial facilities require the submission of a \$20.00 review fee. The Department reserves the right to require attachment of deed covenants restricting the use of the property as a condition of approval of any holding tank application.

All appropriate blanks must be completed and all signatures obtained prior to submission for approval.

#### APPLICANT

First Name: KENNETH Last Name: LACKIE

Address: 6629 - 32<sup>nd</sup> STREET N.W.

City/Town: WASHINGTON, D.C. State: \_\_\_\_\_ Zip: 20015

#### PROPERTY

Address: 4 EVERGREEN AVENUE (MAP 92, BLOCK F, LOTS 28 & 29)

City/Town: PORTLAND (PEAKS ISL.) Zip: 04106

Replacement  New Commercial Installation (\$20 Review Fee)

Age of old System: \_\_\_\_\_ Type of Old System: OVERBOARD DISCHARGE

#### PUMPER

Business Name: Island Bay Services Inc.

Address: P.O. Box 48

City: Peaks Island Me Zip: 04108

Truck Capacity: 3000 Can Pump From 11/1/92 to 11/1/94

Disposal Site: Portland Wastewater Dist, Portland, ME Peaks Island

PROPERTY OWNER

I, Kenneth W. Lackie, am the owner of the property described in this application. I hereby do swear that all information regarding the past, present, and planned future uses of the property is accurate. I understand that a conventional subsurface wastewater disposal system is not feasible on my property and that the holding tank is only a temporary receptical and requires periodic maintenance. I have contracted with the individual specified on the form as the pumper to periodically empty the holding tank. I further agree to file with the Registry of Deeds and to abide by any deed covenants that may be required by the Department as a condition of approval.

Kenneth W. Lackie 9/2/93  
Property Owner's Signature Date

SITE EVALUATOR

I, ALBERT FRICK, state that I have evaluated the subject property and find that there is no feasible subsurface wastewater disposal system for this property. I have completed an HHE-200 form proposing a holding tank as the only alternative for on-site wastewater disposal.

Albert Frick 8/17/93  
Site Evaluator's Signature Date

PUMPER

I, T. Covington Johnson, operate a septage removal service as described on this form and have contracted with the property owner to remove holding tank wastes from the subject property. I state that I have the necessary equipment and capacity to service the subject property and that I will dispose of the wastewater at an approved site.

T. Covington Johnson 9/1/93  
Pumper's Signature Date

LOCAL PLUMBING INSPECTOR

I, R. Samuel Hoffes, local plumbing inspector for the municipality of CITY OF F.L.D. MD have visited the subject property and reviewed this application and concur with the site evaluation that a holding tank is the only feasible option for this property.

R. Samuel Hoffes 12/10/93  
Local Plumbing Inspector's Signature Date

MUNICIPAL OFFICERS

We, municipal officers for Corroand, have reviewed this application and do state that the installation of a holding tank on the subject property does not conflict with any local ordinances.

Robert Gandy  
Municipal Officer's Signature Title Date

Municipal Officer's Signature Title Date

Municipal Officer's Signature Title Date