



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to Steve Nilsen

LOCATION: Brook Lane, Peaks Island

Date of Issue: May 12, 1938

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use, under Building Permit No. 87/1415 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.

Entire
PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY:

Single Family

Limiting Conditions:

This certificate supersedes certificate issued

Approved: [Signature]

(Date) 2038

Inspector

[Signature]

Inspector of Buildings

Notice: This certificate identifies a lawfully existing building or premises and shall be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE
Department of Building Inspection

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LOCATION Brook Lane, Paake Island

Date of Issue May 12, 1988

Issued to Steve Nilsen

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 87/1415, 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

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

5-12-88 *Arthur P. Hall*
(Date) Inspector

Arthur P. Hall
Inspector of Building

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 ISSUED

PERMIT # 1416 PORTLAND BUILDING PERMIT APPLICATION DATE 10/5/87

NOV 2 1987

City Of Portland

I. GENERAL INFORMATION

Location/address of construction Carroll Lane, Peaks Island

1. Owner's name Steve Nilsson Tel. ahon-774-628

Address rup Street, Peaks Island 04108

2. Lessee's name _____ Tel. _____

Address _____

3. Contractor's name Evergreen Building & Design, Inc.

Address P.O. Box 7637, Portland 04112

4. Is this a legally recorded lot? yes _____ no _____

II. DESCRIPTION OF WORK:

minor site plan review to construct single family dwelling as per plans

send permit to #3

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

IV. ZONE _____ Street frontage _____ Zoning board approval no. yes date _____

Setbacks: front _____ back _____ side _____ side _____ Planning board approval no. yes date _____

V. REVIEW REQUIRED: variance _____ other _____ Number of off-street parking spaces _____

site plan _____ subdivision _____ shore _____ floodplain mgmt _____ enclosed _____ outdoors _____

VI. FEES:

base fee _____ other fees \$320.00 pd 10/5/87

subdivision fee _____ late fee _____

site plan review fee minor - \$50.00 pd 10/5 TOTAL _____

VII. DETAILS OF WORK

1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size _____ # smoke detectors _____	8. CHIMNEY: # flues _____ material _____ # fireplaces _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT: type _____ fuel _____	10. If 1-story building w/masonry walls: wall thickness _____ height _____	11. BEDROOM WINDOWS height- width _____ sill height _____ egress window? - yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION: type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING SPRINKLER _____		

VIII. OFFICE _____

AX MAP _____

LOT # _____

VALUE/S _____

PERMIT EXPIRATION _____

IX. NEW OR PHASED SUBDIVISION REFERENCE:

Name _____

Lot _____

Block _____

CODE _____ If other, explain _____

X. PROPOSED USE: 101 - Single Family Seasonal _____ Condominium _____ Apartment _____

XI. PAST USE: _____

XII. OWNERSHIP: PUBLIC _____ PRIVATE _____

XIII. EST. CONSTRUCTION COST: 59,000 XIV. GR. SQ. FT. OF LOT: _____
BUILDING _____

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY:	# BEDROOMS	XVI. # RESIDENTIAL UNITS:
# NEW DWELLING UNITS WITH:	1-BDRM _____ 2-BDRMS _____ 3-BDRMS _____	# NEW DWELLINGS _____
# EXISTING DWELLING UNITS WITH:		# EXISTING DWELLINGS _____
		TOTAL RESIDENTIAL UNITS _____

APPROVALS BY: _____ DATE _____

BUILDING INSPECTION - PLAN EXAMINER _____

ZONING: _____

C.E.O. _____

FIRE DEPT. _____

MISCELLANEOUS

Will work require disturbing of any tree on a public street? _____

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

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

District No. _____	XVII. SIGNATURE OF APPLICANT <u>Steve Nilsson</u> PHONE # _____
	TYPE NAME OF ABOVE <u>Steve Nilsson</u>

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

Adca40

NOTES
 2-26-88 - OK to close
 in 6218/015
 3-17-88 - WIP OK @

II. PERMIT NO.	1000
III. LOCATION	1000
IV. OWNER	1000
V. DATE OF PERMIT	1000
VI. APPROVED	1000
VII. DWELLING	1000
VIII. GARAGE	1000
IX. ALTERATION	1000

1. PROJECT NO. 1000

2. PROJECT NAME 1000

3. PROJECT ADDRESS 1000

4. PROJECT CITY 1000

5. PROJECT STATE 1000

6. PROJECT ZIP 1000

7. PROJECT TYPE 1000

8. PROJECT DESCRIPTION 1000

9. PROJECT OWNER 1000

10. PROJECT CONTACT 1000

11. PROJECT PHONE 1000

12. PROJECT FAX 1000

13. PROJECT EMAIL 1000

14. PROJECT START DATE 1000

15. PROJECT END DATE 1000

16. PROJECT STATUS 1000

17. PROJECT COMMENTS 1000

18. PROJECT NOTES 1000

19. PROJECT DRAWINGS 1000

20. PROJECT PERMITS 1000

21. PROJECT INSURANCE 1000

22. PROJECT BIDDING 1000

23. PROJECT CONTRACT 1000

24. PROJECT SCHEDULE 1000

25. PROJECT BUDGET 1000

26. PROJECT PAYMENTS 1000

27. PROJECT CHANGES 1000

28. PROJECT CLOSEOUT 1000

29. PROJECT AS-BUILT 1000

30. PROJECT RECORDS 1000

1. REVIEW REQUIRED

2. WATER SUPPLY

3. SEWER

4. FOUNDATION

5. ELECTRICAL

6. MECHANICAL

7. PLUMBING

8. ROOFING

9. EXTERIOR FINISH

10. INTERIOR FINISH

11. PAINTING

12. LANDSCAPING

13. SITEWORK

14. UTILITIES

15. CONCRETE

16. METALWORK

17. WOODWORK

18. GLASS

19. CERAMIC

20. CARPET

21. FLOORING

22. CEILING

23. WALLS

24. DOORS

25. WINDOWS

26. ROOF

27. FOUNDATION

28. STRUCTURE

29. EXTERIOR

30. INTERIOR

31. FINISHES

32. MECHANICAL

33. ELECTRICAL

34. PLUMBING

35. HVAC

36. SANITARY

37. WATER

38. GAS

39. RADIANT

40. UNDERFLOOR

41. CEILING

42. WALLS

43. FLOORS

44. ROOFING

45. EXTERIOR

46. INTERIOR

47. FINISHES

48. MECHANICAL

49. ELECTRICAL

50. PLUMBING

Applicant: Steve Nilson

Date: Oct 30, 1987

Address: Brook Lane, Peaks Island

Assessors No.: 92-G-101P, 18-521

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - J.R-1

Interior or corner lot - Interior

Use - Construct single Family

Sewage Disposal - Septic Disposal

Rear Yards - 270'

Side Yards - 144' and 140'

Front Yards - 90'

Projections -

Height - 2 story

Lot Area - 3.9 Acres

Building Area - 1500 sq. ft.

Area per Family - 40,000 sq. ft. for lots with public water

Width of Lot - 411'

Lot Frontage - 190' on Brook Lane

Off-street Parking - O.K.

Loading Bays - NA

Site Plan -

Shoreland Zoning -

Flood Plains -

O.K. for Zoning
W.J. Turner
Oct 30, 1987

O.K. for Septic System
& other
eng

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant: Steve Nilsen

Date: October 5, 1987

Mailing Address: Epp Street, Peaks Island 04108

Address of Proposed Site: Brook Lane, Peaks Island

Proposed Use of Site: single family

Site Identifier(s) from Assessors Maps: _____

Acres of Site / Ground Floor Coverage: 3.9 / 1500 sq. ft.

Zoning of Proposed Site: IR-1

Site Location Review (DEP) Required: () Yes () No

Proposed Number of Floors: 2

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

Total Floor Area: 1800 sq. ft.

Planning Board Action Required: () Yes () 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 IN BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

REASONS:

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

Foundation does not encroach on Woods Road 20' wide R.O.W. says Turner H.

Warren J. Turner Oct 30 1987

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT--ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Steve Nilsen

Date October 5, 1987

Mailing Address Epp Street, Peaks Island 04108

Address of Proposed Site Brook Lane, Peaks Island

Proposed Use of Site single family

Site Identifier(s) from Assessors Maps _____

Acres of Site / Ground Floor Coverage 3.9 / 1500 sq. ft.

Zoning of Proposed Site TR-1

Site Location Review (DEP) Required: () Yes () No

Proposed Number of Floors 2

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

Total Floor Area 1800 sq. ft.

Planning Board Action Required: () Yes () 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 FRONTAGE	OFF-STREET PARKING	LOADING BAYS

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: Foundation does not encroach on
Woods Road 20' wide R.O.W. says Eric G.

Warren J. Turner Oct 29 1987

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant: Caro Nilsen Date: October 5, 1987
 Mailing Address: 100 Street, Peaks Island 04108 Address of Proposed Site: Brook Lane, Peaks Island
 Proposed Use of Site: single family Site Identifier(s) from Assessors Maps: IR-1
 Increase of Site / Ground Floor Coverage: 1500 sq. ft. Zoning of Proposed Site: _____
 Site Location Review (DEP) Required: () Yes (✓) No Proposed Number of Floors: 2
 Board of Appeals Action Required: () Yes (✓) No Total Floor Area: 1600 sq. ft.
 Planning Board Action Required: () Yes (✓) No

Other Comments: _____

Date Dept. Review Due: _____

RECEIVED

OCT 21 1987

PUBLIC WORKS DEPARTMENT REVIEW
 DEPT. OF PUBLIC WORKS
 CITY OF PORTLAND

(Date Received) _____

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

REASONS: 1) Woods Road is a private right-of-way and is not plowed nor maintained by the City.

(Attach Separate Sheet if Necessary) *Does not involve the City. Woods Road is private R.O.W. says Louis St.*

Robert J. Gray 10/28/87

SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

October 5, 1987

Applicant Steve Nilson

Date

Brook Lane, Peaks Island 04108

Address of Proposed Site

single family

Site Identifier(s) from Assessors Maps

3.9 / 1500 sq. ft.

92-6-104-14 181221

Acres of Site / Ground Floor Coverage

IR-1

Site Location Review (DEP) Required: () Yes () No

Proposed Number of Floor 2

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

Total Floor Area 1900 sq. ft.

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

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

REASONS: Application does not meet requirements of site plan ordinance.

(Attach Separate Sheet if Necessary)

[Signature] 10/7/87

SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



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

November 2, 1987

Steve Nilsen
Epp Street
Peaks Island, ME 04102

Re: Brook Lane, Peaks Island

Dear Sir:

Your application to construct a single family dwelling has been reviewed and a building permit is herewith issued subject to the following requirements:

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection.
2. Foundation shall be one of three, 8" 4' frost wall, 10" full foundation or 10" sono tubes on footings.
3. Please submit framing plans for approval before work is started.
4. Please read and implement items 5 and 6 of the attached building permit report.

Site Plan Requirements

Public Works - Woods Road is a private right of way and is not plowed nor maintained by the City - R. Roy 10/20/87

Sincerely,

P. Samuel Hoffses
P. Samuel Hoffses
Chief, Inspection Services

cc: R. Roy, Public Works

Attachment

/ksc

BUILDING PERMIT REPORT

DATE: 2/NOV/87

ADDRESS: Frank Lane, Peaks Island

REASON FOR PERMIT: Single Family dwelling

BUILDING OWNER: Steve Wilson

CONTRACTOR: 11

PERMIT APPLICANT: 11

APPROVED: 5-6 DENIED

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 3.) Each apartment shall be equipped with an approved single station smoke detector powered by the house current. The detector shall be located in an area which will provide protection for the sleeping areas.
- 4.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- *5.) Every sleeping room below the fourth story in building 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 (0.53m²). 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).

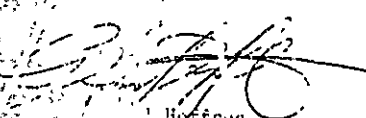
*v.) In addition to an automatic fire alarm system required by Sections 1716.3.1 and 1716.3.3, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Groups R-2 and R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

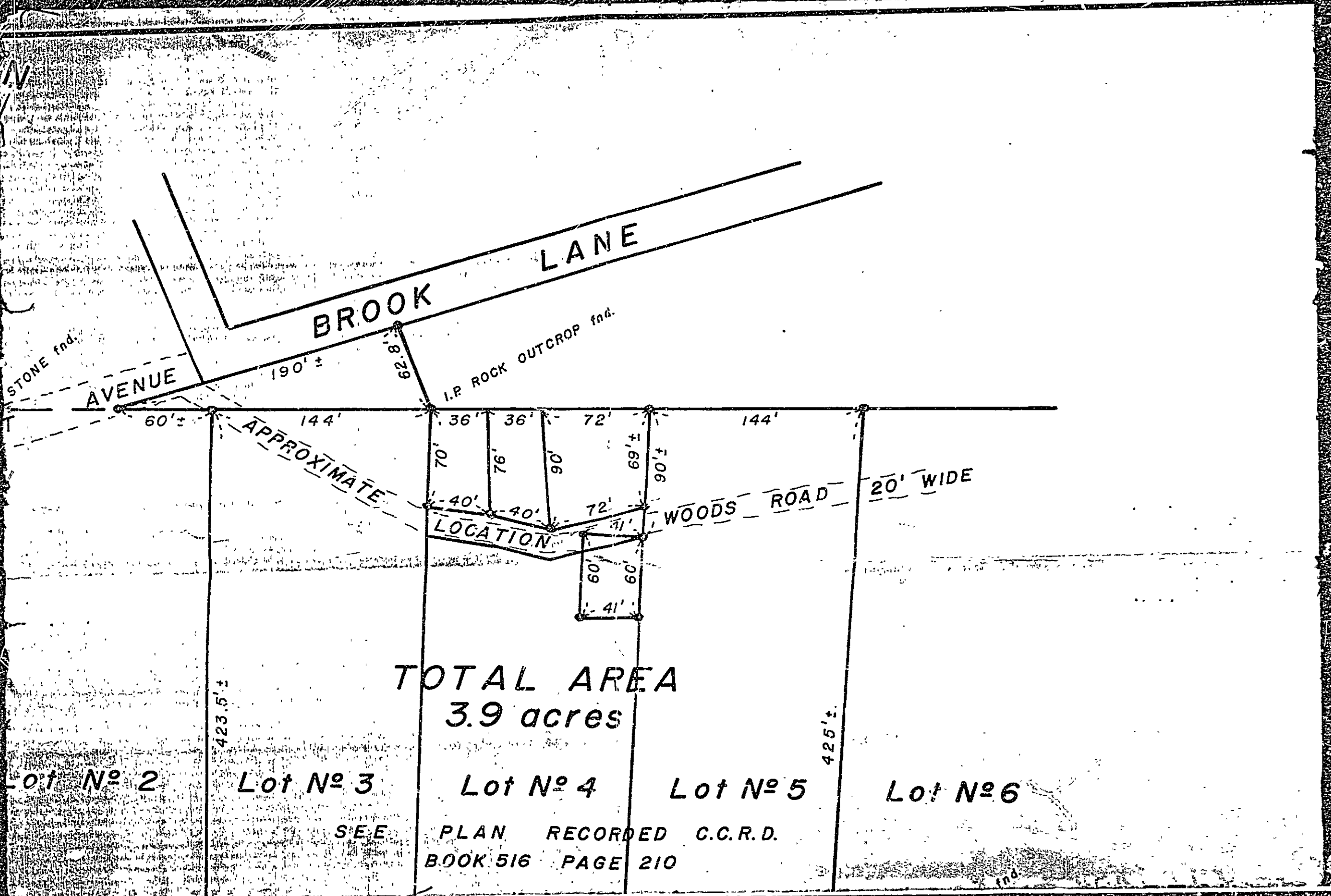
In buildings of Use Group R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

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 actuation of one alarm will actuate all the alarms in the individual unit.

Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floor and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistant material. Attached private garages shall be completely separated from adjacent interior spaces and the attic area by means of gypsum board or equivalent applied to the garage walls and ceiling. The door opening between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall consist of 1 3/4-inch solid core wood doors or approved equivalent.

elv.

Hoffman
Inspection Services



STONE fnd.

AVENUE

BROOK LANE

I.P. ROCK OUTCROP fnd.

APPROXIMATE LOCATION

WOODS ROAD 20' WIDE

TOTAL AREA
3.9 acres

Lot No 2

Lot No 3

Lot No 4

Lot No 5

Lot No 6

SEE PLAN RECORDED C.C.R.D.
BOOK 516 PAGE 210

423.5'±

425'±

190'±

62.8'±

60'±

144'

36'

36'

72'

144'

70'

76'

90'

69'±

90'±

40'

40'

72'

71'

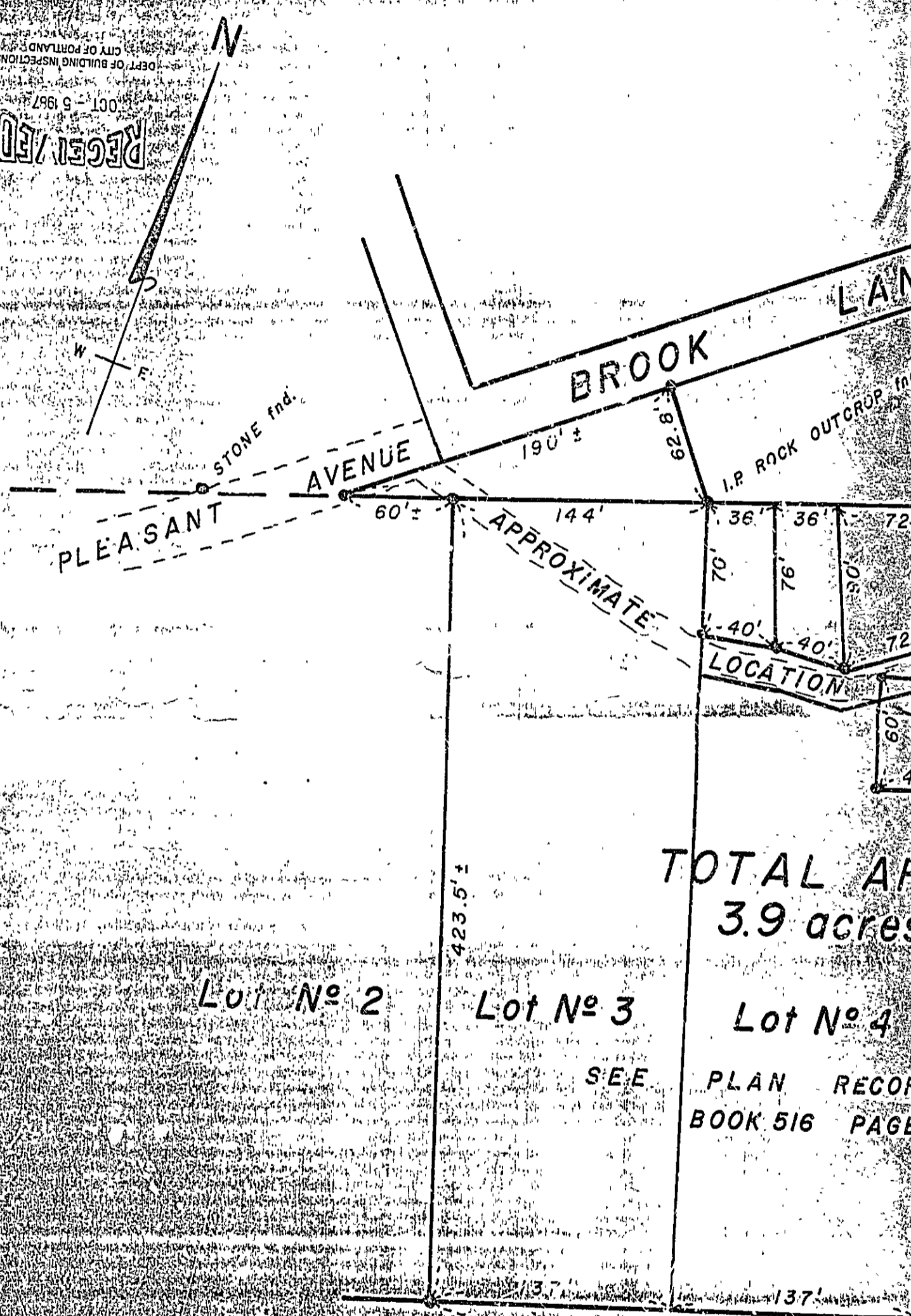
60'

60'

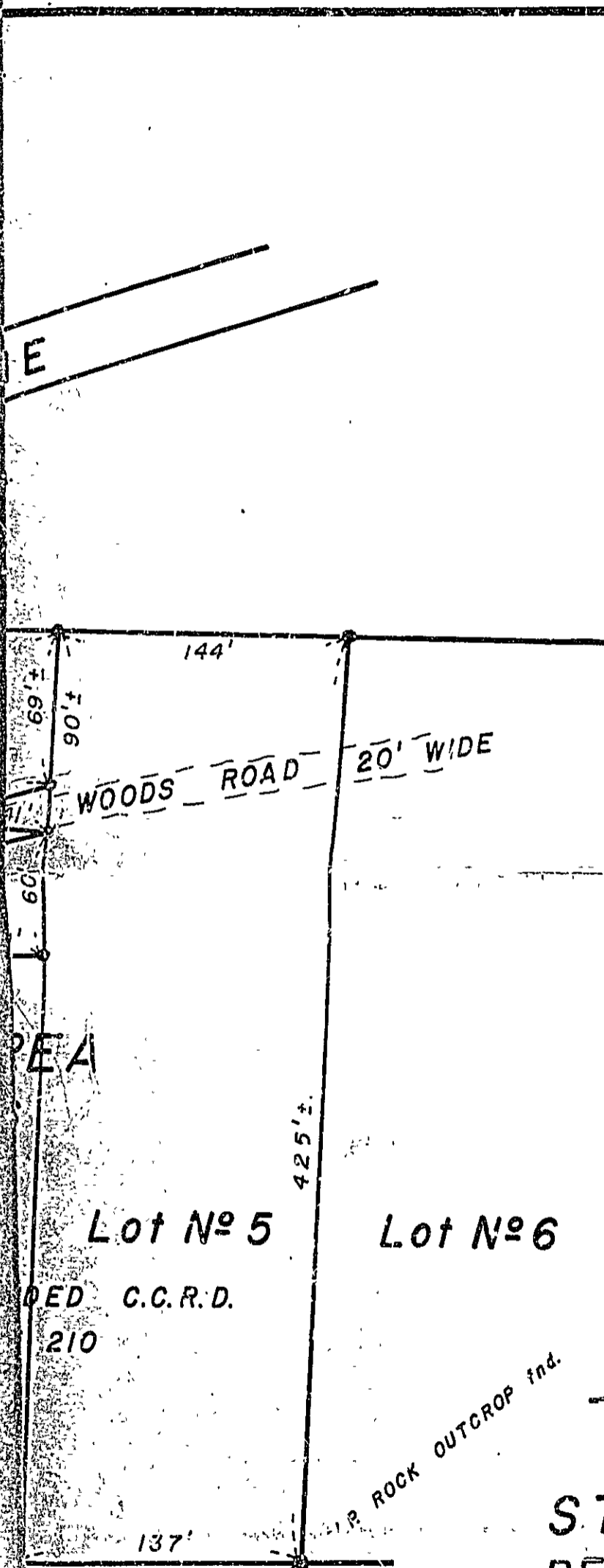
41'

fnd.

RECEIVED
OCT - 5 1987
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



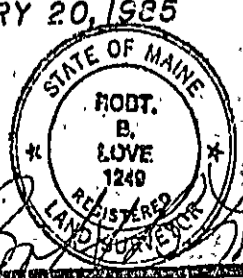
○ - INDICATES IRON PIPE



— SKETCH —
 PREPARED FOR
STEVE NILSEN
PEAKS ISLAND, ME.

SCALE: 1" = 50' JANUARY 20, 1985

NOTE:
 FOR CONSTRUCTION PURPOSES ONLY,
 NOT FOR RECORDING.



SET

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **BROOK LANE** 19, 21, 22, 23, 1-

Subdivision/Lot #: **TAX MAP 92 BLOCK 6 LOTS 17, 19, 20, 21**

PROPERTY OWNERS NAME

Last: **NILSEN** First: **STEVE**

Applicant Name: **STEVE NILSEN**

Mailing Address of Owner/Applicant (if Different): **EPPS ST PEAKS ISLAND MAINE 04868**

CITY BUILDING INSPECTION

Caution: Permit Required

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.

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ 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 (Include Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p><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"/> MULTIFAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER: _____ SPECIFY: _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>DRILLED WELL</p>
<p>SIZE OF PROPERTY: 4.4 ACRES</p> <p>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 checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 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 checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEFENDING IN TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>LOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES WATER RECORDS, ETC.)</p> <p>2 BEDROOM CONSERVATIVE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 7 CONDITION: A-II</p> <p>DEPTH OF LIMITING FACTOR: 22</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"/> EXTRA LARGE</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</p> <p>3. <input checked="" type="checkbox"/> Infiltrators</p> <p>4. <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>5. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW 300 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OFFICER

On SEPT 21 1985 (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. Gardner 0002 14714 10/12/87
Site Evaluator or Professional Engineer's Signature SE # PE # Date

Page 1 of 3
HSE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

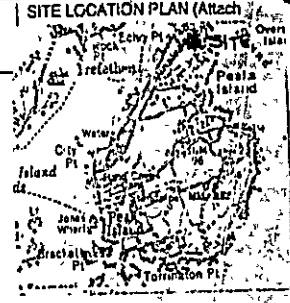
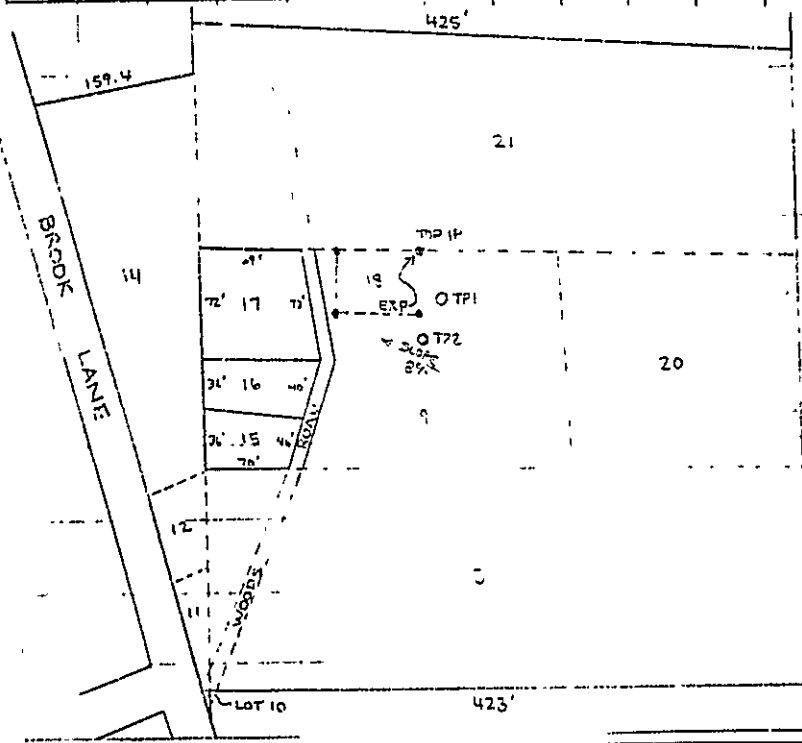
PORTLAND PEAKS ISLAND BROOK LANE 92-G-10,11,12,13,14,18,19,20,21

STEVE NILSEN

SITE PLAN

Scale 1" = 100' FL

SITE LOCATION PLAN (Attach



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

2' FOREST PEAT - Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10	SILTY LOAM		BROWN	
15		MODERATELY FRAGILE		NONE
20				
30	CLAYEY GRAVEL		GRAY BROWN	COMMON
40				
50				

Soil <u>7</u>	Classification <u>C</u>	Slope <u>8</u> %	Limiting Factor <u>32</u>	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole 2 Test Pit Boring

2' FOREST PEAT - Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SILTY SAND		GRAY	
6				
10	GRAVELLY LOAM		YELLOW BROWN	NONE
15		MODERATELY FRIABLE		
20	CLAYEY GRAVEL		GRAY BROWN	
30				COMMON
40	BEDROCK			
50				

Soil <u>7</u>	Classification <u>AIII</u>	Slope <u>8</u> %	Limiting Factor <u>22</u>	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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William B. Jordan 0003/4814
Site Evaluator or Professional Engineer's Signature SE # PE #

10/12/87
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street Road, Subdivision

Owners Name

PORTLAND Peaks Island Brooklane 9A-6-10,11,12,13,14,15,17,20,21

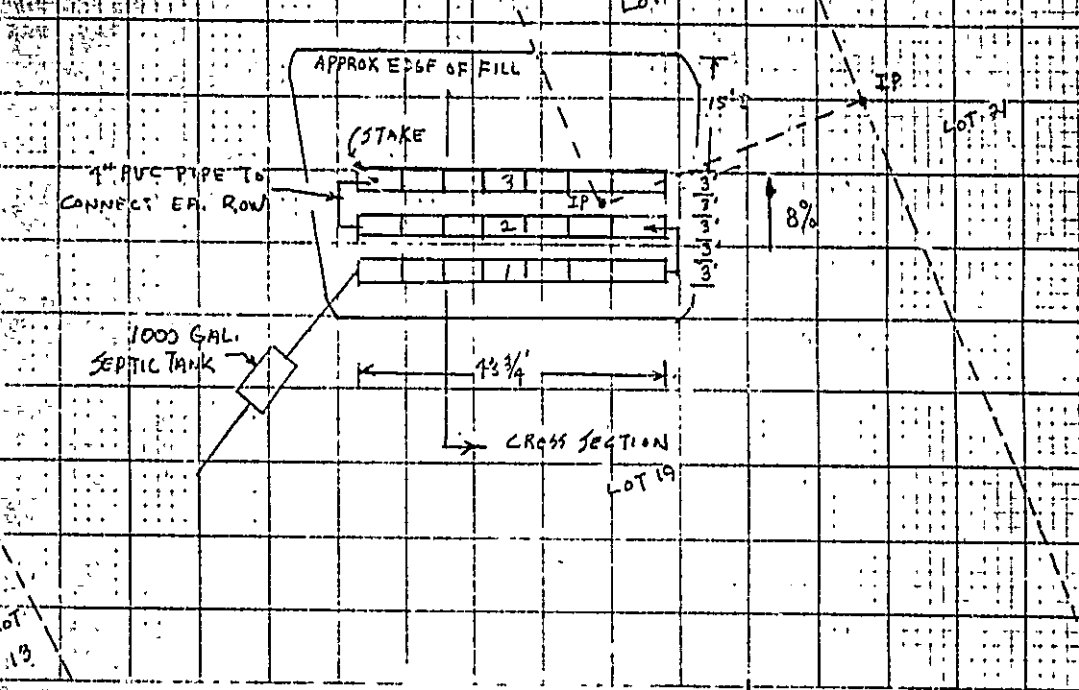
STEVE NILSEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

NOTES: 1- INFILTRATORS

7- EA. ROW



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	13"	Reference Elevation Is	70.59	TOP OF FILL @ SOUTHWEST CORNER OF LOT 18	
Depth of Fill (Downslope)	16"	Bottom of Disposal Area	SEE BELOW		
		Top of Distribution Lines or Chambers	2"		

DISPOSAL AREA CROSS SECTION					Scale:	
	BOTTOM	TOP	* EA. TRENCH DEPTH		Vertical:	1 inch = 4' Ft.
					Horizontal:	1 inch = 20' Ft.
80	T-1 75.35	76.60	5"			
	T-2 74.93	76.18				
78	T-3 74.51	75.76				
76						
74						
72						

9. J. Hill Site Evaluator
0003/4E14 SE#
10/12/87 Date
Page 3 of 3 HHE-200 Rev 1.2

PERMIT #1415 PORTLAND BUILDING PERMIT APPLICATION DATE 10/5/87

PERMIT ISSUED
NOV 2 1987
City Of Portland

I. GENERAL INFORMATION
 Location/address of construction Brook Lane Bank Building
 1. Owner's name Steve Wilson Tel. shop 774-828
 Address Em Street East, Portland 04112
 2. Lessee's name _____ tel. _____
 Address _____
 3. Contractor's name Program Building & Design, Inc. Home
 Address P.O. Box 7637, Portland 04112

4. Is this a legally recorded lot? yes _____ no _____
II. DESCRIPTION OF WORK:
minor site plan review to construct single family dwelling as per plans

send permit to #3
III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____
IV. ZONE _____ Street frontage _____ side _____ side _____ Zoning board approval: no yes date _____
 Setbacks: front _____ back _____ Planning board approval no yes date _____
V. REVIEW REQUIRED: variance _____ other _____
 site plan _____ subdivision _____ shore _____ floodplain mgmt _____
VI. FEES: base fee _____ other fees _____
 subdivision fee _____ late fee _____ \$320.00
 site plan review fee: BASED - 250.00 10/5 TOTAL _____ enclosed _____
 Number of off-street parking spaces: _____
 curbside _____

VII. DETAILS OF WORK
 1. WATER SUPPLY: public private
 2. SEWER: public private, type _____
 3. HEAT: type _____ fuel _____
 4. FOUNDATION: type _____ footing _____
 5. ROOF: type _____ pitch _____
 covering _____ load _____
 6. PLUMBING: _____
 SPRINKLER SYSTEM? yes no
 7. ELECTRICAL: service entrance size _____
 # smoke detectors _____
 8. CHIMNEY: # flues _____
 material _____ # fireplaces _____
 9. FRAMING: floor joists _____ size _____
 ceiling joists _____ rafters _____ max. on center _____
 studs _____ wall studs _____
 10. If 1-story building w/masonry
 walls: _____
 wall thickness _____
 height _____
 11. BEDROOM WINDOWS:
 height _____ width _____
 sill height _____
 egress window? yes no

VIII. OFFICE USE:
 TAX MAP # _____
 LOT # _____
 VALUE/STRUCTURE _____
 PERMIT EXPIRATION _____
 CODE _____ if other, explain _____
X. PROPOSED USE: 101-2 single family
 Seasonal _____ Condominium _____ Apartment _____
XI. PAST USE: _____
XII. OWNERSHIP: _____ PUBLIC _____ PRIVATE _____
XIII. EST. CONSTRUCTION COST: _____
XIV. GR. SQ. FT. OF LOT BUILDING: _____

XV. RESIDENTIAL BUILDINGS ONLY: COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE
 # NEW DWELLING UNITS WITH: 1. BDRM. _____ 2. BDRMS. _____ 3. BDRMS. _____
 # EXISTING DWELLING UNITS WITH: _____
XVI. RESIDENTIAL UNITS:
 # NEW DWELLINGS _____
 # EXISTING DWELLINGS _____
 TOTAL RESIDENTIAL UNITS _____

APPROVALS BY: _____ DATE _____
 BUILDING INSPECTION - PLAN EXAMINER _____
 ZONING: _____
 C.E.O. _____
 FIRE DEPT. _____

MISCELLANEOUS
 Will work require disturbing of any tree on a public street?
 Will there be in charge of this above work a person competent to see that the State and City requirements pertaining thereto are observed?

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals.
 District No. _____
 XVII. SIGNATURE OF APPLICANT: Steve Wilson
 TYPE NAME OF ABOVE: _____ PHONE: _____
 White-GPCOG Green-Applicant Yellow-Assessor Pink-Office File Gold-Field Inspector