



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION Lot 24, Rockledge Ave.; Little Diamond Island  
Date of Issue 8/21/90

Issued to John J. O'Leary

This is to certify that the building, premises or part thereof, at the above location, built — altered — changed to use under Building Permit No. \_\_\_\_\_, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single-family dwelling

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

*[Signature]*  
Inspector of Buildings

Note: This certificate identifies lawful use of building or premises, and is not to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or leasee for one dollar.

PERMIT #	PORTLAND BUILDING PERMIT APPLICATION DATE <u>8/14/87</u>	PERMIT ISSUED <input checked="" type="checkbox"/>
I. GENERAL INFORMATION		SEP 10 1987
Location/address of construction <u>Little Diamond Island Brookside Avenue</u>		City Of Portland
1. Owner's name <u>John J. O'Leary</u>	Tel. <u>773-8954</u>	
Address <u>125 Chadwick Street 04102</u>		
2. Lessee's name _____		
Address _____		
3. Contractor's name <u>Wright-Ryan Construction Co.</u>		Tel. <u>773-3625</u>
Address <u>10 Danforth Street 04101</u>		
4. Is this a legally recorded lot? yes _____ no _____		

II. DESCRIPTION OF WORK:

to construct single family 3,000 sq. ft. dwelling;

III. BUILDING DIMENSIONS: length \_\_\_\_\_ width \_\_\_\_\_ square footage \_\_\_\_\_ height \_\_\_\_\_ #stories 2 1/2

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 \_\_\_\_\_  
 site plan \_\_\_\_\_ subdivision \_\_\_\_\_ shore \_\_\_\_\_ floodplain m. \_\_\_\_\_ Number of off-street parking spaces: \_\_\_\_\_ enclosed \_\_\_\_\_ outdoors \_\_\_\_\_

VI. FEES:  
 base fee \_\_\_\_\_ other fees \_\_\_\_\_  
 subdivision fee \_\_\_\_\_ late fee \_\_\_\_\_  
 site plan review fee \_\_\_\_\_ TOTAL 5745.00

VII. DETAILS OF WORK

1. WATER SUPPLY: <input checked="" type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size <u>200 amp</u> # smoke detectors <u>2</u>	8 CHIMNEY: # flues <u>1</u> material <u>concrete block</u> # fireplaces <u>none</u>
2. SEWER: <input type="checkbox"/> public <input checked="" type="checkbox"/> private, type <u>septic</u>	9. RANVING: floor joists _____ size _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	10. If 1-story building w/masonry walls: wall thickness _____ height _____
3. HEAT: type <u>nonfuel</u>	11. BED ROOM WINDOWS: height _____ width _____ slat height _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>	
4. FOUNDATION: type <u>concrete</u> thickness <u>8"</u> footing <u>3x1'</u>		
5. ROOF: type <u>asphalt</u> covering _____ load _____		
6. PLUMBING: SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		

VIII. OFFICE USE	IX. NEW OR PHASED SUBDIVISION REFERENCE Name _____ Lot _____ Block _____
TAX MAP	
LOT #	
VALUE/STRUCTURE	
PERMIT EXPIRATION	
CODE: <input type="checkbox"/> If other, explain _____	Seasonal <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/>
X. PROPOSED USE: <u>101 - single family</u>	
XI. PAST USE: _____	
XII. OWNERSHIP: <u>PUBLIC</u>	PRIVATE <input type="checkbox"/>
XIII. EST. CONSTRUCTION COST: <u>110,000</u>	XIV. GR. SQ. FT. OF LOT BUILDING _____

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

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





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

September 10, 1987

Wright-Ryan Construction, Inc.  
10 Danforth Street  
Portland, ME 04101

RE: Lot #4 Rockledge Avenue, Little Diamond Island.

Dear Sir:

Your application to construct a single family dwelling at Lot #4, Rockledge Avenue has been reviewed and a 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. Please read and implement items 5 and 6 of the attached work sheet.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses  
Chief of Inspection Services

Attachment

PSH:lab

BUILDING PERMIT REPORT

DATE: 10/Sept/87

ADDRESS: Lot #4 Rockledge Ave. Little Diamond Island

REASON FOR PERMIT: Single Family dwelling

BUILDING OWNER: John J. O'Leary

CONTRACTOR: Wright-Ryan Const. Inc.

PERMIT APPLICANT: Ryan

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 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 (0.53m<sup>2</sup>). 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).

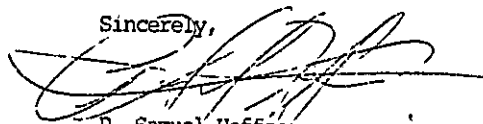
6.) In addition to any automatic fire alarm system required by Sections 1716.3.2 and 1716.3.3, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms 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).

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

Sincerely,



F. Samuel Hoffses  
Chief of Inspection Services

Ernie 9/8/87

Please see Form  
HHE 200 which was  
enclosed in architect's  
specifications Booklet  
with this application.

SEP 10 1987  
Please review and  
return to Sam for  
issuance of the permit  
ASAP for John S. O'Sary  
Warrent

Check Lot size, on  
Subdivision Plan  
for Lot<sup>1</sup> 1.

This needs Ernie's  
approval and a Permit  
Card

Warren  
I have no  
HHE 200 form yet  
until I get one  
wg



Applicant: John Ryan for  
John F. O'Leary  
Address: Lot #1 Rockledge Ave  
Assessors No.: Little Diamond Island  
Date: Aug 28 1987  
O'Leary Obed House

CHECK LIST AGAINST ZONING ORDINANCE

Sam Van Dam  
architect

Date -  
Zone Location - IR-1  
Interior or corner lot - Co.  
Use - Construct single family dwelling  
Sewage Disposal - ~~Septic~~ electric disposal  
Rear Yards - 25' from Mean High Water  
Side Yards - 20' and 50'  
Front Yards - 47' 25' required  
Projections -  
Height - 3 stories or 35 feet  
Lot Area - 1/2 Acre  
Building Area - 3,000 sq.ft. = 9,000 #  
Area per Family - 20,000 #  
Width of Lot - 150'+  
Lot Frontage - 155'+  
Off-street Parking - O.K.  
Loading Bays -

This is a recent  
new subdivision  
brought in by  
St. Joseph's Council  
approved by Planning  
Board.

Site Plan -  
Shoreland Zoning -  
Flood Plains -

Form HHE 200 soil test results is  
in the book by Sam Van Dam -  
Architect for Ernie to review,  
M. J. Turner

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS  
Town or Plantation: Portland - Little Diamond Isl.  
Street: \_\_\_\_\_  
Subdivision/Lot #: LOT #1 Sister's Mercy Sub.  
PROPERTY OWNERS NAME: \_\_\_\_\_  
O'Leary First: John Sr.  
Applicant Name: % Samuel W. Van Dam  
Mailing Address of Owner/Applicant (if different): 65 West St. Portland Me 04102  
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: 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.

**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**

**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
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

**INSTALLATION IS:**

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM (includes Alternative Toilet)
- PRIMITIVE SYSTEM (includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS.

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY: Public

**IF REPLACEMENT SYSTEM:**  
YEAR FAILING SYSTEM INSTALLED: \_\_\_\_\_  
THE FAILING SYSTEM IS:  
1.  PFD 3.  TRENCH  
2.  CHAMBER 4.  OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

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

SIZE OF PROPERTY: 1/2 AC ZONING: YCS

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

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROLIC

SIZE: 1500 GALS.

**WATER CONSERVATION**

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

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: 150 GALS

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

5 Bedrooms

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: \_\_\_\_\_ CONDITION: C  
DEPTH TO LITVIC FACIES: 27

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/PL/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER 760 Sq. Ft.  REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

**DESIGN FLOW: 450 GALLONS/DAY**

**SITE EVALUATOR STATEMENT** (SITE EVALUATION WAIVED BY LOCAL OPTION)

On 5-26-87 (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.  
Samuel W. Van Dam 00073 2-26-87  
Local Evaluator Signature SE# Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Precinct: Portland Little Diamond IS1  
 Street, Road, Subdivision: LOT 1 SESTERS MARCH  
 Owners Name: John O'Leary Jr.

SITE PLAN Scale 1" = 50' FL  
 SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

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

Observation Hole <u>152</u> <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>11</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
D' * Depth of Organic Horizon Above Mineral Soil				D' * Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
Sandy loam	frictile	gray		Fin. loam	frictile	gray	
Loamy sand		yellow brown	100%	Sandy loam		olive brown	
Bedrock				Silt	firm	olive gray	

Soil No. <u>4</u>	Classification <u>A</u>	Slopes <u>5-7</u>	Limiting Factor <u>30</u>	<input type="checkbox"/> Overlain	<input type="checkbox"/> Permeable Layer	<input type="checkbox"/> Bedrock
Soil No. <u>3</u>	Classification <u>C</u>	Slopes <u>5-6</u>	Limiting Factor <u>22</u>	<input type="checkbox"/> Overlain	<input type="checkbox"/> Permeable Layer	<input type="checkbox"/> Bedrock

Site Evaluator Signature: Kenneth J. Luder SE# 00073 Date: 2-26-87

Page 2 of 3  
 HHZ 200 Rev 1/84

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town/City: Portland

Street, Road, Subdivision: LOT 1 - Little Diamond - ST. MARY'S MERCY

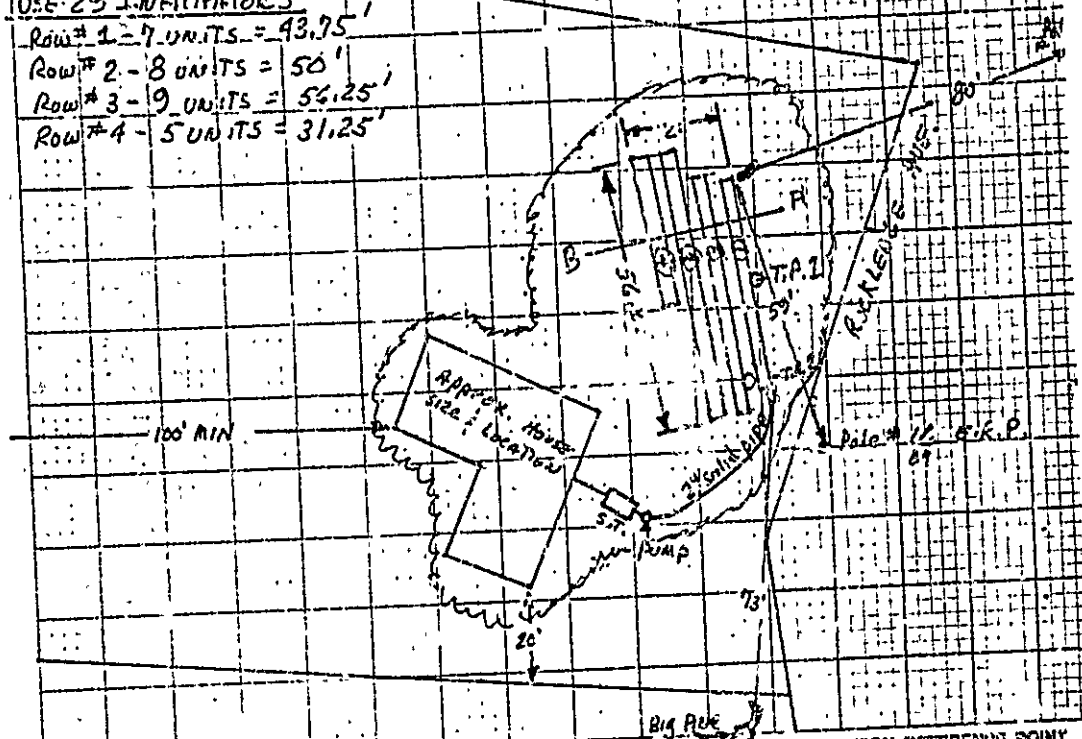
Owner's Name: John O'Leary Jr.

USE 25 INFILTRATORS

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 30'

- Row # 1 - 7 UNITS = 43.75'
- Row # 2 - 8 UNITS = 50'
- Row # 3 - 9 UNITS = 56.25'
- Row # 4 - 5 UNITS = 31.25'



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	<u>15"</u>	Reference Elevation is	<u>0</u>	C&P pole # 11 G.K.P. 89	
Depth of Fill (Downslope)	<u>15"</u>	Bottom of Disposal Area	<u>see NOTES</u>	The ground at the base of the	
		Top of Distribution Lines of Chambers	<u>BELOW</u>	pole # 11 G.K.P. 89	

DISPOSAL AREA CROSS SECTION		Scale:	
Row #	Bottom of Infiltrators - Top of Infiltrators	Vertical	1 inch = 6 feet
1	42" - 27"	Horizontal	1 inch = 6 feet
2	46" - 31"	Based on limited Factor - red Infiltrator should be more than 6" below original grade	
3	40" - 25"	MIN 6" COVER OVER INFILTRATORS	
4	54" - 39"		



SCAFFOLD soil surface before placing fill!

REVISED  
Page 3 of 3  
MHE-200 Rev. 11



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

*nuc*

Date November 23, 1987  
 Receipt and Permit number 22597

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Rockledge Avenue Little Diamond Island  
 OWNER'S NAME: John O'Leary ADDRESS: 126 Chadwick Street

	FEES
OUTLETS: _____	80
Receptacles <u>60</u> Switches <u>20</u> Plugmold _____ ft. TOTAL <u>80</u> .....	<u>7.00</u>
_____	<del>5.00</del>
FIXTURES: (number of) _____	
Incandescent <u>25</u> Fluorescent _____ (not strip) TOTAL <u>25</u> .....	<u>4.50</u>
Strip Fluorescent _____ ft. ....	
SERVICES: _____	
Overhead _____ Underground <u>x</u> Temporary _____ TOTAL amperes <u>200</u> ..	<u>3.00</u>
METERS: (number of) <u>1</u> .....	<u>.50</u>
MOTORS: (number of) _____	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING: _____	
Oil or Gas (number of units) _____	
Electric (number of rooms) <u>2</u> .....	<u>2.00</u>
COMMERCIAL OR INDUSTRIAL HEATING: _____	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges <u>1</u> .....	
Cook Tops _____	
Wall Ovens _____	
Dryers <u>1</u> .....	
Fans <u>2</u> .....	
Water Heaters <u>1</u> .....	
Disposals _____	
Dishwashers <u>1</u> .....	
Compactors _____	
Others (denote) _____	
TOTAL <u>6</u> .....	<u>9.00</u>
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	

INSTALLATION FEE DUE: \_\_\_\_\_  
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....  
 TOTAL AMOUNT DUE: 26.00

INSPECTION:  
 Will be ready on x \_\_\_\_\_, 1987; or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: John Perry Electric  
 ADDRESS: 381 Danforth Street  
 TEL: 773-5324  
 MASTER LICENSE NO.: 3695 SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO. \_\_\_\_\_

INSPECTOR'S COPY - WHITE  
 OFFICE COPY - CANARY

