

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 1,855 TOWN COPY Date Permit Issued: 6/27/86 \$ 140 FEE Local Plumbing Inspector Signature: [Signature] L.P.I. # 123
Town or Plantation	PORTLAND - LITTLE DIAMOND IS.	
Street	DIAMOND AVENUE	
Subdivision/Lot #	TAX MAP 105 BLOCK U LOTS 9, 10	
PROPERTY OWNERS NAME		
Last:	HIGGINS CHARLES W. JR	
Applicant Name:	CHARLES W. HIGGINS JR.	
Mailing Address of Owner/Applicant (if Different)	327 SPRING STREET PORTLAND MAINE 04101	

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that failure of this information is reason for the Local Planning Inspector to deny a permit.
 Signature of Owner/Applicant: [Signature] Date: 6/16/86

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in accordance with the Subsurface Wastewater Disposal Rules.
 Local Plumbing Inspector Signature: [Signature] Date Approved: 6/17/86

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: 1. <input type="checkbox"/> TREATMENT TANK (ONLY) 2. <input type="checkbox"/> HOLDING TANK 3. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 4. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 5. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 6. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> RED 2. <input type="checkbox"/> TRENCH 3. <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 PUBLIC WATER
SIZE OF PROPERTY: 14,521 SF ZONING: IR2		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" 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 checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SERVING EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET - 45 DESIGN FLOW 405 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: C DEPTH TO LIMITING FACTOR: 38	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER 560 Sq Ft <input checked="" 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 15, 1986 (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 Professor of Professional Engineering's Signature: William B. [Signature] 0003/4814
 Date: 6/29/86
 * Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option.
 Page 1 of 3
 HHE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

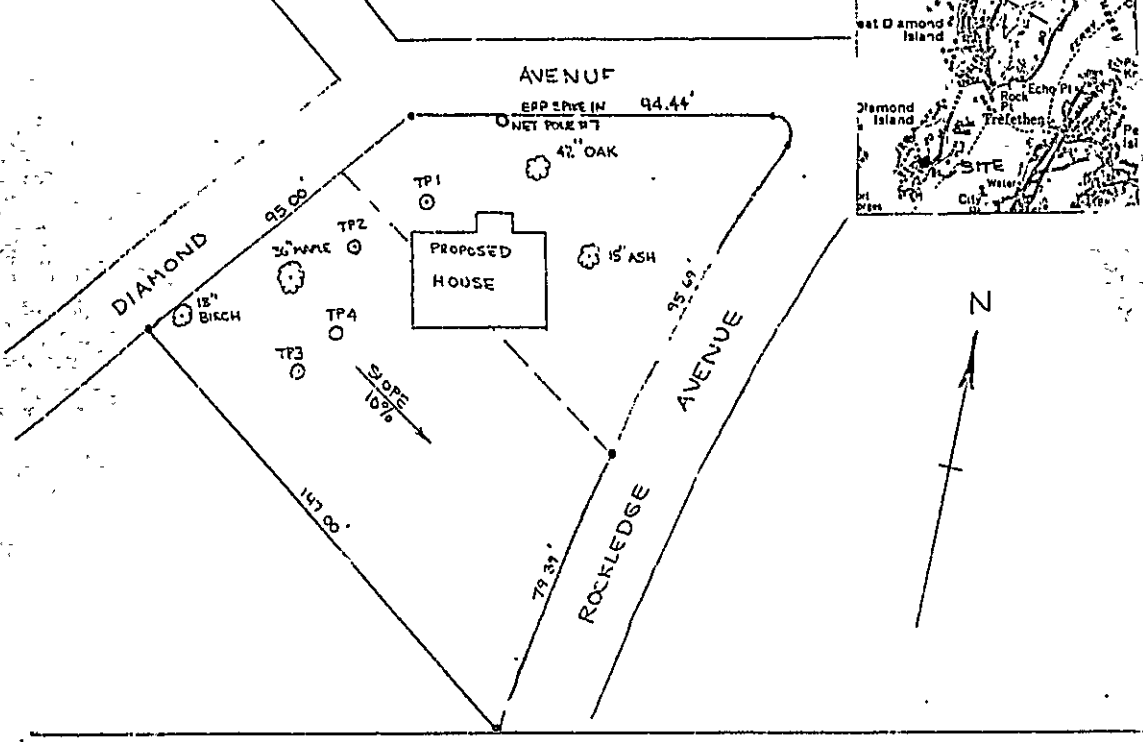
City, Plantation
PORTLAND LITTLE DIAMOND ISLAND

Street, Road, Subdivision
DIAMOND AVE 105-U-9,10

Owners Name
CHARLES W. HIGGINS JR.

SITE PLAN Scale 1" = 40' FL

SITE LOCATION PLAN (Attach)



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

Observation Hole 1 Test Pit Boring

2" SOD * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-5	SANDY LOAM		DARK BROWN	
5-15	LOAMY SAND	LOOSE	BROWN	NONE
15-25	LOAMY GRAVEL		YELLOW BROWN	
25-35	CLAYEY GRAVEL	FRIABLE	GRAY BROWN	FEW
35-50				STANDING WATER

Soil: 4 Classification: C Slope: 10% Limiting Factor: 38

Ground Water Rooting Layer Bedrock

Observation Hole 2 Test Pit Boring

3" SOD * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-5	SANDY LOAM		DARK BROWN	
5-15	LOAMY SAND	LOOSE	RED BROWN	NONE
15-25	LOAMY GRAVEL		YELLOW BROWN	
25-35	CLAYEY GRAVEL	FRIABLE	GRAY BROWN	FEW
35-50				

Soil: 4 Classification: C Slope: 10% Limiting Factor: 38

Ground Water Rooting Layer Bedrock

William B. Jordan 0003/9814 6/24/86
Site Evaluator or Professional Engineer's Signature SE# / PCE# Date

Page 2 of 3
HIE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND LITTLE DIAMOND ISLAND		Street, Road, Subdivision DIAMOND AVE 105-0-9,10		Owners Name CHARLES W. HIGGINS JR.	
SITE PLAN				Scale 1" = _____ 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>3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>4</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring					
2" SoD _____ * Depth of Organic Horizon Above Mineral Soil				2" SoD _____ * Depth of Organic Horizon Above Mineral Soil					
DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling	DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK BROWN		0	SANDY LOAM		DARK BROWN	
6					6				
10					10				
15					15				
20	LOAMY GRAVEL	LOOSE	RED BROWN	NONE	20	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
30					30			RED YELLOW	
35					35				
40	GRAVEL		YELLOW	COMMON	40	GRAVEL		YELLOW	COMMON
45					45				
50				FEW	50				COMMON
55					55				FEW
Soil <u>4</u> Classification <u>C</u> Slope <u>10%</u> Limiting Factor <u>33</u> <input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Burrows				Soil <u>4</u> Classification <u>C</u> Slope <u>10%</u> Limiting Factor <u>3A</u> <input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Burrows					

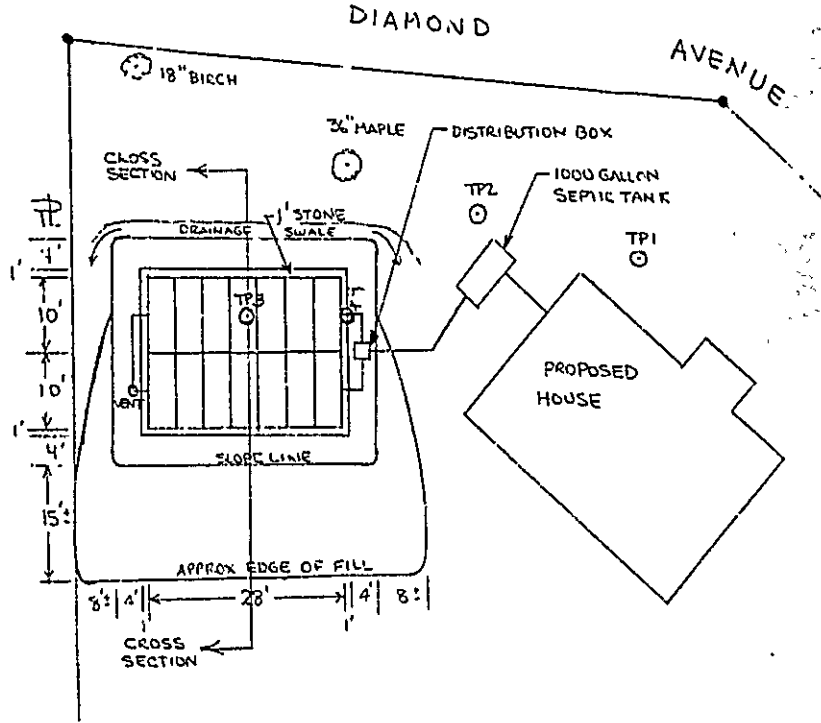
William B. Goodwin 000314814 6/24/86 Page 2 of 3
 Site Evaluator or Professional Engineer's Signature SC# 1706 Date HSE-200 Rev. 4-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND - LITTLE DIAMOND ISLAND	Street, Road, Subdivision DIAMOND AVE 105-U-9,10	Owners Name CHARLES W HIGGINS JR.
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL.

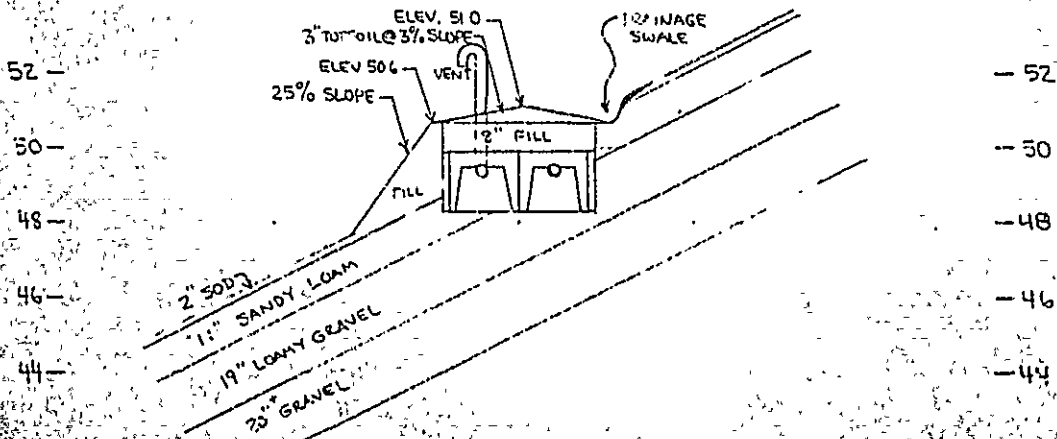
NOTE
USED GENEST 3ROS.
CHAMBERS (4'x10')



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) $\frac{0}{30}$	Reference Elevation Is 50.87	SPIKE IN NET POLE #7 SOUTH SIDE DIAMOND AVE
Depth of Fill (Downslope)	Bottom of Disposal Area 48.3	
	Top of Distribution Lines or Chambers 49.4	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4' FL.
Horizontal: 1 Inch = 20' FL.



William B. Cochran
Site Evaluator or Professional Engineer's Signature

0003/4814
SE 1-2-27

6/24/96
Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND - LITTLE DIAMOND IS.**

Street: **DIAMOND AVENUE**

Subdivision/Lot #: **TAX MAP 105 BLOCK U LOTS 9, 10**

PROPERTY OWNERS NAME

Last: **HIGGINS** First: **CHARLES W. JR.**

Applicant Name: **CHARLES W. HIGGINS JR.**

Mailing Address of Owner/Applicant (if Different): **387 SPRING STREET
PORTLAND MAINE 04101**

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 understanding and this application is reason for the Local Plumbing Inspector to deny a Permit.

Charles Higgins 6/16/86
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

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

- NOT-ENGINEERED SYSTEM (Includes Alternative Toilet)
- PRIMITIVE SYSTEM
- ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NOT-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER

DISPOSAL SYSTEM/NO SERVICE:

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

SIZE OF PROPERTY: **14,581 SF** ZONING: **IR2**

TYPE OF WATER SUPPLY: PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: **1000** GALS.

WATER CONSERVATION

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

SPEC Y: _____

PUMPING

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

DOSE: _____ GALS

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

3 BEDROOM CONSERVATIVE 450

LOW VOLUME - 45 TOILET

DESIGN FLOW: 405 (GALLONS/HR)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **4** CONDITION: **C**

DEPTH TO LIMITING FACTOR: **38**

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq Ft
- CHAMBER **560** Sq Ft
- REGULAR H 20
- TRENCH _____ Linear Ft.
- OTHER _____

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On JUNE 15, 1986 (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 S. Johnson 0003/4814 6/24/86
Site Evaluator or Professional Engineer's Signature SE#/PE# Date

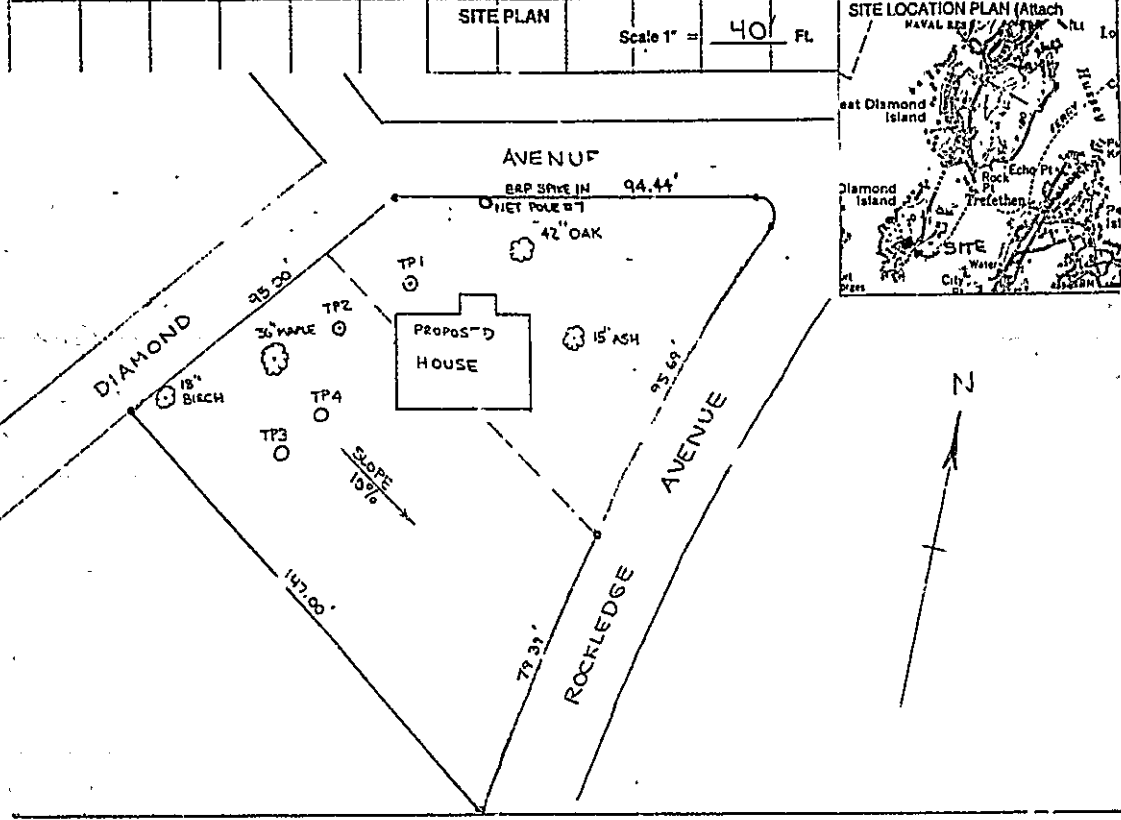
* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

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SOIL SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation: **PORTLAND LITTLE DIAMOND ISLAND** Street, Road, Subdivision: **DIAMOND AVE 100-U-9,10** Owners Name: **CHARLES W. HIGGINS JR.**



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		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
2' SOD * Depth of Organic Horizon Above Mineral Soil		3' SOD * Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
SANDY LOAM		DARK BROWN		
LOAMY SAND	LOOSE	BROWN	NONE	
LOAMY GRAVEL		YELLOW BROWN		
CLAYEY GRAVEL	FRIABLE	GRAY BROWN	FEW	
			STANDING WATER	
Soil # <u>4</u>	Classification <u>C</u>	Slope <u>10</u> %	Limiting Factor <u>38</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Bedrock
SANDY LOAM		DARK BROWN		
LOAMY SAND	LOOSE	RED BROWN	NONE	
LOAMY GRAVEL		YELLOW BROWN		
CLAYEY GRAVEL	FRIABLE	GRAY BROWN	FEW	
Soil # <u>4</u>	Classification <u>C</u>	Slope <u>10</u> %	Limiting Factor <u>38</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Bedrock

William B. Indurcia 0003/4814 6/24/86

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation **PORTLAND LITTLE DIAMOND ISLAND** Street, Road, Subdivision **DIAMOND AVE 105-0-9, 10** Owners Name **CHARLES W. HIGGINS JR.**

SITE PLAN				Scale 1" = _____ 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>3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole <u>4</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
2" Sod _____	2" Sod _____		
Depth of Organic Horizon Above Mineral Soil _____	Depth of Organic Horizon Above Mineral Soil _____		
Texture	Consistency	Color	Mottling
0			
6			
10			
15			
20			
30			
40			
50			
Soil 4	Classification C	Slope 10%	Limiting Factor 38
<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Rooted Layer <input type="checkbox"/> Bedrock			
0			
6			
10			
15			
20			
30			
40			
50			
Soil 4	Classification C	Slope 10%	Limiting Factor 39
<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Rooted Layer <input type="checkbox"/> Bedrock			

William B. Goodwin 0003/4814 6/24/86
Site Evaluator or Professional Engineer's Signature Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

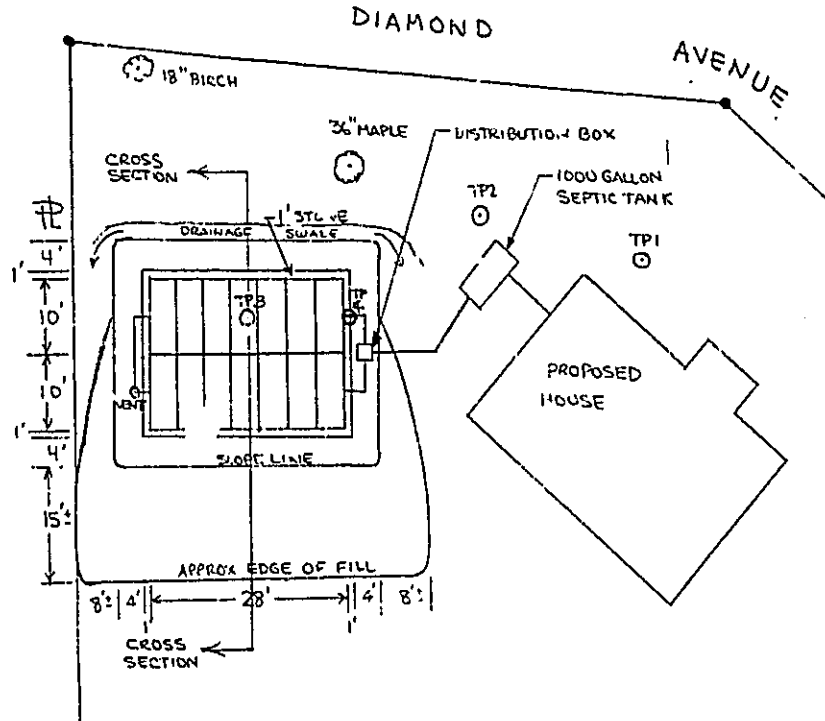
Town, City, Plantation: PORTLAND LITTLE DIAMOND ISLAND
Street, Road, Subdivision: DIAMOND AVE 105-U-9,10
Owners Name: CHARLES W HIGGINS JR.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.

NOTE

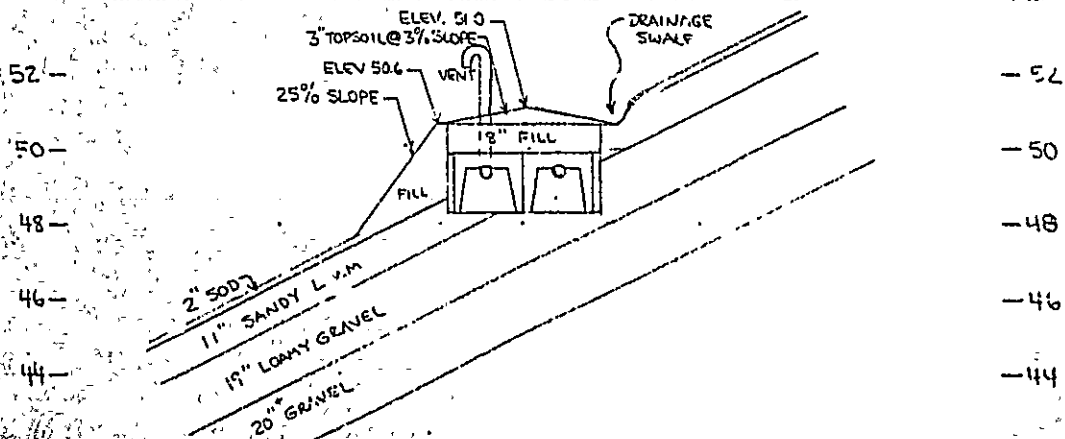
USED GENEST BROS. CHAMBERS (4'x16')



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 0'	Reference Elevation is 50.81	SPIKE IN NET POLE # 7
Depth of Fill (Downslope) 30'	Bottom of Disposal Area 48.3	SOUTH SIDE DIAMOND AVE
	Top of Distribution Lines or Chambers 49.4	

DISPOSAL AREA CROSS SECTION

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



William B. Robinson
Site Evaluator or Professional Engineer's Signature

0003/4814
SE # / PE #

6/29/86
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 2,431 TOWN COPY Date Permitted: _____ FEE: _____ Local Plumbing Inspector Signature: <i>Charles W. Higgins</i> L.P.I. # _____ Date Approved: _____
Town Or Plantation	PORTLAND - LITTLE DIAMOND IS.	
Street	DIAMOND AVENUE	
Subdivision Lot #	TAX MAP 105 BLOCK U LOTS 9, 10	
PROPERTY OWNERS NAME		
HIGGINS CHARLES W. JR. Last: First:		
Applicant Name: CHARLES W. HIGGINS JR.		
Mailing Address of Owner/Applicant (if different) 11 Lindenwood Road Cape Elizabeth, 04107		

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.
Charles W. Higgins 7/2/87
 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.
 SEP 3 1987
 SEP 3 10
 Local Plumbing Inspector Signature Date Approved

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 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMMON USE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpo) 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 2. <input type="checkbox"/> TRENCH 3. <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 PUBLIC WATER
SIZE OF PROPERTY: 14,521 SF ZONING: IR2		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" 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 checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC) 3 BEDROOM CONSERVATIVE 45L LOW VOLUME TOILET - 45 DESIGN FLOW: 405 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: C CONDITION: C C.P.I. LIMITING FACTOR: 38	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq Ft. 2. <input checked="" type="checkbox"/> CHAMBER 525 Sq Ft. Infiltrator 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

On JUNE 15, 1986 (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 0003/4814 June 2, 1987
 Site Evaluator, Professional Engineer's Signature SE#/PE# DNE
 * Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option Page 1 of 3
 H.E. - 200 Rev. 4/83

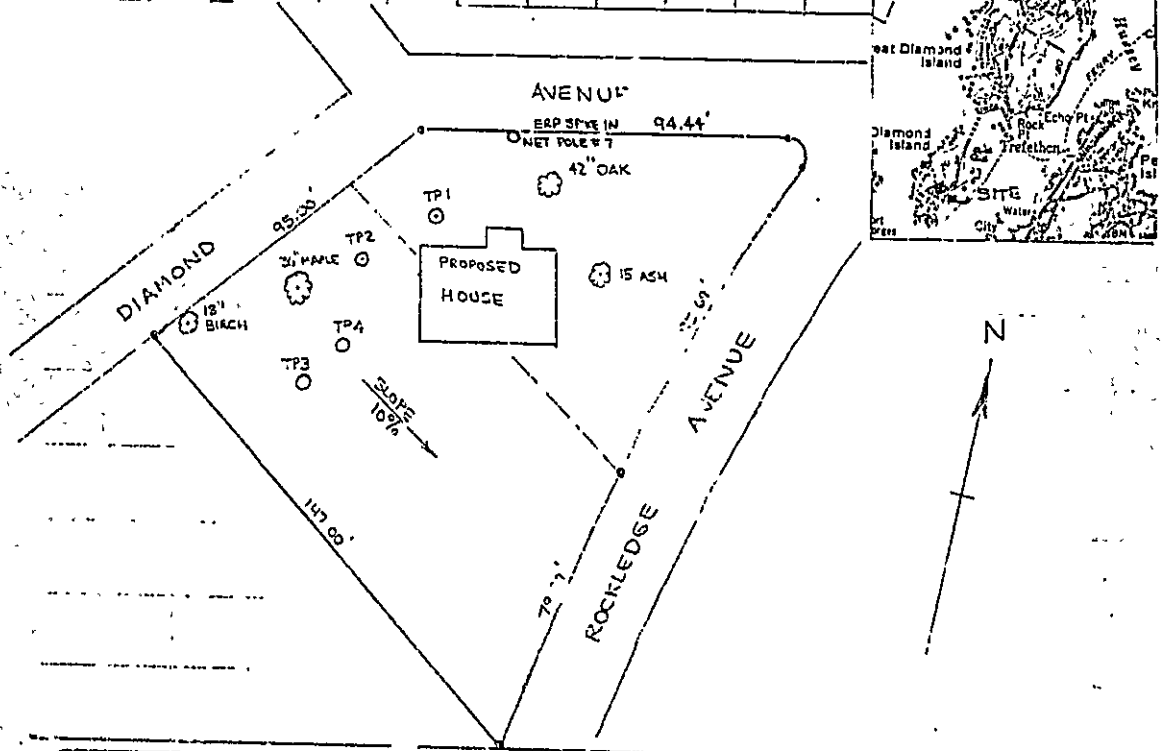
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND LITTLE DIAMOND ISLAND** S. eel. Road, Subdivision: **DIAMOND AVE 105-U-9,10** Owner's Name: **CHARLES W. HIGGINS JR.**

SITE PLAN Scale 1" = 40' PL

SITE LOCATION PLAN (Attach)



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		Depth of Organic Horizon Above Mineral Soil	
2' SOD			
0	Texture	Consistency	Color
0-6	SANDY LOAM		DARK BROWN
6-10			
10-15	LOAMY SAND	LOOSE	BROWN
15-18			
18-24	LOAMY GRAVEL		YELLOW BROWN
24-28			
28-36	CLAYEY GRAVEL	FRAGILE	GRAY BROWN
36-48			FEW
48-50			STANDING WATER
Soil Profile <u>4</u>		Slope <u>10%</u>	Limiting Factor <u>38</u>
Classification <u>C</u>			<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Barriers
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring Depth of Organic Horizon Above Mineral Soil 3' SOD			
0	Texture	Consistency	Color
0-6	SANDY LOAM		DARK BROWN
6-10			
10-15	LOAMY SAND	LOOSE	RED BROWN
15-20			
20-24	LOAMY GRAVEL		YELLOW BROWN
24-30			
30-36	CLAYEY GRAVEL	FRAGILE	GRAY BROWN
36-48			FEW
48-50			STANDING WATER
Soil Profile <u>4</u>		Slope <u>10%</u>	Limiting Factor <u>38</u>
Classification <u>C</u>			<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Barriers

William B. Goodman 003 14814 **June 2, 1987** Page 2 of 3
 Site Evaluator or Professional Engineer's Signature SE# IPE# Date HHE-200 Rev. 4-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: PORTLAND LITTLE DIAMOND ISLAND
 Street, Road, Subdivision: DIAMOND AVE 105-0-9,10
 Owners Name: CHARLES W. HIGGINS JR.

SITE PLAN										Scale 1" = _____ FL	SITE LOCATION PLAN (Attach Map from Maine A. 15 for New System Variance)

SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Notes Shown Above)			
Observation Hole <u>3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 2" Soil _____ Depth of Organic Horizon Above Mineral Soil _____				Observation Hole <u>4</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 2" Soil _____ Depth of Organic Horizon Above Mineral Soil _____			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-3" SANDY LOAM		DARK BROWN		0-6" SANDY LOAM		DARK BROWN	
3-20" LOAMY GRAVEL	LOOSE	RED BROWN	NONE	6-20" LOAMY GRAVEL	LOOSE	RED BROWN	NONE
20-30" GRAVEL		YELLOW	COMMON	20-30" GRAVEL		RED YELLOW	
30-40" GRAVEL			COMMON	30-40" GRAVEL		YELLOW	
40-50" GRAVEL			FEW	40-50" GRAVEL			COMMON
50" GRAVEL			FEW	50" GRAVEL			FEW
Classification: <u>C</u>	Slope: <u>10%</u>	Limiting Factor: <u>38</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock	Soil: <u>4</u>	Classification: <u>C</u>	Slope: <u>10%</u>	Limiting Factor: <u>39</u> <input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock

William B. Jordan 003/4814 June 2, 1987 Page 2 of 3
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date HHE-200, Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

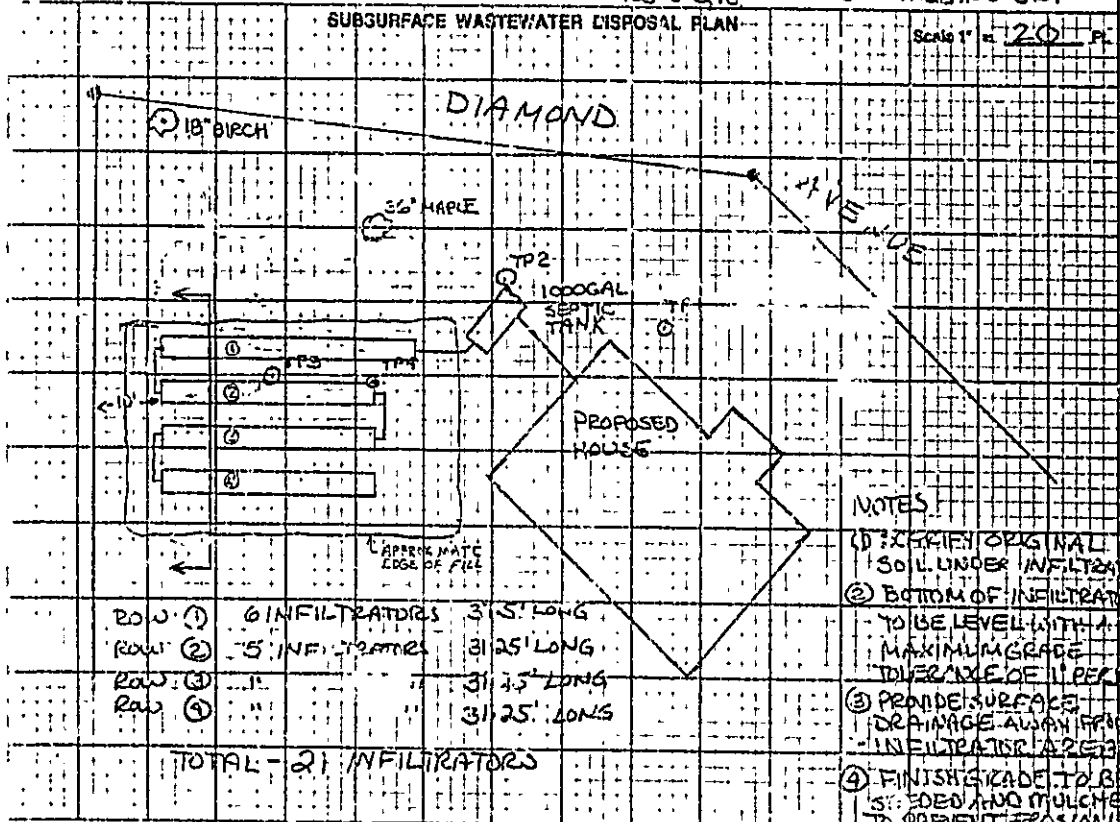
PORTLAND, LITTLE DIAMOND ISLAND

Street, Road, Subdivision
DIAMOND AVE

105-U-310

Owner Name

CHARLES W. HIGGINS JR.



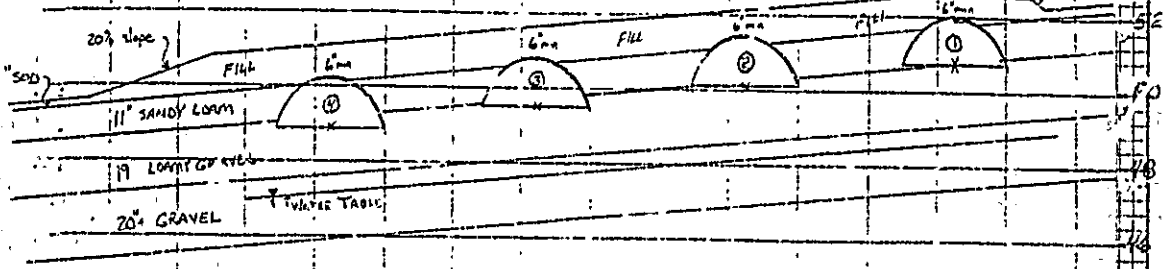
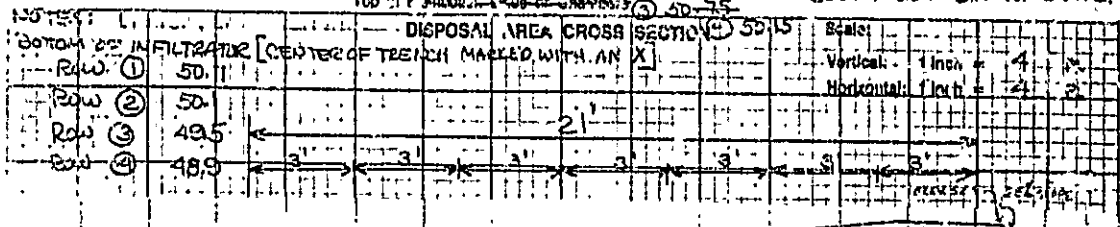
FILL REQUIREMENTS

Depth of Fill (Upslope)	0'
Depth of Fill (Downslope)	5'

CONSTRUCTION ELEVATIONS

Reference Elevation is	50.87
Bottom of Disposal Area	51.35
Top of Infiltrator	50.75

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
SPIKE IN NET POLE #7 SOUTH SIDE DIAMOND AVE.



William B. Jordan
Site Evaluator/Signatory

093/4814
SE/PEW

7/2/87
DRG

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Charles W Higging Jr.

Date June 26, 1986

Mailing Address 387 Spring Street 871-2526

Address of Proposed Site 105-U-9-10 Diamond Ave. Little Diamond Isl.

Proposed Use of Site summer cottage

Site Identifier(s) from Assessors Maps IR-1 Zone 1

Acres of Site 14,268 sq ft / 0.32 Ground Floor Coverage

Zoning of Proposed Site IB-2

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

Proposed Number of Floors 2

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

Total Floor Area 1824

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

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	17'AR 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: _____

Harvey D. Turner June 26, 1986
 SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT ORIGINAL

CITY OF PORTLAND MAINE

SITE PLAN REVIEW

Processing Form

Applicant: Charles N. Levine Jr.

Date: 105-1-9-10

Mailing Address: 147 Spring Street 871-2526

Address of Proposed Site: Little Diamond St

Proposed Use of Site: _____

Site Identifier(s) from Assessors Maps: _____

Acreage of Site: 7/1 Ground Floor Coverage: _____

Zoning of Proposed Site: _____

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

Proposed Number of Floors: _____

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

Total Floor Area: _____

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	SEWERS	CURBING	SIDEWALKS	OTHER
APPROVED	<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"/>			
APPROVED CONDITIONALLY															
DISAPPROVED															

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: _____

(Attach Separate Sheet if Necessary)

Robert J. Ryan 7/10/86

SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



PERMIT ISSUED

APPLICATION FOR PERMIT

AUG 12 1936

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 1048

City Of Portland

ZONING LOCATION PORTLAND, MAINE June 26, 1936

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 plan and specifications, if any, submitted herewith and the following specifications:

LOCATION ... 105-4-3-10 of Bond Ave., Little Diamond Isl., Fire District #1 , #2

1. Owner's name and address ... Charles W. Higgins, Jr., 367 Spring St Telephone # 773-3651

2. Lessee's name and address Telephone ... 871-2526

3. Contractor's name and address ... David Lindeman, 76 Everett Court ... Telephone ...

..... Heathbrook 04092..... No. of sheets

Proposed use of building ... SUMMER COTTAGE..... No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 115,000..

FIELD INSPECTOR—Mr.

@ 775-5451

Appeal Fees \$

Base Fee \$ 50.00

Late Fee \$ 5.95-00

TOTAL \$

site plan review

To construct 2 story dwelling, 1,824 sq ft to be used for summer cottage

Stamp of Special Conditions

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? Is any electrical work involved in this work?

Is connection to be made to public sewer? If not, what is proposed for sewage?

Has septic tank notice been sent? Form notice sent?

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

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of flue Kind of heat fuel

Framing Lumber—Kind Dressed or full size? Corner posts Sills

Size Girder 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

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?

ZONING:

BUILDING CODE: Will there be in charge of the above work a person competent

Fire Dept.: to see that the State and City requirements pertaining thereto

Health Dept.: are observed?

Others:

Signature of Applicant Phone # 8800

Type Name of above Charles W. Higgins, Jr. 1 2 3 4

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

913218

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 60.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Charles Higgin Phone # 799-5015
 Address: Diamond Ave Little Diamond Island 105-U-9&10
 LOCATION OF CONSTRUCTION Diamond Ave Little Diamond Island
 Contractor: Project Management Inc.
 Address: POB 4857 Ptld. ME 04112 Phone # 775-7442
 Est. Construction Cost: 6,500.00 Proposed Use: 1-fam w/shed
 Past Use: 1-fam dwelling
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Erect shed to 1-fam dwelling

For Official Use Only

Date: November 5, 1991 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Ownership: _____
 Estimated Cost: _____

PERMIT ISSUED
 14 1991
 CITY OF PORTLAND

Zoning: TR-2
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) WDA-72 11-12-91

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size _____ Sills must be anchored.
 2. Joist Size: _____
 3. Lally Column Spacing _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridgr. Type: _____ Size: _____
 6. Floor covering Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type _____ Number of Fire Places _____ Date _____
 Signature: _____

Heating:
 Type of Heat _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

HISTORIC PRESERVATION

Permit Received By Mary Gresik
 Signature of Applicant Cyrus Hagg Date Nov 6, 1991
 CEO's District _____

CONTINUED TO REVERSE SIDE

#7 Arthur Rowe White - Tax Assessor

Ivory Tag - CEO

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3626

PROPERTY ADDRESS

Town Or Plantation: PORTLAND - LITTLE DIAMOND IS.
Street: DIAMOND AVENUE
Subdivision Lot #: TAX MAP 105 BLOCK U LOTS 9, 10

PROPERTY OWNERS NAME

HIGGINS CHARLES W. JR.
Last: First:

Applicant Name: CHARLES W. HIGGINS, JR.

Mailing Address of Owner/Applicant (if Different): 277 SPRING STREET PORTLAND MAINE 04101

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 a Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: *Charles Higgins* Date: 6/16/86

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: *AA* Date Approved: 6 16 1986

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>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>TYPE 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"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY: 14,521 SF</p> <p>ZONING: IR2</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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 (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW, BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET - 45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROF#: _____ CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 38</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input 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 type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 560 Sq Ft</p> <p><input checked="" 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>	

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

On JUNE 15, 1986 (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.

Signature: *William S. Johnson* SE # 0003/4814 Date: 6/24/86

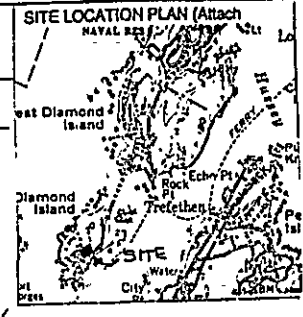
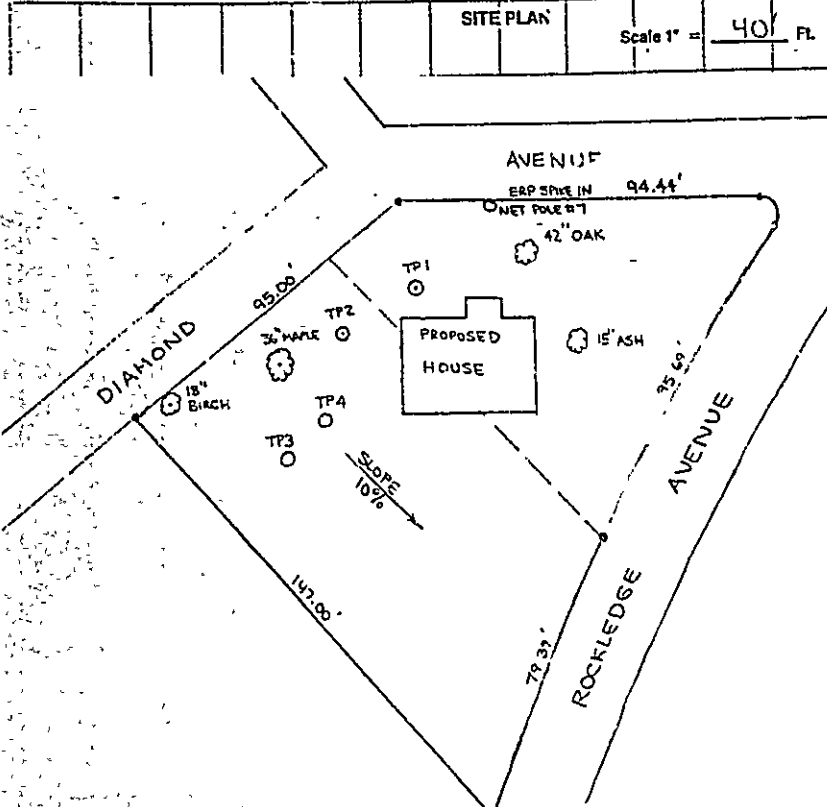
Site Evaluator or Professional Engineer's Signature SE # Date

* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

SOIL SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation: PORTLAND LITTLE DIAMOND ISLAND Street, Road, Subdivision: DIAMOND AVE 105-U-9,10 Owners Name: CHARLES W. HIGGINS JR.



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		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" SOD - Depth of Organic Horizon Above Mineral Soil		3" SOD - Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
DEPTH BELOW MINERAL SOIL SURFACE (inches)			
0-6		DARK BROWN	
6-10			
10-20	LOOSE	BROWN	NONE
20-30		YELLOW BROWN	
30-40			
40-50	FRAGILE	GRAY BROWN	FEW
50			STANDING WATER
Soil Type: <u>4</u>	Classification: <u>C</u>	Slope: <u>10%</u>	Limiting Factor: <u>38</u>
<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Rooting Layer	<input type="checkbox"/> Bedrock	

Texture	Consistency	Color	Mottling
DEPTH BELOW MINERAL SOIL SURFACE (inches)			
0-6		DARK BROWN	
6-10			
10-20	LOOSE	RED BROWN	NONE
20-30		YELLOW BROWN	
30-40			
40-50	FRAGILE	GRAY BROWN	FEW
50			
Soil Type: <u>4</u>	Classification: <u>C</u>	Slope: <u>10%</u>	Limiting Factor: <u>38</u>
<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Rooting Layer	<input type="checkbox"/> Bedrock	

William B. Jordan 0003/4814 6/24/86
 Civil Engineer/Professional Engineer & Surveyor SE # 1058 Date

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation **PORT AND LITTLE DIAMOND ISLAND** Street, Road, Subdivision **DIAMOND AVE 105-0-9,10** Owners Name **CHARLES W. HIGGINS JR.**

SITE PLAN										Scale 1" = _____ Ft.	SITE LOCATION PLAN (Attach Map from Main Atlas for New System Location)
[Empty grid for site plan]											

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

Observation Hole 3 Test Pit Boring
2" SOD _____ Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-15	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
15-40	GRAVEL		YELLOW	COMMON
40-50				FEW

Soil 4 Classification C Slope 10 % Limiting Factor 38
 Ground Water Rooting Layer Bedrock

Observation Hole 4 Test Pit Boring
2" SOD _____ Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-15	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
15-25			RED YELLOW	
25-40	GRAVEL		YELLOW	COMMON
40-50				FEW

Soil 4 Classification C Slope 10 % Limiting Factor 39
 Ground Water Rooting Layer Bedrock

William B. Gordon 0003/4814 6/24/86
 Site Evaluator or Professional Engineer's Signature Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Site & Road, Subdivision

Owners Name

PORTLAND LITTLE DIAMOND ISLAND DIAMOND AVE 105-U-9.10

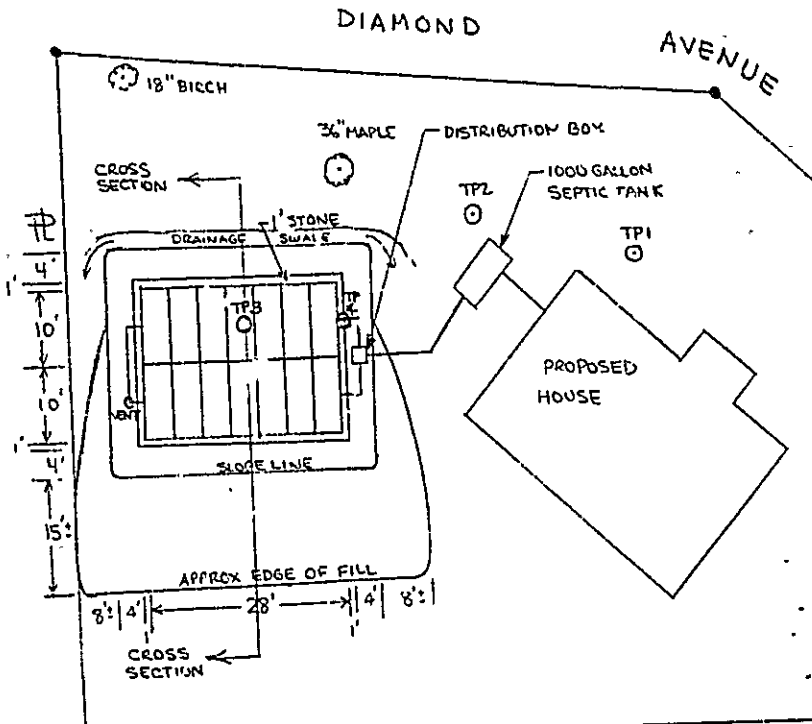
CHARLES W HIGGINS JR.

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.

NOTE

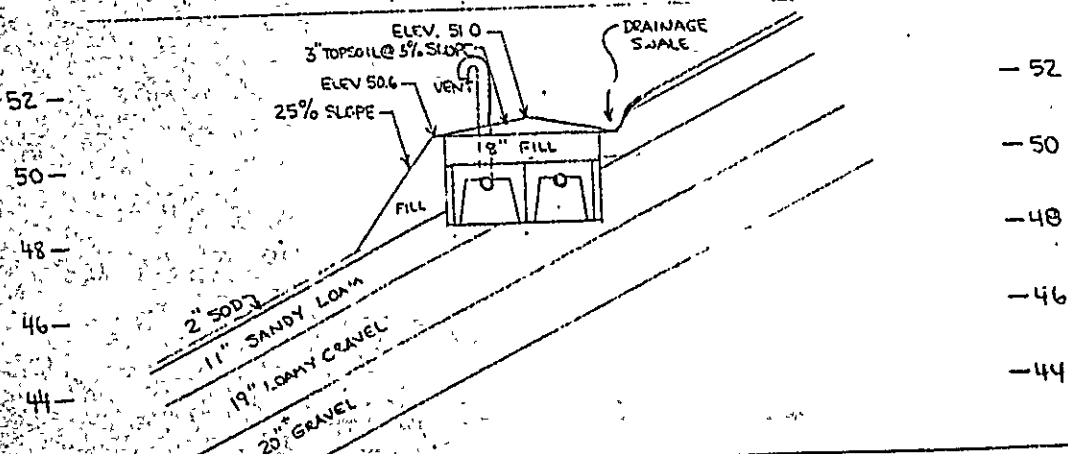
USED GENEST BROS. CHAMBERS (4' x 10')



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	0	Reference Elevation Is	50.87	SPIKE IN NET POLE #7 SOUTH SIDE DIAMOND AVE	
Depth of Fill (Downslope)	30	Bottom of Disposal Area	48.3		
		Top of Distribution Lines or Chambers	49.4		

DISPOSAL AREA CROSS SECTION

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



William B. Jordan
Site Evaluator or Professional Engineer's Signature

0003/4814
SE #/PE #

6/24/86
Date

Page 3 of 3
HHE-200 Rev. 4.83

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP B.O.C.A. TYPE OF CONSTRUCTION ... 1048

AUG 12 1956

ZONING LOCATION ... IR-1 ... PORTLAND, MAINE ... 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 ... 105 - U - 9 - 10 - Diamond Ave., Little Diamond Isl. ... Fire District #1 ... #2 ... 1. Owner's name and address ... Charles W. Higgins, Jr. ... 387 Spring St. Telephone H. 773-3651 ... 2. Lessee's name and address ... Contractor's name and address David Lindeman ... 6 Everett Court ... Telephone ... Westbrook, 04092 ... No. of sheets ...

Proposed use of building ... summer cottage ... Last use ... No. families ... Material ... No. stories ... Heat ... Style of roof ... Roofing ... Other building on same lot ... Estimated contractual cost \$... 15,000

FEE INSPECTOR - Mr. @ 775-5451

Appeal Fees \$... Base Fee 50.00 ... Late Fee ... TOTAL \$ 595.00

site plan review To construct 2 story dwelling, 1,824 sq ft to be used for summer cottage

Stamp of Special Conditions PERMIT 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? Is any electrical work involved in this work? Is connector to be made to public sewer? If not, what is proposed for sewage? Has septic tank notice been sent? Form notice sent? 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 Kind of roof Rise per foot Roof covering No. of chimneys Material of chimneys of lining Kind of heat fuel Framing Lumber Dressed or full size? Corner posts Sills Size Girder 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 ratters: 1st floor 2nd 3rd roof On centers: 1st floor 2nd 3rd roof Maximum span: 1st floor 2nd 3rd roof (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: BUILDING INSPECTION - PLAN EXAMINER ZONING: A.K., M.D.T., Aug 4, 1956 BUILDING CODE: Fire Dept. Health Dept. Others:

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?

Signature of Applicant Charles W. Higgins, Jr. Phone # same Type Name of above Charles W. Higgins, Jr. Box 2 3 4

PERMIT ISSUED WITH LETTER

FIELD INSPECTOR'S COPY Addato

APPLICANT'S COPY OFFICE FILE COPY

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION
 BUILDING LOCATION PORTLAND, MAINE July 23, 1986

I, 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 Diamond Avenue, Little Diamond Island 105 Block U Lots 9; Fire District #1 , #2
 1. Owner's name and address .. Charles Higgins, Jr. 387 Spring St. Telephone 773-3651
 2. Lessee's name and address Telephone 854-5073
 3. Contractor's name and address .. David E. Lindeman Sunsite Homes, Inc. Telephone 854-5073
 6 Everett Court, Westbrook 04092
 Proposed use of building ... Residential No. of sheets
 Last use .. Residential No. families 1
 Material No. stories Heat Style of roof Roofing
 Other buildings on same lot
 Estimated contractual cost \$ 115,000

FIELD INSPECTOR—Mr.	Appeal Fees	\$
@ 775-5451	Base Fee
	Late Fee
	TOTAL	\$ 595.00

To construct a single family home 17,000 sq. ft.
 as per plans. 1 set of plans.

Stamp of Special Conditions

Send to # 3

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? 6
 Is connection to be made to public sewer? If no, what is proposed for sewage?
 Has septic tank notice been sent? Form notice sent?
 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
 Kind of roof Rise per foot Roof covering
 No. of chimneys Material of chimneys of lining Kind of heat fuel
 Framing Lumber—Kind Dressed or full size? Corner posts Sills
 Size Girder 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
 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
 BUILDING INSPECTION—PLAN EXAMINER
 ZONING:
 BUILDING CODE:
 Fire Dept.:
 Health Dept.:
 Others:

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?

Signature of Applicant *David E. Lindeman* Phone # 854-5073
 Type Name of above David E. Lindeman

1 2 3 4
 Other
 and Address



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

August 6, 1986

RE: 105-U-10 Diamond Avenue, Little Diamond Island

Mr. Charles W. Higgins, Jr.
387 Spring Street
Portland, Maine 04101

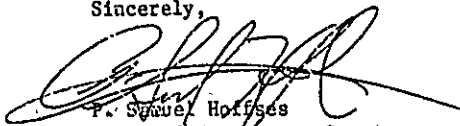
Dear Sir:

Your application to construct a 2 story summer cottage has been reviewed and a building permit is herewith issued subject to the following requirements:

1. All lot lines shall be clearly marked before calling for a foundation inspection;
2. Site plan reviewed and approved by Inspection and Public Works; and,
3. Please read attached building permit report and implement items 5 and 6.

If you have any questions on these requirements, please call this office.

Sincerely,



P. Samuel Hoffses
Chief of Inspection Services

/el

Enclosure

BUILDING PERMIT REPORT

DATE: AUGUST 6, 1986

105 ADDRESS: 105 U-9-10 DIAMOND AVE. LITTLE DIAMOND ISLAND

REASON FOR PERMIT: SINGLE FAMILY DWELLING

BUILDING OWNER: CHARLES HIGGINS

CONTRACTOR: DAVID LINDEMAN

PERMIT APPLICANT: OWNER

APPROVED: 556 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.

*) 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 (0.53m²). 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).

913218 913218

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 60.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Charles Higgins Phone # 799-5015
 Address: Diamond Ave Little Diamond Island 105-U-9&10
 LOCATION OF CONSTRUCTION: Diamond Ave Little Diamond Island
 Contractor: Project Management I Sub
 Address: POB 4857 Portland, ME 04112 Phone # 775-7442
 Est. Construction Cost: 6,500.00 Proposed Use: 1-fam w/ shed
 Past Use: 1-fam dwelling
 # of Existing Res Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Staircases _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Erect shed to 1-fam dwelling

PERMIT ISSUED
 NOV 14 1991
CITY OF PORTLAND

For Official Use Only
 Date: November 6, 1991 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bid Code: _____ Lot: _____
 Time Limit: _____ Owner: _____
 Estimated Cost: _____

Zoning: TRD
 Street Frontage Provided: _____
 Provided Setbacks: Frn _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: _____ (Explain) _____
11-12-91

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored
 2. Girder Size _____
 3. Lally Column Spacing _____ Size _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type _____ Size _____
 6. Floor Sheathing Type _____ Size _____
 7. Other Material _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ **HISTORIC PRESERVATION**
 3. Type Ceilings: _____ Not in District nor Landmark
 4. Insulation Type _____ Size _____ Does not require review.
 5. Ceiling Height: _____ Requires Review.

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Action: Approved

Chimneys:
 Type: M Number of Fire Places _____
 Heating: _____
 Type of Heat: _____
 Signature: [Signature]

Electrical:
 Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Mary Gresik

Signature of Applicant [Signature] Date Nov 6, 1991
 CEO's District [Signature]

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO

#7 Arthur Rowe White - Tax Assessor

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
Completed	6/16/94

COMMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

Cyrus Y. Hogg

ADDRESS

PO Box 4857 Portland 04112

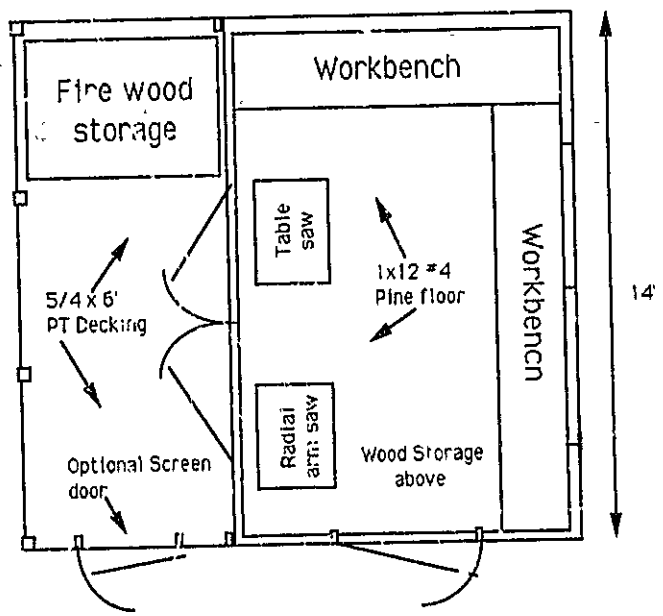
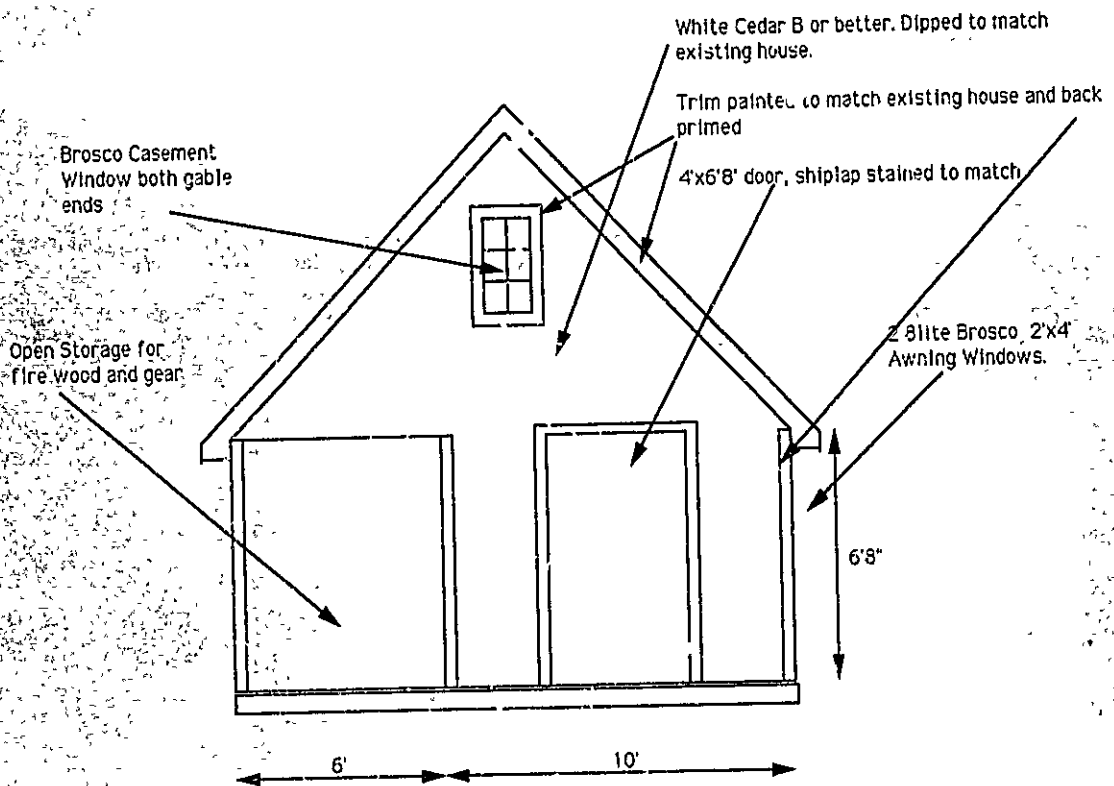
PHONE NO.

775-1442

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

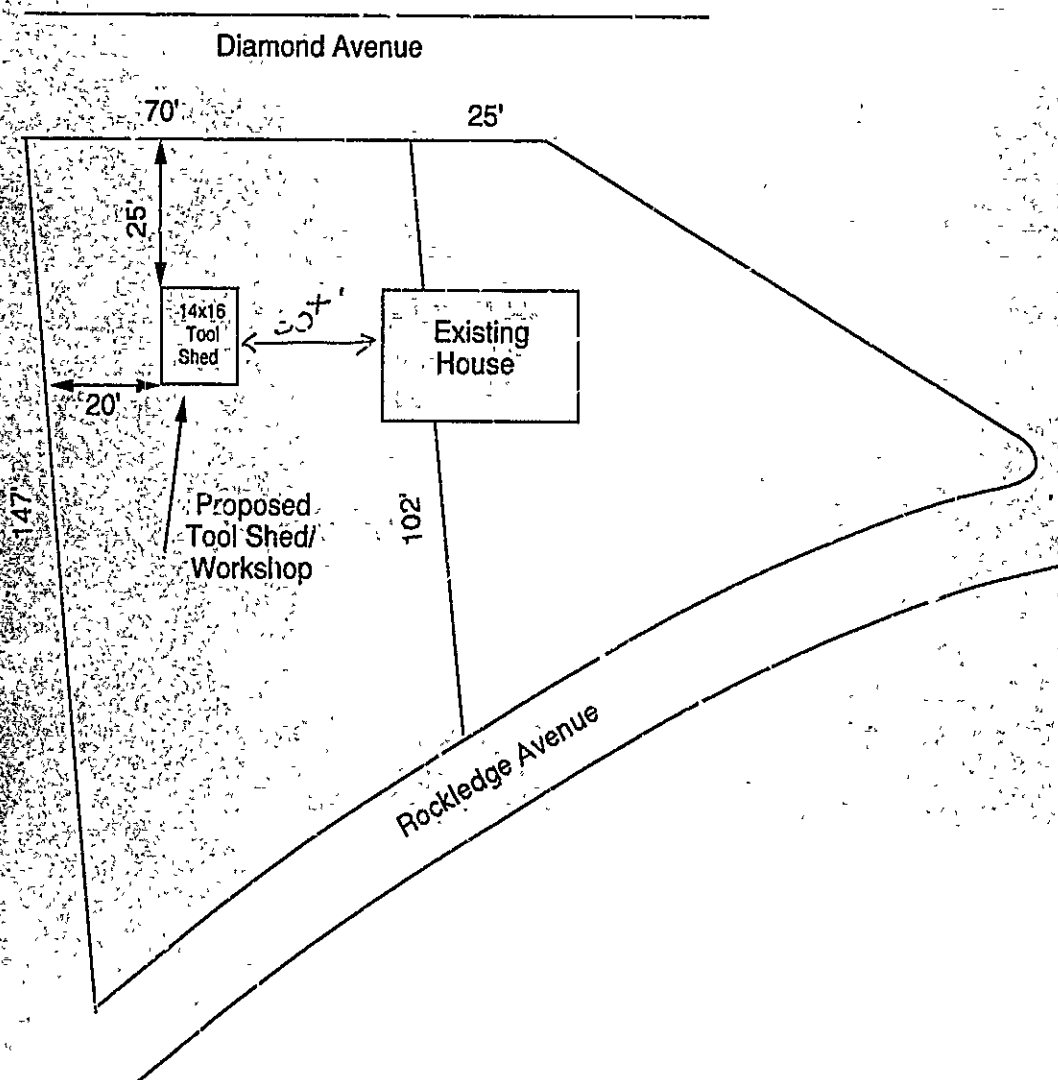
PHONE NO.

Higgins Workshop Little Diamonu Island

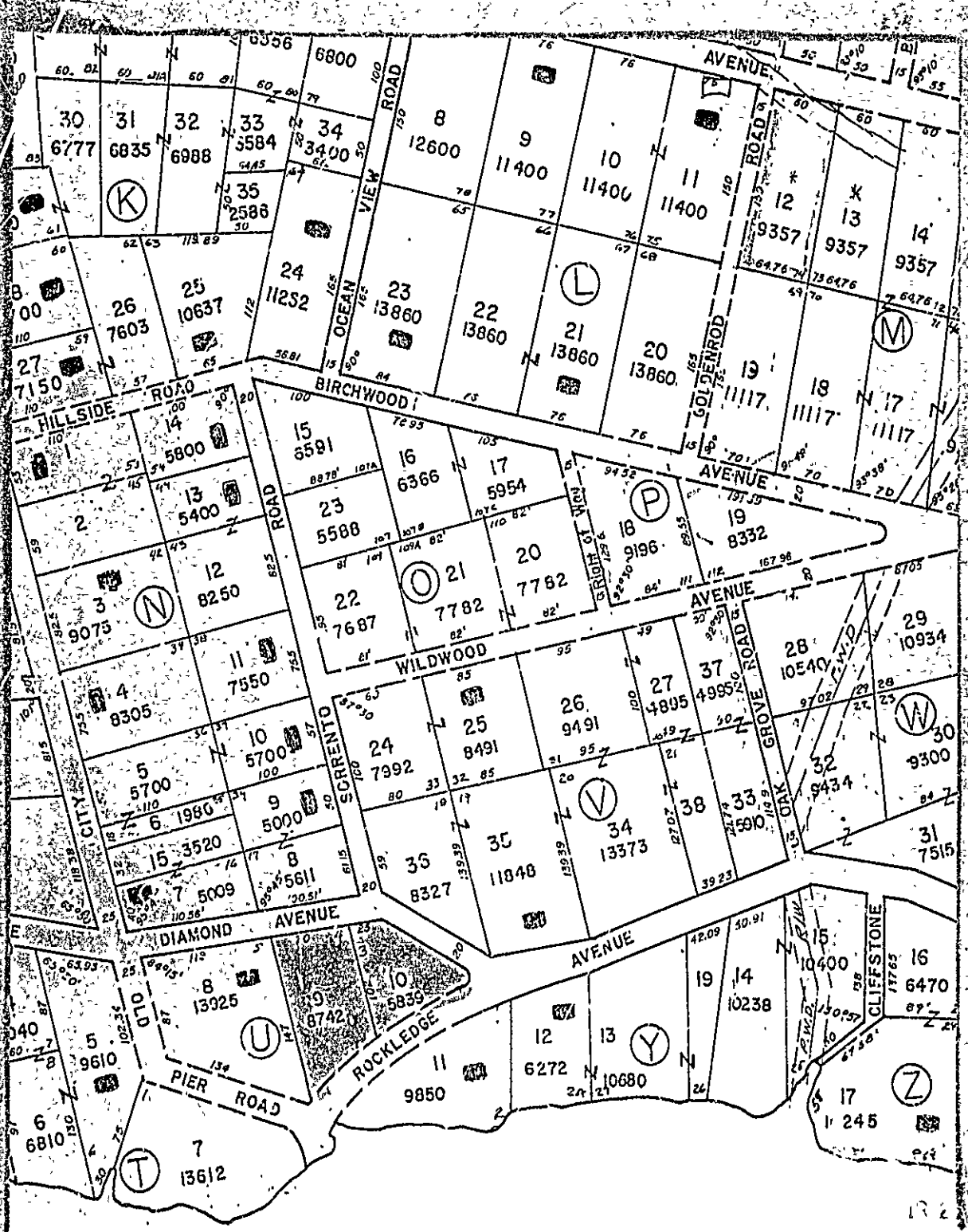


Higgins Summer Residence
Diamond Avenue
Little Diamond Island
Map 105 U 9&10

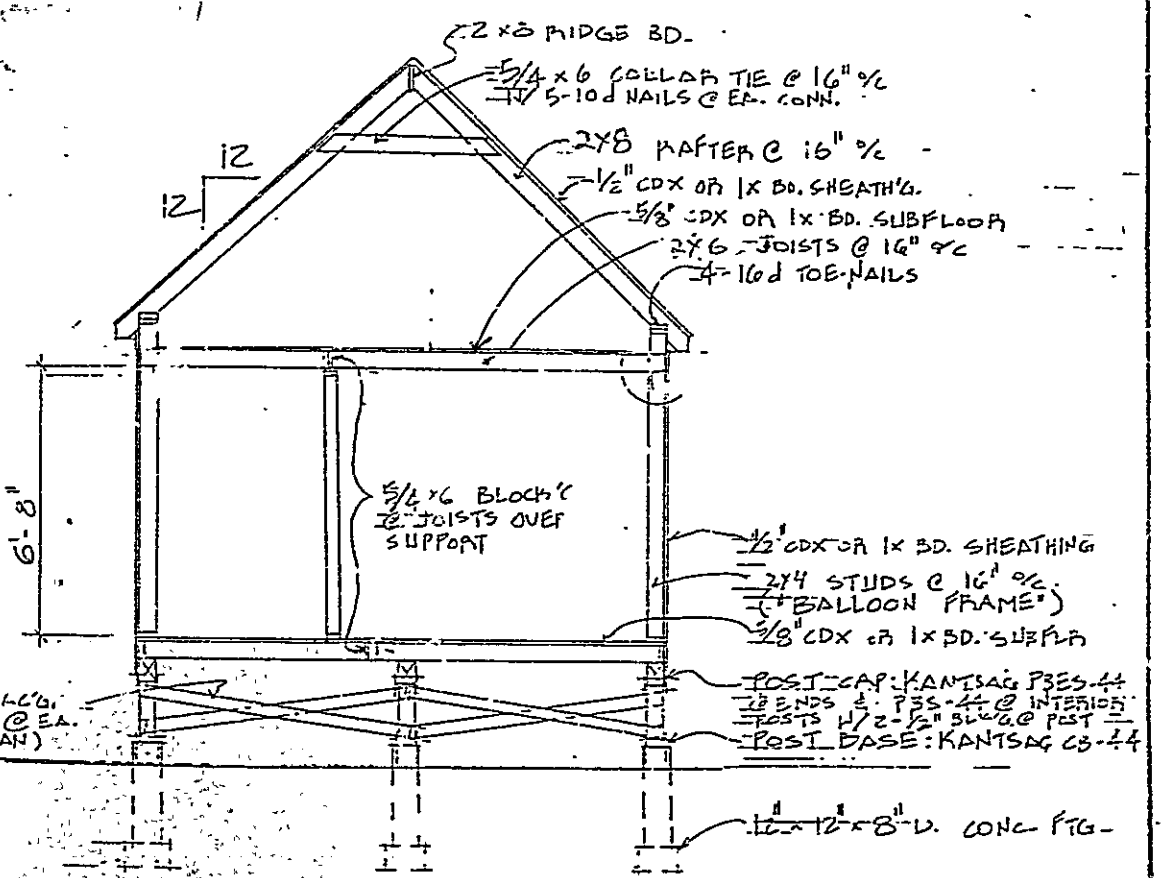
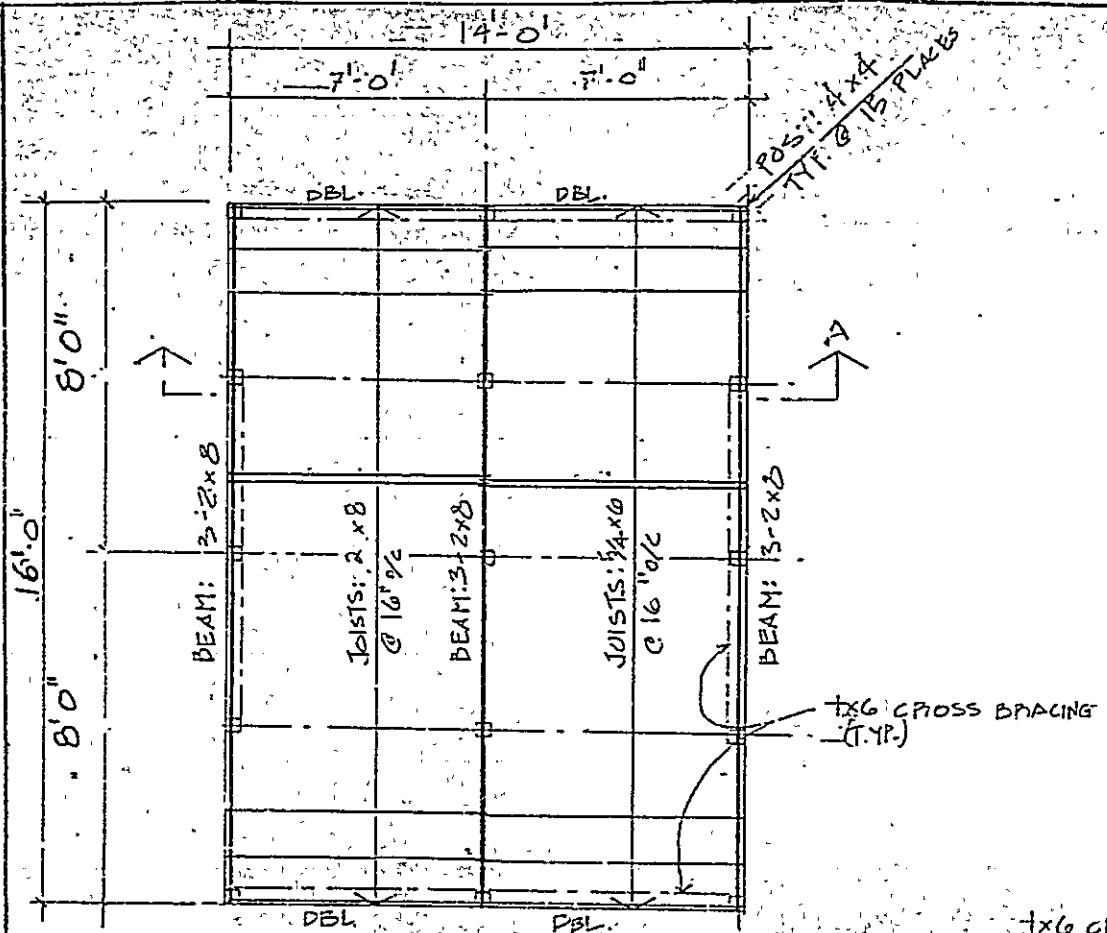
Proposed Tool Shed / Workshop



SITE PLAN



MAP 105-49&D



FLOOR FRAMING PLAN

1/4" = 1'-0"

TYP. BLDG. SECTION A-A

1/4" = 1'-0"

PROJECT MGMT. INC.
 40 FREE ST.
 PORTLAND, ME 04101

HIGGINS TOOL SHED
 LITTLE DIAMOND

JOB NO:
DATE: 10-31-91
BY: CYH
SHT. NO: 1 of 1

****g.) 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.

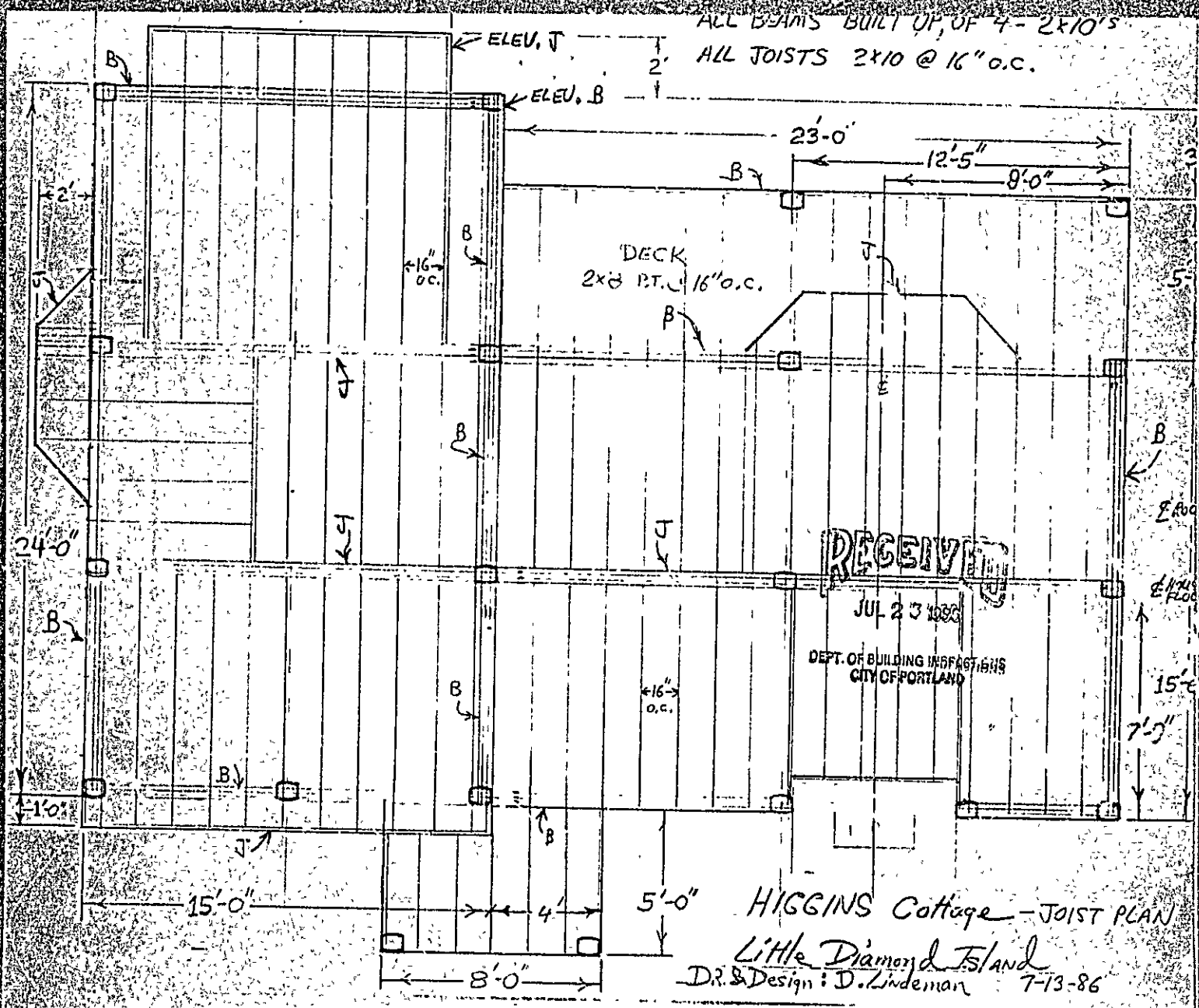
In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on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

- 7.) 608.1 Attached garages: Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors, and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1 hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

608.1.1 Separation by breezeway: A garage separated by a breezeway not less than 10 feet (3048mm) in length from a building of Use Group R-3 may be of type 5B construction, but the junction of the garage and breezeway shall be firestopped to comply with the requirements of Section 1420.0.

ALL BEAMS BUILT UP, OF 4 - 2x10'S
ALL JOISTS 2x10 @ 16" o.c.



RECEIVED

JUL 23 1986

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

HIGGINS Cottage - JOIST PLAN

Little Diamond Island

DR. & Design: D. Lindeman 7-13-86



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

July 29, 1986

RE: Diamond Avenue
Little Diamond Island

Mr. David Lindeman
Sunsite Homes, Inc.
6 Everett Court
Westbrook, Maine 04092

Dear Mr. Lindeman:

We wish to acknowledge with thanks your recent building permit application for a new single family home on Little Diamond Island (Chart 105, Block J, Lots 9 and 10).

However, we wish to advise that we can not issue a building permit until such time as we receive soil test results by one of the approved soil's test engineers. Three original copies of the soil test results on Forms RH 200 must be approved by the City Plumber, Inspector before a building permit can be issued for this proposed residential structure.

Sincerely,

Warren J. Turner
Zoning Enforcement Inspector

WJT/el

cc: Joseph E. Gray, Jr., Director of Planning and Urban Development
Alexander Jaegeraan, Chief Planner
P. Samuel Hoffses, Chief of Inspection Services
Arthur Adatao, Code Enforcement Officer

Applicant: Charles W. Higgins, Jr. Date: Aug 1, 1986
Address: Diamond Ave, Little Diamond Is.
Assessors No.: 105-U-9-10.

CHECK LIST AGAINST ZONING ORDINANCE

Date -
Zone Location - R-1
Interior or corner lot - Corner Lot
Use - Single Family
Sewage Disposal - Inground leach bed
Rear Yards - 60' 25' required
Side Yards - 25' and 25'
Front Yards - 25' 25' required
Projections -
Height - 1 1/2 stories
Lot Area - 14,268
Building Area - 9126 (1824 sq ft)
Area per Family - 20,000 sq ft
Width of Lot - 90'
Lot Frontage - 290' on Diamond Ave (More on Rockledge Ave.)
Off-street Parking - Adequate
Loading Bays - NA

Site Plan -
Shoreland Zoning -
Flood Plains -

This is not within
~~this area~~
the new subdivision
H.P.T. sponsored
by Sisters
of Mercy



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date April 22, 1987
 Receipt and Permit number D 09313

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: 105-B-10 Diamond Avenue & Rockledge Ave Littleton

OWNER'S NAME: Charles W. Higgins ADDRESS: 287 Spring St

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>31-60</u>	<u>5.00</u>
FIXTURES: (number of)	
Incandescent <u>30</u> Fluorescent _____ (not strip) TOTAL <u>30</u>	<u>5.00</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ 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>8</u>	<u>8.00</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> Water Heaters _____ <u>1</u>	
Cook Tops _____ Disposals _____ <u>1</u>	
Wall Ovens _____ Dishwashers _____	
Dryers _____ <u>1</u> Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>4</u>	<u>6.00</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" (304-18.b)

TOTAL AMOUNT DUE: 27.50

INSPECTION:

Will be ready on _____, 19__; or Will Call

CONTRACTOR'S NAME: William Flynn

ADDRESS: Peaks Island

TEL: 766-2780

MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Aug 20, 19 86
 Receipt and Permit number D 24450

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: 105-0-9-10 Diamond Ave. & Rockledge Ave. Little Diamond

OWNER'S NAME: Charles Higgins ADDRESS: 387 Spring St.

OUTLETS:	FEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary XX TOTAL amperes <u>100</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) _____	
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 _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
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; 240 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: 3.50
 min 5.00

INSPECTION Will be ready on ready 19 or Will Call _____
 CONTRACTOR'S NAME: William Flynn
 ADDRESS: 105-0-9-10 Diamond Ave. Little Diamond
 TEL: 766-2780
 MASTER LICENSE NO. 4548 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO. _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION Diamond Ave; 105-U-9, 10 Little Diamond
Island

Issued to Charles W. Higgins, Jr.

Date of Issue 8/21/90

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. , 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

Two-story summer cottage

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

This certificate denotes lawful use of building or premises, and right to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.