



PARLAMENTARY HOUSE ZONE

PERMIT 1554 ISSUED

Permit No.

SEP 18 1927

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, September 13, 1927

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location on Northwest side of Cushing Is. Ward 1 Within Fire Limits? No Dist. No. _____

Owner's ~~or Lessee's~~ name and address Gordon Cushing, Cushing's Island Telephone _____

Contractor's name and address W. E. Byron, 14 Brown St. Telephone 2522 W

Architect's name and address _____

Proposed use of building Boat House No. families _____

Other buildings on same lot _____

Description of Present Building to be Altered

Material _____ No. stories _____ Heat _____ Style of roof _____ Roofing _____

Last use _____ No. families _____

General Description of New Work

To erect boat house on beach

NOTIFICATION BEFORE LAINING
OR CLOSING IN IS WAIVED.
CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

Details of New Work

Size, front 43' depth 40' No. stories 1 Height average grade to highest point of roof 17'

To be erected on solid or filled land? _____ earth or rock? _____

Material of foundation Cedar posts Thickness, top _____ bottom _____

Material of underpinning _____ Height _____ Thickness _____

Kind of roof Pitch Roof covering Asphalt roll Class C

No. of chimneys no Material of chimneys _____ of lining _____

Kind of heat no Type of fuel _____ Distance, heater to chimney _____

If oil burner, name and model _____

Capacity and location of oil tanks _____

Is gas fitting involved? no Size of service _____

Corner posts 4x4 Sills 4x6 Girt or ledger board: _____ Size _____

Material columns under girders _____ Size _____ Max. on centers _____

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

Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof 2x6

On centers: 1st floor _____, 2nd _____, 3rd _____, roof 24"

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 _____

Total number commercial cars to be accommodated _____

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

Miscellaneous

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

Plans filed as part of this application? no No. sheets _____

Estimated cost \$ 1000 Fee \$ 1.35

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

Gordon Cushing

Signature of owner By

INSPECTION COPY

4630

Ward 1 Permit No. 27/1654 H

Location N. Wade St. / Cushing

Owner Arden Cushing

Date of permit Sept 13/29

Notif. closing-in _____

Inspn. closing-in _____

Final Notif. _____

Final Inspn. _____

Cert. of Occupancy issued _____

NOTES

~~_____~~
P.I.F.
3/11/29

DEPARTMENT OF PUBLIC WORKS

RECEIVED

SEP 13 1929

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or
Planation: PORTLAND CALUMET AVE

Street
Subdivision Lot #: CUSHINGS ISLAND Calumet

PROPERTY OWNERS NAME

Last: BETHEA First: TON

Applicant
Name:

Mailing Address of
(Owner/Applicant
(if Different))

18 CUSHMAN ST.
PORTLAND, ME. 04102

PORTLAND PERMIT # 3,462 TOWN COPY

Date
Permit
Issued: 6/12/89 \$ 1410.00 FEE Double Fee Charged

Local Plumbing Inspector
[Signature] L.P.I. # 11213

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] 6-12-89
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.

[Signature] 6/12/89
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 (Includes 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>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"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>CITY WATER</u></p>
<p>SIZE OF PROPERTY</p> <p><u>1.9 AC</u></p>	<p>ZONING</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<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: <u>1000</u> GALS <u>FIBERGLASS</u></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 (DEPENDENT ON TREATMENT WORK 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><u>4 PE HOME</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE CONDITION</p> <p><u>2 C</u></p> <p>DEPTH TO LIMITING FACTOR <u>24</u></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"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BEC _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> SANDER <u>575</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H <u>800</u> IN. DESIGN</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>360</u> (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On 12/16/07 (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] 116 5/20/08
Site Evaluator or Professional Engineer's Signature SE # IPE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation
PORTLAND

Street, Road, Subdivision
CUSHINGS IS. / CALUMET AVE
 SUBSURFACE WASTEWATER DISPOSAL PLAN

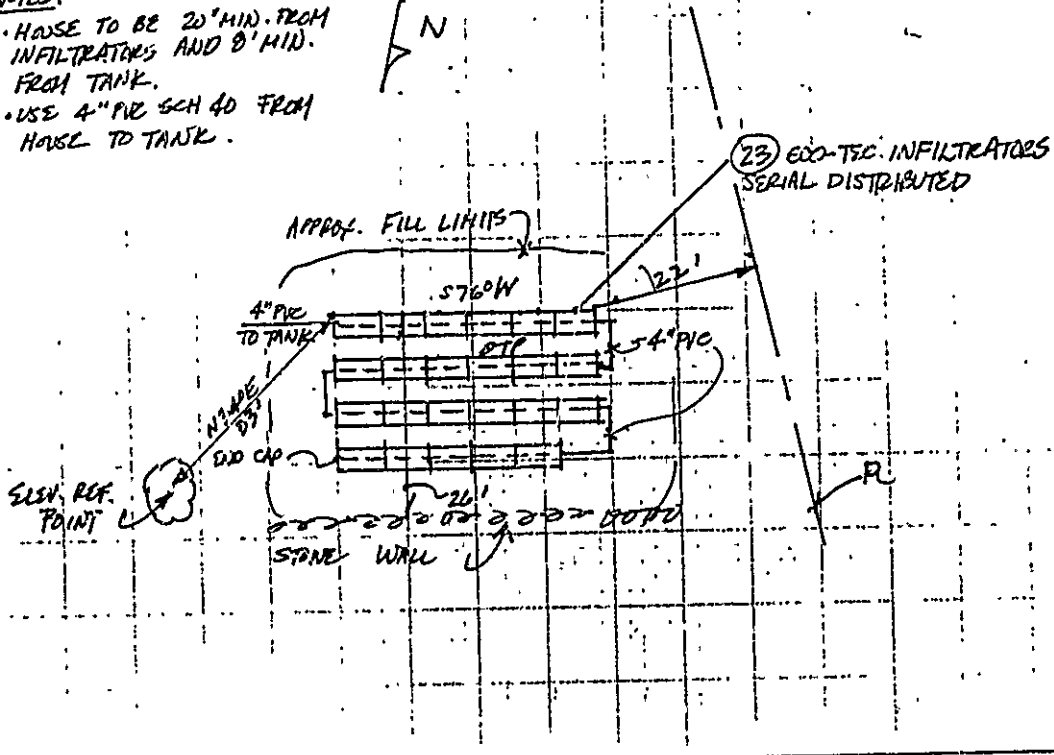
Department of Human Services
 Division of Health Engineering

Owners Name
TOM BETHEA

Scale 1" = 20 FL

NOTES:

- HOUSE TO BE 20' MIN. FROM INFILTRATORS AND 8' MIN. FROM TANK.
- USE 4" PVC SCH 40 FROM HOUSE TO TANK.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) _____	Reference Elevation is _____	NAIL IN MAPLE (10")
Depth of Fill (Downslope) _____	Bottom of Disposal Area _____	
	Top of Distribution Lines or Chambers _____	

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 Inch = FL
 Horizontal: 1 Inch = FL

SEE SHEET 4

[Signature]
 Site Evaluator Signature

110
 SE#

5/25/80
 Date

Page 3 of 4
 HHE-200 Rev. 1/84



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 106-C-4 Calumet Avenue, Cushings Island

Issued to Tom Bethea/Pam Allen

Date of Issue June 27, 1989

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. 88/1156, 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 OF PREMISES

Entire

APPROVED OCCUPANCY

Single Family

Limiting Conditions.
None

This certificate supersedes
certificate issued

Approved:

6-27-89

(Date)

Inspector

Arthur Collet

Mary Schmitt

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises and applies to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

ex
O. Rimo

Nancy: 6-27-89

Copy Please:
to this address.

Tom Bethea

18 Cushman

St.

City - 04102

PERMIT # **001156**

Portland
CITY OF September 7, 1988 BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Tom Bethea / Pat Allen

Address: 18 Cushman St. Portland, Maine 04102

LOCATION OF CONSTRUCTION Calinet Ave. Cushings Island ^{106A-4-4}

CONTRACTOR: _____ SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: ? Type of Use: single family summer cottage

Past Use: Vacant Lot Minor Minor Site Plan

Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:
Of Dwelling Units _____ # Of New Dwelling Units _____

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: _____
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 _____
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 _____

For Official Use Only

Date: Sept. 7, 1988 Subdivision: Yes / No _____
 Inside Fire Limits _____ Name _____
 Bldg. Code _____ Lot _____
 Time Limit _____ Block _____
 Estimated Cost _____ Permit Expiration _____
 Value/Structure _____ Ownership: _____ Public _____ Private _____
 Fee _____

PERMIT ISSUED

Calling:
1. Ceiling Joists Size: _____ Spacing: SEP 20 1988
 2. Ceiling Strapping Size: _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Site: City Of Portland
 5. Ceiling Height: _____

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

Chimneys:
Type: _____ Number of Fire Places _____

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 10
 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.

Zoning:
District: TR-1 Street Frontage Requirements: Provided _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt: _____ Special Exception _____
 Other: (Explain) _____
 Date Approved: 9/20/88

Permit Received By E. Latini

Signature of Applicant: [Signature] Date: 9/7/88

Signature of CEO: _____ Date: _____

Inspection Dates: _____



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 20, 1988

RE: Cilunet Avenue, Cushing Island 106A-C-4

Bethea/Allen
18 Cushman St.
Portland, Maine 04102

Dear Mr. Bethea and Ms. Allen:

Your application to construct a single family summer cottage on Cushing Island has been reviewed and a permit is herewith issued subject to the following requirements:

Site Plan Review

Public Works Approved S. K. Harris
Inspection Services Approved W. J. Turner September 17, 1988

Building Code Requirements

1. Please read and implement items 4, 5 and 7 of the attached building permit report.
2. Before foundation is placed, call Inspection Services for setbacks.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/el

cc: S. K. Harris, Public Works
B. O'Reilly, Public Works

BUILDING PERMIT REPORT

DATE: 20/SEP/88

ADDRESS: 706 A-C-4 Coluinet Ave Cushing Island

REASON FOR PERMIT: single family summer cottage

BUILDING OWNER: Betha / Allen

CONTRACTOR: owner

PERMIT APPLICANT: ---

APPROVED: *4*5*7

DENIED

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having 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.) 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.

*4.) 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 unit 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).

*5.) In addition to any automatic fire alarm system required by Sections 1018.3.5, 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.

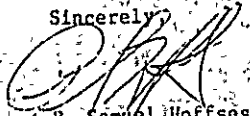
All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

- 6.) 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 (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

- *7.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

- 8.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

Sincerely,



P. Samuel Hoffses
Chief, Inspection Services

/ksc
11/9/87

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Applicant Tom Bathea/ Date September 7, 1988
 Mailing Address 18 Cushman St. Portland, Maine 04102
 Proposed Use of Site Single Family Summer Home
 Acreage of Site / Ground Floor Coverage 1100 sq. ft.
 Address of Proposed Site Galumet Ave, Cushings Island
 Site Identifier(s) from Assessors Maps 106A-C-4
 Zoning of Proposed Site _____
 Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No
 Proposed Number of Floors 2 stories
 Total Floor Area 2500 sq. ft.
 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	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAY*

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: Matched with submittal Form #447-200 O.K.

W. Turner Sept 17 1988
 SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT - ORIGINAL

Applicant: Tom Bethea

Date: Sept. 17, 1988

Address: Calumete, Cushing's Island

Assessors No.: 106-A-C-4

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - IR-1

Interior or corner lot -

Use - Construct single family seasonal dwelling

Sewage Disposal - septic

Rear Yards - 193' 30' required

Side Yards - 60' x 20' 20' required

Front Yards - 270' 30' required

Projections -

Height - 2 stories

Lot Area - 3.8 Acres

Building Area - 1100 sq ft

Area per Family - 20,000 sq ft

Width of Lot - $\frac{323.13}{200}$

Lot Frontage - 255'

Off-street Parking - A.K. (No vehicles)

Loading Bays - NA

Site Plan - O.K. For Public Works

Shoreland Zoning -

Flood Plains -

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant Tom Bethea Date September 7, 1988
 Mailing Address 18 Cushman St. Portland, Maine 04102 Address of Proposed Site Galumet Ave., Cushing's Island
 Proposed Use of Site Single Family Summer Home Site Identifier(s) from Assessors Maps 106A-C-4
 Acreage of Site 3.8 / Ground Floor Coverage 1100 sq. ft. Zoning of Proposed Site _____
 Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 2 stories
 Board of Appeals Action Required: () Yes () No Total Floor Area 2500 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	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: _____

(Attach Separate Sheet if Necessary)

Stephen K. Harris 9/14/88
 SIGNATURE OF REVIEWING OFF/DATED

PUBLIC WORKS DEPARTMENT COPY

1 2nd A -

in BeTray

Cashings Island

100 (Lump)

766-5781

2

775-4719

see ME - MARG E

106-C-4-Calumet Ave
Casino, Island

To A. A

Date 2/21 Time 10:00

WHILE YOU WERE OUT

M Andy - RE Plumb.

of _____

Phone _____

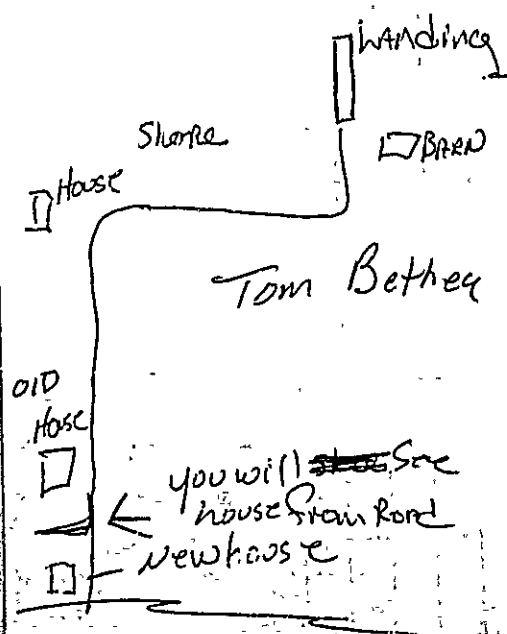
TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT-RET. CALL	

Message Will call tomorrow
morning Feb 22 -
needs inspect

[Signature]
CLERK

106-c-4 c @ Wmet Ave a.a.
Cushing Inland

USA BOAT



PLUMBING APPLICATION

106-C-4 Colmounth Ave
Cushing Inland

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: Cushing Inland

PROPERTY OWNERS NAME

Last: Bethea First: Tom

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): _____

PORTLAND PERMIT # 3,302 TOWN COPY

Date Permit Issued: 12/21/89 FEE: \$1,131.81 L.H. Double Fee Charge: _____

Local Plumbing Inspector Signature: _____ L.P.I. # 111213

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: [Signature] Date: _____

Call for Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>12,025</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK-UP to an existing subsurface wastewater disposal system.	2	Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
PIPING RELOCATION of sanitary lines, drains and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc	1	Clothes Washer
		Grease/Oil Separator	1	Dish Washer
	Dental Cuspidor		Garbage Disposal	
	Bidet		Laundry Tub	
Number of Hook-Ups & Relocations	Other: _____	1	Water Heater	
Hook Up & Relocation Fee	Fixtures (Subtotal) Column 2	12	Fixtures (Subtotal) Column 1	
		2	Fixtures (Subtotal) Column 2	
		14	Total Fixtures	
			Fixture Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	\$38

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

106-C-4 Calumet Ave Cushing's Island

