

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

Lot 106C-D-29
Spring Cove Avenue
Cushing Island

September 30, 1988

Fine Lines Construction
34 West Street
Portland, Maine 04102

Gentlemen:

This is in further reference to your application for a seasonal dwelling on Cushing Island in the IR-1 Island Residence Zone on Spring Cove Avenue for Robert Nielsen. It is believed that your plan involves septic disposal for the proposed new building to be built there.

Please furnish this office with three copies of the HHE Forms 200 which contain Soil's Analysis Test Results for Inground septic disposal systems. We can not issue a building permit for new construction of a dwelling unless this information is first approved by the City Plumbing Inspector, Mr. Ernoold Goodwin.

Sincerely,

A handwritten signature in cursive script, reading 'Warren J. Turner'.

Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Ernoold R. Goodwin, City Plumbing Inspector
Arthur Addato, Zoning Enforcement Officer

106C-D-29

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Portland

Street: Spring Cove Ave

Subdivision Lot #: CSA No. 75100

PROPERTY OWNERS NAME

Last: NIELSON First: _____

Applicant Name: DAN H. SAUPEID

Mailing Address of Owner/Applicant (if Different): 100 REVERE ST.

PORTLAND PERMIT # 3,225 TOWN COPY

Date Permit Issued: 12/6/88 \$ 124.00 FEE Double Fee Charged

L.P.I. # 11213

Local Plumbing Inspector Signature: _____

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 void a Permit.

Signature of Owner/Applicant: [Signature] Date: 6 DEC 88

Caution: 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:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D. HOUSING DEALER/MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # 11927

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
OR HOOK-UP to an existing subsurface wastewater disposal system	1	Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
		Grease/Oil Separator		Dish Washer
PIPING RELOC of sanitary lines, drains, and piping without new fixtures.		Dental Cuspldor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
Number of Hook-Ups & Relocations				
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			1	Fixtures (Subtotal) Column 2
			1	Total Fixtures
			\$	Fixture Fee
			\$	Hook-Up & Relocation Fee
		\$ 24	Permit Fee (Total)	



106C-D-29

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date SEPTEMBER 16, 1988, 19
Receipt and Permit number 29553

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: CUSHING ISLAND - Spring Cove Ave
OWNER'S NAME: MR. & MRS. NIELSEN ADDRESS: SAME

OUTLETS:		FEES
Receptacles _____	Switches _____	Plugmold _____
ft. TOTAL <u>59</u>		<u>5.00</u>
FIXTURES: (number of)		
Incandescent <u>X</u>	Flourescent _____	(not strip) TOTAL <u>22</u>
Strip Flourescent _____ ft.		<u>4.20</u>
SERVICES:		
Overhead _____	Underground <u>X</u>	Temporary <u>100 X</u>
TOTAL amperes <u>200</u>		<u>6.00</u>
METERS: (number of) _____		
MOTORS: (number of) _____		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) <u>1</u>	<u>3.00</u>	
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 _____	<u>15.00</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 _____	_____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 33.20

INSPECTION: Will be ready on SEPTEMBER 17, 1988; or Will Call _____
 CONTRACTOR'S NAME: ENERGY ELECTRIC
 ADDRESS: 295 WARREN AVENUE
 TEL: 797-9340
 MASTER LICENSE NO.: 03270 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS -

Permit Number 29583

Location Washington, D.C.

Owner Mr. & Mrs. Sheldon

Date of Permit 9/14/55

Final Inspection [Signature]

By Inspector [Signature]

Permit Application Register Page No. 24

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:

REMARKS:

9/10/55 Ready for inspection this date

PERMIT # 001207 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Robert Nielsen - 772-1352

Address: 148 Pine St., Portland, ME 04102

LOCATION OF CONSTRUCTION #106C-D-29 Spring Cove Ave.,ushing Isl.

CONTRACTOR: Fine Lines Const. SUBCONTRACTORS: - 871-7087

ADDRESS: 34 West St., Portland, ME 04102

Est. Construction Cost: \$100,000.00 Type of Use: Single Fam. Cottage

Post Use: Vacant Lot

Building Dimensions: 132' W. 22' Sq. Ft. # Stories: 12 Lot Size: 33,541

Is Proposed Use: S.F. Seasonal Condominium Apartment

Conversion - Explain: from cottage, as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units: _____ # Of New Dwelling Units: _____

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: 7' x 2'
- Foundation Size: 11' x 30' x 18" SAWN LUGS
- Other _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

For Official Use Only	
Date: <u>September 15, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Blag Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$100,000.00</u>	Permit Expiration: _____
Value/Structure: _____	Ownership: _____
Fee: <u>\$520.00</u>	Public _____ Private _____

PERMIT ISSUED

Ceiling:

- Ceiling Joists Size: _____
- Ceiling Strapping Size _____ Spacing OCT 25 1988
- Type Ceiling: _____
- Insulation Type _____ Size _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- Roof Covering Type _____
- Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

- Approval of soil test if required YES No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories TWO IN UJ. 02
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

Zoning:

District: R-1 Street Frontage Req. _____ Provided _____

Required Setbacks: Front _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodpl. In Regt. _____ Special Exception _____

Other (Explain) _____

Approved: [Signature] Date: 9/15/88

Permit Received By: Joyce M. Rinaldi

Signature of Applicant: [Signature] Date: 9/15/88

Signature of CEO: _____

Inspection Dates: _____

PERMIT ISSUED
WITH LETTER

White-Tax Assessor Yellow-GPCOG

White - ig-CEP © Copyright GPCOG 1987

12 with add.

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 520.00 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ 50.00 Minor _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
Completed		6/16/94
Inspected		

COMMENTS

Signature of Applicant

[Handwritten Signature]

Date

9/15/94



CITY OF PORTLAND, MAINE

388 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

DEPARTMENT OF CITY PLANNING & URBAN DEVELOPMENT

October 25,

Fine Line Court
34 West St.
Portland, Maine

Re: 106 C-D-29 Spring Cove Ave, Cushing Island

Dear Sir:

Your application to construct a 22' X 32' summer cottage has been reviewed and a permit is herewith issued subject to the following requirements:

SITE PLAN REQUIREMENTS

Inspection Services	Approved	W. Turner	October 24, 1988
Public Works	Approved	S. Harris	September 19, 1988

BUILDING CODE REQUIREMENTS

- 1.) Before foundation is placed Public Works and Inspection Services must give approval.
- 2.) Please read and implement items 4, 5 and 7 of the attached building permit report.

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

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

CC: Steve Harris Public Works
Ben O'Reilly Public Works

BUILDING PERMIT REPORT

DATE: 25 OCT 98

ADDRESS: 106 C-D-29 Spring Cove Ave. Cushing, Ts.

REASON FOR PERMIT: Construct Single Family Cottage
22 x 32' seasonal

BUILDING OWNER: Robert Nielsen

CONTRACTOR: Fine Lines Const.

PERMIT APPLICANT: 11

APPROVED: *4*5*7 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.) 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 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).
- *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.

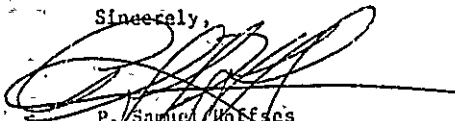
All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

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 elevator 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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Municipality: **Portland-Cushing Island**

Block, Lot or Parcel: **Portland Assessors Map 106C Block D Lot 29**

PROPERTY OWNERS NAME

Owner: **Nielsen** First: **Robert A. Jr.**

Applicant Name: **Mr. & Mrs. Robert A. Nielsen, Jr.**

Address of Owner/Applicant (If Different): **148 Pine St, Portland, Me. 04102**

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

THIS APPLICATION IS FOR:		PERMIT INFORMATION			
<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 R/F/E 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><input type="checkbox"/> HOLDING TANK</p> <p>5. <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 2. <input type="checkbox"/> TRENCH</p> <p>3. <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><input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>Public - <i>Portland Water District</i></p>
<p>SIZE OF PROPERTY</p> <p>0.77 AC OR 33,541 S.F.</p>	<p>ZONING</p> <p>IR-1</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>1,000</u> 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 (DEPENDS 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 Moderate Design Flow 360 gpd Low Volume - 36 gpd Toilet DESIGN FLOW: <u>324</u> (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>4</u> CONDITION: <u>B</u></p> <p>DEPTH TO LEAKING FACTOR: <u>None Evident</u></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"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>425</u> Sq. Ft.</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p><i>17 Infiltrator</i></p>	

SITE EVALUATOR STATEMENT

On 12/15/06 & 10/9/07 (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.

Site Evaluator or Professional Engineer's Signature: William B. Goodwin 00319814 11/6/07

SE # / PE # Date

Local Plumbing Inspector's Signature & Local Site Evaluator - Waiver under a Local Option

Page 1 of 3
H&C-260 Rev 4/93

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation

Street, Road, Subdivision

Owner Name

Bertrand - Cushings Island

106C - D - 29

Mr. & Mrs. Robert A. Nielsen, Jr.

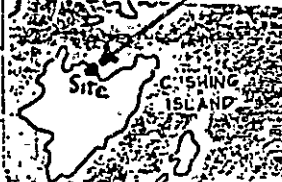
SITE PLAN

Scale 1" = 50.0' FL.

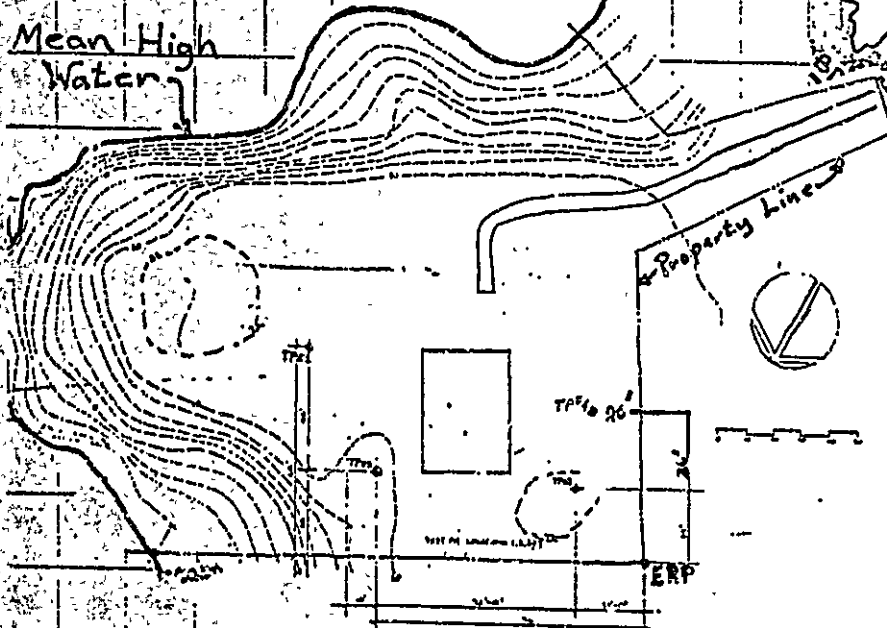
SITE LOCATION PLAN

Ocean

Mean High Water



MILES
FEET



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	Depth of Organic Horizon Above Mineral Soil	
<u>2" Forest Peat</u>	Texture	Consistency	Color	Mottling
0	Gravelly loam	Loose	Dark Brown	
10	loamy Sandy	loose	Red Brown	
20	Sandy Gravel		Brown	None
30				
40	loamy Gravel	Mod. Friable	Gray Brown	
50				
	Soil <u>A</u>	Classification <u>B</u>	Scale <u>1.0</u>	Liming Factor <u>None</u>
			<input type="checkbox"/> Loose Layer	<input type="checkbox"/> Humus Layer
			<input type="checkbox"/> None	<input type="checkbox"/> None
Observation Hole <u>4</u>	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Depth of Organic Horizon Above Mineral Soil	
<u>2" Sod</u>	Texture	Consistency	Color	Mottling
0	loamy (Fill)		Brown	
10	Sandy loam		Light Brown	
20	loamy Gravel	Loose	Black	
30			Dark Brown	None
40			Red Brown	
50		Moderately Friable	Light Brown	
60				
	Soil <u>4</u>	Classification <u>B</u>	Scale <u>1.0</u>	Liming Factor <u>None</u>
			<input type="checkbox"/> Loose Layer	<input type="checkbox"/> Humus Layer
			<input type="checkbox"/> None	<input type="checkbox"/> None

William B. Jordan 0003/4814 11/6/87
Site Evaluator of Professional Engineer's Signature SEP PE Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

City, Planning

Division of Health Engineering

Portland - Cushings Island

Street, Road, Subdivision
106C - D - 29

Owners Name
Mr & Mrs. Robert A. Nielsen, Jr.

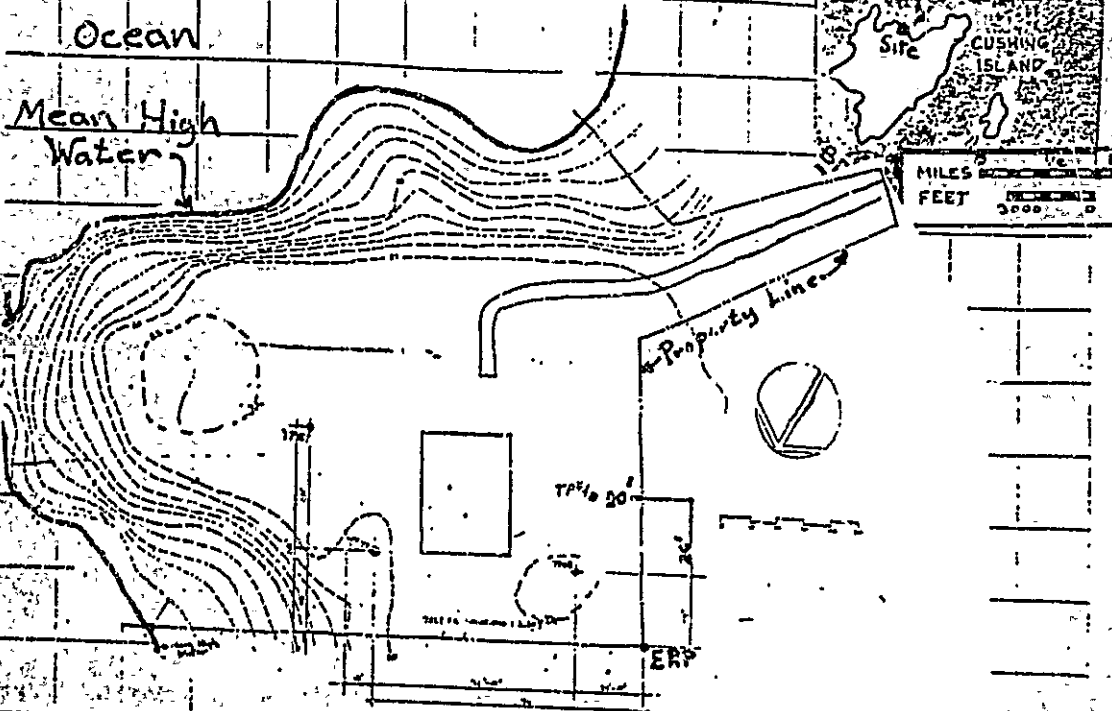
SITE PLAN

Scale 1" = 50.0 Ft.

SITE LOCATION PLAN

Ocean

Mean High Water



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole **1** Test Pit Boring

Soil **3rd Sod** Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Gravelly Loam	Loose	Dark Brown	
Loamy Gravel	Loose	Brown	
Loamy Sandy Gravel	Loose	Red Brown	None

Soil Classification: **4** Slope: **1.0** Limiting Factor: **None**

Observation Hole **2** Test Pit Boring

Soil **3rd Sod** Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Gravelly Loam	Loose	Dark Brown	
Loamy Gravel	Loose	Brown	
Loamy Gravel	Loose	Red Brown	None

Soil Classification: **4** Slope: **2.0** Limiting Factor: **None**

William B. Jordan 0003/4814 - 11/6/87
Site Evaluator or Professional Engineer's Signature SE PE Date

PERMIT # 1327 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT # _____

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

Owner: Robert Nielsen - 772-1352

Address: 148 Pine St., Portland, ME 04102

LOCATION OF CONSTRUCTION 106C-D-29 Spring Cove Ave., Cushing Isl.

CONTRACTOR: Fine Lines Const. SUBCONTRACTOR: - 871-7087

ADDRESS 34 West St., Portland, ME 04102

Est. Construction Cost: \$100,000.00 Type of Use: Single Fam. Cottage

Past Use: Vacant Lot

Building Dimensions 132' W 22' Sq. Ft. # Stories: 2 Lot Size: 33,541

Is Proposed Use: S.F. Seasonal Condominium Apartment
Minor Site Plan Review to construct sin.

Conversion - Explain fam. cottage, as per plans.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

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

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: 2' x 2'
- Foundation Size: 10" SARA TUBES
- Other _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

For Official Use Only

Date: September 15, 1988 Subdivision: Yes / No _____

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Block _____

Estimated Cost: \$100,000.00 Permit Expiration: _____

Value/Structure _____ Ownership: _____

Fee: \$520.00

Celling:

1. Ceiling Joists Size: _____ **PERMIT IS**
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size OCT 25
5. Ceiling Height: _____

Roofs:

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 _____

Plumbing:

1. Approval of soil test if required Yes _____
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.

Zoning:

District _____ Street Frontage Req.: _____ Provided _____

Review Required:

Required Setbacks: Front _____ Back _____ Side _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain) _____

Date Approved: _____

Permit Received By Joyce M. Rinaldi

Signature of Applicant [Signature] Date _____

Signature of CEO [Signature] Date _____

Inspection Dates _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation

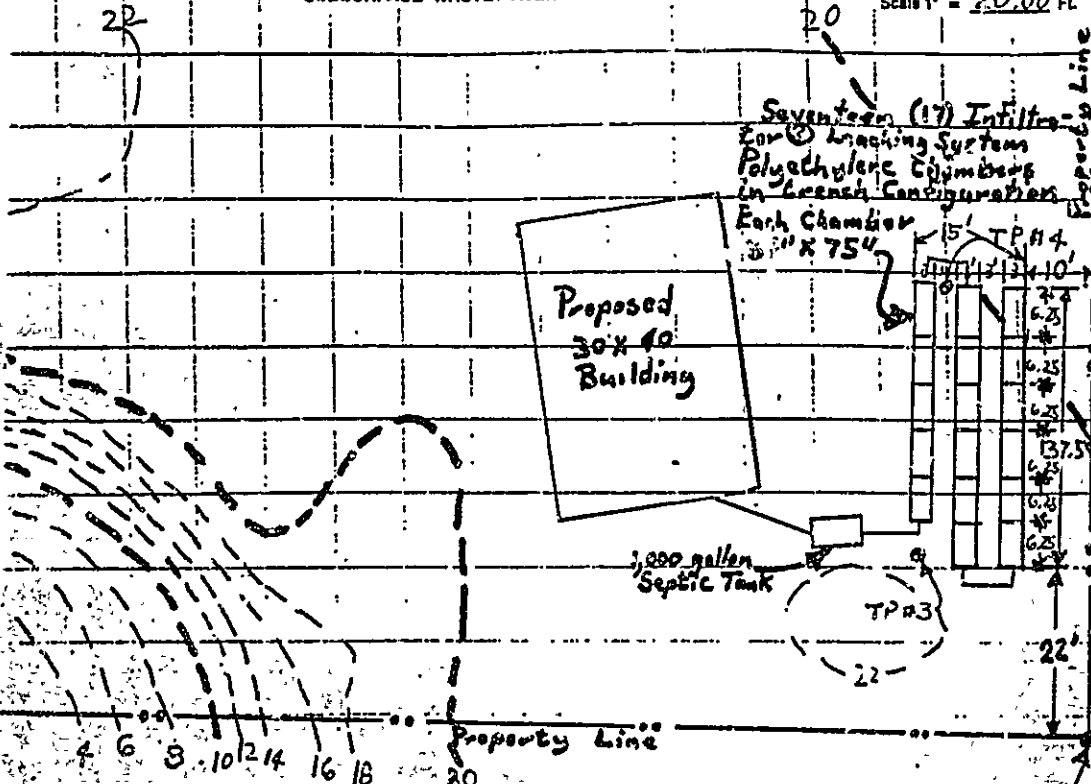
1/1 Land - Cushings Island

Portland Street, Road, Subdivision Block D
Map 186C Lot # 29

Owner's Name
Mrs Robert A. Nielsen, Jr.

SUBSURFACE WASTEWATER DISPOSAL PLAN

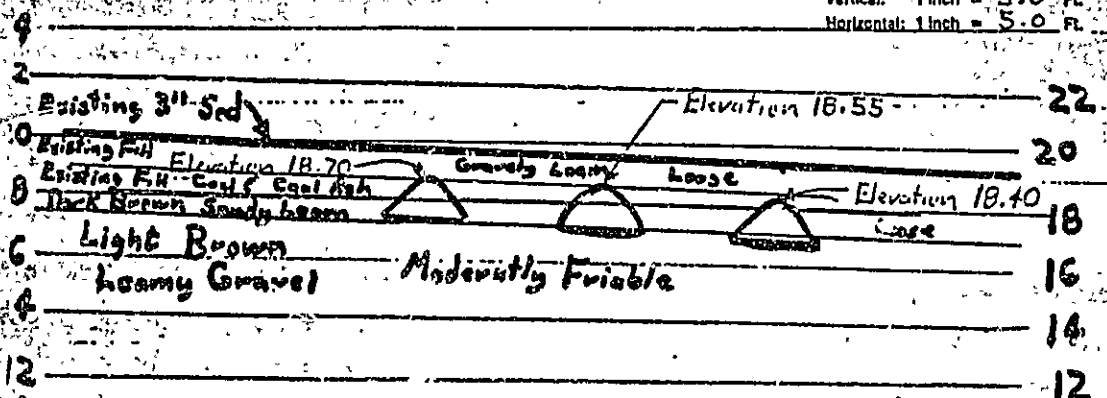
Scale 1" = 20.00 FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	0	Reference Elevation is	21.00	Top of Iron Pipe N.W. Corner of Property	
Depth of Fill (Downslope)	2	Bottom of Disposal Area	17.65		
		Top of Distribution Lines or Chambers Row	18.70		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5.0 Ft.
Horizontal: 1 inch = 5.0 Ft.



Elevation above Mean High Water

William B. Gustum

003/9814
SE FE 3

11/8/87

Page 1 of 4
MHE-200 Rev. 4

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Robert Nielsen

September 15, 1981
Date

Applicant

148 Pine St., Portland, ME 04102

106C-D-29 Spring Ave., Cushing Island
Address of Proposed Site

Mailing Address

Single Family Cottage (Seasonal)

106C-D-29

Proposed Use of Site

33,541 S.F. / 704 S.F.

Site Identifier(s) from Assessors Maps

IR-1

Acreage of Site / Ground Floor Coverage

Zoning of Proposed Site

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

Proposed Number of Floors 2

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

Total Floor Area 1400 S.F.

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 COMMER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF STREET PARKING	LOADING BAYS

CONDITIONS
SPECIFIED
BELOW

REASONS
SPECIFIED
BELOW

REASONS: _____

A.R. W. Turner Oct 24/1981

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

Applicant: *Fine Lines Construction*

Date: *Oct. 13, 1988*

Address: *Spring Cove Ave. Cushing's Island*

Assessors No.: *106C-D-27*

CHECK LIST AGAINST ZONING ORDINANCE

Owner: *Robert A*

Nielsen, Jr. + wife

148 Pine St.

Portland, Maine

04102

Date -
Zone Location - *1-R-1*
Interior or corner lot - *Interior*
Use - *Single Family Cottage*
Sewage Disposal - *Septic Disposal*
Rear Yards - *64' ±* 30' required
Side Yards - *28' and 96' 20' required*
Front Yards - *40' ±* 30' required
Projections -
Height - *2 story*
Lot Area - *33,541 sq. ft.*
Building Area - *704 sq. ft. (22x32)*
Area per Family - *40,000 sq. ft. for lots with public water*
Width of Lot - *16.3'* (This is a lot of Record)
Lot Frontage - *20' on Spring Cove*
Off-street Parking - *O.K.*
Loading Bays - *NA*

Site Plan - *Approved by Public Works 9/19/88*

Shoreland Zoning -

Flood Plains -

*Form HHE 260
received*

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

John Harris

Applicant: Robert Nielsen

Date: September 15, 1988

Mailing Address: 148 Pine St., Portland, ME 04102

Address of Proposed Site: 106C-D-29 Spring Cove Ave., Cushing Island

Proposed Use of Site: Single Family Cottage (Seasonal)

Site Identifier(s) from Assessors Maps: 116C-D-29

Acres of Site: 7.7 Ground Floor Coverage: 704 S.F.

Zoning of Proposed Site: _____

Site Location Review (DEP) Required: Yes No

Proposed Number of Floors: 2

Board of Appeals Action Required: Yes No

Total Floor Area: 1400 S.F.

Planning Board Action Required: Yes No

Other Comments: _____

Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

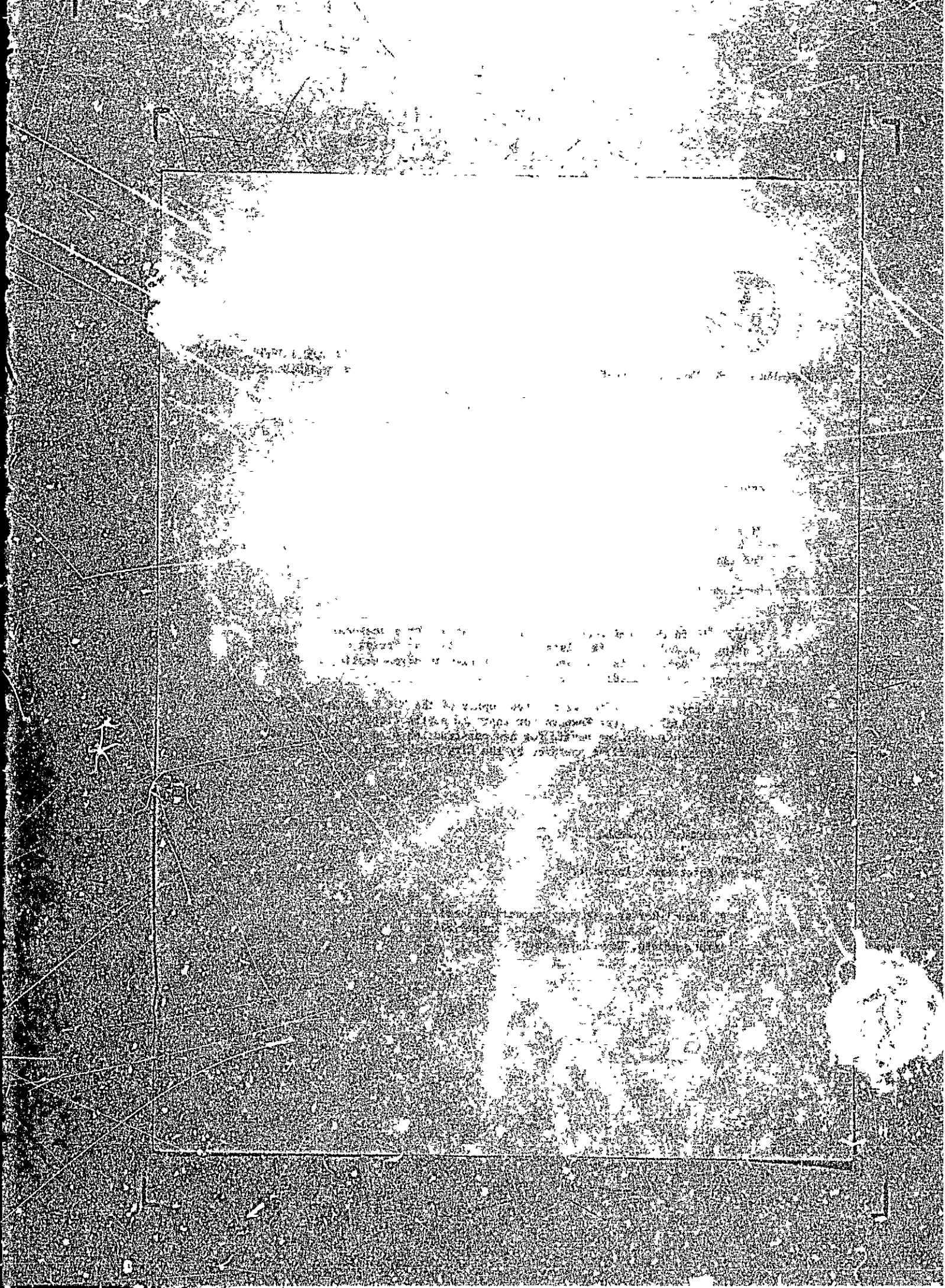
	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED																

REASONS: _____

(Attach Separate Sheet if Necessary)

Stephen K. Harris 9/19/88
 SIGNATURE OF REVIEWING STAFF

PUBLIC WORKS DEPARTMENT COPY





CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Lot 106C-D-29
Spring Cove Avenue
Cushing Island

September 30, 1988

Fine Lings Construction
34 West Street
Portland, Maine 04102

Gentlemen:

This is in further reference to your application for a seasonal dwelling on Cushing's Island in the IR-1 Island Residence Zone on Spring Cove Avenue for Robert Nielsen. It is believed that your plan involves septic disposal for the proposed new building to be built there.

Please furnish this office with three copies of the H¹⁷ Form 200 which contain Soils Analysis Test Results for Inground septic disposal systems. We can not issue a building permit for new construction of a dwelling unless this information is first approved by the City Plumbing Inspector, Mr. Erhold Goodwin.

Sincerely,

Warren J. Turner
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services
Erhold R. Goodwin, City Plumbing Inspector
Arthur Addato, Code Enforcement Officer