



# CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

May 15, 1987

RE: 109-A-C-5 Island Avenue, Cliff Island

Mr. Robert Howard  
Cliff Island,  
Maine 04109

Dear Sir:

Your application to construct a single family summer cottage (24' X 48') has been reviewed and a building permit is herewith issued subject to the following requirements:

#### Site Plan Review Requirements

Inspection Services Approved W. J. Turner 2/11/87  
Public Works Approved with Conditions

1. Sewage disposal system shall be approved by City Plumbing Inspector.  
Mr. Robert J. Roy 2/9/87

#### Building Code Requirements

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection; and,
2. Please read and implement items 5 and 6 of the attached work sheet.

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

Sincerely,

P. Samuel Hoffses  
Chief of Inspection Services

/el

Enclosure

cc: Robert J. Roy, Planning Engineer

5.) 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).

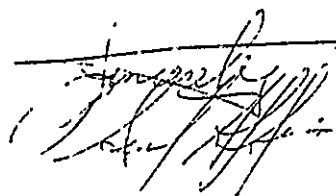
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

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.



BUILDING PERMIT REPORT

DATE: 15-MAY-87  
 ADDRESS: 109-A-C-5 Island Ave. Cliff Island  
 REASON FOR PERMIT: 24'-48" Summer Cottage  
Pan Tappidan  
 BUILDING OWNER: Pan Tappidan  
 CONTRACTOR: Howard  
 PERMIT APPLICANT: Howard  
 APPROVED: 5-6 DENIED

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 3.) Each apartment shall be equipped with an approved single station smoke detector powered by the house current. The detector shall be located in an area which will provide protection for the sleeping areas.
- 4.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- X 5.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).



STATE OF MAINE

# Department of Environmental Protection

MAIN OFFICE, RAY BUILDING, HOSPITAL STREET, AUGUSTA  
MAIL ADDRESS, State House Station 17, Augusta, 04533

JOSEPH E. BURLINHAN  
GOVERNOR

APPROVAL SHEET FOR SAND FILTER DESIGN

HENRY E. WARREN  
COMMISSIONER

DEP Application No. \_\_\_\_\_  
License No. \_\_\_\_\_

Name of Licensee or Applicant HENNING PONTOFFIDAN

Mailing Address: P.O. BOX #55  
RFD, Street, or Box No.

CLIFF ISLAND Maine 04019  
City or Town Zip Code

Location of Discharge ISLAND AVENUE  
Street No. or Location

CLIFF ISLAND (CUMBERLAND)  
City or Town County

### Summary of Design Criteria

A. Average number of people to be served..... 3

B. Estimated flow (300 gallons per day minimum) ..... 300 GPD

C. Septic Tank Volume..... 1000 gallons

### D. Sand Filter area required (Complete One Only)

1. No clothes washer or garbage grinder Flow x 0.87 = \_\_\_\_\_ sq. ft.

2. With clothes washer or garbage grinder Flow x 1.05 = \_\_\_\_\_ sq. ft.

3. Seasonal use only..... 300 x 0.5 = 150 sq. ft.

### E. Type of filter (select one)

Type 1 (12 feet wide) for areas of 150 to 350 sq. feet

Type 2 (18 feet wide) for areas of 260 to 630 sq. feet

Type 3 (24 feet wide) for areas of 700 to 630 sq. feet

F. Length (L) of filter:  $\frac{150}{16} = 12.5$   
Area Width Length

G. Filter to be sealed with 1) polyethylene liner  or, 2) compacted clay \_\_\_\_\_

H. Name and model of proposed chlorinator JET

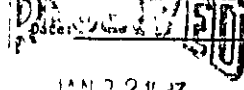
I. Volume and supplier of chlorine contact tank: 30 gallons JET

SUPERIOR CONCRETE CO / FINESTRAND EXCAVATORS

Submitted By Henning Pontoffidan  
Signature of Homeowner

Date: 8/31-86

Approved By \_\_\_\_\_  
Department of Environmental Protection



1 AUG 21 1987

DEPT OF BUILDING INSPECTIONS  
CITY OF PORTLAND

• Portland •

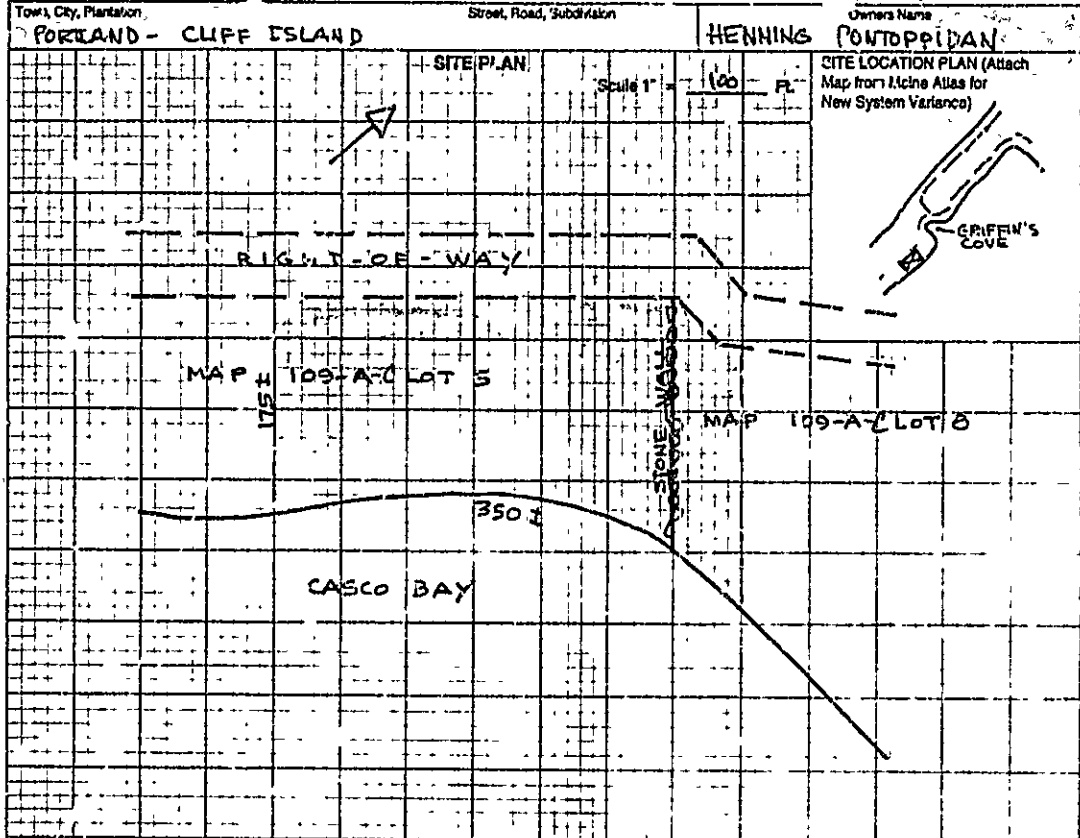
REGIONAL OFFICES  
• Bangor •

• Presque Isle •



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



Observation Hole <u>NUMEROUS</u> <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring				Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
* Depth of Organic Horizon Above Mineral Soil				* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
<p>DEPTH BELOW MINERAL SOIL SURFACE (Inches)</p> <p>0</p> <p>5</p> <p>10</p> <p>15</p> <p>20</p> <p>25</p> <p>30</p> <p>35</p> <p>40</p> <p>45</p> <p>50</p>				<p>DEPTH BELOW MINERAL SOIL SURFACE (Inches)</p> <p>0</p> <p>5</p> <p>10</p> <p>15</p> <p>20</p> <p>25</p> <p>30</p> <p>35</p> <p>40</p> <p>45</p> <p>50</p>			
<p>Soil Classification: <b>AI</b></p> <p>Slope: <b>VARIES</b></p> <p>Limiting Factor: <b>0"-12"</b></p> <p><input type="checkbox"/> Ground Water</p> <p><input type="checkbox"/> Restrictive Layer</p> <p><input type="checkbox"/> Bedrock</p>				<p>Soil Classification: _____</p> <p>Slope: _____ %</p> <p>Limiting Factor: _____</p> <p><input type="checkbox"/> Ground Water</p> <p><input type="checkbox"/> Restrictive Layer</p> <p><input type="checkbox"/> Bedrock</p>			

*Handwritten note in left table: BESECK VARIES THROUGHOUT PROPOSED DEEPER FROM 0"-12" BELOW GROUND SURFACE.*

*Signature*  
Site Evaluator Signature

040  
SE#

October 24, 1986  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 283-2626

**PROPERTY ADDRESS**

Town or Plantation: **PORTLAND**

Street Subdivision Lot #: **CLIFF ISLAND**

**PROPERTY OWNERS NAME**

Last: **PONTOPPIDAN** First: **HENNING**

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (If Different): \_\_\_\_\_

**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: **JAN 22 1987**

**Caution: Inspection Required**

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

Signature of Local Plumbing Inspector: \_\_\_\_\_ Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

**INSTALLATION IS:**

COMPLETE SYSTEM

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

**INDIVIDUALLY INSTALLED COMPONENTS:**

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

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED: \_\_\_\_\_

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

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

SIZE OF PROPERTY: **60,000 S.E.**

ZONING: **RES**

**TYPE OF WATER SUPPLY**

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

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: \_\_\_\_\_ GALS

**WATER CONSERVATION**

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

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

**PUMPING**

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

DOSE: \_\_\_\_\_ GALS

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

**UNDERGROUND WASTE WATER DISPOSAL NOT PERMITTED.**

DESIGN FLOW: \_\_\_\_\_ (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PHYSICAL CONDITION: **2 | A S**

DEPTH TO LIMITING FACTOR: **0'-12"**

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

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

## SITE EVALUATOR STATEMENT

On Oct 23 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 Signature: [Signature] SE#: 040 Date: October 24 1986

DEPT OF BUILDING INSPECTIONS  
CITY OF FORTLAND

JAN 2 1987

RECEIVED

EVN PLUMB

ISLAND AVENUE (UNFINISHED)

HEWINGS PORTOFIDAN  
LOT # 109-A-2 S  
CLIFF ISLAND MAINE

WELL

TRUST STONE

INDUSTRIAL BUILDING

SAND  
FILL &  
(11.50)

COLLECTION

E. BLD  
UNITE

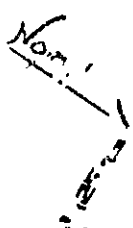
WEST

UNITE

HEWINGS / YANNA PORTOFIDAN

TO  
CUT OFF

L1: ROGER K. LEBLE  
STREETVIEW EXM 1120AS





All materials submitted to substantiate this application shall be considered part of the application and identified by the applicant as exhibits.

I hereby certify that a copy of this application has been forwarded to the municipal office of the City or Town in which the discharge is to occur with the request that it be placed on file for public review.

SIGNED *Heaven Portop...* DATE 8/31-86  
Applicant's Signature

If the applicant has been assisted in preparing this application, the person assisting in the preparation shall sign below.

Name of Party Assisting Finestkind Excavators EPD, Roger K. Berle, Owner

Address Island Avenue Telephone 763-2627  
Street & Number Telephone  
Cliff Island (Cumberland) Maine 04019  
City County State Zip Code

*A copy of this Application must be filed with the proper town official.*

**PUBLIC NOTICE OF APPLICATION**

PUBLIC NOTICE REQUIREMENTS FOR THIS APPLICATION WILL BE PUBLISHED ONCE IN THE NEWS MEDIA HAVING LOCAL CIRCULATION. THERE WILL BE A PUBLIC COMMENT PERIOD OF FIFTEEN (15) DAYS COMMENCING WITH THE FIRST DAY THE AD APPEARS IN THE NEWS MEDIA.

**SANDFILTER SYSTEMS**

APPLICANT MUST NOTIFY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION STAFF AT LEAST THREE DAYS PRIOR TO CONSTRUCTION OF A SANDFILTER.

*PLEASE: Return ORIGINAL VERSION OF THIS APPLICATION to DEP. Distribute others as required on page 1.*

**RECEIVED**  
JAN 23 1987

DEPT. OF ENV. & INSPECTIONS  
CITY OF PORTLAND

SECTION VII

Receiving Water Information

Fresh Surface Water

7a. Name of water receiving discharge \_\_\_\_\_

7b. Does waterway flow year round? \_\_\_\_\_

Marine Waters

7c. Name of waters receiving discharge Casco Bay

7d. Describe shoreline characteristics of receiving water in vicinity of discharge.

Distance to mean low water: From house: 300'; rocky shore, rough stone beach; no shellfish flats; strong tidal wash.

7e. Marine resources in the area

Shellfish: Is this an open shellfish area? Yes  No

SECTION VIII CONSULTING ENGINEERING FIRM IF ANY

8a. Name \_\_\_\_\_

8b. Business Address \_\_\_\_\_  
Street & Number Telephone

City County State Zip Code

8c. Project Engineer \_\_\_\_\_

SECTION IX

I Henry P. [Signature] hereby apply for a waste discharge license  
Signature of Applicant

from the State of Maine Department of Environmental Protection under the provision of Title 38,  
Chapter 4, Section 414 of the Maine Revised Statutes of 1964, as amended, to discharge into a  
segment of Casco Bay

presently classified as 3C Body of Water Receiving Discharge  
and located at Cliff Island Municipality

Applicant agrees to submit all plans and specifications for the approval of the Department and such approval shall be obtained prior to the commencement of construction. Applicant further agrees that the staff to the Department may inspect the facility at various stages of construction to ascertain that said facility is conforming to the plans and specifications so approved.

The information contained in this application and all attached exhibits are, to the best of my knowledge, true. Upon the discovery of inaccurate information, any waste discharge license which may have been granted on the basis of this application will be null and void.

SECTION III

Soils Evaluation

3a. Was soils evaluation made? Yes  No

If so, enclose a copy of the soils evaluation.

Indicate on sketch where evaluation pits were dug.

3b. Is property suitable for underground disposal?

Yes

No  Reasons not suitable:

Break or marsh prohibits over-hole lot, also problem with shore setback.

*Additional soils information may be required after reviewing applications.*

SECTION IV

Existing Treatment Information

4a. Is there an existing discharge? Yes  No

Straight Pipe

Malfunctioning Septic System

New Construction - proposed discharge

Other - Please Describe Fully

SECTION V

Proposed Treatment Information

5a. Indicate the proposed treatment system "Cliff Island Variance" System,

Septic Tank (to) Sand Filter (to) Chlorination (to) Overboard

Sand Filter - Departmental review and approval of Sand Filter Plans is required

Mechanical Model/Brand Name \_\_\_\_\_

Greywater Separation System Manufacturer/Brand Name \_\_\_\_\_

Connection to planned municipal treatment system. (Var required; information available from DEP.)

5b. Maximum capacity of unit in gallons per day: 300

5c. What is the estimated cost for the proposed treatment facility? \$5,000.00

5d. What is the estimated annual operating costs of the proposed facility? \$150.00

SECTION VI

6a. Average number of people unit will serve 3

Maximum number of people unit will serve 4

Will garbage grinder discharge to unit? Yes  No

Will clothes washer discharge to unit? Yes  No

**RECEIVED**

JAN 2 2 1987

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

SECTION II (Continued)

Topographic information

Provide exact directions to the project site. For example: "Turn right off route 201, southbound, 1/4 mile down Elm Street, take the third left onto a dirt road, project is in front of the second house on the left, green with brown trim, concrete steps and iron rails." If no identifying features exist on this lot, put up a temporary sign to help field investigators find the proper site. Use, if available, indicate fire road number and letter designation.

From the Cliff Island ferry wharf, walk straight across the island; turn right after the fifth house on right; walk down hill into woods 50 yards; follow road as bends first to left (go 50 yards) then to right; after second road bend, walk southwest (parallel to shore) 100 yards or so; there will be a house on 18" sonstubes just before a stone wall. Discharge will be below rocky beach to shore side of house; sandfilter just below house.

(include the property diagram on the opposite side of this page. Be sure to show the location of the proposed discharge pipe.)

Department of Environmental Protection  
 State Office Building  
 Augusta, Maine 04333  
 Telephone: 289-2561 3765

Application Number \_\_\_\_\_

**APPLICATION FOR SANITARY WASTE WATER DISCHARGE LICENSE**  
*(Residential Use Only)*

Please complete each form and forward one to the Office of the Department of Environmental Protection, one to the Municipal Office of the City or Town in which the discharge is to occur, and retain one for your records.

Applications not properly prepared may be returned for correction. Please use typewriter or print, using ink.

**SECTION I**

1a. Name Henning Pontoppidan

1b. Mailing Address Post Office Box #55 766-2033  
Street & Number Telephone  
Cliff Island (Cumberland) Maine 04019  
City County State Zip Code

1c. Location of proposed discharge site Island Avenue 766-2033  
Street & Number Telephone  
Cliff Island (Cumberland) Maine 04019  
City County State Zip Code

1d. If the property is not owned by the applicant, indicate the name and address of the owner and attach copy of lease option.

Name n/a

Address \_\_\_\_\_  
Street & Number Telephone

\_\_\_\_\_ City County State Zip Code

**SECTION II**

**Topographic Information**

- 2a. A MAP AND/OR DIAGRAM ILLUSTRATING THE GEOGRAPHIC SITE AND LOCUS OF DISCHARGE MUST ACCOMPANY THIS APPLICATION. Obtain appropriate U.S.G.S. topographic map (available at most sporting goods stores, hardware stores, book stores, etc.). Indicate the location of your property and proposed discharge on map and include with application.
- 2b. A diagram showing property characteristics must be submitted —  
 Diagram must include:
- (a) Property lines
  - (b) Location of buildings
  - (c) Existing sanitary facilities (septic tank, discharge pipes, etc.)
  - (d) Names of abutting property owners
  - (e) Location of proposed Waste Treatment Facilities
  - (f) High and low water mark
  - (g) Provide exact directions to the project site on your diagram. Include Rt. number, Road names, Building colors, etc. If empty lot, place temporary sign to assist field investigators to find site

**RECEIVED**  
 JAN 22 1987  
 DEPT OF BUILDING INSPECTIONS  
 CITY OF PORTLAND

(Over)

Applicant: Robert Howard

Date: Feb. 11, 1987

Address: Cliff Island - Island Ave.

Assessors No.: 109-A-C-5

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - I-R-1

Interior or corner lot - Interior

Use - Single Family w/no Garage

Sewage Disposal - subject to approval of Plumbing Dept

Rear Yards -

Side Yards -

Front Yards -

Projections -

Height - One story

Lot Area - 2 Acres

Building Area -  $24 \times 48 = 1152 \text{ ft}^2$

Area per Family - 60,000  $\text{ft}^2$

Width of Lot - Adequate

Lot Frontage - O.K.

Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -

THIS IS  
OK PERMIT  
FOR DISPOSAL  
SYSTEM ISSUED

APPLICATION FOR PERMIT

PERMIT ISSUED

MAY 18 1987

B.O.C.A. USE GROUP .....

B.O.C.A. TYPE OF CONSTRUCTION ..... 0 549

ZONING LOCATION ..... I.R.-1 ..... PORTLAND, MAINE Dec/29 1986

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 ..... 09-A-C-5 Esland Ave... Cliff, Island. Fire District #1  #2

1 Owner's name and address Eva Alming Henning Pontoppidan - Cliff Isl Telephone .....

2 Lessee's name and address .....

3 Contractor's name and address Howard - Cliff Isl Telephone 766-2850

Proposed use of building dwelling - summer cottage No. of sheets .....

Last use .....

Material ..... No stories ..... Heat ..... Slope of roof ..... Roofing .....

Other buildings on same lot .....

Estimated contractual cost 55,000

FIELD INSPECTOR - Mr 60,000

@ 775 5451

Appeal Fees \$ ..... 51.00
Site plan ..... 345.00
Base Fee ..... 320.00
Late Fee ..... 325.00
TOTAL \$ 370.00

Minor site plan review
To construct single family summer cottage, 24 x 48, 1 story, no garage

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 connection to be made to public sewer?
Form notice sent?
Height average grade to top of plate?
Height average grade to highest point of roof?
Material of foundation?
Solid or filled land? earth or rock?
Kind of roof? Thickness top bottom cellar
Roof covering?
Material of chimneys? of lining kind of heat fuel
Dressed or full size? Corner posts Sills
Size Girder column under girders Size Max on centers
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 B. DATE
BUILDING INSPECTION PLAN EXAMINER
ZONING C.K. White Feb. 11, 1987
BUILDING CODE
Fire Dept
Health Dept
Other

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 [Signature] Phone # same
Type Name of above Robert Howard for
Eva Alming & Henning Pontoppidan Other  2  3  4 
and Address

FIELD INSPECTOR'S COPY [Signature]
APPLICANT'S COPY

PERMIT ISSUED
WITH LETTER
OFFICE FILE COPY

**APPLICATION FOR PERMIT**

**PERMIT ISSUED**

B.O.C.A. USE GROUP .....

MAY 18 1987

B.O.C.A. TYPE OF CONSTRUCTION ..... 0-549

ZONING LOCATION ..... IRI ..... PORTLAND, MAINE Dec/29 1986

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 ... 109-A-C-5 Esland Ave... Cliff Island
1. Owner's name and address Eva Alming Hennings Pontoppidan - Cliff Island Fire District #1  #2
  2. Lessee's name and address .....
  3. Contractor's name and address Robert Howard - Cliff Island Telephone 766-8850

Proposed use of building dwelling - summer cottage No. of sheets .....  
 Last use ..... No. of families .....  
 Material ..... No stories ..... Heat ..... Style of roof ..... Roofing .....  
 Other buildings on same lot .....

Estimated contractual cost \$ 60,000

Appeal Fees \$ 50.00  
 site plan  
 Base Fee 245.00  
 Late Fee 295.00  
**TOTAL \$ 370.00**

FIELD INSPECTOR—Mr. [Signature] @ 775-5451

Minor site plan review  
 To construct single family summer cottage, 24 x 48, 1 story, no garage

Stamp of Special Conditions

**PERMIT ISSUED WITH LETTER**

**NOTE TO APPLICANT:** Separate permits are required by the installers and subcontractors for electrical and mechanical

**DETAILS OF NEW WORK**

Is any plumbing involved in this work?  
 Is connection to be made to public sewer?  
 Has septic tank notice been sent?  
 Height average grade to top of plate  
 Size, front depth  
 Material of foundation  
 Kind of roof  
 No. of chimneys  
 Framing lumber Kind  
 Size Girders  
 Columns under girders  
 Studs (outside walls and carrying partitions) 2x4-16" O.C. Bridging in every floor and flat roof span over 6 feet  
 Joist 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?  
 If any electrical work involved in this work?  
 If not, what is proposed for sewage?  
 Form notice sent?  
 Height average grade to highest point of roof  
 solid or filled land?  
 earth or rock?  
 Thickness top bottom center  
 Root covering  
 Material of chimneys of lining Kind of heat fuel  
 Dressed or full size?  
 Corner posts Sills  
 Size Max. on center

**IF A GARAGE**

No cars now accommodated on same lot to be accommodated number 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 C. N. [Signature] Feb. 6, 1987  
 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 [Signature]

Phone # same

Type Name of above Robert Howard for  
 Eva Alming & Hennings Pontoppidan

10 20 30 x 40

**PERMIT ISSUED WITH LETTER**

FIELD INSPECTOR'S COPY [Signature]

APPLICANT'S COPY

OFFICE FILE COPY