

109A-B-6 & 109A-C-17
 (207)269-3826

PROPERTY ADDRESS		PORTLAND PERMIT # 3,141 TOWN COPY 10/18/88 \$ 1,900.00 FEE L.P.I. # 11223 Local Plumbing Inspector Signature
Town Or. Municipality	PORTLAND	
Street Subdivision Lot #	Island Ave CLIFF ISLAND	
PROPERTY OWNERS NAME		
Last	MACLEAN ROBERT	
Applicant Name		
Mailing Address of Owner/Applicant (If Different)	615 SOUTH MAIN STREET CENTERVILLE, MASS. 02632	
Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understanding and that any fabrication is for the Local Plumbing Inspector's Permit.		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 Owner/Applicant: <i>Robert Maclean</i> 10/18/88		Local Plumbing Inspector Signature: <i>AA</i> JAN 5 1990

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 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
SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <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 _____
SIZE OF PROPERTY: <u>9 ACRES</u> ZONING: <u>RES</u>	TYPE OF WATER SUPPLY: <u>DRILLED WELL</u>	

DESIGN DETAILS (SEE TYPICAL LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> AEROBIC <input type="checkbox"/> Low Profile SIZE: <u>1000</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED 3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>50±</u> GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <u>3 BEDROOM SINGLE FAMILY RESIDENCE</u> DESIGN FLOW: <u>280</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>3</u> CONDITION: <u>c</u> DEPTH TO LIMITING FACTOR: <u>30"</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" 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 <u>475</u> Sq. Ft <input checked="" type="checkbox"/> INFILTRATOR 3. <input type="checkbox"/> TRENCH _____ Linear Ft 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

On SEPT 24, 1988 (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: *John Adams* SE#: 040 Date: OCT 2, 1988
 Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permits for Seasonal Conversion)

Page 1 of 3
 HNE 200 Rev 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Parish
PORTLAND

Street, Road, Subdivision
**CLIFF ISLAND
SITE PLAN**

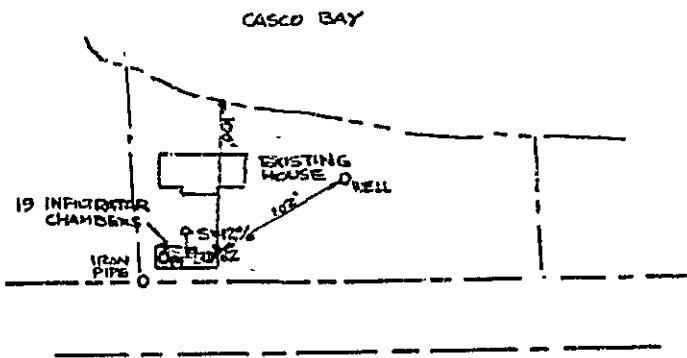
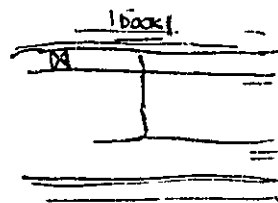
Division of Health Engineering

Owner's Name

ROBERT MACLEAN

SITE LOCATION PLAN (Attach
Map from Maine Atlas for
New System Variance)

Scale 1" = 100 Ft.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>P1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>B2</u> <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring		
SOD _____ * Depth of Organic Horizon Above Mineral Soil		SOD _____ * Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
0				
6	ROCKY			
10	SANDY	FRIBLE	ORANGE-	
15	LOAM		BROWN	
20				
25	VERY ROCKY SAND			NONE OBSERVED
30		FIRM	LIGHT BROWN	
40	VERY FINE LOAMY SAND		OLIVE	
50				
Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Reactive Layer <input type="checkbox"/> Surface
<u>3</u>	<u>C₂</u>	<u>12%</u>	<u>32</u>	

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>B2</u> <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring		Observation Hole <u>B2</u> <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring		
SOD _____ * Depth of Organic Horizon Above Mineral Soil		SOD _____ * Depth of Organic Horizon Above Mineral Soil		
Texture	Consistency	Color	Mottling	
0				
6	SANDY			
10	LOAM	FRIBLE	ORANGE-	
15			BROWN	
20	VERY ROCKY LOAMY SAND			NONE OBSERVED
30				
40				
50				
Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Reactive Layer <input type="checkbox"/> Surface
<u>4</u>	<u>B</u>	<u>12%</u>		

Robert Maclean
Site Evaluator Signature

040
SEP

Oct 2, 1988
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation
PORTLAND

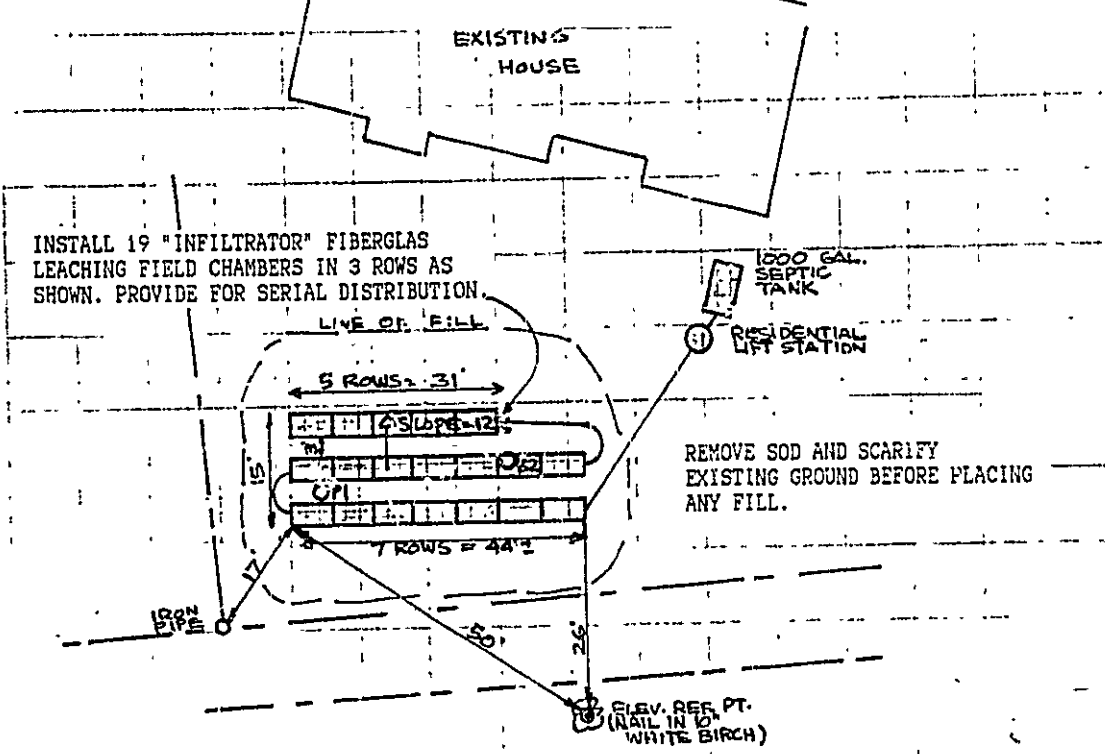
Street, Road, Subdivision
CLIFF ISLAND

DIVISION OF PLANNING & ENGINEERING

Owners Name
ROBERT MACLEAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



INSTALL 19 "INFILTRATOR" FIBERGLAS LEACHING FIELD CHAMBERS IN 3 ROWS AS SHOWN. PROVIDE FOR SERIAL DISTRIBUTION

REMOVE SOD AND SCARIFY EXISTING GROUND BEFORE PLACING ANY FILL.

FILL REQUIREMENTS

Depth of Fill (Upslope)	15"
Depth of Fill (Downslope)	15"

CONSTRUCTION ELEVATIONS

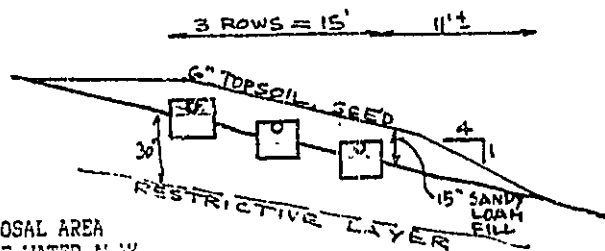
Reference Elevation Is	0"
Bottom of Disposal Area	-64" -73" -82"
Top of Distribution Lines or Chambers	-49" -58" -67"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL IN 10" WHITE BIRCH TREE	-82"
	-67"

DISPOSAL AREA CROSS SECTION

Scale.
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



GRADE FILL AND DISPOSAL AREA TO DRAIN ALL SURFACE WATER AWAY FROM DISPOSAL SYSTEM.

[Signature]
Site Evaluator Signature

040
SE#

Oct 2, 1989
Date

B PERMIT # 553 PORTLAND BUILDING PERMIT APPLICATION DATE 7/15/87

PERMIT ISSUED

JUL 15 1987

City Of Portland

I. GENERAL INFORMATION
 Location/address of construction 105--B-566 Salani Ave Cliff Island 04109
 1. Owner's name Richard Olney Tel. 766-4455
 Address Cliff Island
 2. Lender's name _____ Tel. _____
 Address _____
 3. Contractor's name Bob Howard Tel. 766-2850
 Address Cliff Island
 4. Is this a legally recorded lot? yes _____ no _____

II. DESCRIPTION OF WORK:
to construct 6 x 8 shed to be used for storage

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

IV. ZONE _____ Street frontage _____ Zoning board approval no yes date _____
 Setbacks: front _____ back _____ side _____ side _____ Planning board approval no yes date _____

V. REVIEW REQUIREC: variance _____ other _____ Number of off-street parking spaces:
 site plan _____ subdivision _____ shore _____ floodplain mgmt _____ enclosed _____ outdoors _____

VI. FEES:
 base fee _____ other fees _____
 subdivision fee _____ late fee _____
 site plan review fee _____ TOTAL \$25.00

VII. DETAILS OF WORK

1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size _____ # smoke detectors _____	8. CHIMNEY: # flues _____ material _____ # fireplaces _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT: type _____ fuel _____	10. If 1-story building w/masonry walls: wall thickness _____ height _____	11. BEDROOM WINDOWS height _____ width _____ st height _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION: type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING: SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input type="checkbox"/>		

VIII. OFFICE USE: TAX MAP # _____ LOT # _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____	IX. NEW OR PHASED SUBDIVISION REFERENCE Name _____ Lot _____ Block _____
--	--

CCODE _____ (if other, explain) _____ Seasonal _____ Condominium _____ Apartment _____
X. PROPOSED USE: Shed
XI. FAST USE: _____
XII. OWNERSHIP: PUBLIC _____ PRIVATE _____

XIII. EST. CONSTRUCTION COST: \$100.00 **XIV. GR. SQ. FT. OF LOT BUILDING:** _____

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

XV. RESIDENTIAL BUILDINGS ONLY: # NEW DWELLING UNITS WITH: <u>1 BDRM</u> # EXISTING DWELLING UNITS WITH: _____	XVI. # RESIDENTIAL UNITS: # NEW DWELLINGS _____ # EXISTING DWELLINGS _____ TOTAL RESIDENTIAL UNITS _____
---	--

APPROVALS BY: _____ DATE _____
BUILDING INSPECTION: PLAN EXAMINER _____
ZONING: _____
C.E.O.: _____
FIRE DEPT.: _____

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? _____

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals.

District No. _____	XVII. SIGNATURE OF APPLICANT _____ PHONE # _____ TYPE NAME OF ABOVE <u>Richard Olney</u>
--------------------	--

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 293-3526

Town Or Plantation: CLIFF Island
 Street: Island Hwy
 Subdivision Lot #: 109A-155
PROPERTY OWNERS NAME:
 Last: ANTONOVICH First: HELEN
 Applicant Name: SHILE
 Mailing Address of Owner/Applicant (if different):

PORTLAND PERMIT # 2,624 TOWN COPY
 Date: 01/16/87 \$ 1130 FEE
 L.P.I. # 123
 Local Plumbing Inspector Signature: [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 deny a Permit.
 Signature of Owner/Applicant: [Signature] Date: 11/11-87

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: [Signature] Date Approved: MAY 11 1988

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 # _____

Hook-Up & Piping Relocation Maximum of 1 Hook Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
	<input checked="" type="checkbox"/> HOOK-UP to an existing subsurface wastewater disposal system		Drinking Fountain	
		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION, of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
Number of Hook-Ups & Relocations		Dental Cuspidor		Garbage Dispos.
		Bidet		Laundry Tub
Hook-Up & Relocation Fee		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	1.0	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				1.0
				\$ 30.00
				\$
				\$ 30.00
				\$

NOTES

C-25-127 - shed comb.
O/S. Being used for
dwelling unit. Owner
owned to come in for
a change of use and
costs covered. CA
7-12-88 - C.K. CA

Permit No. 851637

Location: 1111 1/2 Road

Owner: Donald Gentry

Date of permit: 6-19-85

Approved: 8-19-85

Dwelling: 1/2 acre

Garage:

Alteration:

Large section of the page consisting of multiple horizontal lines, mostly crossed out with diagonal lines, indicating a redacted or unused area.

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION **0.63**
 ZONING LOCATION **R-2** PORTLAND, MAINE Jun. 19, 1985

PERMIT ISSUED
JUN 19 1985
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-B-5 & 6 Cliff Island, Me.** Fire District #1 #2
 1 Owner's name and address **Richard & Doris Olney, same** Telephone **766-4455**
 2 Lessee's name and address Telephone
 3 Contractor's name and address **Wm Robert Howard & Sons Cliff Isl** Telephone .. **766-2850**
 Proposed use of building ... **boat shed** No. of sheets
 Lot use No. families
 Material No stories Heat Style of roof Roofing
 Other buildings on same lot
 Estimated contractual cost \$ **5,000** Appeal Fee \$
 FIELD INSPECTOR--Mr @ 775-5451 Base Fee **45.00**
 Late Fee
 TOTAL \$

To construct 16' x 20' 1 story building
 to be used for shed for boat as
 per plans. 3 sheets of plans.

Stamp of Special Conditions

04019

NOTE TO APPLICANT Separate permits are required by the installer and subcontractors of heating, plumbing electrical and mechanicals

DETAILS OF NEW WORK

Is any plumbing involved in this work? **NO** Is any electrical work involved in this work? **NO**
 Is connection to be made to public sewer? If not, what is proposed for sewage
 Has septic tank notice been sent? For a 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 Girter 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
 If one story building with masonry walls thickness of walls? height?

OFF GARAGE

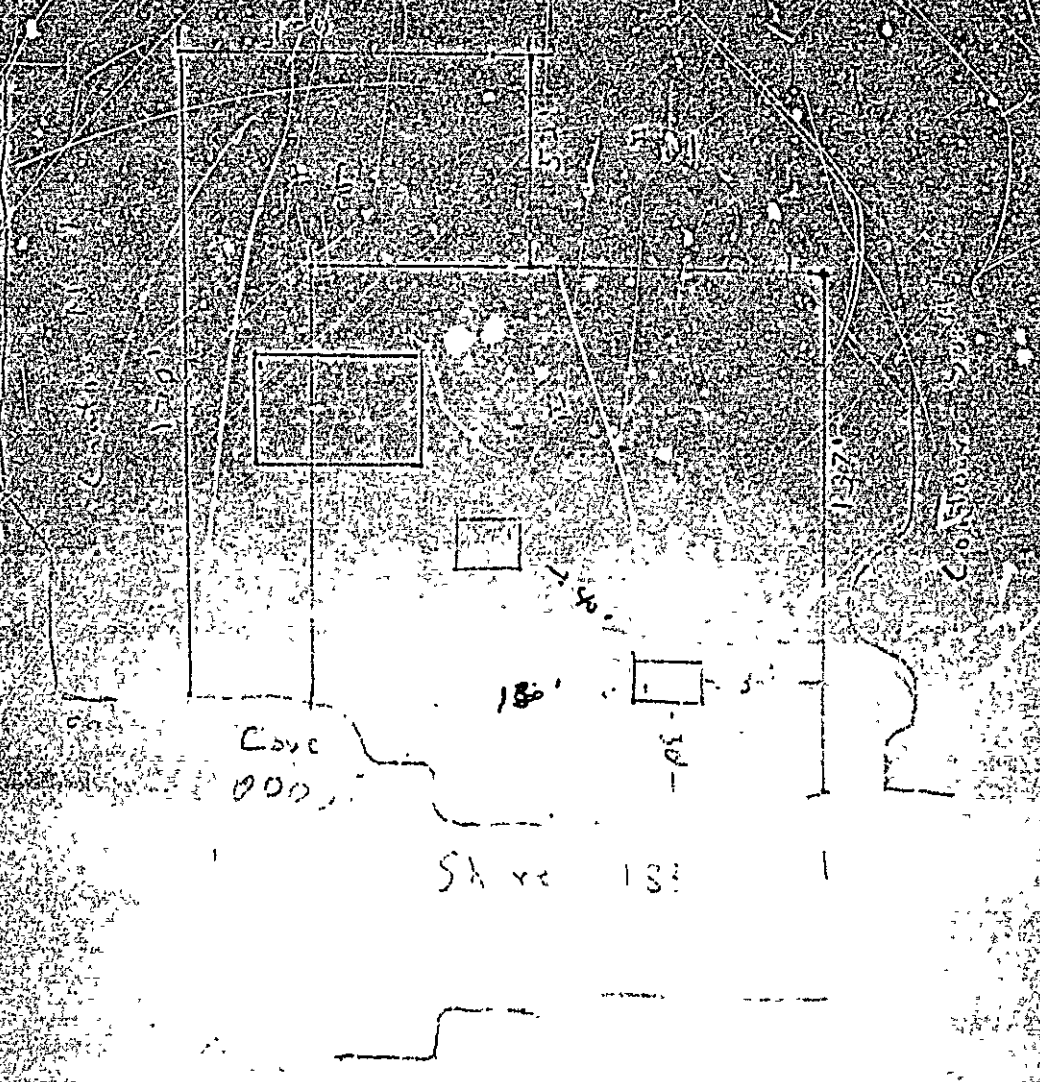
No cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY DATE MISCELLANEOUS
 BUILDING INSPECTION PLAN EXAMINER Will work require disturbing of any tree on a public street? **no**
 ZONING **OK** **6/17/85**
 BUILDING CODE Will there be in charge of the above work, person competent to see that the State and City requirements pertaining thereto are observed? **yes**
 Fire Dept
 Health Dept
 Other
 Signature of Applicant **Richard Olney** Phone # **same**
 Type name of above **Richard Olney** 2 3 4
 Other
 at Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY
MA Addate

R 100

Street 109-A-B

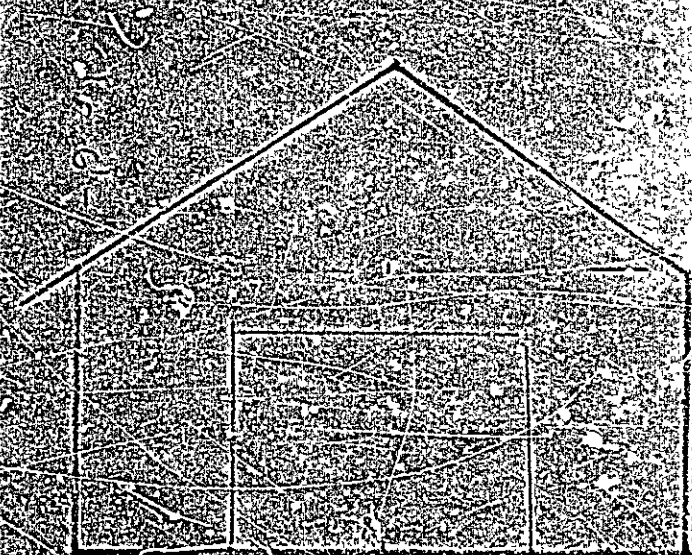


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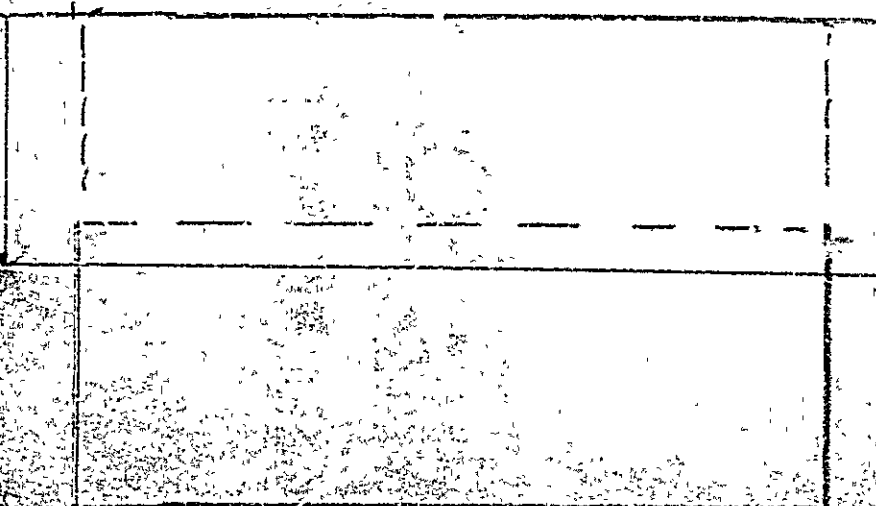
JUN 19 1985

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

City Clerk's Office Mc 04019 766-4455



12'



20'

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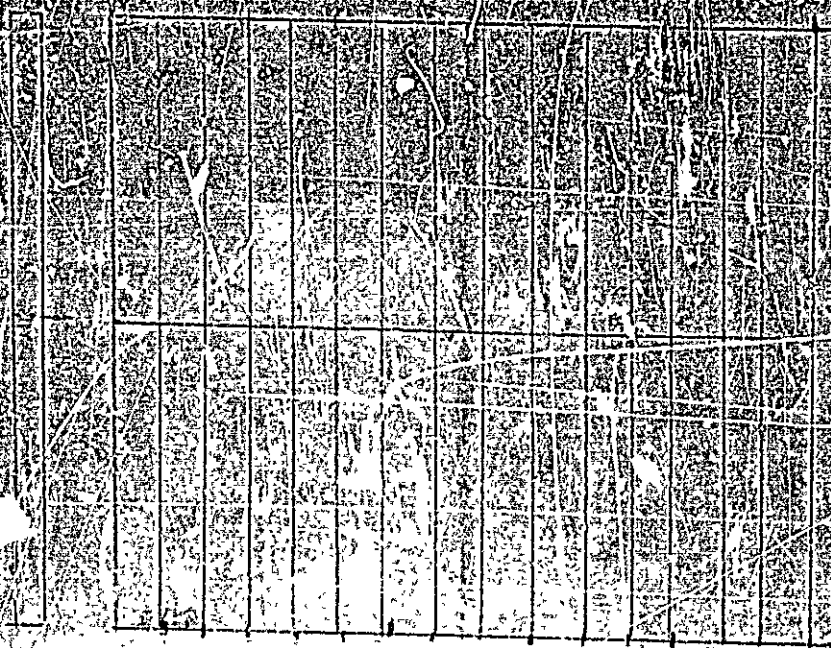
JUN 19 1985

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

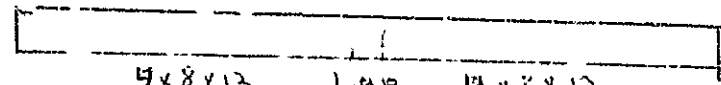
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EXHIBIT 4116 24/79

7/2/49



201

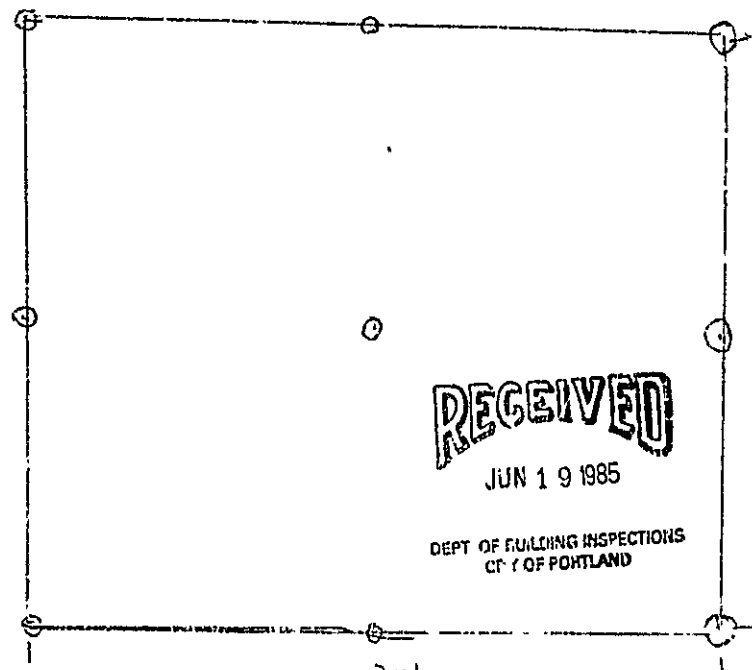


4x8x12

Lap

4x8x12

to face
filled with
cement



11

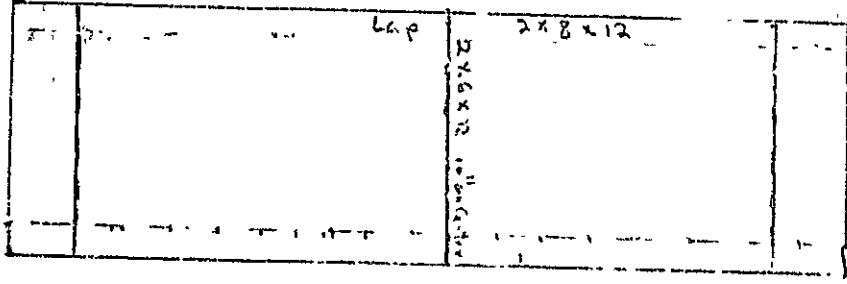
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JUN 19 1985

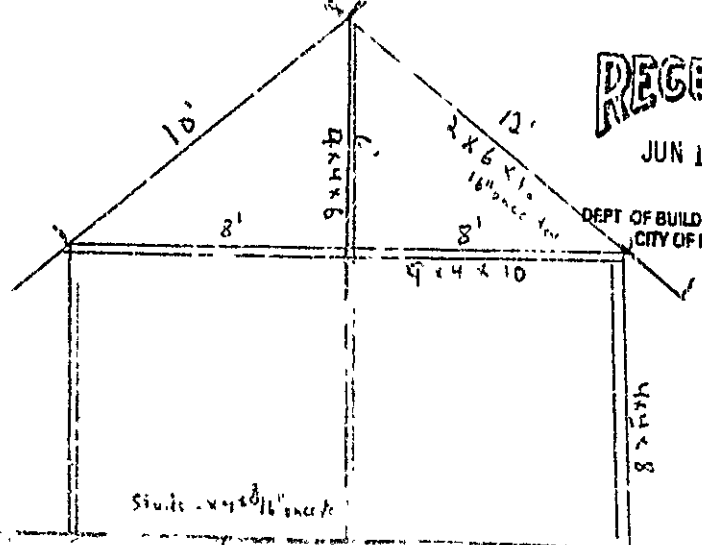
DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

201

PLAN OF ROOF TRUSS



11' on center
Roof Truss
24" on center



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JUN 19 1985

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

Richard & Doris Olney

Boatshed

June 1985

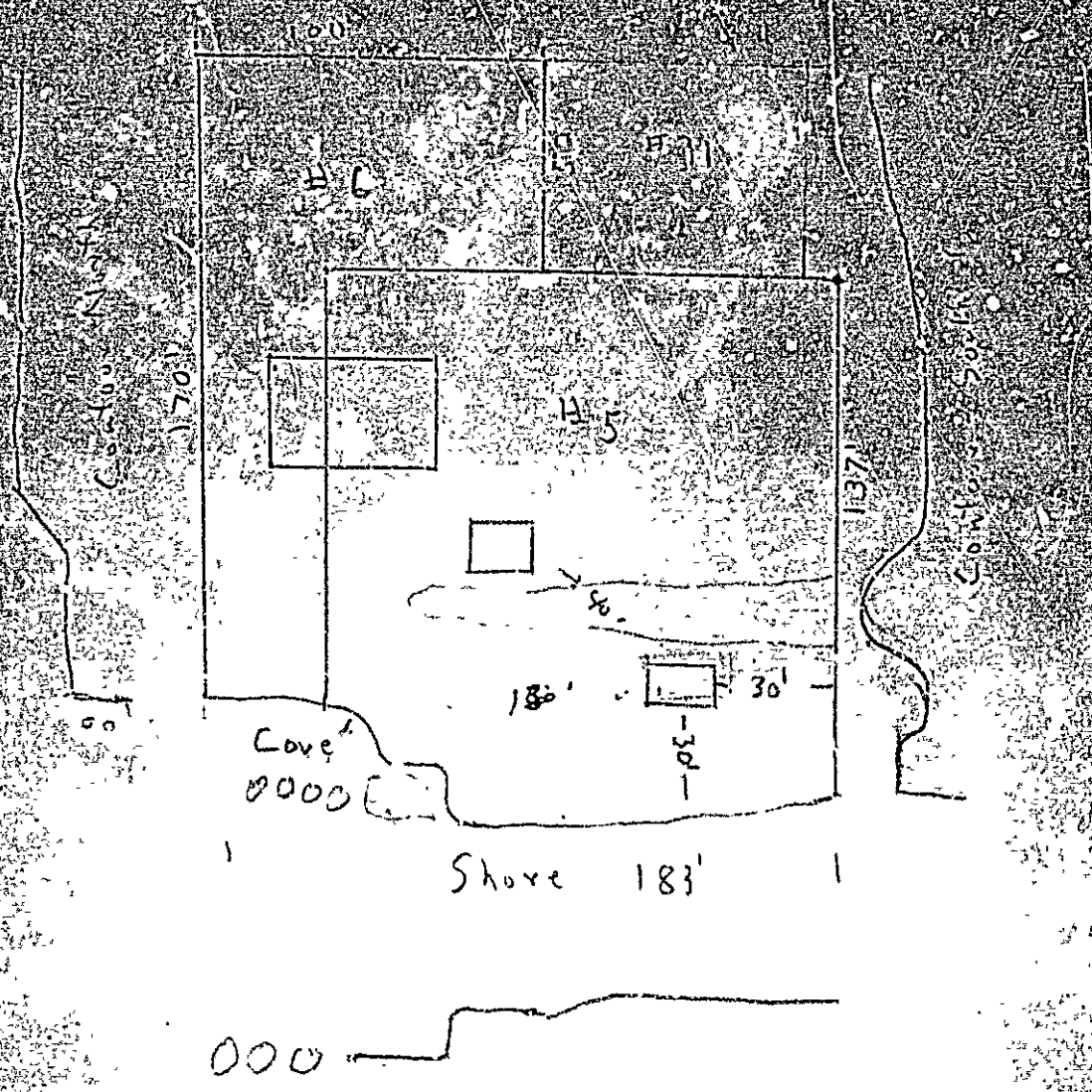
Contractor - R. Howard.

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JUN 19 1985

DEPT OF BUILDING INSPECTORS
CITY OF PORTLAND

RED OAK CIRCLE, ME 04319 766-4423
Sheet 109 A-B



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RECEIVED

JUN 19 1985

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED
JUL 15 1987
City Of Portland

Amendment No. 1
Portland, Maine, July 15, 1987

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 85/537, pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 109-A-B-5&6 Cliff Island, ME Within Fire Limits? 0109 Dist. No.

Owner's name and address Richard & Doris Olney - same Telephone 766-4455

Lessee's name and address Telephone

Contractor's name and address Robert Howard & Sons - Cliff Island Telephone 766-2850

Architect Plans filed No. of sheets

Proposed use of building single family dwelling No. families

Last use boat shed No. families

Increased cost of work 45,000 Additional fee \$250.00

Description of Proposed Work

change of use from boat shed to single family dwelling
DEP Permit approval on file - Public Works

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work?

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 rock?

Material of foundation Thickness, top bottom cellar

Material of underpinning Height Thickness

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining

Framing lumber—Kind Dried or full size?

Corner posts Sills Girt or ledger board? Size

Girders Size 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

Approved:

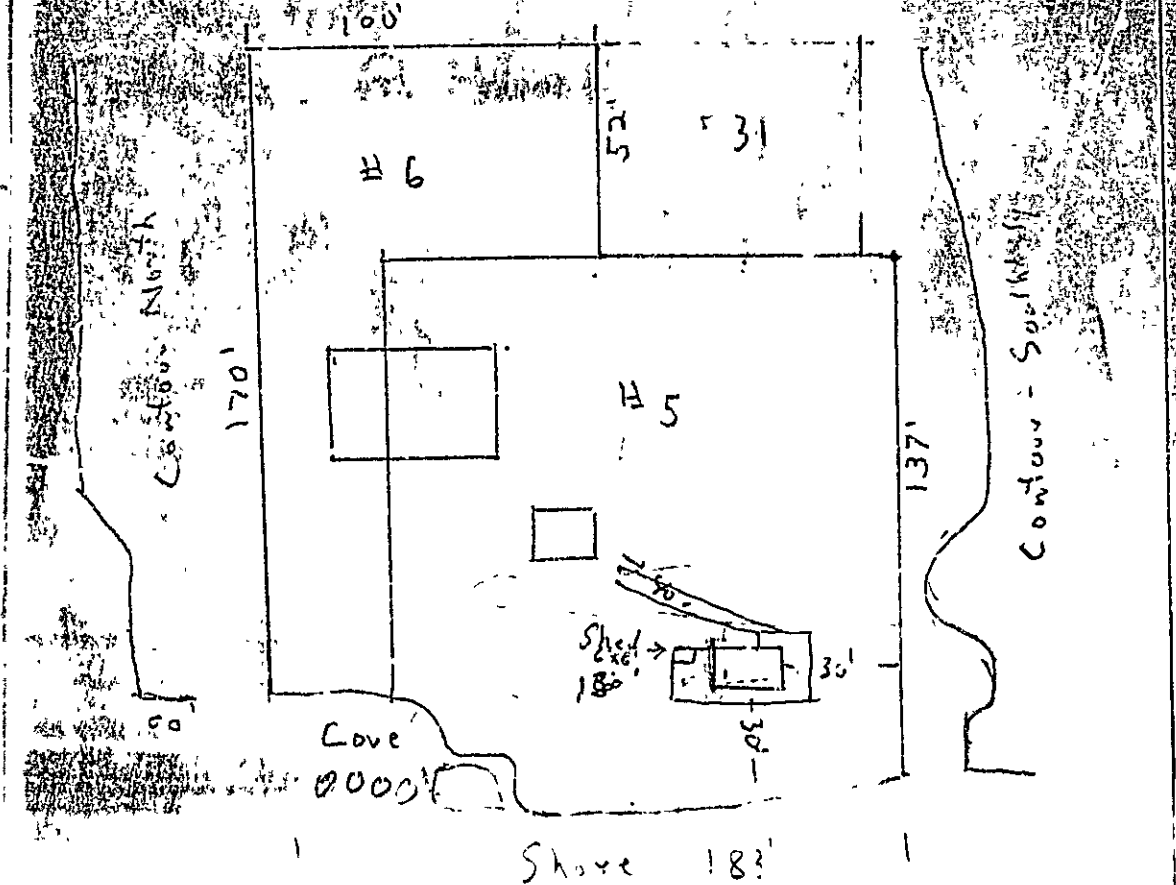
Signature of Owner Richard S. Olney
Approved: [Signature] Inspector of Buildings

*Public Works has
INSPECTION COPY
SEPTIC System Approval
FILE COPY
From DEP. ON FILE.*

APPLICANT'S COPY

ASSESSOR'S COPY

D. Olney Cliff Island Me 04014
Sheet 109 A-B
Street



RECEIVED

JUL 15 1987

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

RECEIVED

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

PERMIT # 253	PORTLAND	BUILDING PERMIT APPLICATION	DATE 7/15/87	PERMIT ISSUED JUL 15 1987 CITY OF PORTLAND
I. GENERAL INFORMATION Location/address of construction: 703-A-B-545 Island Ave CLIFF Island 04809				
1. Owner's name: Richard Olney Tel: 766-4455 Address: _____ 2. Lessee's name: _____ Address: _____ 3. Contractor's name: Bob Howard Tel: 766-2850 Address: CLIFF Island				

4. Is this a legally recorded lot? yes _____ no _____

II. DESCRIPTION OF WORK:
 to construct 6 X 8 shed to be used for storage

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

IV. ZONE _____ Street frontage _____ Zoning board approval: no yes date _____
 Setbacks: front _____ back _____ side _____ side _____ Planning board approval: no yes date _____

V. ZONING REQUIRED: variance _____ other _____ Number of off-street parking spaces:
 sub plan _____ subdivision _____ shore _____ floodplain mgmt _____ enclosed _____ outdoors _____

VI. FEES:
 Base fee _____ other fees _____
 subdivision fee _____ late fee _____
 site plan review fee _____ TOTAL **\$25.00**

VII. DETAILS OF WORK

1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size _____ # smoke detectors _____	9. CRIMNEY: # flues _____ material _____ # fireplaces _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT: type _____ fuel _____	10. If 1-story building w/masonry walls, wall thickness _____ height _____	11. BEDROOM WINDOWS height _____ width _____ sill height _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION: type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input type="checkbox"/>		

VIII. OFFICE USE:
 TAX MAP # _____
 LOT # _____
 VALUE/STRUCTURE _____
 PERMIT EXPIRATION _____

IX. NEW OR PHASED SUBDIVISION REFERENCE:
 Name _____
 Lot _____
 Block _____

X. PROPOSED USE: **577 - RESIDENTIAL SHED** Seasonal Condominium Apartment

XI. PAST USE: _____
 XII. OWNERSHIP: PUBLIC PRIVATE

XIII. EST. CONSTRUCTION COST: **5000.00** XIV. GR. SQ. FT. OF LOT BUILDING _____

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

XV. RESIDENTIAL BUILDINGS ONLY: # NEW DWELLING UNITS WITH: # EXISTING DWELLING UNITS WITH:	# BEDROOMS: 1. BDRM _____ 2. BDRM _____ 3. BDRM _____	XVI. # RESIDENTIAL UNITS: # NEW DWELLINGS _____ # EXISTING DWELLINGS _____ TOTAL RESIDENTIAL UNITS _____
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APPROVALS BY: _____ DATE _____
 BUILDING INSPECTION - PLAN EXAMINER _____
 ZONING _____
 C E O _____
 FIRE DEPT _____

MISCELLANEOUS
 Will work require disturbing of any tree or 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? _____

NOTE TO APPLICANT. Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals

District No _____	XVII. SIGNATURE OF APPLICANT: Richard Olney PHONE # _____ TYPE NAME OF ABOVE: Richard Olney
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