



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, October 17, 1984

PERMIT ISSUED

NOV 16 1984

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE 82/103

The undersigned hereby applies for amendment to Permit No. 82/103 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-B-E-60 Hillside Road, Cliff Isl. Within Fire Limits? Dist. No.
Owner's name and address Laurence Gagne - Box 117, Cliff Isl. Telephone 766-2738 - H
Lessee's name and address
Contractor's name and address owner
Architect Plans filed No. of sheets
Proposed use of building No. families
Last use No. families
Increased cost of work 20,000.00 Additional fee 110.00

Description of Proposed Work

Increased cost of work only.

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 or 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 Dressed or full size?
Corner posts Sills Gir 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 center: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof

Approved: [Signature]

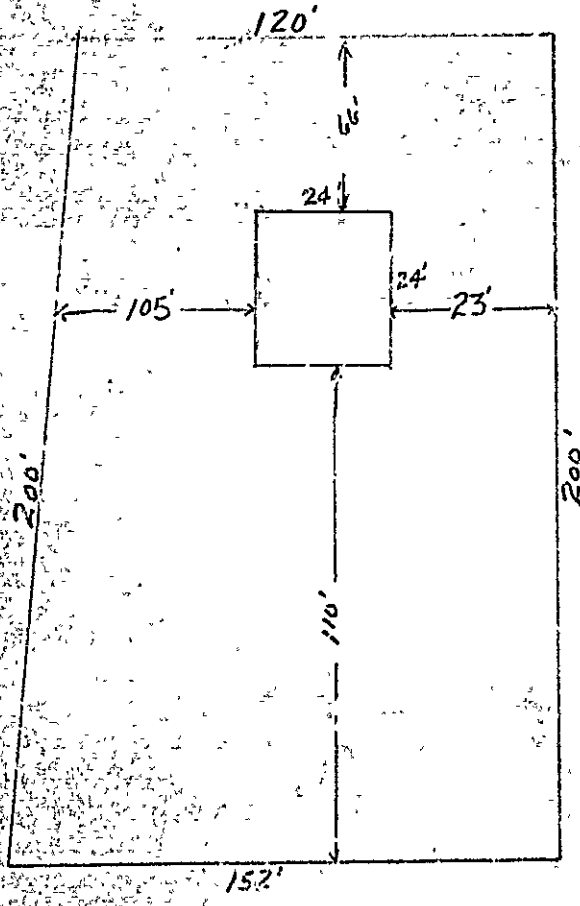
Signature of Owner Laurence Gagne
Approved: [Signature]

INSPECTION COPY

Inspector of Buildings

PLOT PLAN  
GAGNE HOUSE

ST.



169-D-E-60  
Hilbert Rd.  
Cliff Island

RECEIVED  
AUG 9 1982  
DEPT. OF BLDG. INSP.  
CITY OF PORTLAND

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

HHE-200

This is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Page 1 of 2

The Application is For  New System  Replacement Of Entire System  Expanded System  Variance  None Required  Replacement System Variance With  Replacement Of Disposal Area Only  Conversion Permit  New System Variance  LPI Approval  Dept Review

PROPERTY LOCATION  
 Portland-Cliff Island Portland-Cliff Island Hillside Road Tax Map 109B-E 60 Lot No

PROPERTY OWNER OR APPLICANT  
 Laurence Gagne  
 Mailing Address: P.O. Box 117, Cliff Island Maine, 04019  
 TYPE OF STRUCTURE, DESIGN FLOW  
 Single Family Dwelling Number of Bedrooms 2 Design Flow 240 GPD  
 Design Flow based on  Minimum  Moderate  Conservative  
 Reduction in Design Flow due to Water Conservation  
 If so, specify type (s) \_\_\_\_\_  
 Other Establishment Specify \_\_\_\_\_ Type of Facility \_\_\_\_\_  
 (Number of Employees Seating Capacity Building Size etc.) \_\_\_\_\_  
 Design Flow \_\_\_\_\_ GPD If greater than 2000 GPD Specify Professional Engineer \_\_\_\_\_



PROPERTY INFORMATION  
 Acreage of Property 3/4  Sq Ft. Acres  Zoned  Not Zoned  
 If zoned, type of zoning Residential  
 Property on Water Body, if so, Name of Water Body N/A  
 Water Supply is:  Public Utility,  Drilled Well 150 depth  
 Dug Well \_\_\_\_\_ depth  Well Point  Spring  Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. <u>1</u>	Observation Hole No. <u>2</u>	Observation Hole No. _____
	<input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	<input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	<input type="radio"/> Test Pit <input type="radio"/> Boring
Organic Strata or (Existing Fill) Forest Peat Thickness <u>2</u>	Organic Strata or (Existing Fill) Forest Peat Thickness <u>2</u>	Organic Strata or (Existing Fill) _____ Thickness _____	Organic Strata or (Existing Fill) _____ Thickness _____
1st Original Dk. Brown Sandy Loam Mineral Soil Strata Depth from 0" to 3" Thickness <u>3</u>	1st Original Dk. Brown Sandy Loam Mineral Soil Strata Depth from 0" to 2" Thickness <u>2</u>	1st Original Dk. Brown Sandy Loam Mineral Soil Strata Depth from 0" to _____ Thickness _____	1st Original Dk. Brown Sandy Loam Mineral Soil Strata Depth from 0" to _____ Thickness _____
2nd Lt. Brown Sandy Loam Depth from 3" to 7" Thickness <u>4</u>	2nd Brown very stony sandy loam Depth from 2" to 30" Thickness <u>28</u>	2nd _____ Depth from _____ to _____ Thickness _____	2nd _____ Depth from _____ to _____ Thickness _____
3rd Brown very stony sandy loam Depth from 7" to 25" Thickness <u>18</u>	3rd _____ Depth from _____ to _____ Thickness _____	3rd _____ Depth from _____ to _____ Thickness _____	3rd _____ Depth from _____ to _____ Thickness _____
4th _____ Depth from _____ to _____ Thickness _____	4th _____ Depth from _____ to _____ Thickness _____	4th _____ Depth from _____ to _____ Thickness _____	4th _____ Depth from _____ to _____ Thickness _____
Total Depth of Observation Hole <u>25</u>	Total Depth of Observation Hole <u>30</u>	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____
Depth from top of ORIGINAL MINERAL SOIL	Depth from top of ORIGINAL MINERAL SOIL	Depth from top of ORIGINAL MINERAL SOIL	Depth from top of ORIGINAL MINERAL SOIL
Maximum Seasonal High Ground <input checked="" type="radio"/> None evident <input type="radio"/> Water Table Depth _____	Maximum Seasonal High Ground <input checked="" type="radio"/> None Evident <input type="radio"/> Water Table Depth _____	Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Water Table Depth _____	Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Water Table Depth _____
Depth to Restrictive Layer <input checked="" type="radio"/> None evident <input type="radio"/> _____	Depth to Restrictive Layer <input checked="" type="radio"/> None evident <input type="radio"/> _____	Depth to Restrictive Layer <input type="radio"/> None evident <input type="radio"/> _____	Depth to Restrictive Layer <input type="radio"/> None evident <input type="radio"/> _____
Depth to Bedrock <input checked="" type="radio"/> None evident <input type="radio"/> _____	Depth to Bedrock <input checked="" type="radio"/> None evident <input type="radio"/> _____	Depth to Bedrock <input type="radio"/> None evident <input type="radio"/> _____	Depth to Bedrock <input type="radio"/> None evident <input type="radio"/> _____
PROFILE <u>2</u> CONDITION <u>ATTI</u> SLOPE <u>3%</u>	PROFILE <u>2</u> CONDITION <u>ATTI</u> SLOPE <u>3%</u>	PROFILE _____ CONDITION _____ SLOPE _____%	PROFILE _____ CONDITION _____ SLOPE _____%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

<p>TYPE OF SYSTEM  <input checked="" type="radio"/> Combined System  <input type="radio"/> Separated System                  If separated system, type of black waste disposal system to be used  <input type="radio"/> Compost <input type="radio"/> Pit Privy <input type="radio"/> Sealed Vault Privy <input type="radio"/> Other _____  <input type="radio"/> Separated Laundry System  <input type="radio"/> Primitive System  <input type="radio"/> Holding Tank</p>	<p>TREATMENT TANK  <input checked="" type="radio"/> Septic Tank Size <u>750</u> Gals.  <input type="radio"/> Aerobic Tank                  DOSAGE  <input checked="" type="checkbox"/> Pumping is not required <input type="checkbox"/> Pumping is required                  The dose should be _____ Gals.                  Dosage that over capacity shall be _____ gals.  <input checked="" type="checkbox"/> System should be vented</p>	<p>SUBSURFACE DISPOSAL AREA TYPE  <input type="radio"/> Trench Disposal Area                  Total trench length _____ ft.                  Number of _____ ft.                  Length of each trench line _____ ft.                  Depth of Stone _____ inches.                  Reduction on trench length due to stone depth _____ %  <input checked="" type="radio"/> Laid Disposal Area                  Total bed area <u>800</u> sq. ft.                  Number of beds <u>1</u>                  Width <u>20</u> ft. Length <u>40</u> ft.  <input type="radio"/> Chamber Disposal Area                  Total chamber area _____ sq. ft.                  Number of chambers _____                  Width _____ ft. Length _____ ft.  <input type="radio"/> H 20 rag lined</p>	<p>SYSTEM SIZE RATING  <input type="radio"/> Small <input type="radio"/> Medium <input checked="" type="radio"/> Medium-Large <input type="radio"/> Large <input type="radio"/> Extra Large                  DISPOSAL AREA ELEVATION                  Depth of Upslope Fill required <u>21</u> inches.                  Depth of Downslope Fill required <u>35</u> inches.                  Reference Elevation Point established at <u>100.00</u> Elevation                  Disposal Area Bottom to be established at <u>96.84</u> Elevation                  Top of Distribution Lines or Top of Chamber <u>97.72</u> Elevation.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies, etc. courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and spring producing 2000 gallons or more of water per day and any public water supplies.</p>
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FOR USE BY SITE EVALUATOR  
 On 8-18-82 (date), a site investigation for this project was completed. I conducted the soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.  
 Signature of Site Evaluator: William B. Goodwin Site Evaluator License Number: 00003  
 Date signed: 9/20/82

FOR USE BY OWNER/APPLICANT  
 I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.  
 Signature of Owner/Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

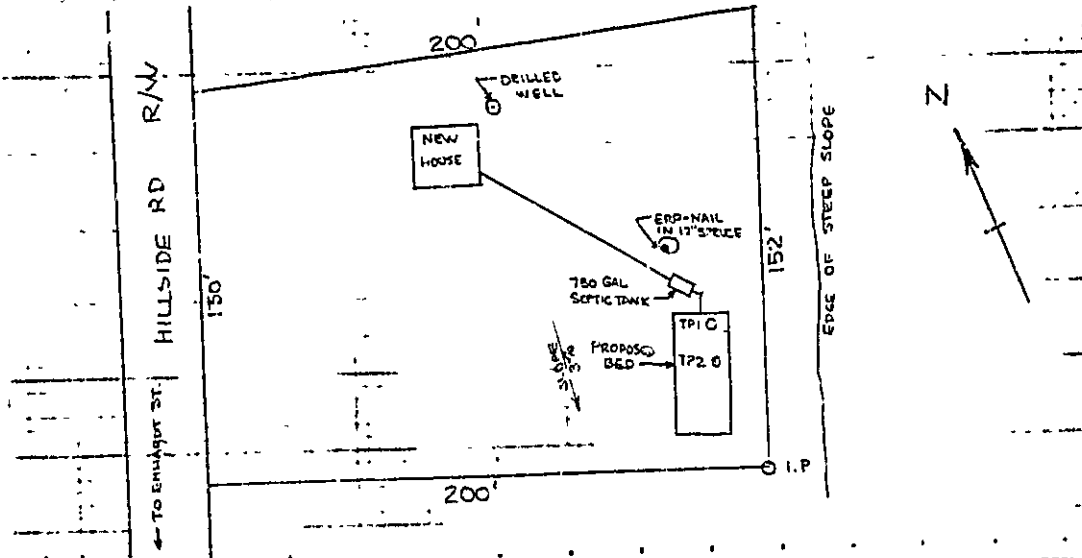
FOR USE BY LPI  
 This application is approved if conditions specify...  
 This application is denied due to:  System is not in accordance with Rules,  Application is incomplete,  Application is unclear,  Development is in violation of other Regulations. Specify \_\_\_\_\_  
 Signature of LPI: \_\_\_\_\_ Date: \_\_\_\_\_  
 PERMIT NO. \_\_\_\_\_

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

PROPERTY LOCATION <b>Portland Cliff Is. Plantation</b>	<b>Hillside Rd</b>	<b>Tax. Map 109B-E</b>	Lot No. <b>60</b>
PROPERTY OWNER or APPLICANT <b>Laurence Gagne</b>	DISPOSAL AREA ELEVATION Depth of Upslope Fill required <b>21</b> inches Depth of Downslope Fill required <b>35</b> inches	Reference Elevation Point established at <b>100.00</b> Elevation. Disposal Area Bottom to be established at <b>96.64</b> Elevation. Top of Distribution Lines or Top of Chamber <b>97.72</b> Elevation.	

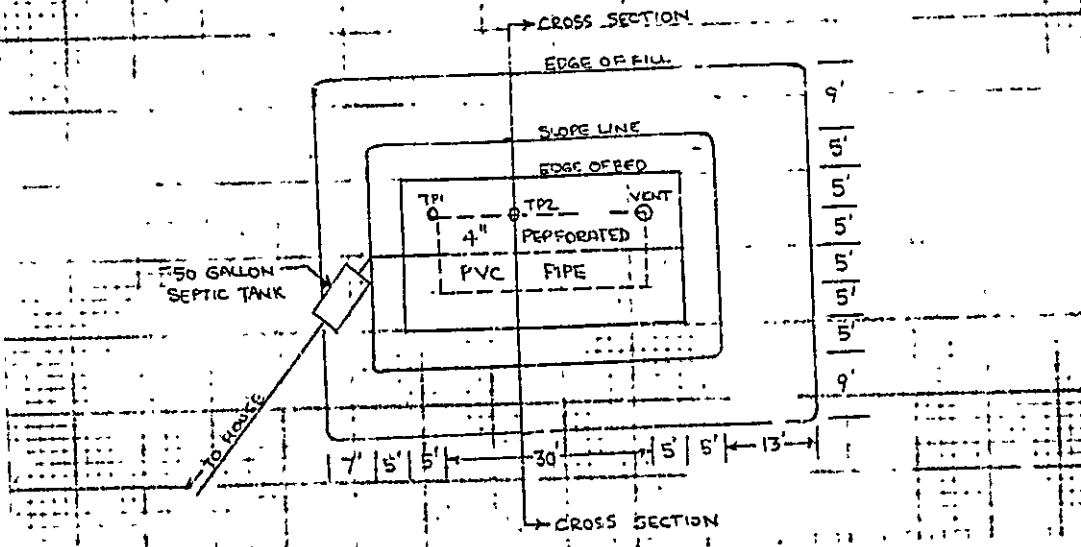
Scale 1" = 50 ft.

Site Plan



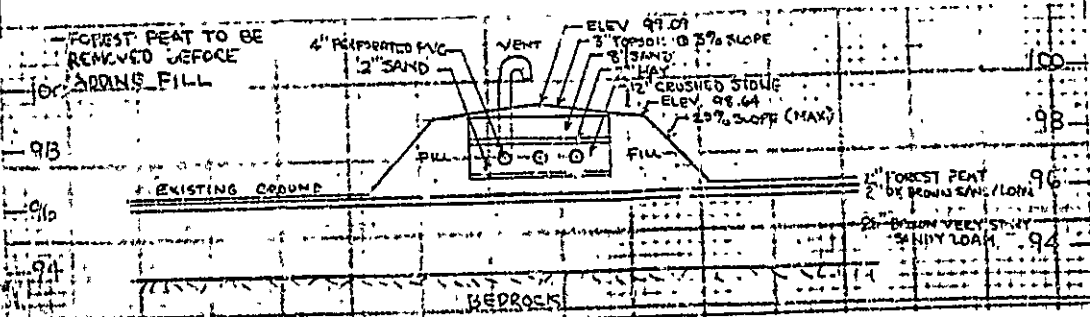
Subsurface Wastewater Disposal Plan

Scale 1" = 20' or as shown by N.Y.T.



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'  
Horizontal: 1" = 20'



Site Evaluator Sign/Name: **William B. Goodwin** Date: **9/20/82** License Number: **00003**

Applicant: LAURANCE GAGNE

Date: 9/15/82

Address: HILLSIDE RD.

Assessors No.: 109-B-E-60

CHECK LIST AGAINST ZONING ORDINANCE

- ✓ Date - NEW
- ✓ Zone Location - R-2
  - Interior or corner lot -
  - 40 ft. setback area (Section 21) -
- ✓ Use - 24' X 24' DWELLING
- ✓ Sewage Disposal - OK PER TER. GOODWIN
- ✓ Rear Yards - 110' - 15' MIN.
- ✓ Side Yards - 23' - 105' - OK
- ✓ Front Yards - 66' - 20' MIN.
- ✓ Projections - NONE
- ✓ Height - 15 STORY - 35' MAX.
- ✓ Lot Area - 3/4 ACRE
- ✓ Building Area - 576 sq ft
- ✓ Area per Family - 3/4 ACRE
- ✓ Width of Lot - 152'
- ✓ Lot Frontage - 120'
- Off-street Parking -
- Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -

PERMIT ISSUED

SEP 21 1982

CITY of PORTLAND

APPLICATION FOR PERMIT

J.O.C.A. USE GROUP .....
B.O.C.A. TYPE OF CONSTRUCTION ..... 00803
ZONING LOCATION ..... A-2 PORTLAND, MAINE Aug. 9, 1982

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORT. AND, 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 in the following specifications:

LOCATION Cliff Island... 109-B-B-60 Hillside Road... File District #1 [ ], #2 [ ]

1. Owner's name and address Laurence Gagne, Box 117, Cliff Island... Telephone None...

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

3. Contractor's name and address Owner... Telephone...

No. of sheets

Proposed use of building... No. families

Last use... No. families

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

Other buildings on same lot...

Estimated contractual cost \$4,500... Appeal Fees \$

FIELD INSPECTOR—Mr. @ 775-5451 Bas. Fee 35.00

Construct 24 x 24 dwelling as per plan Lat. Fee

MAIL PERMIT TO #1 TOTAL \$ 35.00

Stamp of Special Conditions

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

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

APPROVALS BY: DATE

BUILDING INSPECTION—PLAN EXAMINER

ZONING: OK [Signature] 9/11/82

BUILDING CODE: OK [Signature] 9/11/82

Health Dept.

Fire Dept.

Others: OK

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

Type Name of above

Laurence Gagne

Phone None

1 [ ] 2 [ ] 3 [ ] 4 [ ]

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

NOTES

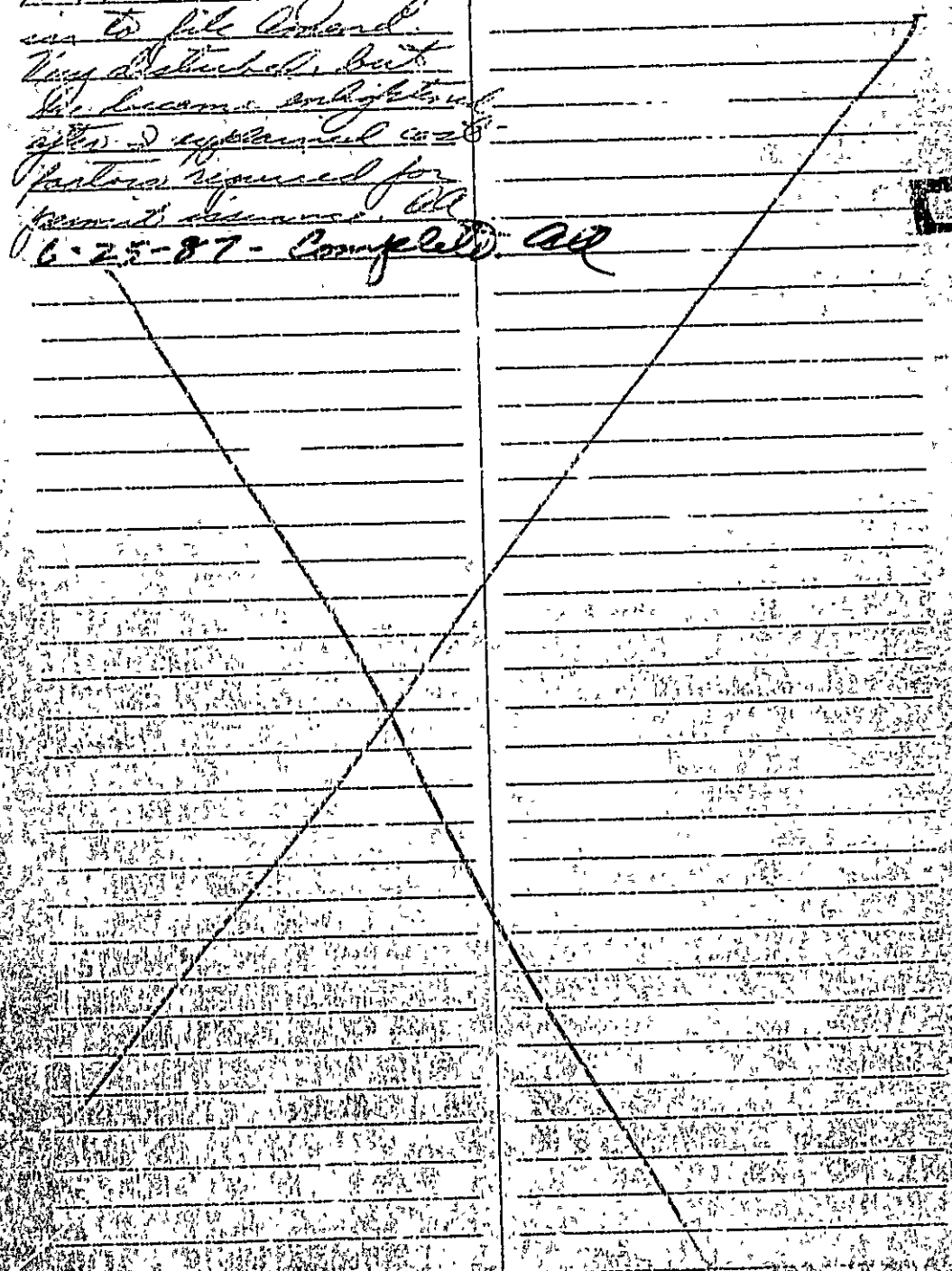
9-18-84 - Complete at OK  
insp. signed for cost amount.  
10-10-84 - San Diego AD

letter for amount. Informed  
San Diego that notices are  
issued out house as approved  
by Bill D. ...  
System is to be installed  
shortly. Eric ... has  
been advised and he said

OK.  
10-17-84 - Jerry ...  
in to file ...  
Very disturbed, but  
he became enlightened  
after I explained ...  
Partners required for  
permit ...

06-25-87 - Complete OK

Alteration  
Garage  
Dwelling  
Approved  
Date of permit  
Owner  
Location  
812 / 803  
11th St. Ad 114-24  
Furniture ...  
8-9-82  
9-21-83  
Single ...





CITY OF PORTLAND

JOSEPH E. GRAY, JR.  
DIRECTOR OF PLANNING  
AND URBAN DEVELOPMENT

10/10/84

Laurence Gagne  
Box 117-Hillside Rd.,  
Cliff Island

*Q/d*  
*11-16-84*  
*A Addato*

Re: Const. Single Family House-109-B-E-60 Hillside Rd.

Sir:

Bldg. Const.

You have been issued a permit to complete ~~XXXXXXXXXX~~ at the above address. The amount of contractual cost, estimated on the permit application, seems very low as to the extent of work completed at this time.

It is therefore necessary for you to file an amendment to your permit which shows a true estimated contractual cost.

Failure to abide with this request could necessitate a \$100.00 belated fee and a fine of from \$50.00 to \$1,000.00 per day. Please take care of this matter as soon as possible.

Yours truly,

P. Samuel Hoffses  
Chief of Inspection Services

*Arthur Addato*  
Arthur Addato

Code Enforcement Officer -





# APPLICATION FOR AMENDMENT TO PERMIT

## PERMIT ISSUED

NOV 16 1984

Amendment No. 1

Portland, Maine, October 17, 1984

### CITY OF PORTLAND

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Owner's name and address Laurence Gagne, Box 117, Cliff Isl Telephone 763-2733

Lessee's name and address ..... Telephone .....

Contractor's name and address owner Telephone .....

Architect ..... Plans filed ..... No. of sheets .....

Proposed use of building ..... No. families .....

Last use ..... No. families .....

Increased cost of work 20,000.00 Additional fee 110.00

### Description of Proposed Work

Increased cost of work only.

### Details of Now 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 or 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 ..... Dressed 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 Laurence Gagne

Approved: .....

Inspector of Buildings

FILE COPY