



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 19, 1984
 Receipt and Permit number B21196

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: 109-C-A-52 Rear Island Avenue, Cliff Island

OWNER'S NAME: John Ryan ADDRESS: same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>30-60</u>	<u>5.00</u>
FIXTURES: (number of) Incandescent <u>x</u> Fluorescent _____ (not strip) TOTAL <u>18</u>	<u>3.80</u>
Strip Fluorescent _____ ft.	
SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of)	
MOTORS: (number of) Fractional	
1 HP or over	
RESIDENTIAL HEATING: Oil or Gas (number of units)	
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 _____ 1 _____ Water Heaters _____ 1 _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ 1 _____ Compactors _____	
Fans _____ <u>xxx 2</u> _____ Others (denote) _____	
TOTAL <u>5</u>	<u>7.50</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	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	<u>16.30</u>

INSPECTION:
 Will be ready on _____, 19____; or Will Call x
 CONTRACTOR'S NAME: John Ryan
 ADDRESS: 24 Vesper St. 04101
 TEL: 772-6403
 MASTER LICENSE NO.: Owner SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY --- WHITE
 OFFICE COPY --- CANARY
 CONTRACTOR'S COPY --- GREEN

ELECTRICAL INSTALLATIONS

Permit Number 21796

Location 109 - C-17-572

Owner J. Ryan

Date of Permit 6/19/87

Final Inspection 6/25/87

By Inspector J. W. [unclear]

Permit Application Register Page No. 36

INSPECTIONS: Service _____ by _____
Service called in _____
Closing-in 7-19-84 by Libby

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

DATE:	REMARKS:
6/25/87	Completed

CODE
COMPLIANCE
COMPLETED
DATE 6/25/87 DE

[Handwritten signature]

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland

Street: Rear Island Ave

Subdivision Lot #: 189-B-A-52 - R. Island

PROPERTY OWNERS NAME

Last: Ryan First: John

Applicant Name: Same

Mailing Address of Owner/Applicant (if different): 24 Vesper St. Portland, ME 04101

PORTLAND PERMIT # 506 TOWN COPY

Date Permitted: 6/19/84 \$ 27 FEE ¹¹ Double Fee Charged

L.P.I. # 123

Emilio J. Rodriguez

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 Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: John Ryan Date: 6/19/84

Caution: Inspection Required

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

Signature: Emilio J. Rodriguez Date Approved: AA OCT 18 1984

PERMIT INFORMATION

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

Number	Hook-Ups And Piping Relocator:	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		Hose/bibb / Silcock	1	Bathtub (and Shower)
			Floor Drain	1	Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	2	Wash Basin
			Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.	1	Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other _____	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
				9	Total Fixtures
				\$27.	Fixtures Fee
				\$	Hook-Up Fee
				\$27.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

002819

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # _____ Lot # _____

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

Owner: John Ryan Phone # _____

Address: 39 Vesper St. Prid 04101 772-6483

LOCATION OF CONSTRUCTION: Cliff Island 109 C-A-52 rear

Contractor: Owner Sub: Island Ave

Address: _____ Phone # _____

Est. Construction Cost: 4,000 Proposed Use: Single Family

Past Use: _____

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion: Construct new shed (storage) as per const. &

For Official Use Only	
Date: <u>Nov 1 1989</u>	Subdivision: _____
Inside Fire Limits: _____	Name: _____
Bldg Code: _____	Lot: _____
Time Limit: _____	Permit Issued: _____
Estimated Cost: <u>4,000</u>	Fee: <u>40.00</u>

Zoning: NOV 8 1985

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____

Review Required: _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____

Special Exception: _____

Other: _____ (Explain) _____

site plan Ceiling:

Foundations:

1. Type of Soil: _____

2. Set Backs - Front _____ Rear _____ Side(s) _____

3. Footings Size: _____

4. Foundation Size: _____

5. Other: _____

Floors:

1. Sills Size: _____ Sills must be anchored.

2. Girder Size: _____

3. Lally Column Spacing: _____ Size: _____

4. Joists Size: _____ Spacing 16" O.C.

5. Bridging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____

2. No. windows _____

3. No. Doors _____

4. Header Sizes _____ Span(s) _____

5. Bracing: Yes _____ No _____

6. Corner Posts Size _____

7. Insulation Type _____ Size _____

8. Sheathing Type _____ Size _____

9. Siding Type _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____

2. Header Sizes _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

1. Ceiling Joists Size: _____

2. Ceiling Strapping Size _____ Spacing _____

3. Type Ceilings: _____

4. Insulation Type _____ Size _____

5. Ceiling Height: _____

Roof:

1. Truss or Rafter size _____ Span _____

2. Sheathing Type _____ Size _____

3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

1. Approval of soil test if required Yes _____ No _____

2. No. of Tubs or Showers _____

3. No. of Finishes _____

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.

Permit Received By Deborah Goode

Signature of Applicant: _____ Date: 11/1/89

Signature of CEO: _____ Date: _____

Inspection Dates: 5/1/89

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

© Copyriht GPCOG 1988

MAY 1 1990

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION
 ZONING LOCATION PORTLAND, MAINE Feb...28, 1984

PERMIT ISSUED
 APR 2 1984
 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 ..107-B-A-522, Rear Island Ave, Cliff Island... Fire District #1 , #2
 1. Owner's name and address ..John W Ryan - 24 Vespey St. Telephone ..722-6483
 2. Lessee's name and address Telephone
 3. Contractor's name and addressOwner..... Telephone

Proposed use of building ...dwelling...year round..... No. of sheets
 Last use No families1
 Material No. stories Heat Style of roof Roofing.....
 Other buildings on same lot

Estimated contractual cost \$ ~~22,050~~ 30,000
 FIELD INSPECTOR—Mr. Adato @ 775-5451
 Appeal Fees \$
 Base Fee160.00..
 Late Fee
 TOTAL \$160.00

To construct 36' x 36' 1 1/2 story dwelling
 single family, year round
 dwelling is to set on 12" sona tubes directly on ledge 2' below grade.
 original permit applied for in 1981 as fish house, no longer such, is now a dwelling. permit # 81-51 - no ~~water~~ garage

Stamp of Special Conditions

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? yes I any electrical work involved in this work? yes
 Is connection to be made to public sewer? no If not, what is proposed for sewage? septic system
 Has septic tank notice been sent? Form notice sent?
 Height average grade to top of plat. 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 fuel 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) 2x4-10" O. C. Bridging in every floor and 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 site 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
 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 John W Ryan Phone # 773-3625
 Type Name of above John W. Ryan 1 2 3 4
 Other
 and Address

FIELD INSPECTOR'S COPY Adato APPLICANT'S COPY OFFICE FILE COPY

NOTES

7-12-88 - WIP / ~~ET. Inter~~
Outlets complete O.K.
A.C.

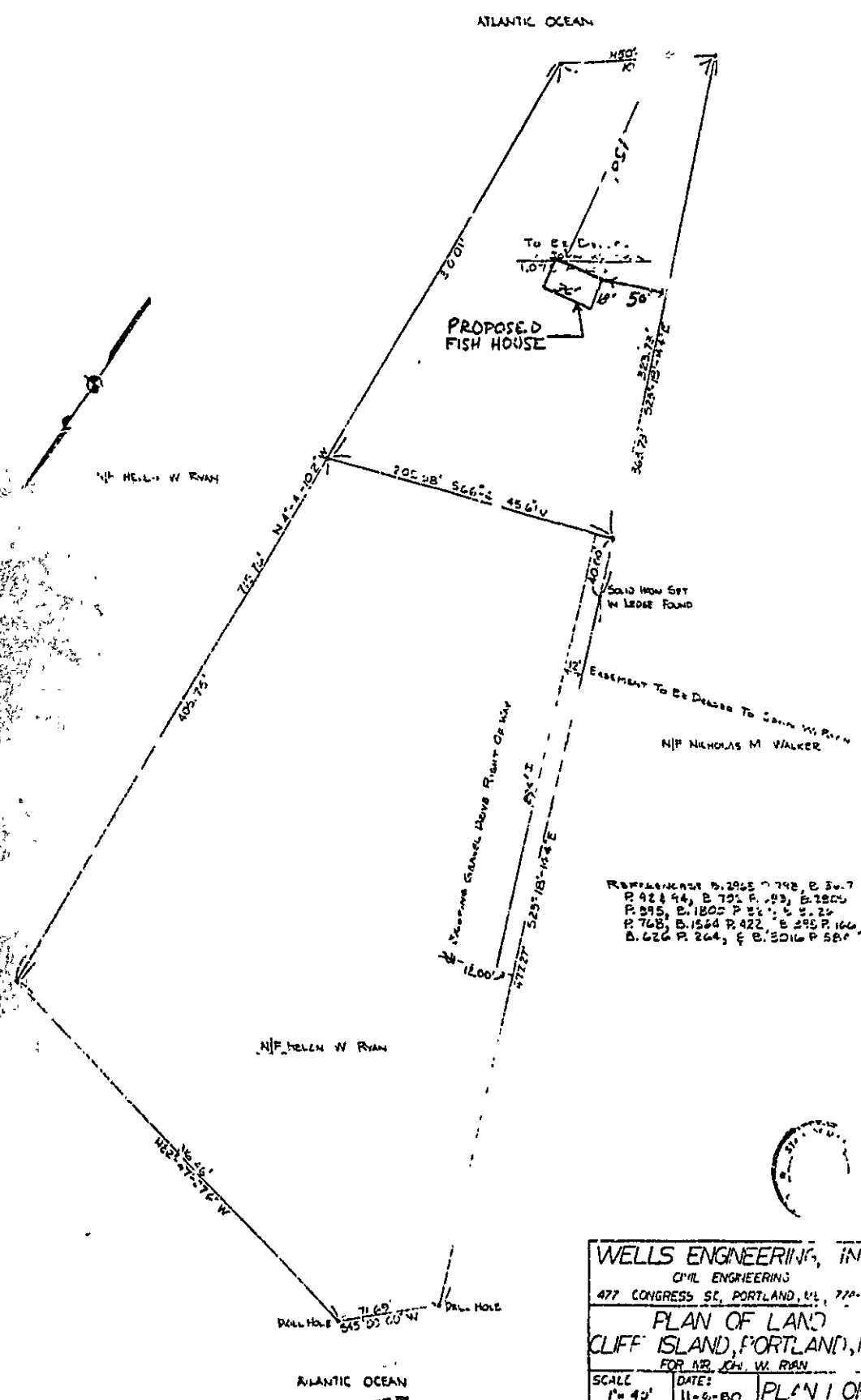
6/28/94

Done.

Almond

Permit 8410274 - 10P-C-H-52
Location Pen. St. Ave. [unclear]
Owner John [unclear]
Date of permit 2-28-84
Approved 4-2-84
Dwelling SF
Garage .
Alteration CU - SF - Dwelling

Large grid area with horizontal lines, possibly for drawing or notes.



REFERENCES B. 2925 P. 798, B. 30.7
 P. 424 94, B. 721 P. 493, B. 7800
 P. 895, B. 1800 P. 811, B. 5.24
 P. 768, B. 1564 P. 422, B. 295 P. 166
 B. 676 P. 264, & B. 3016 P. 580

WELLS ENGINEERING, INC
 CIVIL ENGINEERS
 477 CONGRESS ST., PORTLAND, ME., 722-1130

PLAN OF LAND
 CLIFF ISLAND, PORTLAND, ME.
 FOR N/F HELEN W. RYAN

SCALE 1" = 40' DATE: 11-6-80 PLAN 1 OF 1

RECEIVED
 DEC 21 1980
 DEPT. OF BLDG. & CON. AFFS.
 CITY OF PORTLAND

N.B.
 THIS IS A 50% REDUCTION,
 ACTUAL SCALE: 1" = 80'



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

March 13, 1984

Mr. John W. Ryan
24 Vesper Street
Portland, ME 04101

RE: Lot 109C-A-52, Cliff Island

Dear Mr. Ryan:

We are unable to issue a building permit for the single family year-round dwelling you requested on February 29, 1984.

The Zoning Ordinance provides for the following on the islands:

Section 14-437.6. Minimum Lot Frontage - 40 feet when abutting a public or dedicated street. When a lot does not abut a street, ingress and egress to and from such a lot must be available either by means of direct access from the water or by means of a deeded or leased right-of-way not less than sixteen (16) feet in width leading directly to said lot. Such means of ingress and egress must be approved by the City Council who may permit a lesser right-of-way width.

The proposed 36' x 36' 1 1/2 story year-round dwelling would be set on sonotubes directly on ledge 2 feet below grade. The building site is about 30 feet above the shore-line so direct access from the water is questionable. The access from Island Avenue (unaccepted) will be via a 12-foot wide right-of-way on Cliff Island. It is quite removed from Island Avenue.

Based on the above, the "lesser right-of-way width" must first be reviewed and approved by the City Council. Such council approval must precede the issuance of this building permit.

Sincerely,

Warren J. Turner
Warren J. Turner
Zoning Specialist

WJT/kat

CITY OF PORTLAND, MAINE
MEMORANDUM

TO: David Lourie, Corporation Counsel

DATE: 2/29/84

FROM: Warren J. Turner, Zoning Specialist *Warren J. Turner*

SUBJECT: Proposed Year Round House for John W. Ryan on Cliff Island
(Assessor's Reference: 109C-A-52)

Section 14-437 of the Zoning Ordinance provides for the following on the Islands:

"6. Minimum Lot Frontage: 40 feet when abutting a public or dedicated street. When a lot does not abut such a street, ingress and egress to and from such a lot must be available either by means of direct access from the water or by means of a deeded or leased right-of-way not less than sixteen (16) feet in width leading directly to said lot. Such means of ingress and egress must be approved by the City Council who may permit a lesser right-of way width".

The proposed year round house on Cliff Island is located about 30 feet above the water line or shore line below so direct access from the water is questionable. The access from Island Avenue will be via a 12 foot wide right-of-way from an unaccepted portion of Island Avenue on Cliff Island. It is removed from Island Avenue. This should then, I assume, be reviewed and approved by the City Council as a "lesser right-of-way width". Island Avenue will eventually provide a street for vehicles to circle the island. Such approval must precede the issuance of a building permit for the proposed year round house.

Am I right in this interpretation of the Zoning Ordinance?

WT/mlb

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Parishes: **PORTLAND**

Street: **CLIFF ISLAND**

Subdivision Lot #

PROPERTY OWNERS NAME

Last: **RYAN** First: **JOHN W.**

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: _____

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: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE (Attach New System Variance Form)</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE (Attach Replacement System Variance Form)</p> <p>4. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM:</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATE 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 ROOM 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER: _____ SPECIFY: _____</p>	<p>TYPE OF WATER SUPPLY:</p> <p>DRILLED WELL</p>
<p>SITE OF PROPERTY: AC</p> <p>ZONING: SHORELAND</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING 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>2 BEDROOMS</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 20</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input 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 checked="" type="checkbox"/> CHAMBER 700 Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW 212 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On **2-31-83** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

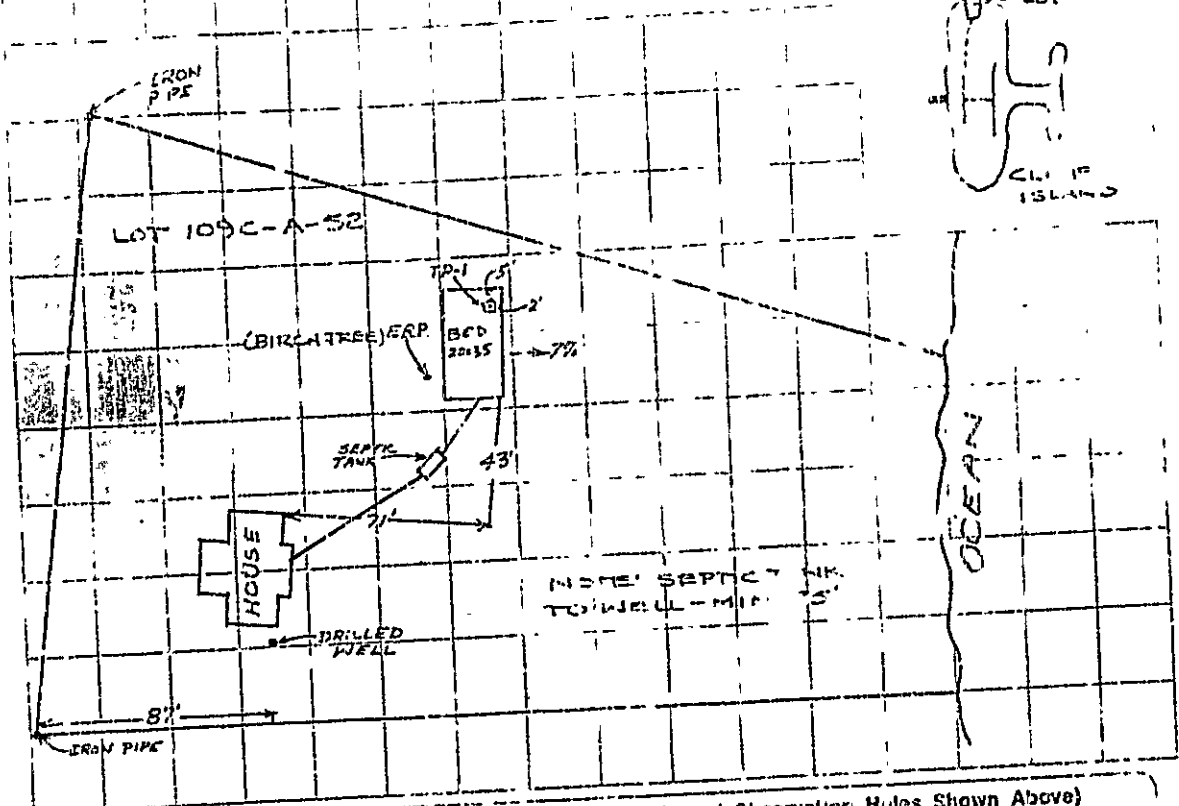
Signature: Richard [Signature] Date: 10-6-83

Site Evaluator or Professional Engineer's Signature: _____ Date: _____

Local Plumbing Inspector Signature & Local Site Evaluator's Name under a Local Opinion: _____

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HHE-100 Rev. 8-82

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION
 Town of Plantation
PORTLAND
 Street No. Subdivision
CLIFF ISLAND
 SITE PLAN
 Scale 1" = 50' Ft.
 Owner Name
JOHN RYAN
 SITE LOCATION PLAN (Attach
 to the Maine Atlas for
 Sewer System Variance)



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole	TP-1	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Observation Hole	<input type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	
2	Depth of Organic Horizon Above Mineral Soil			Depth of Organic Horizon Above Mineral S.			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
LOAM		DK. BRN.					
STONY LOAM	REL. PL.	RED. BRN.					
			MOD.				
Soil Classification: C Slope: 7% Limiting Factor: 30'				Soil Classification: C Limiting Factor: 30'			

Richard Robert 034 10-10-83
 Site Evaluator or Professional Engineer's Signature Date
 Page 2 of 3
 H&E 200 Rev. 4/82

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Public Services
Division of Water Engineering
DATE: 10-6-83

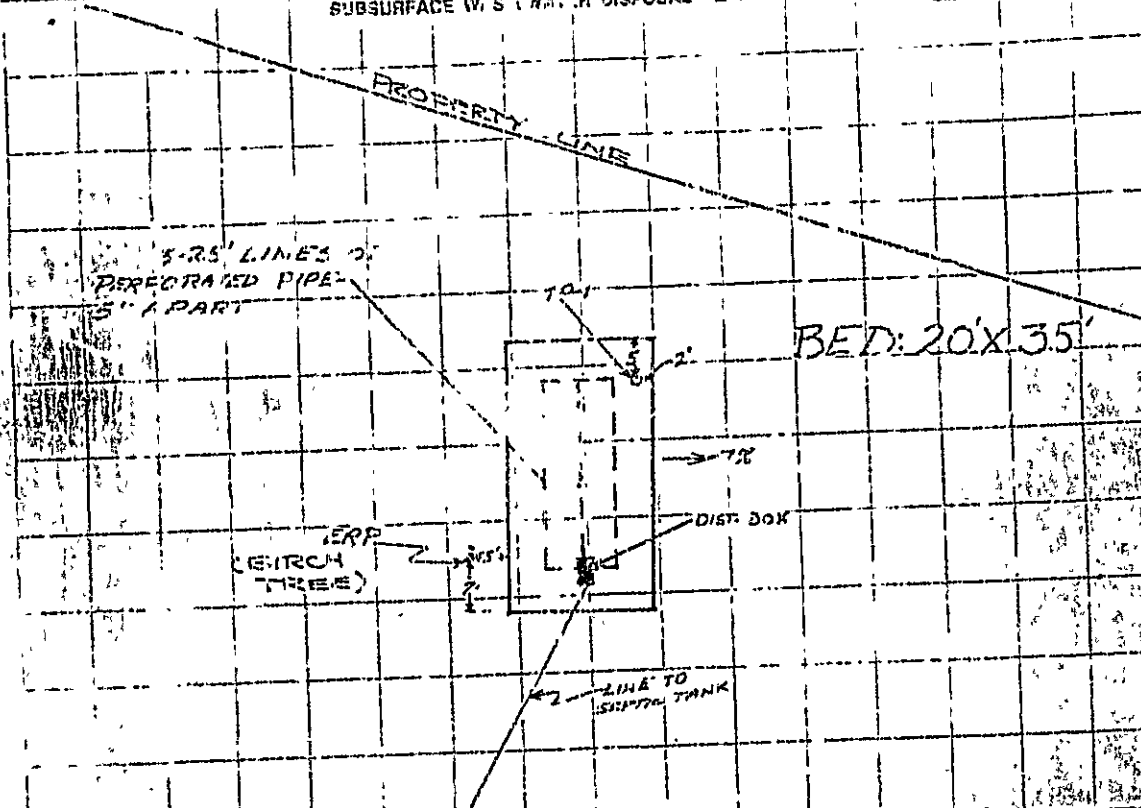
Town, City, Parish: **PORTLAND**

Street, Field, Subdivision: **CLIFF ISLAND**

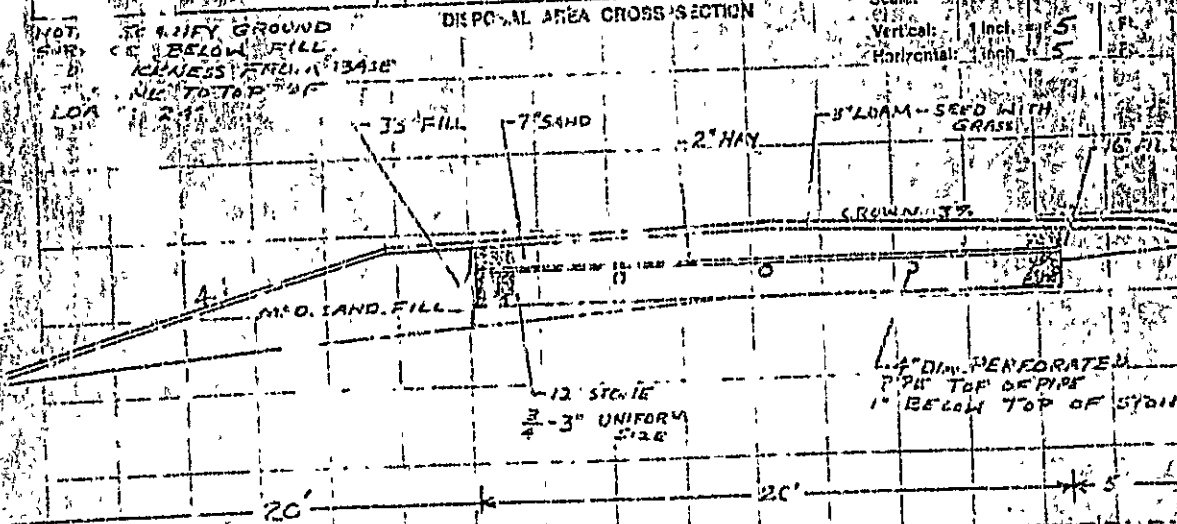
OWNER NAME: **JOHN RYAN**

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' Ft.



FULL REQUIREMENTS Depth of Fill (ft. above) 16' Depth of Fill (concrete) 33'	CONSTRUCTION ELEVATIONS Reference Elevation is 0' Bottom of Disposal Area -55' Top of Distribution Lines or Chambers -42'	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION BIRCH TREE WITH MAIL CENTER OF ORANGE CROSS
	DISPOSAL AREA CROSS SECTION Scale: Vertical: 1 inch = 5' FL. Horizontal: 1 inch = 5' FL.	



Richard J. [Signature]
Site Evaluator or Professional Engineer's Signature

034
SE 1 PE 1

10-6-83

Page 3 of 3
H4E-200 Rev 4/83

City Council will permit a corner lot
7/2/24
By the City Council

of the town. Distance contains

Sec. 14-437, Space and Bulk Regulations
on the Islands - Cliff Island

1. Rear yard: 15 feet
accessory bldg 3 feet

2. Front yard: 20 feet

3. Minimum lot Area: R-2 7000 sq. ft.

4. Minimum Area per family:
R-2: 7000 sq. ft.

5. Minimum width of lot
R-2 Zone: 70 feet

6. Minimum lot frontage: 43 feet
when abutting a public or dedi-
cated street. When a lot does not
abut such a street, ingress and
egress to and from such a lot
must be available either by
means of direct access from the
water or by means of a deeded
or leased right-of-way ~~width~~
when in their opinion such lesser
width will adequately serve the need
of the lot.

must be approved
about 16 feet in width, leading
ingress and egress
which means
ward lot

March 21, 1984

Memo For Record:

The Proposed year' round residence on Cliff Island for John W. Ryan should be approved for direct access from the shore by Joe Gray. A sketch will be provided to show there is direct access from the water subject to Joe Gray's approval. Mr. Gray does not want to take this to City Council, altho the Zoning Ordinance would seem to require the Council approval of a right-of-way less than 16 feet in width.

Warren J. Turner

P.S. Hold for sketch showing access from Mr. Ryan.

002819

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee _____ Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: John Ryan Phone # _____
 Address: 39 Vesper St Ptld 04101 772-6422
 LOCATION OF CONSTRUCTION: Cliff Island (109-C-A-57) rear
 Contractor: Owner Sub: Island Ave
 Address: _____ Phone # _____
 Est. Construction Cost: 4,000 Proposed Use: Single family
 Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Construct new shed (storage) as per const.

For Official Use Only

Date: Nov 1, 1989 Subdivision: _____
 Inside Fire Limits: _____ No. _____
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Ownership: _____ Pubk _____
 Estimated Cost: 4,000. 40.00 feet Private _____

PERMIT ISSUED

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back NOV 8, 1989 Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: Nov 8, 1989
 Planning Board Approval: Yes _____ No _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception: _____
 Other: _____ (Explain) _____

Foundation:

1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Floor:

1. Sills Size: _____ Sills must be anchored
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O C
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Materials: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Spacing _____
 5. Bracing: Yes _____ No _____
 6. Corner Post Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Spacing _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:

1. Ceiling Joists Size _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulator Type: _____ Size _____
 5. Ceiling Height: _____

Roof:

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

Chimneys:

Type _____ Number of Fire Places _____

Heating:

Type of Heat _____

Electrical:

Service Entrance Size _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
 2. Pool Size _____ x _____ Squares Footage _____
 3. Must conform to National Electrical Code and State Law

Permit Received By: _____

Signature of Applicant: _____ Date: 11-7-89

Signature of CEO: _____ Date: _____

Inspection Dates: _____

White-Tax Assessor Yellow-GPCOG

White Tag - CEO © Copyright GPCOG 1988

PLOT PLAN



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

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

6/28/94

Done. All done

Signature of Applicant Ch. v. Pgn

Date 11/1/89