



CITY OF PORTLAND, MAINE  
Department of Building Inspection

## Certificate of Occupancy

LOCATION Beach Rd-Cliff Island; 109D-A-25

Issued to Frank Pitkin

Date of Issue 8/10/92

This is to certify that the building, premises, or part thereof, at the above location, built -- altered -- changed as to use under Building Permit No. 91/2858, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single-family dwelling

Limiting Conditions.

This certificate supersedes  
certificate issued

Approved:

8/10/92

(Date)

*A. L. Lane*  
Inspector

*[Signature]*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for use on file.

912858

Permit # 912858 City of Portland BUILDING PERMIT APPLICATION Fee 40.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Frank Pitkin Phone # 765-2673

Address: Cliff Island, Maine 04019

LOCATION OF CONSTRUCTION 169D-A-25, 24, 5 Rear Beach Rd., Cliff

Contractor: Robert Howard Sub: 765-2150 Est.

Address: Cliff Island, ME 04019 Phone # \_\_\_\_\_

Est. Construction Cost: \$4,000.00 Proposed Use: Single Family

60,000 Past Use: res. house

# 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 To construct 46'x24' foundation for single family,

foundation & plot plan enclosed.

Foundation: \_\_\_\_\_  
 1. Type of Soil: IMMCP  
 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" C.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 \_\_\_\_\_

**For Official Use Only**

Date April 8, 1991 Subdivision: 7-16-91

Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit: 60 days  
 Estimated Cost: \$4,000.00

Zoning: TH-1

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_

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) \_\_\_\_\_

**PERMIT ISSUED**  
 Private  
 JUL 25 1991  
 CITY OF PORTLAND

Ceiling: \_\_\_\_\_  
 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 \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

Chimneys: \_\_\_\_\_  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Date: \_\_\_\_\_  
 Heating: \_\_\_\_\_ Type of Heat: \_\_\_\_\_

Electrical: \_\_\_\_\_  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing: \_\_\_\_\_  
 1. Approval of soil test if required \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 3. No. of Fixtures \_\_\_\_\_  
 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 \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

**PERMIT ISSUED**  
**WITH LETTER**

Inspection Dates \_\_\_\_\_  
 White Tax Assessor Yellow-GPCOG White Tag - CEO  
 © Copyright GPCOG 1988

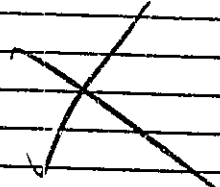
PLOT PLAN



FEES (Breakdown From Front)  
 Base Fee \$ 42.00 + 320 pd 7-16-91  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ 50 7.16.91  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

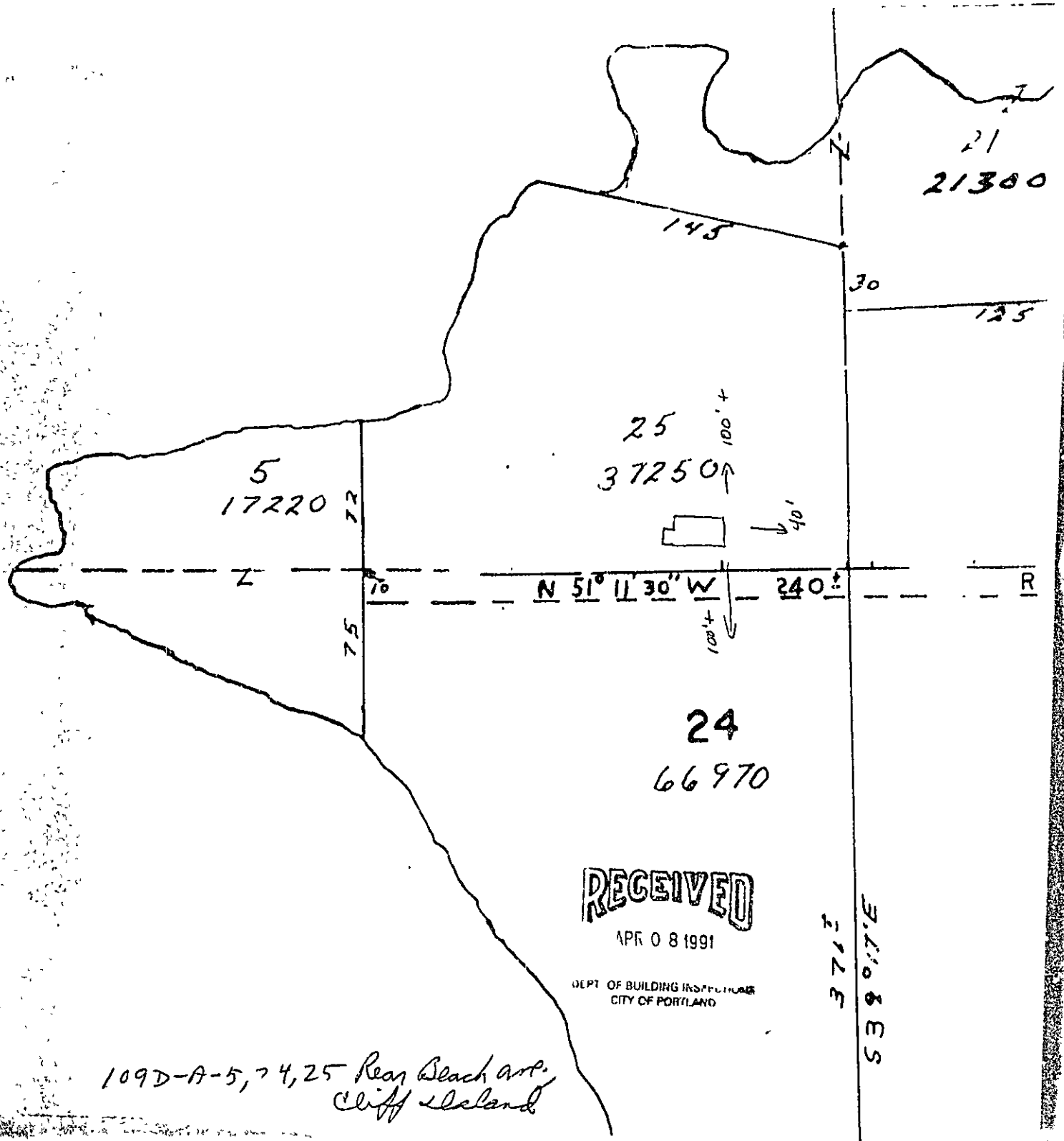
Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS 8/7/92 C of O. A D



Signature of Applicant \_\_\_\_\_

Date 7/16/91 7-8-91



109D-A-5, 74, 25 Rear Beach ave.  
Cliff Island

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND Beach Rd

Street Subdivisor Lot #: CLIFF ISLAND

**PROPERTY OWNERS NAME**

Last: PITKIN First: FRANK

Applicant Name: 109 D A 024

Mailing Address of Owner/Applicant (if Different): 005 025

**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><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NEW SYSTEM</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li><input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li><input type="checkbox"/> SYSTEM INSTALLED - F#</li> <li><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER</li> </ol> <p>SIZE OF PROPERTY: <u>2.8 ± AC</u> ZONING: <u>RES.</u></p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NO RULE VARIANCE</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form             <ol style="list-style-type: none"> <li><input type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li><input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input checked="" type="checkbox"/> OTHER <u>PLUS SEASONAL COTTAGE</u> SPECIFY _____</li> </ol>	<p><b>INSTALLATION IS:</b> COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK _____ GAL</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol> <p><b>TYPE OF WATER SUPPLY WELL TO BE DRILLED</b></p>
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**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NONE</li> <li><input checked="" type="checkbox"/> LOW VOLUME TOILET <b>REQUIRED</b></li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____</li> </ol>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b></p> <p><b>3 BEDROOM SINGLE FAMILY RESIDENCE PLUS EXISTING TWO BEDROOM SEASONAL COTTAGE. TOTAL OF 5 BEDROOMS.</b></p> <p>DESIGN FLOW: <u>476</u> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>2</u> CONDITION: <u>AIII</u></p> <p>DEPTH TO LIMITING FACTOR: <u>24"</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input checked="" type="checkbox"/> MEDIUM LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER <u>810</u> Sq. Ft.             <ul style="list-style-type: none"> <li><input type="checkbox"/> INFILTRATOR</li> <li><input type="checkbox"/> REGULAR H20</li> </ul> </li> <li><input type="checkbox"/> TRENCH _____ Linear Ft.</li> <li><input type="checkbox"/> OTHER: _____</li> </ol>	

**SITE EVALUATOR STATEMENT**

On SEPT 18, 1990 (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.

John Holstein Site Evaluator Signature \_\_\_\_\_ 040 SE# \_\_\_\_\_ Sept 22, 1990 Date \_\_\_\_\_

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

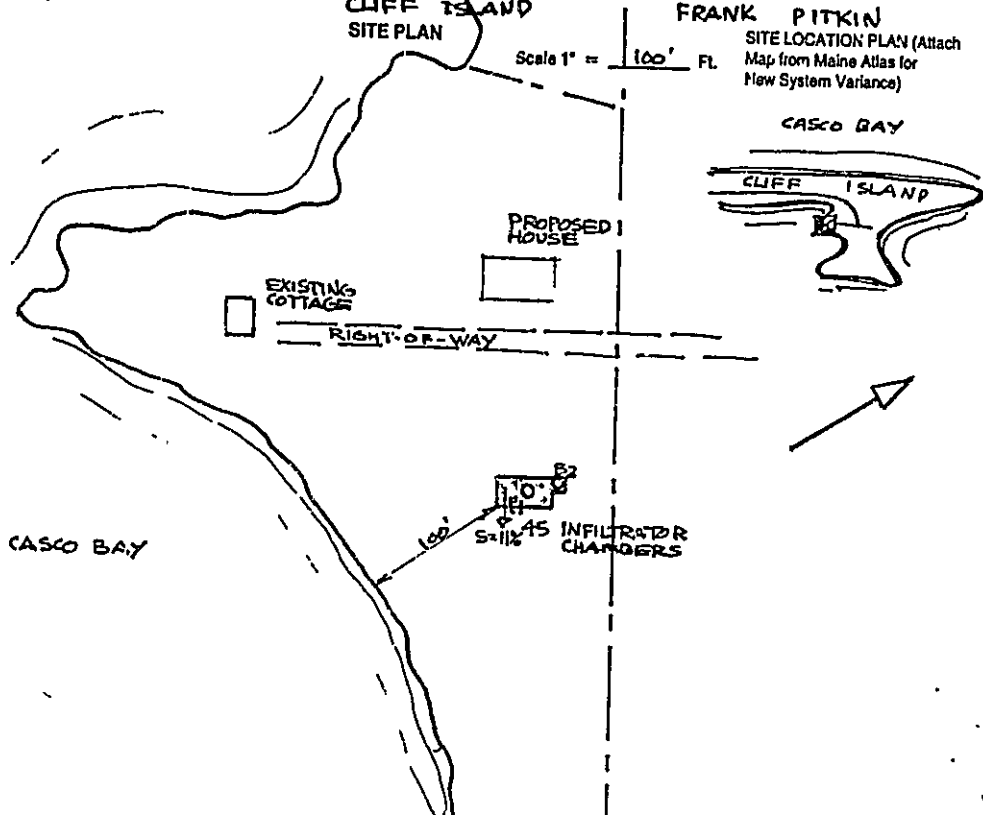
Town, City, Plantation  
**PORTLAND**

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

Department of Human Services  
Division of Health Engineering

Owners Name  
**FRANK PITKIN**  
SITE LOCATION PLAN (Attach  
Map from Maine Atlas for  
New System Variance)

Scale 1" = 100' FL.



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					
<u>HUMUS 2"</u> * Depth of Organic Horizon Above Mineral Soil				<u>HUMUS 2"</u> * Depth of Organic Horizon Above Mineral Soil					
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling		
0-5 FINE		DK BROWN		0-5 FINE		BROWN			
5-10 SANDY LOAM	FRIABLE	BRIGHT		5-10 SANDY		BRIGHT			
10-15 W/ ROCKS		ORANGE-		10-15 LOAM	FRIABLE	BRIGHT	NONE		
		BROWN	NONE OBSERVED	15-20 W/ ROCKS		ORANGE- BROWN	OBSERVED		
20-30 ASSUMED LEDGE				20-30 ASSUMED LEDGE					
30-40				40-50					
40-50				50					
Soil Profile <u>Z</u>	Classification <u>AIII</u> Condition	Slope <u>11%</u>	Limiting Factor <u>ZA</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock	Soil Profile <u>Z</u>	Classification <u>AIII</u> Condition	Slope <u>11%</u>	Limiting Factor <u>ZS</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock

*Monte Aguirre*  
Site Evaluator Signature

040  
SEP

Sept 20, 1990  
Date

**FACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

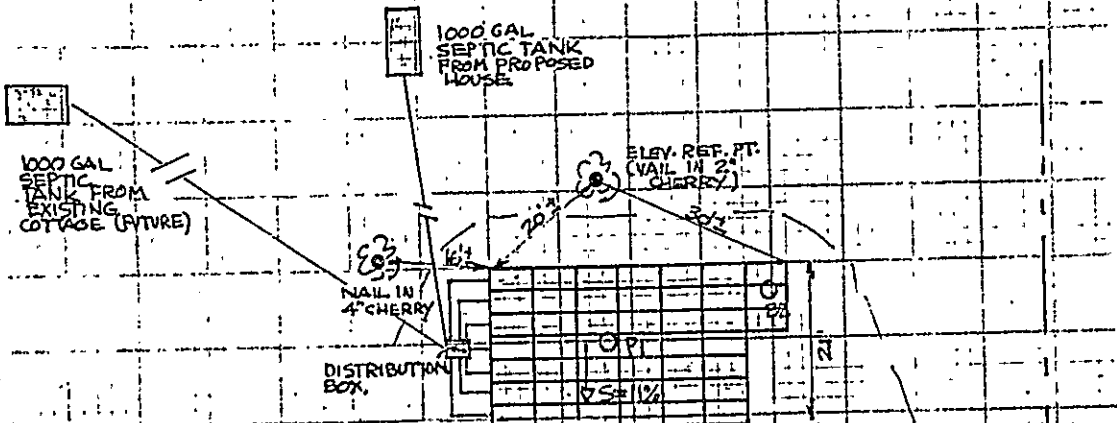
Plantation  
**ATLAND**

Street, Road, Subdivision  
**CLIFF ISLAND**

Owners Name  
**FRANK PITKIN**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale 1" = 20 Ft.



INSTALL 45 "INFILTRATOR" FIBERGLAS LEACHING FIELD CHAMBERS IN 7 ROWS AS SHOWN, WITH DISTRIBUTION BOX TO PROVIDE FOR EQUAL DISTRIBUTION OF WATER.

REMOVE VEGETATION AND SCARIFY EXISTING GROUND BEFORE PLACING FILL.

LOCATE WELL AT LEAST 100' FROM DISPOSAL SYSTEM.

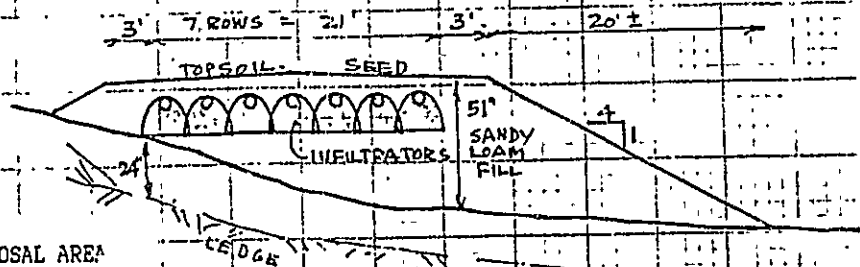
**FILL REQUIREMENTS**  
Depth of Fill (Upslope) 21"  
Depth of Fill (Downslope) 51"

**CONSTRUCTION ELEVATIONS**  
Reference Elevation Is 0"  
Bottom of Disposal Area -53"  
Top of Distribution Lines or Chambers -38"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**  
NAIL IN 2" CHERRY TREE

**DISPOSAL AREA CROSS SECTION**

Scale:  
Vertical: 1 inch = 5 FL  
Horizontal: 1 inch = 10 EL



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

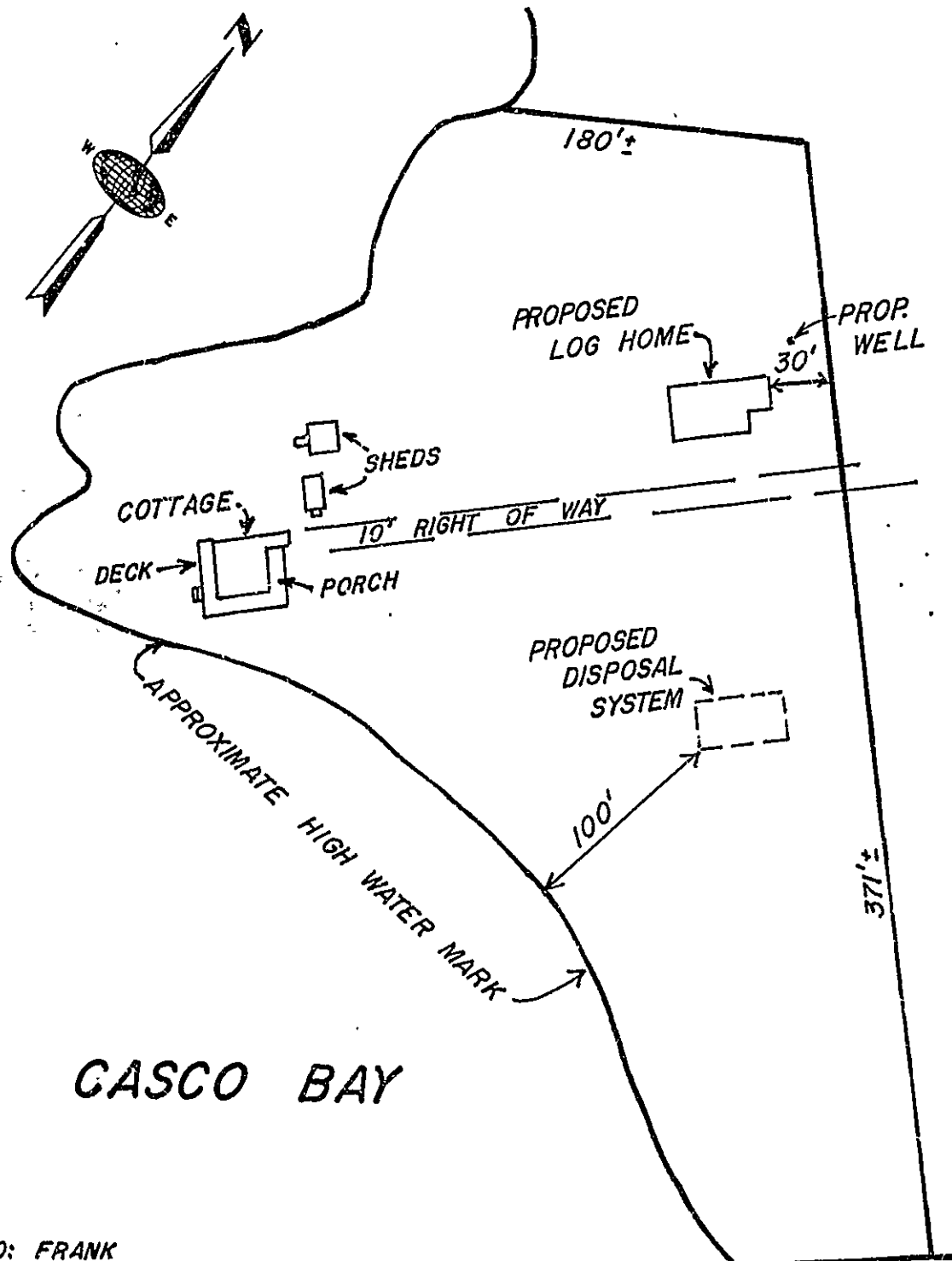
*Signature*  
Site Evaluator Signature

040  
SE#

July 20, 1990  
Date

Page 3 of 3  
HHE-200 Rev 1/84

NOTE: This is a tape survey and not an instrument survey, therefore this plot plan is for mortgage purposes only. Parcel shown below does not fall in the Federal Flood Hazard Area and conformed to the local zoning regulations at the time of construction. Fence lines not determined by this survey. Plan not to be recorded.



CASCO BAY

TO: FRANK

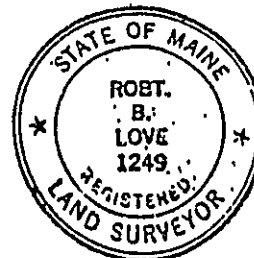
PITKIN and the title insurer, its successors in interest, I hereby certify that I have examined the premises, and all easements, encroachments and buildings are located on the ground as shown and the premises shown hereon are the same as designated in Book 4220 Page 264 at the CUMBERLAND County Registry of Deeds 4537/293 AND 845/107.

*Robert B. Love*

**MORTGAGE SURVEY PLAN**

CLIENT: FRANK PITKIN  
CLIFF ISLAND, MAINE

SCALE: 1" = 60' 7 / 9 / 91



ATLAS LAND SURVEY ISLAND AVENUE  
REGISTERED LAND SURVEYORS PEAKS ISLAND, ME. 04105

File No. 91-1944



**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Applicant Frank Pitkin Date 7/16/91

Mailing Address Cliff Island, ME 04019 Address of Proposed Site Rear Beach Rd- Cliff Island

1-fam dwlg

Proposed Use of Site 10888 109D-A-25,24

122,000 sq ft / 46'x24' Site Identifier(s) from Assessors Maps

Acres of Site / Ground Floor Coverage I R 1

Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors \_\_\_\_\_

Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area \_\_\_\_\_

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: Contact person - Robert Howard - 766-2850

Date Dept. Review Due: \_\_\_\_\_

-----  
**MINOR MINOR SITE PLAN**  
 -----

**BUILDING DEPARTMENT SITE PLAN REVIEW**

(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
  - Requires Board of Appeals Action
  - Requires Planning Board/City Council Action

Explanation \_\_\_\_\_

Use complies with Zoning Ordinance — Staff Review Below

Zoning:  
 SPACE & BULK,  
 as applicable

	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS	
COMPLIES																			
COMPLIES CONDITIONALLY																			CONDITIONS SPECIFIED BELOW
DOES NOT COMPLY																			REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT--ORIGINAL

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Applicant: Frank Pitkin Date: 7/16/91

Mailing Address: Cliff Island, ME 04019 Address of Proposed Site: Rear Beach Rd- Cliff Island

Proposed Use of Site: 1-fam dwlg Address of Proposed Site: IRMS 109D-A-25,24

Acres of Site / Ground Floor Coverage: 122,000 sq ft / 46'x24' Site Identifier(s) from Assessors Maps: IR 1

Zoning of Proposed Site: \_\_\_\_\_

Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors: \_\_\_\_\_

Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area: \_\_\_\_\_

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: Contact person - Robert Howard - 766-2850

Date Dept. Review Due: \_\_\_\_\_

MINOR MINOR SITE PLAN

**PUBLIC WORKS DEPARTMENT REVIEW**

(Date Received) \_\_\_\_\_

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

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach Separate Sheet if Necessary)

*[Signature]* 7/17/91

SIGNATURE OF REVIEWER'S STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

Permit # \_\_\_\_\_ City of Portland **BUILDING PERMIT APPLICATION** Fee \$50. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lgt# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Frank J. Pitkin Phone # \_\_\_\_\_  
 Address: Rear Beach Rd; Cliff Island, ME 04019  
 LOCATION OF CONSTRUCTION: 209 G - A - 5, 24, 25 - Cliff Isl  
 Contractor: \_\_\_\_\_ Subj: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
 Part Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal COS55MIN Convert on \_\_\_\_\_  
 Explain Conversion: VARIANCE APPEAL to construct 1-fam dwlg

**For Official Use Only** 4-16-91  
 Date: 4/16/91 Subdivision: \_\_\_\_\_ Name: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_ Ownership: \_\_\_\_\_ Public: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Private: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 Zoning: IR-1 Zone  
 Street Frontage Provided \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ 3/4s Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exemption \_\_\_\_\_  
 Other \_\_\_\_\_ Explain \_\_\_\_\_

**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: \_\_\_\_\_

Appeal No. 5-9-91

**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 \_\_\_\_\_

**Coiling:**

1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_
4. Insulation Type \_\_\_\_\_
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 Equipped 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 \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

Permit Received By: Louise E. Chase

Signature of Applicant: [Signature] Date 4/16/91

Signature of CEO: Robert C. Howard Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_



CITY OF PORTLAND, MAINE

369 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

April 23, 1991

RE: Rear Beach Road  
Cliff Island  
(109D-A-5,24,25)


Mr. Frank I. Pitkin  
Cliff Island,  
Maine 04019

Dear Mr. Pitkin,

I have reviewed your application to build a single family house on lot 109D-A-5,25,24 Cliff Island. As we had previously discussed, it does not appear possible that you can comply with section 14-145.5(2) of the Land Use Code which requires street frontage.

I understand that an appeal has been filed by Robert Howard on your behalf. We will contact you in a few days regarding this appeal.

Sincerely,

  
William D. Giroux  
Zoning Administrator

/el

cc: P. Samuel Hoffses, Chief of Inspection Services  
Charles Lina, Associate Corporation Counsel  
Warren J. Turner, Administrative Assistant  
Arthur Addato, Code Enforcement Officer  
Robert Howard, Cliff Island, Maine 04019

BUILDING PERMIT REPORT

Cliff Island

ADDRESS: 1090-A-24-25 Rear Beach Rd DATE: 24 July/91

REASON FOR PERMIT: To Construct a single family dwelling

BUILDING OWNER: Frank Pitkin

CONTRACTOR: Robert Howard

PERMIT APPLICANT: " "

APPROVED: \*1 \*6 \*7 \*9

CONDITION OF APPROVAL:

- \* 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self-closers.
- 4.) 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.
- 5.) The boiler shall be protected by enclosing with one (1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- \* 6.) 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).
- \* 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 74).


8.) 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 fireresistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

\*9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening.

10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,



P. Samuel Hoffsee  
Chief of Inspection Services

/el  
11/16/88  
11/27/90

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

July 24, 1991

Mr. Robert Howard  
Rt. 53  
Cliff Island, ME 04019

Re: 109 D-A-25,24, 5 Rear Beach Road, Cliff Island, ME

Dear Sir:

Your application to construct a single family dwelling has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

Site Plan Review Requirements

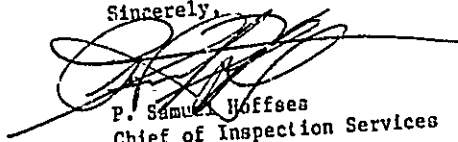
Public Works	Approved	Steve Harris
Inspection Services	Approved	William Giroux

Building Code Requirements

1. Please read and implement items 1, 6, 7, and 9 of the attached building permit report.
2. A subsurface wastewater disposal permit must be applied for (plumbing permit).

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

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

cc: Steve Harris, Public Works Department  
Paul Niehoff, Public Works Department  
William Giroux, Zoning Administrator

/kb

109D-A-5, 25, 24

Department of Human Services  
Division of Health Engineering  
(207) 289-3026

**PLUMBING APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: A-205-CC1

Street Subdivision Lot #: 109D-CLIFF IS.

**PROPERTY OWNERS NAME**

Last: BITKIN First: FRANK J.

Applicant Name:

Mailing Address of Owner/Applicant (if Different): CLIFF ISLAND

PORTLAND 4455 TOWN COPY  
 Date: 10/24/92 \$ 1,241.00  Duplicate Fee Charged  
 L.P.I. # 011241  
 Local Plumbing Inspector Signature: Arthur Rowe  
 Chief Plumbing Inspector

**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: Frank J. Bitkin Date:

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing R-les.

Local Plumbing Inspector Signature: Arthur Rowe

Date Approved: 8-7-92

**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	Number	Column 1
		Type of Fixture		Type of Fixture
<p><b>HOOK-UP</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District</p> <p><b>OR</b></p> <p><b>HOOK-UP</b> to an existing subsurface wastewater disposal system</p> <p><b>OR</b></p> <p><b>PIPING RELOCATION</b> of sanitary lines, drains, and piping without new fixtures.</p>	1	Hosebibb / Silcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	5	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook-Ups & Relocations		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee			2	Fixtures (Subtotal) Column 1
			8	Fixtures (Subtotal) Column 1
				Fixtures Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



**CITY OF PORTLAND, MAINE**

ZONING BOARD OF APPEALS



THOMAS F. JEWELL  
Chairman

ERIC J. GOUVIN  
Secretary

RAY M. JOHNSON  
JOHN C. KNOX  
DEWEY A. MARTIN, JR.  
MERRILL S. SELTZER  
MICHAEL E. WESTORT

April 23, 1991

Rear Beach Road  
Cliff Island  
(109D-A-5, 24, 25)

*Beach Rd*

Mr. Frank I. Pitkin  
Cliff Island,  
Maine 04019

Dear Mr. Pitkin:

This will acknowledge receipt of your variance request for access to your proposed home site on Cliff Island in the IR-1 Island Residence Zone. The variance for access will be considered by the Board of Appeals at its meeting on Thursday evening, May 9, 1991, in Room 209, City Hall, Portland, Maine, at 7 P.M. I hope that you will plan to attend that meeting.

Has a soils analysis been conducted on your proposed home-site to prove that the lot is capable of supporting a leach field for septic disposal?

A copy of the agenda for the May 9th meeting will be sent to you as soon as copies become available for distribution.

Sincerely,

  
William Giroux  
Zoning Administrator

/el

cc: Thomas F. Jewell, Chairman of the Board of Appeals  
Joseph E. Gray, Jr., Director of Planning & Urban Development  
P. Samuel Hoffses, Chief of Inspection Services  
William D. Giroux, Zoning Administrator  
Arthur Addato, Code Enforcement Officer  
Charles A. Lane, Associate Corporation Counsel

**CITY OF PORTLAND, MAINE**  
ZONING BOARD OF APPEALS



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MERRILL S. SELTZER  
MICHAEL E. WESTORT

Cliff Island, Maine  
109D-A-5, 24, 25

May 13, 1991

Mr. Frank I. Pitkin  
Cliff Island  
Maine 04019

Dear Mr. Pitkin:

At the meeting of the Board of Appeals, on Thursday evening, May 9th, the Board considered your variance request for access to a proposed home site via a ten foot right of way in the IR-1 Island Residence 1 Zone. This is required in view of Section 14-145.5(2) of the City Zoning Ordinance.

Following the public hearing to consider this variance request, the Board voted by a unanimous vote of five members present and voting to grant the variance for access which would enable this proposed single family residence to be constructed following the granting of a building permit, and site plan review for such a development.

A copy of the Board's decision and a certificate of approval for the variance are enclosed. Pursuant to 30 Maine Revised Statutes Annotated Section 4963, this certificate must be recorded by the property owner in the Cumberland County Registry of Deeds within 30 days of the granting of the variance for the variance to be valid. Furthermore, this variance is subject to the limitations set forth in Section 14-473 of the City of Portland's Land Use Code.

Sincerely,

*Warren J. Turner*  
Warren J. Turner  
Administrative Assistant

Enclosure: Copy of the Board's Decision and Certificate of Variance Approval

cc: Thomas F. Jewell, Chairman, Board of Appeals  
Joseph E. Gray, Jr., Director, Planning & Urban Development  
P. Samuel Hoffses, Chief, Inspection Services  
Arthur Addato, Code Enforcement Officer  
William D. Giroux, Zoning Administrator  
Charles A. Lane, Associate Corporation Counsel