

1997-2007 CONGRESS STREET

  
SHAW-WALKER

Roll cut # 925H - Mesh cut # 9282H - Film cut # 9283H - Film cut # 9288H



(S.A.) RESIDENCE ZONE - A

# APPLICATION FOR PERMIT

PERMIT INSURED  
02176  
NOV 19 1953  
CITY of PORTLAND

Class of Building or Type of Structure Third Class  
Portland, Maine, Nov. 18, 1953

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to ~~erect~~ alter ~~repaired~~ ~~work~~ ~~on~~ the following building structure ~~erected~~ 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 2001 Congress St. Within Fire Limits? no Dist. No. \_\_\_\_\_  
 Owner's name and address R. P. Tinkham, 2001 Congress St. Telephone 2-6047  
 Lessee's name and address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Contractor's name and address owner Telephone \_\_\_\_\_  
 Architect \_\_\_\_\_ Specifications \_\_\_\_\_ Plans no No. of sheets \_\_\_\_\_  
 Proposed use of building dwelling house No. families \_\_\_\_\_  
 Last use \_\_\_\_\_ " " No. families \_\_\_\_\_  
 Material wood No. stories 1 1/2 Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_  
 Other buildings on same lot \_\_\_\_\_ Fee \$2.00  
 Estimated cost \$ 150.

### General Description of New Work

To remove existing rear platform 4' x 8'.  
To construct 1-story frame addition on rear of building 4' x 8'.  
Nearest lot line is over 10'.

CERTIFICATE OF OCCUPANCY  
REQUIREMENT IS WAIVED

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. **PERMIT TO BE ISSUED TO owner**

### 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 7' 6" Height average grade to highest point of roof 8'  
 Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_  
 Material of foundation cedar posts at least 4' below grade \_\_\_\_\_ thickness top \_\_\_\_\_ bottom \_\_\_\_\_ cellar \_\_\_\_\_  
 Material of underpinning " " to sill Height \_\_\_\_\_ Thickness \_\_\_\_\_  
 Kind of roof shed Rise per foot \_\_\_\_\_ Roof covering Asphalt Class C Und Lab  
 No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_ Kind of heat \_\_\_\_\_ fuel \_\_\_\_\_  
 Framing lumber—Kind hemlock Dressed or full size? dressed  
 Corner posts 2-2x4 Sills 4x6 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 2x6, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 2x4  
 On centers: 1st floor 16", 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 16"  
 Maximum span: 1st floor 4', 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 4'  
 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? \_\_\_\_\_

### Miscellaneous

Will work require disturbing of any tree on a public street? no  
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

APPROVED:

*with memo by [Signature]*

Signature of owner

*Robert P. Tinkham*

INSPECTION COPY

NOTES  
 3/16/53 Work completed WJG

FOR PERMIT

1. Name of Applicant: \_\_\_\_\_  
 2. Name of Contractor: \_\_\_\_\_  
 3. Name of Inspector: \_\_\_\_\_  
 4. Address: \_\_\_\_\_  
 5. City: \_\_\_\_\_  
 6. State: \_\_\_\_\_  
 7. Zip: \_\_\_\_\_  
 8. Description of Work: \_\_\_\_\_  
 9. Estimated Cost: \_\_\_\_\_  
 10. Date of Work: \_\_\_\_\_  
 11. Name of Owner: \_\_\_\_\_  
 12. Address of Owner: \_\_\_\_\_  
 13. City of Owner: \_\_\_\_\_  
 14. State of Owner: \_\_\_\_\_  
 15. Zip of Owner: \_\_\_\_\_  
 16. Name of Architect: \_\_\_\_\_  
 17. Address of Architect: \_\_\_\_\_  
 18. City of Architect: \_\_\_\_\_  
 19. State of Architect: \_\_\_\_\_  
 20. Zip of Architect: \_\_\_\_\_  
 21. Name of Engineer: \_\_\_\_\_  
 22. Address of Engineer: \_\_\_\_\_  
 23. City of Engineer: \_\_\_\_\_  
 24. State of Engineer: \_\_\_\_\_  
 25. Zip of Engineer: \_\_\_\_\_  
 26. Name of Surveyor: \_\_\_\_\_  
 27. Address of Surveyor: \_\_\_\_\_  
 28. City of Surveyor: \_\_\_\_\_  
 29. State of Surveyor: \_\_\_\_\_  
 30. Zip of Surveyor: \_\_\_\_\_  
 31. Name of Electrician: \_\_\_\_\_  
 32. Address of Electrician: \_\_\_\_\_  
 33. City of Electrician: \_\_\_\_\_  
 34. State of Electrician: \_\_\_\_\_  
 35. Zip of Electrician: \_\_\_\_\_  
 36. Name of Plumber: \_\_\_\_\_  
 37. Address of Plumber: \_\_\_\_\_  
 38. City of Plumber: \_\_\_\_\_  
 39. State of Plumber: \_\_\_\_\_  
 40. Zip of Plumber: \_\_\_\_\_  
 41. Name of Carpenter: \_\_\_\_\_  
 42. Address of Carpenter: \_\_\_\_\_  
 43. City of Carpenter: \_\_\_\_\_  
 44. State of Carpenter: \_\_\_\_\_  
 45. Zip of Carpenter: \_\_\_\_\_  
 46. Name of Painter: \_\_\_\_\_  
 47. Address of Painter: \_\_\_\_\_  
 48. City of Painter: \_\_\_\_\_  
 49. State of Painter: \_\_\_\_\_  
 50. Zip of Painter: \_\_\_\_\_  
 51. Name of Roofer: \_\_\_\_\_  
 52. Address of Roofer: \_\_\_\_\_  
 53. City of Roofer: \_\_\_\_\_  
 54. State of Roofer: \_\_\_\_\_  
 55. Zip of Roofer: \_\_\_\_\_  
 56. Name of Other Trades: \_\_\_\_\_  
 57. Address of Other Trades: \_\_\_\_\_  
 58. City of Other Trades: \_\_\_\_\_  
 59. State of Other Trades: \_\_\_\_\_  
 60. Zip of Other Trades: \_\_\_\_\_

Permit No. 53/517  
 Location: 2021 Cedarwood Dr  
 Owner: P. O. Campbell  
 Date of Permit: 3/17/53  
 Notif. closing-in: 3/17/53  
 Inspn. closing-in: 3/17/53  
 Final Notif.: 3/17/53  
 Final Inspn.: 3/16/53  
 Cert. of Occupancy issued: 3/16/53  
 Staking Out-Notice: 3/16/53  
 Form Check Notice: 3/16/53

1. Name of Applicant: \_\_\_\_\_  
 2. Name of Contractor: \_\_\_\_\_  
 3. Name of Inspector: \_\_\_\_\_  
 4. Address: \_\_\_\_\_  
 5. City: \_\_\_\_\_  
 6. State: \_\_\_\_\_  
 7. Zip: \_\_\_\_\_  
 8. Description of Work: \_\_\_\_\_  
 9. Estimated Cost: \_\_\_\_\_  
 10. Date of Work: \_\_\_\_\_  
 11. Name of Owner: \_\_\_\_\_  
 12. Address of Owner: \_\_\_\_\_  
 13. City of Owner: \_\_\_\_\_  
 14. State of Owner: \_\_\_\_\_  
 15. Zip of Owner: \_\_\_\_\_  
 16. Name of Architect: \_\_\_\_\_  
 17. Address of Architect: \_\_\_\_\_  
 18. City of Architect: \_\_\_\_\_  
 19. State of Architect: \_\_\_\_\_  
 20. Zip of Architect: \_\_\_\_\_  
 21. Name of Engineer: \_\_\_\_\_  
 22. Address of Engineer: \_\_\_\_\_  
 23. City of Engineer: \_\_\_\_\_  
 24. State of Engineer: \_\_\_\_\_  
 25. Zip of Engineer: \_\_\_\_\_  
 26. Name of Surveyor: \_\_\_\_\_  
 27. Address of Surveyor: \_\_\_\_\_  
 28. City of Surveyor: \_\_\_\_\_  
 29. State of Surveyor: \_\_\_\_\_  
 30. Zip of Surveyor: \_\_\_\_\_  
 31. Name of Electrician: \_\_\_\_\_  
 32. Address of Electrician: \_\_\_\_\_  
 33. City of Electrician: \_\_\_\_\_  
 34. State of Electrician: \_\_\_\_\_  
 35. Zip of Electrician: \_\_\_\_\_  
 36. Name of Plumber: \_\_\_\_\_  
 37. Address of Plumber: \_\_\_\_\_  
 38. City of Plumber: \_\_\_\_\_  
 39. State of Plumber: \_\_\_\_\_  
 40. Zip of Plumber: \_\_\_\_\_  
 41. Name of Carpenter: \_\_\_\_\_  
 42. Address of Carpenter: \_\_\_\_\_  
 43. City of Carpenter: \_\_\_\_\_  
 44. State of Carpenter: \_\_\_\_\_  
 45. Zip of Carpenter: \_\_\_\_\_  
 46. Name of Painter: \_\_\_\_\_  
 47. Address of Painter: \_\_\_\_\_  
 48. City of Painter: \_\_\_\_\_  
 49. State of Painter: \_\_\_\_\_  
 50. Zip of Painter: \_\_\_\_\_  
 51. Name of Roofer: \_\_\_\_\_  
 52. Address of Roofer: \_\_\_\_\_  
 53. City of Roofer: \_\_\_\_\_  
 54. State of Roofer: \_\_\_\_\_  
 55. Zip of Roofer: \_\_\_\_\_  
 56. Name of Other Trades: \_\_\_\_\_  
 57. Address of Other Trades: \_\_\_\_\_  
 58. City of Other Trades: \_\_\_\_\_  
 59. State of Other Trades: \_\_\_\_\_  
 60. Zip of Other Trades: \_\_\_\_\_

Memorandum from Department of Building Inspection, Portland, Maine

2001 Congress St. - Building Permit covering Alterations to Dwelling for and by  
R. P. Tinkham - 11/19/53.

Building permit for construction of an addition four feet by eight feet on the rear of the dwelling at 2001 Congress St. is issued herewith subject to the following conditions:-

1. The 4x6 sills are to be all one piece in cross-section, not made up of two pieces of 2x6 and are to be set with the six inch dimension upright.

2. Floor timbers are to rest on top of the sills or, if cut in between them, are to be notched over with less than a 2x3 nailing strip spiked to the side of the sill.

AJS/G

(Signed) Warren McDonald  
Inspector of Buildings



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, November 2, 1951

PERMIT ISSUED  
NOV 2 1951  
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 2001 Congress Street Use of Building 1-family dwelling No. Stories Max Building Existing  
 Name and address of owner of appliance George Tinkham, 2001 Congress Street  
 Installer's name and address Walter Walker, 76 Irving Street Telephone 3-2796

### General Description of Work

To install oil burning equipment in connection with existing one pipe hot air heater

### IF HEATER, OR POWER BOILER

Location of appliance or source of heat Type of floor beneath appliance  
 If wood, how protected? Kind of fuel  
 Minimum distance to wood or combustible material, from top of appliance or casing top of furnace  
 From top of smoke pipe From front of appliance From sides or back of appliance  
 Size of chimney flue Other connections to same flue  
 If gas fired, how vented? Rated maximum demand per hour

### IF OIL BURNER

Name and type of burner ~~Salsard~~ SUN ROK Labelled by underwriters' laboratories? yes  
 Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom  
 Type of floor beneath burner concrete  
 Location of oil storage basement Number and capacity of tanks 1-275 gal.  
 If two 275-gallon tanks, will three-way valve be provided?  
 Will all tanks be more than five feet from any flame? yes How many tanks fire proofed?  
 Total capacity of any existing storage tanks for furnace burners none

### IF COOKING APPLIANCE

Location of appliance Kind of fuel Type of floor beneath appliance  
 If wood, how protected?  
 Minimum distance to wood or combustible material from top of appliance  
 From front of appliance From sides and back From top of smokepipe  
 Size of chimney flue Other connections to same flue  
 Is hood to be provided? If so, how vented?  
 If gas fired, how vented? Rated maximum demand per hour

### MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 2.00 (\$2.00 for one heater etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED

*W. J. V. S. P. M.*

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? *yes*

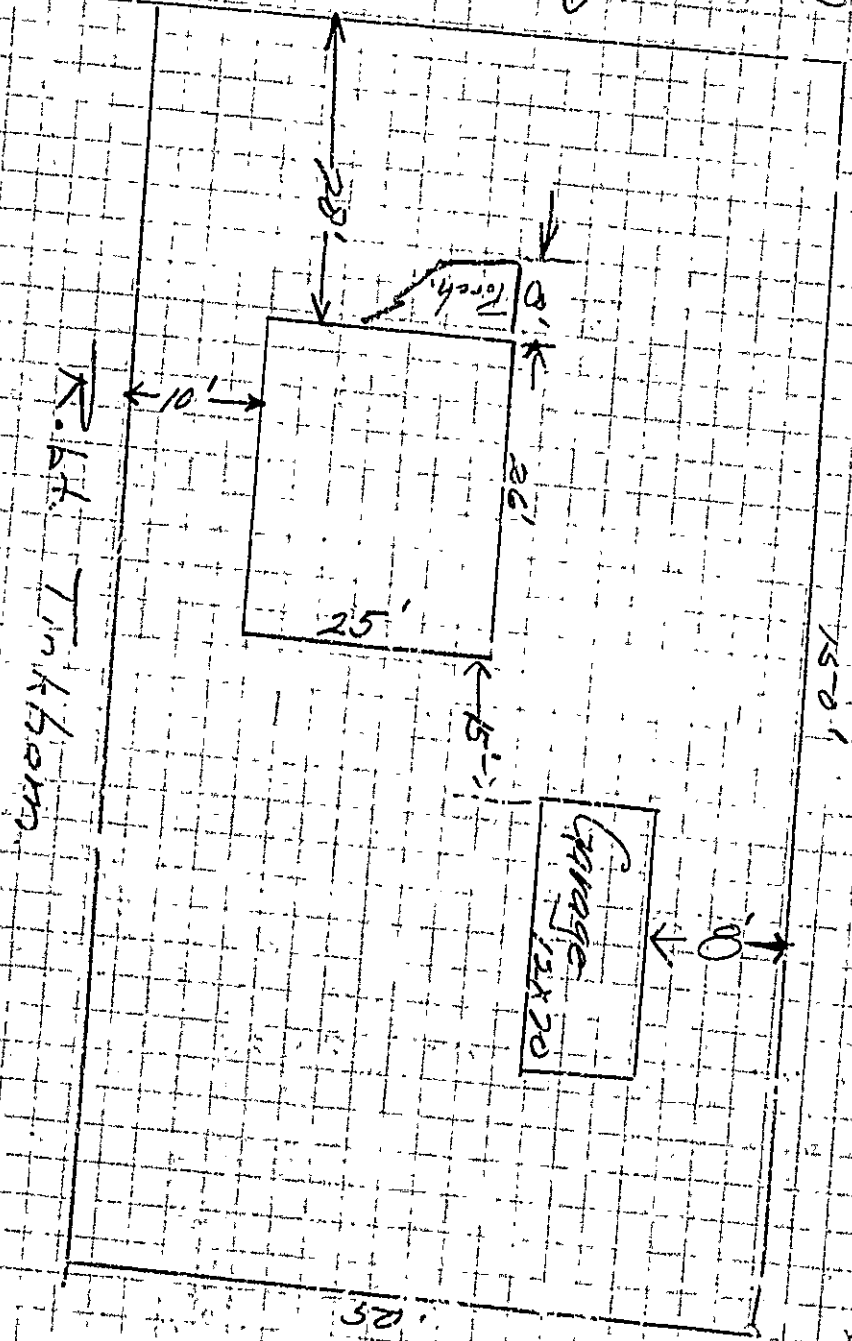
INSPECTION COPY

Signature of Installer

*Walter Walker*



2003 Congress St



K. St. Tinkhans

20'

10'

25'

15'

Garage  
12x20

8'

150'

125'

STATEMENT ACCOMPANYING APPLICATION FOR BUILDING PERMIT

for one family dwelling house - one car garage

at 2005 Congress Street Date 8/24/58

1. In whose name is the title of the property now recorded? Kara Ruggers
2. Are the boundaries of the property in the vicinity of the proposed work shown clearly on the ground, and how? stakes
3. Is the outline of the proposed work now staked out upon the ground? Yes If not, will you notify the Inspection Office when the work is staked out and before any of the work is commenced? Yes
4. What is to be maximum projection or overhang of eaves or drip? 12"
5. Do you assume full responsibility for the correctness of the location plan or statement of location filed with this application, and does it show the complete outline of the proposed work on the ground, including bay windows, porches and other projections? Yes
6. Do you assume full responsibility for the correctness of all statements in the application concerning the sizes, design and use of the proposed building? Yes
7. Do you understand that in case changes are proposed in the location of the work or in any of the details specified in the application that a revised plan and application must be submitted to this office before the changes are made? Yes

W. B. Johnson



GENERAL RESIDENCE ZONE  
**APPLICATION FOR PERMIT** Permit No. **4449**

Class of Building or Type of Structure Third Class **ISSUED**

Portland, Maine, August 24, 1938

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

**AUG 25 1938**

The undersigned hereby applies for a permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 1005 Congress Street Within Fire Limits? 52 Dist. No. \_\_\_\_\_  
 Owner's or Lessee's name and address Robert Tinkham, 1735 Congress Street Telephone \_\_\_\_\_  
 Contractor's name and address Ira Dresser - E. G. Johnson Co., 8 Cliff Street Telephone 5-1458  
 Architect \_\_\_\_\_ Plans filed \_\_\_\_\_ No. of sheets \_\_\_\_\_  
 Proposed use of building 1 car garage No. families \_\_\_\_\_  
 Other buildings on same lot dwelling house  
 Estimated cost \$ \_\_\_\_\_ Fee \$ .50

Description of Present Building to be Altered  
 Material wood No. stories 1 Heat \_\_\_\_\_ Style of roof pitch Roofing asphalt  
 Last use 1 car garage Ass. lot # 206-1-15 No. families \_\_\_\_\_

**General Description of New Work**

To move one car garage from Seidans Street to above location

**CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED**

**NOTIFICATION BEFORE EATING OR CLOSING-IN IS WAIVED**

THIS PERMIT DOES NOT INCLUDE THE  
 RIGHT TO MOVE ANY BUILDING OR  
 THE JURISDICTIONS OF THE CITY

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the hiring contractor.

**Details of New Work**

Size, front \_\_\_\_\_ Depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to top of plate \_\_\_\_\_  
 Height average grade to highest point of roof \_\_\_\_\_  
 To be erected on solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_  
 Material of foundation cedar post Thickness \_\_\_\_\_ bottom \_\_\_\_\_ cellar \_\_\_\_\_  
 Material of underpinning \_\_\_\_\_ Thickness \_\_\_\_\_  
 Kind of Roof \_\_\_\_\_ Rise per foot \_\_\_\_\_ Roof covering \_\_\_\_\_  
 No. of chimneys no Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_  
 Kind of heat None Type of fuel \_\_\_\_\_ Is gas fitting involved? \_\_\_\_\_  
 Framing Lumber \_\_\_\_\_ Dressed or Full Size? \_\_\_\_\_  
 Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_  
 Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.  
 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 \_\_\_\_\_  
 Total number commercial cars to be accommodated \_\_\_\_\_  
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? \_\_\_\_\_

**Miscellaneous**

Will above work require removal or disturbing of any shade tree on a public street? No  
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? \_\_\_\_\_

INSPECTION COPY

Signature of owner

Robert Tinkham

CHIEF OF FIRE DEPT.

REC-3

Permit No. 38/1319

Location 2013 Congress St.

Owner Robert J. Tinkham

Date of permit 8/25/38

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn. 1/9/39

Cert. of Occupancy issued None

NOTES

~~8/24/38 - Electrical work~~

~~8/24/38 - O.K. - O.C.~~

~~9/12/38 - Mechanical work~~

~~9/12/38 - O.K. - O.C.~~

~~9/12/38 - O.K. - O.C.~~

~~9/19/38 - No change - O.C.~~

~~9/28/38 - No change - O.C.~~

~~10/5/38 - No change - O.C.~~

~~10/5/38 - No change - O.C.~~

~~10/5/38 - O.K. - O.C.~~

~~10/20/38 - Work not fully~~

~~completed - O.C.~~

~~10/29/38 - No change - O.C.~~

~~12/2/38 - Permitted - O.C.~~

~~12/2/38 - Permitted - O.C.~~

~~12/2/38 - Permitted - O.C.~~



# APPLICATION FOR PERMIT

Class of Building or Type of Structure dwelling house

Portland, Maine

**PERMIT ISSUED**

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter ~~and~~ the following building ~~structure~~ in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, ~~and~~ submitted herewith and the following specifications:

Location: 203 Congress Street Within Fire Limits: 20 Dist. No. \_\_\_\_\_  
 Owner's name and address: Robert Tinkhan, 1708 Congress St. Telephone \_\_\_\_\_  
 Contractor's name and address: Ira Brasco - E. G. Johnson Co. 5 Cliff St. Telephone 5-1469  
 Architect \_\_\_\_\_ Plans filed YES No. of sheets \_\_\_\_\_  
 Proposed use of building: dwelling house No families 1  
 Other buildings on same lot: garage  
 Estimated cost \$ \_\_\_\_\_ Fee \$ 80

### Description of Present Building to be Altered

Material wood No. stories 1 1/2 Heat \_\_\_\_\_ Sty. of roof pitch Roofing asphalt  
 Last use dwelling house in 203-B-13 (V-1.2-10) No. families 3

### General Description of New Work

To move ~~from~~ building from Selders Street to above location  
 To provide concrete foundation with concrete block underpinning.  
 To extend one chimney to new basement level.

**THIS PERMIT DOES NOT INCLUDE THE RIGHT TO MOVE ANY BUILDING THROUGH THE PUBLIC STREETS OF THE CITY.**

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

### Details of New Work

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to top of plate \_\_\_\_\_  
 Height average grade to highest point of roof \_\_\_\_\_  
 To be erected on solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_  
 Material of foundation concrete Thickness, top 10" bottom 12" cellar yes  
 Material of underpinning concrete blocks Height 32" Thickness 8"  
 Kind of Roof \_\_\_\_\_ Rise per foot \_\_\_\_\_ Roof covering \_\_\_\_\_  
 No. of chimneys brick Material of chimneys brick of lining tile  
 Kind of heat \_\_\_\_\_ Type of fuel \_\_\_\_\_ Is gas fitting involved? \_\_\_\_\_  
 Framing Lumber Kind \_\_\_\_\_ Dressed or Full Size? \_\_\_\_\_  
 Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Girt or leuger board? \_\_\_\_\_ Size \_\_\_\_\_  
 Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 2x8 or larger Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.  
 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 \_\_\_\_\_  
 Total number of commercial cars to be accommodated \_\_\_\_\_  
 Will automatic cleaning be done other than minor repairs to cars habitually stored in the proposed building? \_\_\_\_\_

### Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no  
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Signature of owner: Robert Tinkhan

Signature of owner: Ira Brasco

INSPECTION COPY

Permit No. 38, 317

Location 2003 1/2 West St

861 Robert St. Newark

Date permit 8/24/38

Notif. Lang-in

Inspn. closing-in

Final Notif.

Final Inspn. 1/9/39

Cert. of Occupancy issued None

NOTES

8/24/38 - Staking out

10/12/38 - 10/12/38

9/12/38 - Erecting forms

for foundation

to 10/12/38

9/19/38 - Foundation

wall poured

9/28/38 - Top of walls

excavated during installation

of

10/5/38 - Form located

and foundation

10/20/38 - Work on

foundation

10/27/38 - No change

11/2/38 - Top of little bit

ground work

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3828

<b>PROPERTY ADDRESS</b>		PORTLAND PERMIT # 1-315 TOWN COPY \$ _____ FEE L.P.I. # _____ Local Plumbing Inspector Signature: <i>[Signature]</i>
Town Or Plantation	PORTLAND	
Street	2001 CONGRESS ST	
Subdivision Lot #		
<b>PROPERTY OWNER NAME</b>		
Last Name	William	
First Name	Ronald	
Applicant Name	as above	
Mailing Address of Owner/Applicant (If Different)	PO Box 1028 Westbrook ME 04092	
<b>Owner/Applicant Statement</b>		<b>Caution: Inspection Required</b>
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: <i>[Signature]</i> Date: _____		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: NOV 1 1995

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM of Septic Tank 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM:</b> 1. <input type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4. <input checked="" type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 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
<b>IF REPLACEMENT SYSTEM:</b> 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 <i>NA</i>	<b>DISPOSAL SYSTEM TO SERVE:</b> 1. <input 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 _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b> Public
SIZE OF PROPERTY: _____ ZONING: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: _____ GALS	<b>WATER CONSERVATION</b> 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	<b>PUMPING</b> 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b>  <b>DESIGN FLOW (GALLONS/DAY)</b>
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: _____ CONDITION: _____ DEPTH TO LIMITING FACTOR: _____	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1. <input type="checkbox"/> BED _____ Sq Ft 2. <input type="checkbox"/> CHAMBER _____ Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft 4. <input type="checkbox"/> OTHER: _____	

**SITE EVALUATOR STATEMENT**  SITE EVALUATION WAIVED BY LOCAL OPTION

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

Site Evaluator or Professional Engineer's Signature: \_\_\_\_\_ SE# / PE# \_\_\_\_\_ Date: \_\_\_\_\_  
 \* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

TOWN COPY

PERMIT # 002187 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Brooklawn Memorial Park

Address: 2002 Congress St., Portland

LOCATION OF CONSTRUCTION 2002 Congress St.

CONTRACTOR: Clean Harbors of Me SUBCONTRACTORS: 799-8111

ADDRESS: 17 Main St., S. Portland Attn: Diane Albert

Est. Construction Cost: \_\_\_\_\_ Type of Use: Commercial

Past Use: \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain To remove 1 gasoline tank, 1000 gallons.

DEP FORM ATTACHED.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:  
# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

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 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 May 10, 1989 Subdivision Yes / No \_\_\_\_\_

Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
Type Limit \_\_\_\_\_ Block \_\_\_\_\_  
Estimated Cost \_\_\_\_\_ Permit Expiration: \_\_\_\_\_  
Value Structure \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
Fee 710.00

Ceiling:  
1. Ceiling Joists Size: \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_ **PERMIT ISSUED**  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_ MAY 22 1989

Roof:  
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ City Of Portland  
3. Roof Covering Type \_\_\_\_\_  
4. Other \_\_\_\_\_

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 00ydl 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: \_\_\_\_\_ Square Footage \_\_\_\_\_  
3. Must conform to National Electrical Code and State Law.

Zoning:  
District R-1 Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_  
Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shore and Floodplain Hgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
Other (Explain): \_\_\_\_\_  
Date Approved: 5-10-89

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 5-11-89

Signature of CEO [Signature] Date 5-15-89

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

PLOT PLAN

N



**FEES (Breakdown From Front)**

Base Fee \$ 10.00

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

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

COMMENTS

*11/20/89 Spike to Worker - Showed me where truck used to be  
 Hill properly filled to original grade  
 MCM*

Date 5-10-84

Signature of Applicant Zack Austin  
CA Agent for owner

Maine Department of Environmental Protection  
 Bureau of Oil & Hazardous Materials Control  
 State House Station #17  
 Augusta, Maine 04333  
 Telephone: 207-289-2651  
 Attn: Tank Removal Notice

NOTICE OF INTENT  
 TO ABANDON (RESERVE) AN  
 UNDERGROUND OIL STORAGE FACILITY

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: Brooktown Memorial Park  
 Mailing Address: 2002 Congress Street Telephone No.: 993-4961  
 City: D. Wells State: ME Zip Code: 04101  
 Contact Person (name, address & telephone no.): Ewen Larsen, Manager  
same  
 Name of Facility: Brooktown Memorial Park Registration No.:  
 Facility Location: 2002 Congress Street, Portland, ME

1. Identify the tanks at this location which are to be removed:

	Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A.	<u>1</u>	<u>not sure</u>	<u>1,000 gallons</u>	<u>gasoline</u>
B.				
C.				
D.				

2. Directions to Facility (be specific):

Cut Congress St. to 2002, Portland

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes  No  (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: Clear Tanks at ME Inc. 999-8111

Certified Tank Installer Certification Number & Name (if applicable):  
Nick Keen #281

Professional Firefighter Yes  No  (Affiliation: \_\_\_\_\_)

5. Expected date of removal: May 19, 1989

I hereby provide notice that I intend to properly abandon the underground oil storage facility as described above.

Date: April 26, 1989

Ewen Larsen - Manager  
 Signature of Tank Owner or Operator  
 Ewen Larsen  
 Brooktown Memorial Park  
 2002 Congress Street  
 Portland, ME 04101

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS PRIOR TO REMOVAL

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207)285-5825

PROPERTY ADDRESS  
Town Or Plantation: Portland  
Street Subdivision Lot #: 2001 Congress St.  
PROPERTY OWNERS NAME  
Last: Scott First: Mrs. Otis  
Applicant Name:  
Mailing Address of Owner/Applicant (if Different): E. Bridge Street Westbrook, Maine 04092

PORTLAND 4433 TOWN COPY  
Date: 10-5-92 Fee: \$14.54 (Includes Fee Charged)  
L.P.I. #: 01241  
Local Plumbing Inspector Signature: [Signature]  
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 cause 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: Kevin Carroll Date: 10-1-92

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>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</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requiring State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM 1. <input type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 g.p.s.) INDIVIDUALLY INSTALLED COMPONENTS 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ C/L 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input checked="" type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>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</p>	<p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED <u>UNK</u> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input checked="" type="checkbox"/> OTHER <u>Cesspool</u></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>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 _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>11,600 S.F.</u> ZONING: <u>R6</u></p>	<p>TYPE OF WATER SUPPLY: <u>Public</u></p>	

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

<p><b>TREATMENT TANK</b></p> <p>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>Reported 1000 GALS. Existing</u></p>	<p><b>WATER CONSERVATION</b></p> <p>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: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, BATHS, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><u>20R Home Min Flow</u></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>9</u> CONDITION: <u>C</u> DEPTH TO LIMITING FACTOR: <u>18</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input checked="" type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>448</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW:</b> <u>180</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**

On 4/13/92 (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.

Site Evaluator Signature: Walter P. Stinson SE#: 156 Date: 4/8/92

92192

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

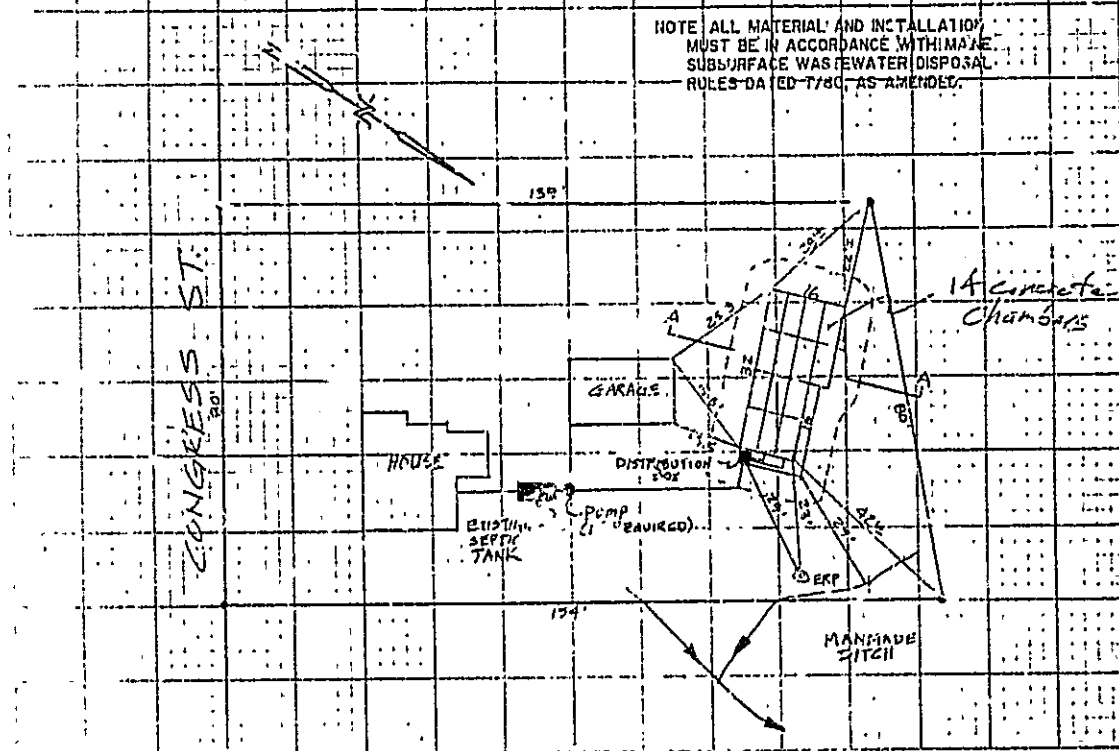
Department of Human Services  
Division of Health Engineering

Town or P. Nation: POSTLE RD Street, Road, Subdivision: 7001 CONGRESS ST. Owners Name: MRS. OTIS SCOTT

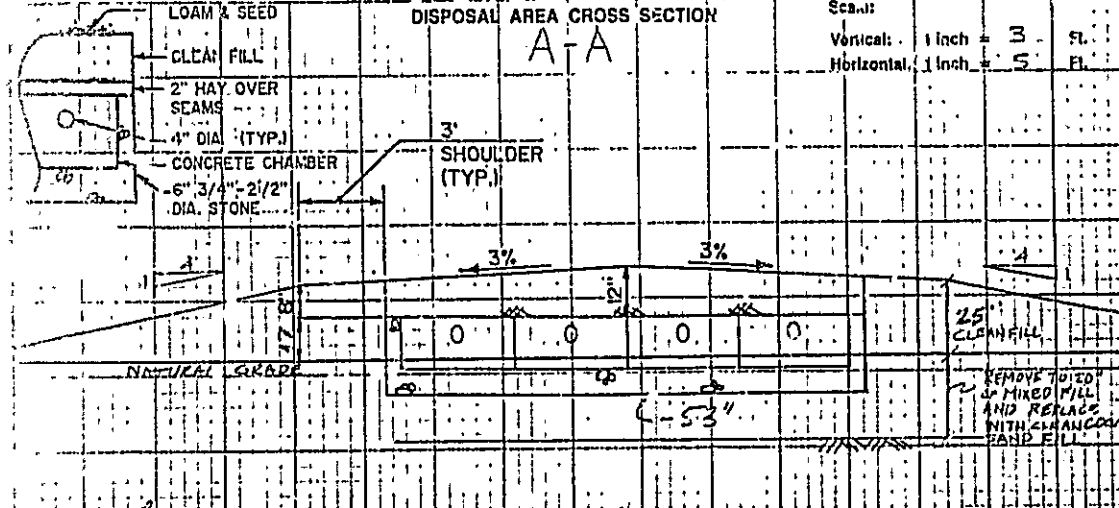
## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 5'-0" PL.

NOTE: ALL MATERIAL AND INSTALLATION MUST BE IN ACCORDANCE WITH MAINE SUBSURFACE WASTEWATER DISPOSAL RULES DATED 7/80 AS AMENDED.



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>25"</u>	Reference Elevation Is <u>0'</u>	NAIL S SIDE 30" OAK 58" UP
Depth of Fill (Downslope) <u>25"</u>	Bottom of Disposal Area <u>-53"</u>	
	Top of Distribution Lines or Chambers <u>-34"</u>	



*Walter Peterson*  
Site Evaluator Signature

156  
SE#

4/9/92  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town of Portland

Street, Road, Subdivision

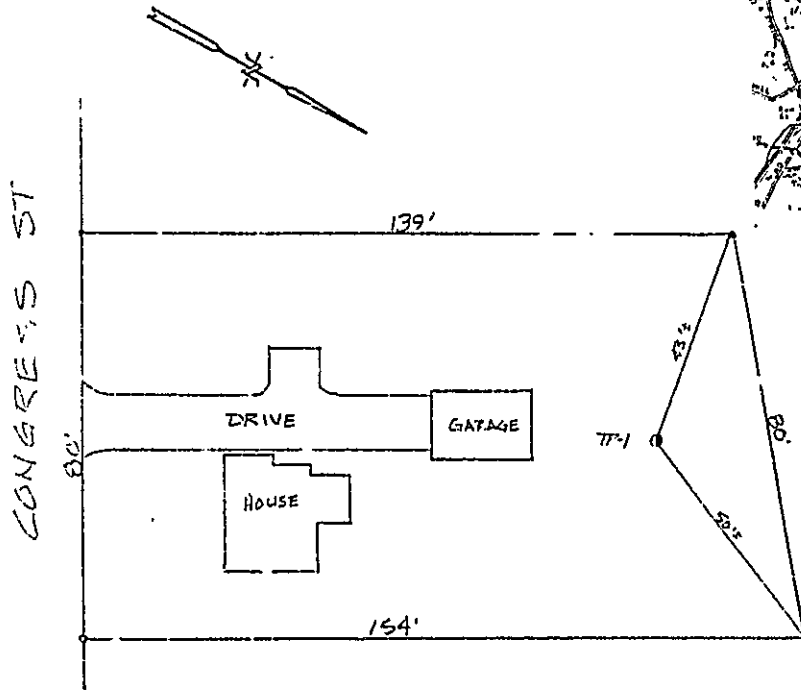
Owners Name

PORTLAND

2001 CONGRESS ST.  
SITE PLAN

MRS. OTIS SCOTT

Scale 1" = 30' FL.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)																																							
Observation Hole <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring																																					
* Depth of Organic Horizon Above Mineral Soil _____		* Depth of Organic Horizon Above Mineral Soil _____																																					
Texture	Consistency	Color	Mottling																																				
<table border="1"> <tr> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td>MIXED CLAY</td> <td>FRIABLE</td> <td>BROWN</td> </tr> <tr> <td>10</td> <td>FINE SANDY LOAM</td> <td>FRIABLE</td> <td>DARK BROWN</td> </tr> <tr> <td>20</td> <td>CLAY</td> <td>VERY FIRM</td> <td>BROWN GRAY</td> </tr> <tr> <td>20</td> <td></td> <td></td> <td>COMMON</td> </tr> <tr> <td>20</td> <td></td> <td></td> <td>DISTINCT</td> </tr> <tr> <td>30</td> <td></td> <td></td> <td></td> </tr> <tr> <td>40</td> <td></td> <td></td> <td></td> </tr> <tr> <td>50</td> <td></td> <td></td> <td></td> </tr> </table>				0				0	MIXED CLAY	FRIABLE	BROWN	10	FINE SANDY LOAM	FRIABLE	DARK BROWN	20	CLAY	VERY FIRM	BROWN GRAY	20			COMMON	20			DISTINCT	30				40				50			
0																																							
0	MIXED CLAY	FRIABLE	BROWN																																				
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20			COMMON																																				
20			DISTINCT																																				
30																																							
40																																							
50																																							
Soil <u>S</u>	Classification <u>C</u>	Slope <u>&lt;1%</u>	Limiting Factor <u>1e</u>																																				
<input type="checkbox"/> Ground Water	<input type="checkbox"/> Rooting Layer	<input type="checkbox"/> Bedrock	<input type="checkbox"/> Infiltration Factor																																				

*Walter P. Stinson*

Site Evaluator Signature  
**Walter P. Stinson**

156

SE#

4/8/92

Date

**City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716**

Location of Construction: 2001 Congress St		Owner: Mark C. Segestrom		Phone: 879-5433		Permit No: 960488	
* Owner Address: 2063 Congress St - Ptd ME		Leasee/Buyer's Parcel: 04102		Phone:		Business Name:	
Contractor Name: Owner		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>  <b>MAY 22 1996</b> </div>	
Past Use: 1-fam dwlg		Proposed Use: 1-fam dwlg w deck		COST OF WORK: \$ 1200		PERMIT FEE: \$ 25	
Proposed Project Description: construct deck & Renovations		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>WCA-12.01</i> Type: <i>W.D.</i>		<div style="border: 1px solid black; padding: 2px;"> <b>CITY OF PORTLAND</b>                  Zoning: <i>R-1</i> <i>UBI-216-A-70</i> </div>	
Signature:		Signature:		Signature:		Date:	
Permit Taken By: <i>L. Chase</i>		Date Applied For: 5/16/96		PEDESTRIAN ACTIVITIES DISTRICT <i>W.D.</i>		Zoning Approval: <i>5/24/96</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

**PERMIT ISSUED WITH REQUIREMENTS**

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: <i>Mark C. Segestrom</i>		ADDRESS:		DATE: <i>5-16-96</i>		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE:		PHONE:		GEO DISTRICT: <i>4</i>		<i>K. CARROLL</i>	

White-Permit Desk Green-Inspector's Canery-D.P.W. Pink-Public File Ivory-Carroll-Inspector



City of Portland, Maine -- Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction 2301 Congress St		Owner: Segerstrom, Mark		Phone: 879-5433		Permit No: <b>96095</b>	
Owner Address:		Leasee/Buyer's Name: A Better Way Chiropractic		Phone:		Business Name:	
Contractor Name:		Address:		Phone:		Permit Issued: SEP 26 1996	
Past Use: Dr's Office		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 29.50	
Proposed Project Description: Erect Signage		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: Signature: <i>de 9/26/96</i>		CBL: 216-A-010	
		PEDESTRIAN ACTIV. *IES DISTRICT (P.U.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <input checked="" type="checkbox"/> Special Zone or Review <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> minor <input type="checkbox"/> mm	
Permit Taken By: Mary Gresik		Date Applied For: 19 September 1996		Signature:		Date:	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

*Approved with letter*

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: *Mark Segerstrom* ADDRESS: \_\_\_\_\_ DATE: 19 September 1996 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**PERMIT ISSUED**  
SEP 26 1996  
CITY OF PORTLAND

Zoning Appeal  
 Variance  
 Miscellaneous  
 Conditional Use Interpretation  
 Approved  
 Denied

Historic Preservation  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: 9/26/96

*D. Andrews*

CEO DISTRICT **4**  
*A. Powell*

City of Portland, Maine -- Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <b>2001 Congress St</b>		Owner: <b>Sagaratran, Mark</b>		Phone: <b>879-5433</b>		Permit No: <b>960950</b>	
Owner Address:		Leasee/Buyer's Name: <b>A Better Way Chiropractic</b>		Phone:		Business Name:	
Contractor Name:		Address:		Phone:		Permit Issued: <b>SEP 26 1996</b>	
Past Use: <b>Dr's Office</b>		Proposed Use: <b>Same</b>		COST OF WORK: \$		PERMIT FEE: \$ <b>29.50</b>	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zone: <b>R-D</b> CBL: <b>216-A-010</b>	
Proposed Project Description: <b>Erect Signage</b>		Signature:		Signature: <i>[Signature]</i>		Zoning Approval: <b>OK 9/24/96</b> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: <b>Mark Sagaratran</b>		Date Applied For: <b>19 September 1996</b>		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

*Applied  
in letter*

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *[Signature]* **Mark Sagaratran** ADDRESS: \_\_\_\_\_ DATE: **19 September 1996** PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **4**

*A 10-1-96*

LAND USE - ZONING REPORT

ADDRESS: 2001 Congress St DATE: 9/24/96

REASON FOR PERMIT: erect free standing sign

BUILDING OWNER: MARK Segerstrom C-B-L: 216-A-010

PERMIT APPLICANT: owner

APPROVED: with conditions DENIED: \_\_\_\_\_

# 9

CONDITION(S) OF APPROVAL

1. During its existence, all aspects of the Home Occupation criteria, Section 14-4.0, shall be maintained.
2. The footprint of the existing \_\_\_\_\_ shall not be increased during maintenance reconstruction.
3. All the conditions placed on the original, previously approved, permit issued on \_\_\_\_\_ are still in effect for this amendment.
4. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will not be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. Our records indicate that this property has a legal use of \_\_\_\_\_ units. Any change in this approved use shall require a separate permit application for review and approval.
7. Separate permits shall be required for any storage.
8. Separate permits shall be required for future decks and/or garage.
9. Other requirements of condition your plans did not show the total height

of the sign. It is restricted to a maximum height of 8 feet from grade

Marge Schmuckal

Marge Schmuckal, Zoning Administrator,  
Asst. Chief of Code Enforcement

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
08/13/98

**PRODUCER**

**Cole-Harrison Agency**  
P.O. Box 358  
83 Main St.  
Kennebunk ME 04043

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY  
A **ACADIA INSURANCE COMPANY**

COMPANY  
B

COMPANY  
C

COMPANY  
D

**INSURED**

**Dr. Mark Segarstrom**  
2001 Congress Street  
Portland, ME 04102

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTH	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR OWNERS & CONTRACTORS PROT	ON BINDER	09/12/96	09/12/97	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> E/CL				WC STATUS <input type="checkbox"/> STATE <input type="checkbox"/> CH-EB EL - CH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
ATT: SIGN PERMIT, BUILDING INSPECTION DEPARTMENT ROOM 315

**CERTIFICATE HOLDER**

**CITY OF PORTLAND MAINE**  
Building Inspection Dept.  
Room 315  
Portland ME

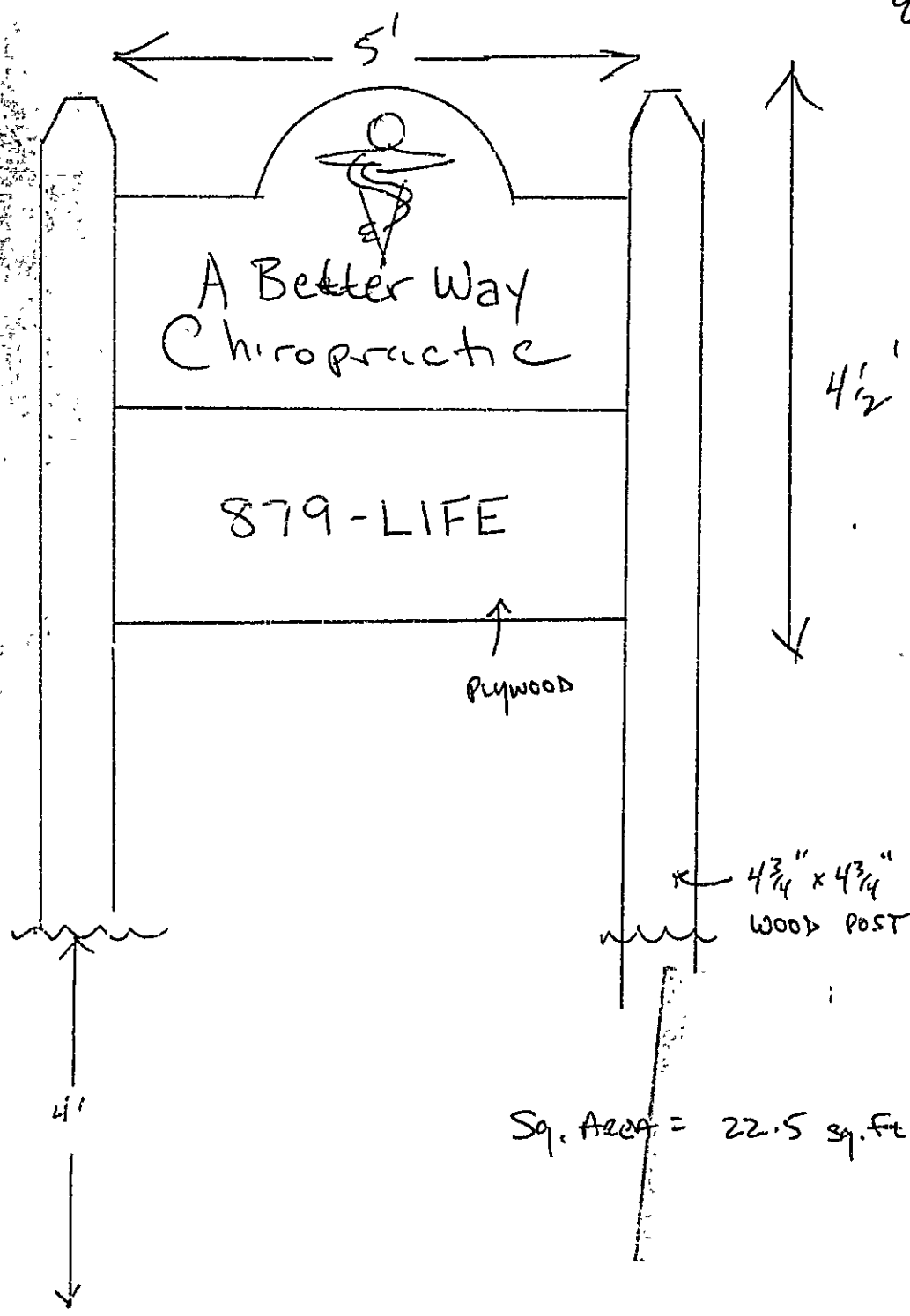
**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE **COLE-HARRISON AGENCY**



Concrete!  
No higher than  
8'



A Better Way  
Chiropractic

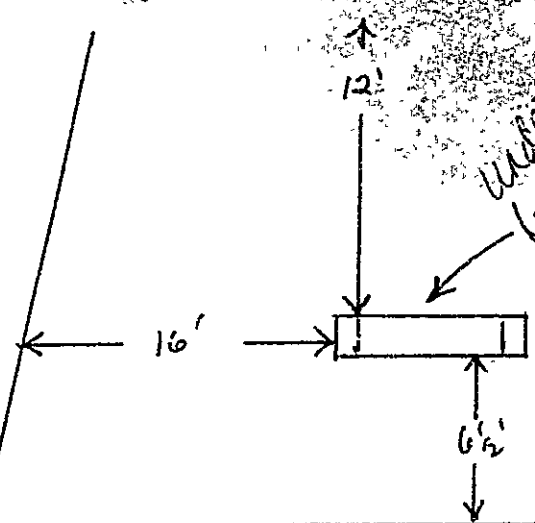
879-LIFE

Plywood

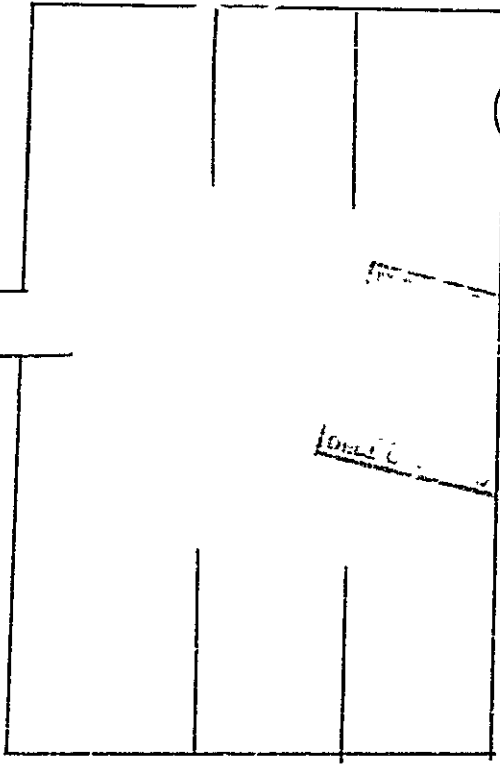
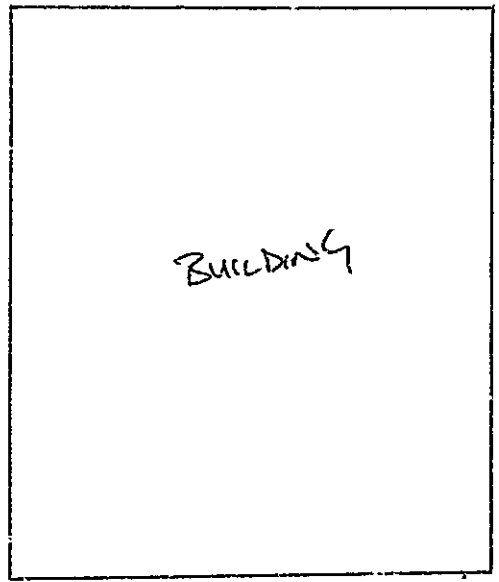
4 3/4" x 4 3/4"  
WOOD POST

Sq. Area = 22.5 sq. ft.

CONCRETS ST



DRIVEWAY



Z-P

30" MAX - 22.5" skin  
 8' high - Not shown  
 5' setbacks  
 req - 12' x 16' show

Condition

10' x 16'

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 2001 CONGRESS STREET ZONE: RP

OWNER: DR. MARK C SEGERSTROM

APPLICANT: THE SAME

ASSessor NO.: 216-A-010

SINGLE TENANT LOT? YES  NO

MULTI TENANT LOT? YES  NO

FREESTANDING SIGN? (ex. pole sign..) YES  NO

DIMENSIONS 5' x 4 1/2' - 22.5'

MORE THAN ONE SIGN? YES  NO

DIMENSIONS \_\_\_\_\_

BLDG. WALL SIGN? (attached to bldg) YES  NO

DIMENSIONS \_\_\_\_\_

MORE THAN ONE SIGN? YES  NO

DIMENSIONS \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: NONE

LOT FRONTAGE (FEET) 85 FEET

BLDG FRONTAGE (FEET) 25 FEET

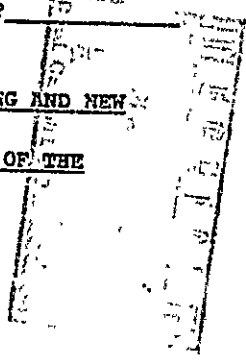
*No height shown - limited to 8' high*

AWNING YES  NO  IS AWNING BACKLIT? YES  NO

HEIGHT OF AWNING: \_\_\_\_\_

ARE THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS ARE ALSO REQUIRED.





INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

1. PROOF OF INSURANCE
2. LETTER OF PERMISSION FROM THE OWNER
3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)
4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS
5. COMPUTATION OF THE FOLLOWING:
  - A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN
  - B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.

