

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Town of Portland

PORTLAND

Street, Road, Subdivision

585 RIVERSIDE DR.

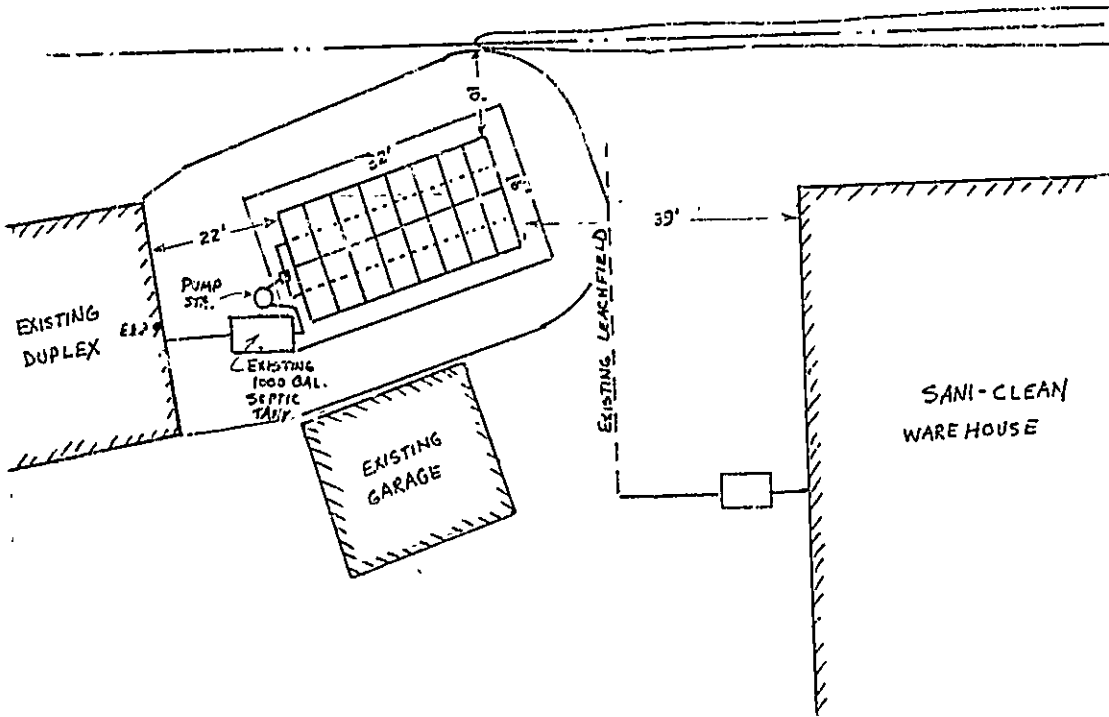
**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Department of Human Services  
Division of Health Engineering

Owner's Name

SANI-CLEAN DISTRI.

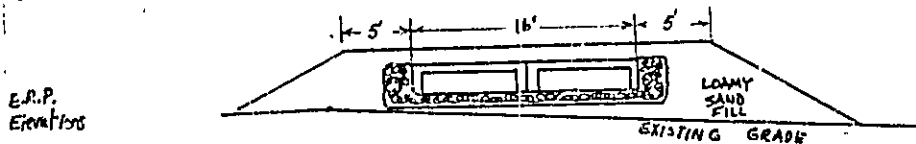
Scale 1" = 20' FL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	27'	Reference Elevation is	00"	BOTTOM OF SIDING ALONG GRANITE FOUNDATION IN MIDDLE OF REAR WALL	
Depth of Fill (Downslope)	34'	Bottom of Disposal Area	-44"		
		Top of Distribution Lines or Chambers	-31"		

**DISPOSAL AREA CROSS SECTION**

Scale:  
Vertical: 1 inch = 5' FL.  
Horizontal: 1 inch = 10' FL.



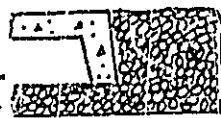
E.P. Elevations

-29'

-31'

-44'

-50'



**CHAMBER DETAIL**  
(no scale)

*Albert Reich*  
Site Evaluator Signature

163  
SIC#

May 21, 1985  
Date

# Replacement System Variance Request

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
7. Soil and setback distances are within approval authority of the LPI

### GENERAL INFORMATION

Town of PORTLAND

Permit No. 10660

Date Permit Issued 5, 23, 85  
month/day/year

Property Owner's Name: SANI-CLEAN DISTRIBUTORS Tel. No. 797-8240

System's Location: 585 RIVERSIDE STREET  
Street

PORTLAND MAINE 04103  
Town Zip

Property Owner's Address:  
(If different from above) \_\_\_\_\_  
Street

\_\_\_\_\_ Town State Zip

### Specific Instructions to the:

**LPI:** If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)

**Site Evaluator:** If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

**Property Owner:** It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

### FOR USE BY THE DEPARTMENT ONLY:

The Department has reviewed the variance(s) and ( does,  does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
Signature of the Department Date

Variance Category	Variance Requested	Limit of LPI's Approval Authority		Variance Requested to	
Soils	Ground Water Table	to 6"		0 inches	
Soil Profile	Restrictive Layer	to 6"		inches	
Soil Condition from HHE-200	Bedrock	to 10"		inches	
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well >2000 gal/day	100	300		
	2. Well <2000 gal/day				
	a. Neighbor's	100 <sup>Ⓞ</sup>	100 <sup>Ⓞ</sup>		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	10'	10'		
Waterbodies	1. Perennial	60' <sup>Ⓞ</sup>	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		10'
Downhill Slope	Greater than 3:1 (33%)	5'	10' <sup>Ⓞ</sup>		
Buildings	1. With basement	8'	15'		
	2. Without basement	8'	10'		
Property Line		5'	5' <sup>Ⓞ</sup>		

Other Specify: 3:1 slope of fill extension in one section to meet grade on property.

Footnotes:  
a. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.  
b. Sufficient distance shall be maintained to assure that the toe of the fill does not extend beyond the 3:1 slope or property line.  
c. May be reduced to 25' provided treatment tank is tested to be water tight in the presence of the Local Plumbing Inspector.

Albert Frick #163      May 21, 1985  
Site Evaluator's Signature      Date

**LPI Statement**  
I, Edward J. [Signature], LPI for Town of Booth  
have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b)  
a. (If I approve, I do not approve) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.  
or:  
b. find that one or more of the requested Variances exceeds my approval authority as LPI. I recommend, do not recommend (the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments \_\_\_\_\_

[Signature]      5/23/85  
LPI's Signature      Date

The Owner shall sign this statement. Thereafter, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

[Signature]      5-22-85  
Property Owner's Signature      Date



## CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

May 10, 1985

Mr. David Cave  
Sani Clean Distributors  
537 Riverside Street  
Portland, Maine 04103

RE: Malfunction of Cesspool at 587 Riverside Street

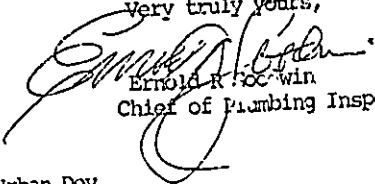
Dear Sir:

Upon a complaint of an unsanitary and a major health hazard, this department investigated same and find the cesspool in the back of 587 Riverside Street is malfunctioning.

You are hereby directed to take corrective measures to eliminate this major health hazard. We have been at this address before about same problem, it is recommended that you have a soil evaluation to determine the proper method of correcting this constant source of trouble, the most likely place would be on the right side of the building in the area between the two (2) driveways.

Our department will again inspect this property on May 24, 1985, for compliance with this directive before action is taken to condemn this dwelling as unfit for human occupancy.

Very truly yours,

  
Arnold R. Rocwin  
Chief of Plumbing Inspections

cc to: Joseph Gray Jr. Dir of Planning & Urban Dev.  
cc to: Sam Hoffses, Chief of Insp. Services  
cc to: John Vandoloski, Environmental Health Admin.  
cc to: Corporation Council

ERG/t.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 219-3826

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND**

Street Subdivision Lot #: **RIVERSIDE DRIVE (SBS)**

**PROPERTY OWNERS NAME**

Last: **SANI-CLEAN DIST. INC.** First: \_\_\_\_\_

Applicant Name: **DAVID CAVE**

Mailing Address of Owner/Applicant (if Different): \_\_\_\_\_

**Caution: Inspection Required**

I have inspected the installation authorized and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

DEC 19 1986

Date Approved

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and I understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: *David Cave* Date: **12-18-86**

**Local Plumbing Inspector Signature**

Date Approved: **DEC 19 1986**

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
- Requires Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

**INSTALLATION IS:**

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2000 gpc)

**INDIVIDUALLY INSTALLED COMPONENTS:**

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:** PRE

YEAR FAILING SYSTEM INSTALLED: 1974

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER WAREHOUSE  
SPECIFY \_\_\_\_\_

**TYPE OF WATER SUPPLY**

PORTLAND WATER DIST.

SIZE OF PROPERTY: \_\_\_\_\_

ZONING: 230NG

**TREATMENT TANK:**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000 GALS.

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

HCSE: 150 GALS

**CRITERIA USED FOR DESIGN FOR DWELLINGS, SEATING, SLEEPING, WATER RECORDS, ETC)**

**COMMERCIAL**

15 EMPLOYEES x 15 gpd

**(WATER USAGE HIGH)**

175 G.P.D.

DESIGN FLOW: 225 (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 7 CONDITION: D

DEPTH TO LIMITING FACTOR: 12

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED 800 Sq. Ft.
- CHAMBER \_\_\_\_\_ Sq. Ft.
- REGULAR  H-20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER \_\_\_\_\_

**SITE EVALUATOR STATEMENT**

[ ] SITE EVALUATION WAIVED BY LOCAL OPTION

On 12/15/86 (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 Signature: *Albert Reich* SE # 163 Date: 12/17/86

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City/Plantation

PORTLAND

Street, Road, Subdivision

585 RIVERSIDE STREET  
SITE PLAN

Department of Human Services  
Division of Health Engineering

Owners Name

SANI-CLEAN DIST. INC.

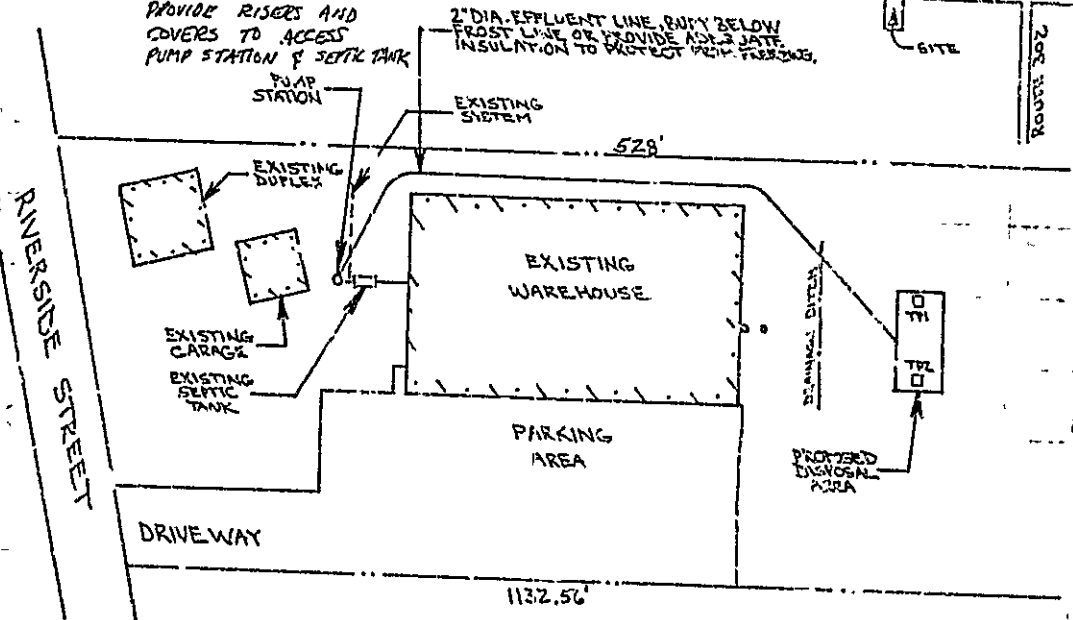
SITE LOCATION PLAN (Attach  
Map from Maine Atlas for  
New System's Location)

Scale 1" = 60' FL

NOTE: ASSURE PUMP STATION AND SEPTIC TANK IS WATER TIGHT BY GROUTING ALL SEAMS TO PREVENT GROUNDWATER INFILTRATION

PROVIDE RISERS AND COVERS TO ACCESS PUMP STATION & SEPTIC TANK

2" DIA. EFFLUENT LINE RUNY BELOW FROST LINE OR PROVIDE ADEQ. JATE. INSULATION TO PROTECT FROM FREEZING.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole TP1		Observation Hole TP2	
Depth of Organic Horizon Above Mineral Soil		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-2	SILTY CLAY		
2-6	SANDY CLAY	OLIVE	
6-10	SANDY CLAY	DARK BROWN	
10-12	CLAY	7.5YR 2/1	
12-15	CLAY	REDDISH BROWN	COMMON
15-20	SANDY CLAY		DISTINCT
20-25	SANDY CLAY		2 2 2 15
25-30	SANDY CLAY		FREE WATER
30-40	CLAY	5Y 5/3	
40-50			
50			

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole TP2		Observation Hole TP2	
Depth of Organic Horizon Above Mineral Soil		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-2	SANDY LOAM		
2-6	SANDY LOAM	DARK BROWN	
6-10	SANDY LOAM	10YR 4/2	
10-15	FIABLE		
15-20	MOIST SAND	STRONG BROWN	COMMON
20-25	MOIST SAND	7.5YR 4/6	DISTINCT
25-30	SANDY CLAY		2 2 2 15
30-40	SANDY CLAY		FREE WATER
40-50	CLAY	5Y 5/3	
50			

*Alfred Smith*  
Site Evaluator Signature

163  
SE#

12/17/86  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, Co., Platation  
**PORTLAND**

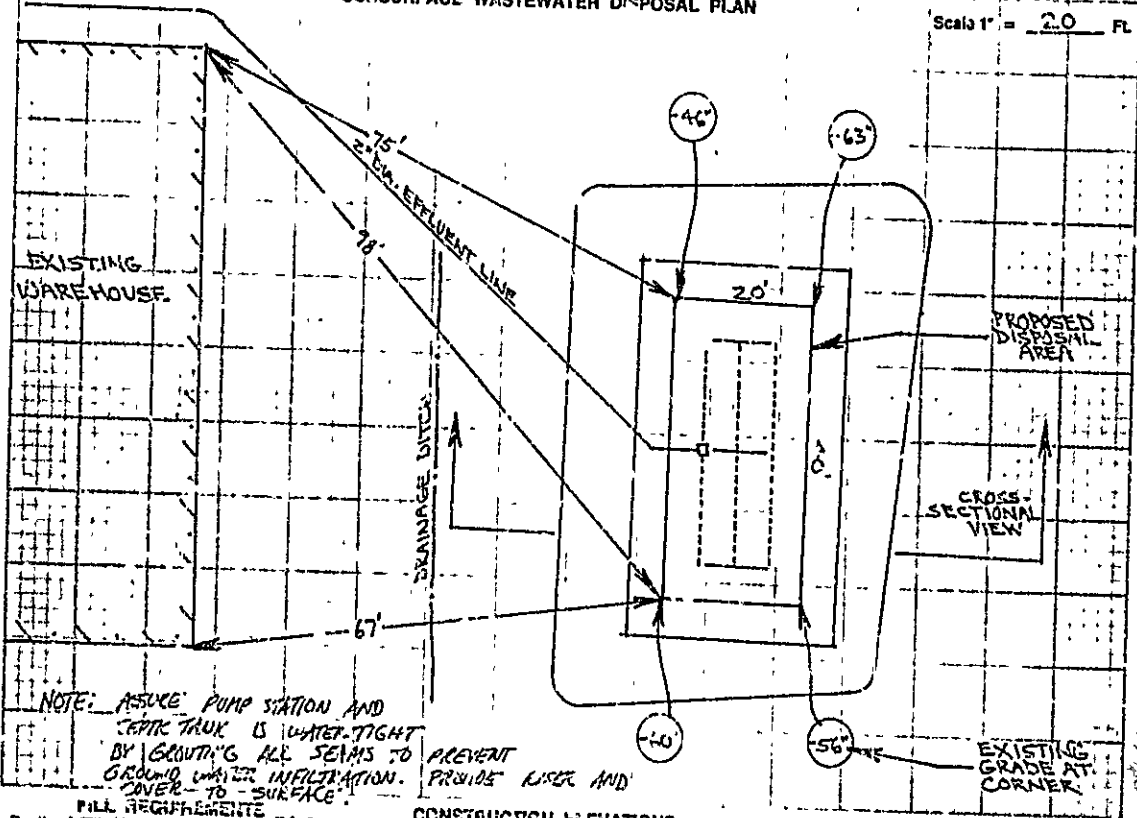
Street, Road, Subdivision

**585 RIVERSIDE STREET**  
SURFACE WASTEWATER DISPOSAL PLAN

Department of Human Services  
Division of Health Engineering  
Owners Name

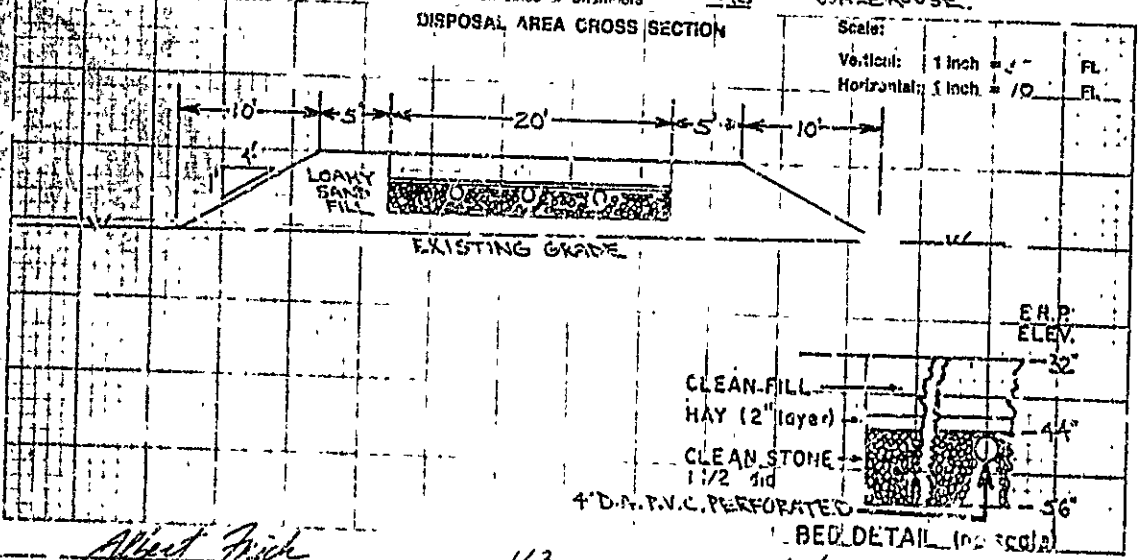
**SEMI-CLEAN DIST. INC.**

Scale 1" = 20' FL



NOTE: ASSUME PUMP STATION AND SEPTIC TANK IS WATER-TIGHT BY GROUTING ALL SEAMS TO PREVENT GROUND WATER INFILTRATION. PROVIDE USER AND COVER TO SURFACE.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	24'-31'	Reference Elevation to	00'	Bottom of Slings of Existing Warehouse	
Depth of Fill (Downslope)	29'-31'	Bottom of Disposal Area	-56'		
		Top of Distribution Lines or Chambers	-45'		



*Albert Fish*  
Site Engineer

163  
SE#

11/17/86  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

PORTLAND

585 RIVERSIDE STREET  
SITE PLAN

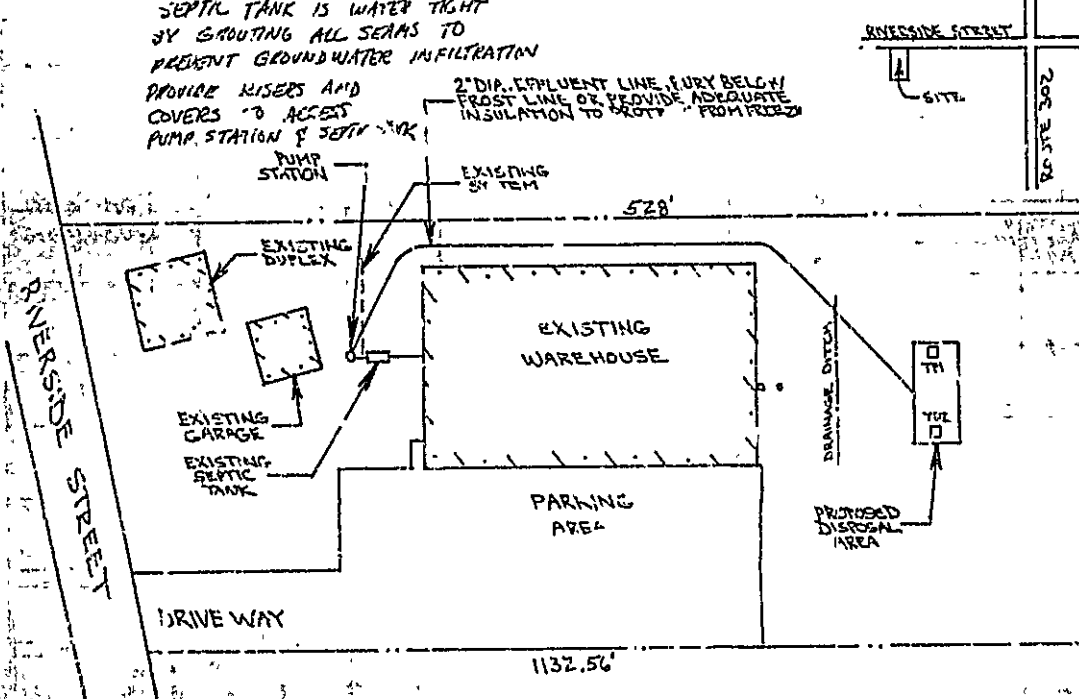
SANI-CLEAN DIST. INC.

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

Scale 1" = 60' ±

NOTE: INSURE PUMP STATION AND  
SEPTIC TANK IS WATER TIGHT  
BY GROUTING ALL SEAMS TO  
PREVENT GROUNDWATER INFILTRATION  
PROVIDE RISERS AND  
COVERS TO ACCESS  
PUMP STATION & SEPTIC TANK

2" DIA. EFFLUENT LINE (FURY BELCH)  
FROST LINE OR PROVIDE ADEQUATE  
INSULATION TO PROTECT FROM FREEZE



SOIL DESCRIPTION AND CLASSIFICATION				Location of Observation Holes Shown Above			
Observation Hole TP1				Observation Hole TP2			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
SILTY CLAY		OLIVE		SANDY CLAY		DARK BROWN	
						7.5YR 2.5/2	
SANDY CLAY	FLEXIBLE	DARK BROWN		LOAMY SAND	FABRILE	STRONG BROWN	COMMON DISPERSED
		7.5YR 2.5/2				7.5YR 4/6	
			COMPLETELY DISTINCT				2-2-2-2
LOAMY SAND		RED BROWN		SILTY CLAY	FIRM	OLIVE GRAY	FREE WATER
			FREE WATER			5Y 5/3	
SILT CLAY		OLIVE GRAY					
		5Y 5/3					

Soil Classification: <b>PHL OVER 7D</b>	Slope: %	Limiting Factor: <b>18</b>	Ground Water: <input type="checkbox"/>
Texture: <b>CLAY</b>			Permeable Layer: <input type="checkbox"/>
			Overrock: <input type="checkbox"/>

Soil Classification: <b>D</b>	Slope: %	Limiting Factor: <b>11</b>	Ground Water: <input type="checkbox"/>
Texture: <b>SAND</b>			Permeable Layer: <input type="checkbox"/>
			Overrock: <input type="checkbox"/>

*Alfred Arch*  
SME Evaluator Signature

16J  
REV

12/17/86  
Date

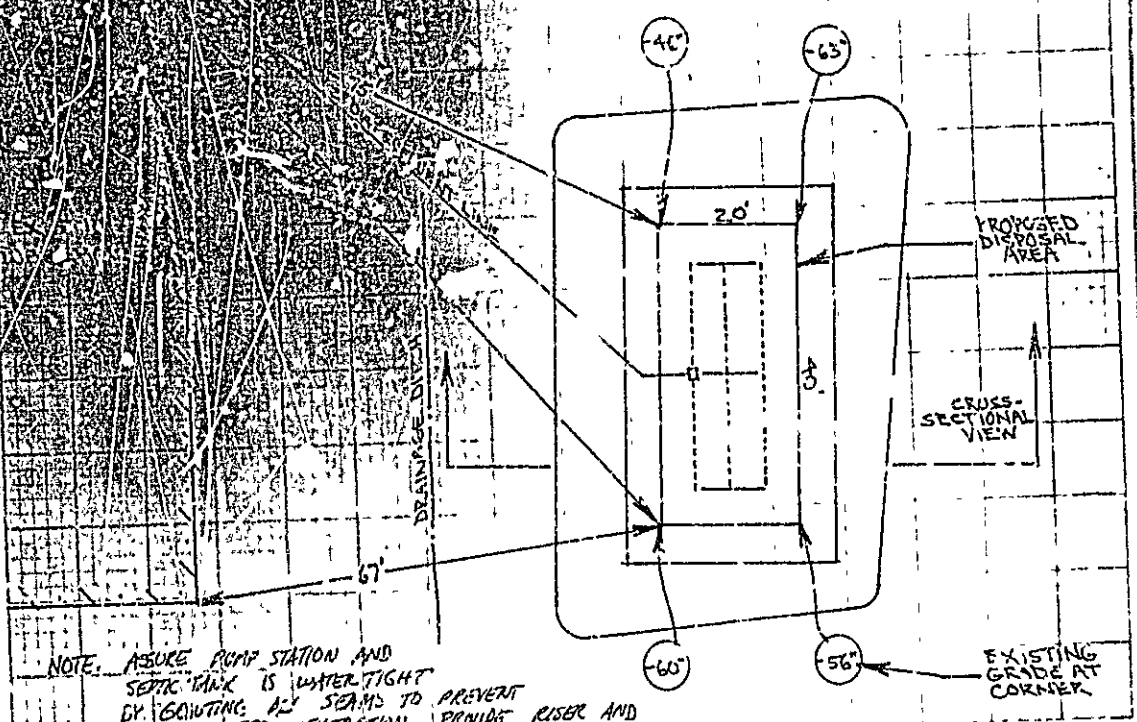


**DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
Owner's Name

1200 RIVERSIDE STREET  
WASTE WATER DISPOSAL PLAN

SANI-CLEAN, DIST., INC.  
Scale 1" = 20' FL



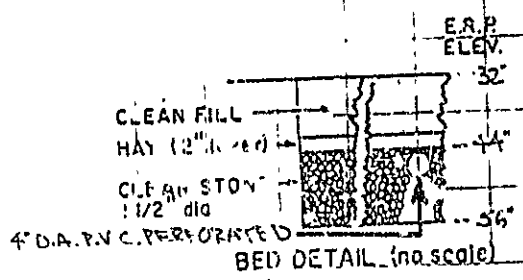
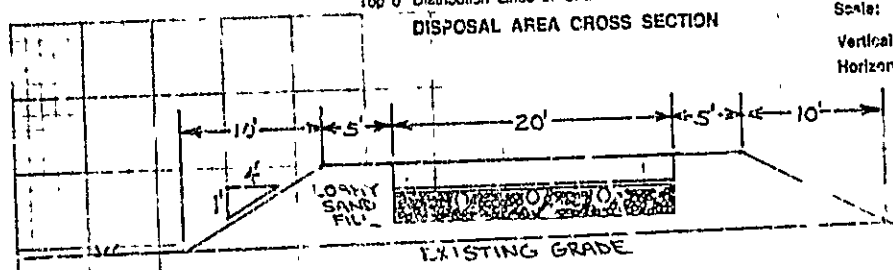
NOTE: ASSURE PUMP STATION AND SEPTIC TANK IS WATER TIGHT BY COUPLING ALL SEAMS TO PREVENT GROUND WATER INFILTRATION. PROVIDE RISER AND COVER TO SURFACE.

**FILL REQUIREMENTS**  
Depth of FII (Upslope) 24'-31"  
Depth of FII (Downslope) 29'-31"

**CONSTRUCTION ELEVATIONS**  
Reference Elevation is 00"  
Bottom of Disposal Area -56"  
Top of Distribution Lines or Chambers -45"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**  
BOTTOM OF STOMES OF EXISTING WAREHOUSE

Scale:  
Vertical: 1 Inch = 5' FL  
Horizontal: 1 Inch = 10' FL



*Albert Frick*  
Site Evaluator Signature

163  
5

11/17/83  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

**PROPERTY ADDRESS**  
 Town or City: PORTLAND  
 Street: RIVERSIDE DRIVE (385)  
 Subdivision/Lot #: \_\_\_\_\_  
**PROPERTY OWNERS NAME**  
SANI-CLEAN DIST INC.  
 First: \_\_\_\_\_  
**Applicant Name:** DAVID CAVE  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Signature of Owner/Applicant: \_\_\_\_\_ Date: 12/16/86

**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.

**Caution: Inspector Required**  
 If we 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> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE                  Attach New System Variance Form</p> <p><input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE                  Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requiring State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM                  (includes Alternative Treatment)</p> <p>3. <input type="checkbox"/> ENGINEERED (&gt; 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM</b> <u>YES</u></p> <p>YEAR FAILING SYSTEM INSTALLED: <u>1974</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> 8" 2. <input type="checkbox"/> TRENCH</p> <p>3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OUTLETTED WAREHOUSE</p>	<p><b>TYPE OF WATER SUPPLY</b>  <u>PORTLAND WATER DIST.</u></p>
<p><b>SIZE OF PROPERTY</b> _____</p> <p><b>ZONING</b> _____</p>		

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Aerobic</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED                  (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>POSA: <u>150'</u> GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW BY DROOMS SEATING EMPLOYEES WATER RECORDS F.C.</b></p> <p><u>COMMERCIAL</u></p> <p><u>15 EMPLOYEES x 15 gpd</u></p> <p><u>(WATER USAGE HIGH)</u></p> <p><u>175 GPD</u></p> <p>DESIGN FLOW: <u>225</u> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>7</u> CONDITION: <u>LD</u></p> <p>DEPTHIC LIMITING FACTOR: <u>12</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> EXPOSED <u>5000</u> Sq Ft</p> <p>2. <input type="checkbox"/> CHAMBER <u>    </u> Sq Ft</p> <p>3. <input type="checkbox"/> REGULAR <u>    </u> F 20</p> <p>4. <input type="checkbox"/> TRENCH <u>    </u> Linear Ft</p> <p>5. <input type="checkbox"/> OTHER <u>    </u></p>	

**SITE EVALUATOR STATEMENT**

On 12/16/86 I conducted a site evaluation of this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: Albert Jack Date: 12/17/86

Local Plumbing Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Page 6 of 8  
HME 200 Rev 84

# Replacement System Variance Request

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in non-compliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

Town of PORTLAND

Town Code

Permit No. 2,109,3 E

Date Permit Issued: \_\_\_\_\_  
month/da./yr.

Property Owner's Name: SANI-CLEAN DISTRIBUTORS Tel. No. \_\_\_\_\_

System's Location 585 RIVERSIDE DRIVE  
Street

PORTLAND  
Town

MAINE

Zip

Property Owner's Address  
(if different from above)

Street

Town

State

### Specific Instructions to the:

**LPI:** If any of the variances exceed your approval authority and/or do not meet all of the requirements of the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration, before issuing a Permit. (See reverse side for Comments section and your signature)

**Site Evaluator:** If after completing the Application, you find that a variance for the proposed replacement is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

**Property Owner:** It has been determined by the Site Evaluator that a variance to the Rules is required for the replacement system. This variance request is due to physical limitations of the site and/or soil conditions. The Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

  
Property Owner's Signature

12-15-86  
Date

Variance Category	Variance Requested	Limit of L.P.'s Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		110" OVER SE	
	Restrictive Layer	to 6"		28 inches	
	Bedrock	to 10"		inches	
Setback Distances (In feet)	From:	Treatment Plant	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well > 2000 gal/day	100a	300a		
	2. Well < 2000 gal/day				
	a. Neighbor's b. Property Owner's	100b 50'	100b 60'		
	3. Water Supply Line	See Note			
Wetlands	1. Perennial	60'	60'		
	2. Intermittent	25'	5'		
	3. Manmade drainage ditch	10'	3'		
Downhill Slope	Greater than 3:1 (15%)				
Buildings	1. With basement	See Note a	15'		
	2. Without basement		10'		
Property Line		5'	5'		
Other Specify:					
Footnotes					
a. This setback distance cannot be reduced by variance. See Table 3-2.					
b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.					
c. Sufficient 3:1 slope shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.					
<i>Richard Feick</i> 9/63 Site Evaluator's Signature				12/15/86 Date	
<b>LPI Statement</b>					
I, <i>SP 12/86</i> LPI for Town of <i>Baldwin</i> have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Strength Zoning Ordinance. As a result of my review of the Recommendation System Variance Request, the application, and the on-site investigation I (check and complete either a or b):					
<input checked="" type="checkbox"/> a. I approve, I do not approve, or I request based on my authority to grant this variance. Note: If the LPI does not give full approval, he shall state his reasons for denial in Comments Section below and return to the applicant.					
<input type="checkbox"/> b. I find that one or more of the requested Variances exceeds my approval authority as LPI. I ( ) recommend, ( ) do not recommend the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons for doing so in this Section below as to why the proposed replacement system is not being recommended.					
Comments:					
<i>Edward J. Decker</i> LPI's Signature				12/15/86 Date	
<b>FOR USE BY THE DEPARTMENT ONLY.</b>					
The Department hereby approves the variance(s) and ( ) does, ( ) does not give its approval. Any additional requirements, recommendations, or conditions for the Variance Denial, are given in the attached letter.					
Signature of the Department				Date	



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date July 18, 1988 <sup>10</sup>  
 Receipt and Permit number 29355

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 557 Riverside Street  
 OWNER'S NAME: Jim Robinson & Steve Vos ADDRESS: 109 Garrison Street

	FEES
<b>OUTLETS:</b>	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>31-60</u> .....	6.00
<b>FIXTURES: (number of)</b>	
Incandescent _____ Flourescent _____ (not strip) TOTAL .....	3.40
Strip Flourescent _____ ft. ....	
<b>SERVICES:</b>	
Overhead _____ Underground <u>X</u> Temporary _____ TOTAL amperes <u>200</u> ..	3.00
<b>METERS: (number of)</b> .....	
<b>MOTO'S: (number of)</b>	
Fractional .....	
1 HP or over .....	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) .....	
Electric (number of rooms) <u>3</u> .....	3.00
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) .....	
Oil or Gas (by separate units) .....	
Electric Undr 20 kws _____ Over 20 kws _____	
<b>APPLIANCES: (number of)</b>	
Ranges _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____	
Fans _____ <u>1</u> _____	
Water Heaters _____ <u>1</u> _____	
Disposals _____	
Dishwashers _____	
Compactors _____	
Others (danote) _____	3.00
<b>TOTAL</b> .....	
<b>MISCELLANEOUS: (number of)</b>	
Branch Panels .....	
Transformers .....	
Air Conditioners Central Unit .....	
Separate Units (windows) .....	
Signs 20 sq. ft. and under .....	
Over 20 sq. ft. .....	
Swimming Pools Above ground .....	
In C and .....	
Fire/Burglar Alarms Residential .....	
Commercial .....	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under .....	
over 30 amps .....	
Circus, Fairs, etc. ....	
Alterations to wires .....	
Repairs after fire .....	
Emergency Lights, battery <u>1</u> .....	50
Emergency Generators .....	
INSTALLATION FEE DUE: .....	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: .....	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....	
<b>TOTAL AMOUNT DUE:</b> .....	<u>15.90</u>

**INSPECTION:**  
 Will be ready on July 19, 1988; 10; or Will Call \_\_\_\_\_  
**CONTRACTOR'S NAME:** Gary Webber  
**ADDRESS:** 129 Westbrook Street  
**TEL:** 775-9668  
**MASTER LICENSE NO.:** 4893 **SIGNATURE OF CONTRACTOR:** Gary J. Webber  
**LIMITED LICENSE NO.:** \_\_\_\_\_

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

ELECTRICAL INSTALLATIONS —

Permit Number 29355

Location 58 1/2 Spruce St

Owner John J. Johnson & Son

Date of Permit 7/15/88

Final Inspection 7/22/88

By Inspector [Signature]

Permit Application Register Page No. 38

INSPECTIONS: Service 200 amp by [Signature]  
Service called in 10/12/88  
Closing-in 7/20/88 by [Signature]

PROGRESS INSPECTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE:	REMARKS:
7/19/88	Type CM telephone cable needed instead of CMX
10/25/88	Panel needs to be worked to show circuits controlled — Message was left with owner of the building

*[Faint handwritten signature]*



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 587 Riverside Street

Issued to James Robinson & Steven Vose

Date of Issue October 31, 1988

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. 88-610, 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

barn

APPROVED OCCUPANCY

offices

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

10/31/88  
(Date)

*Inspector*  
Inspector

*Inspector of Buildings*  
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 one dollar.

PERMIT # 000610 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: James Robinson & Stephen Voss

Address: PO Box 584 Westbrook 04092 774-4969

LOCATION OF CONSTRUCTION 387 Riverside street

CONTRACTOR: Mainley Plumbing SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: same

Est. Construction Cost: 50,000 Type of Use: Plumbing/Office

Past Use: Residential - 2 unit

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

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

Conversion - Explain Change of use w/renovations, and replace deck

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 \_\_\_\_\_

Floors:

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

Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Spacing \_\_\_\_\_
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 <u>May 17, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg. Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost <u>50,000</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>277</u>	

Ceiling: **PERMIT ISSUED**

1. Ceiling Joists Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
3. Type Ceiling: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

Roof: **City Of Portland**

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
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 Yes \_\_\_\_\_ No \_\_\_\_\_

2. No. of Tubs or Showers \_\_\_\_\_
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.

Zoning: District E-1 Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_

Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Review Required: Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_

Other: (Explain) \_\_\_\_\_

Date Approved 5/17/88

Permit Received By James Robinson **PERMIT ISSUED**

Signature of Applicant \_\_\_\_\_ **WITH LETTER**

Signature of CEO James Robinson Date 5/26/88

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

White-Tax Assessor

Yellow-GFCOG

White Tag - CEO

© Copyright GPCOG 1987

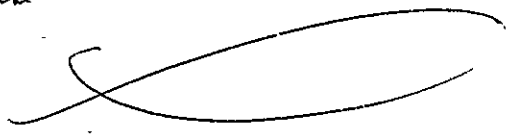
141 Mrs Taylor



587 Riverside St

**PLOT PLAN**

7/15 - No access. Working on barn.  
6/31 " No visible work on house.  
11/28 - Barn completed to offices. Will obtain separate permit for house.



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ _____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	____/____/____
Site Plan Review Fee \$ _____	_____	_____	____/____/____
Other Fees \$ _____	_____	_____	____/____/____
(Explain) _____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	____/____/____

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant James C. Palmer Date 5-25-88



APPLICATION FOR AMENDMENT TO PERMIT

PERMIT IS

OCT 31 1988

City of Portland

Amendment No. 1

Portland, Maine, October 28, 1988

To the INSPECTOR

NOS, PORTLAND, MAINE

The undersigned in the original application to the City of Portland:

Amendment to Permit No 88(610) pertaining to the building or structure comprised with the Laws of the State of Maine, the Building Code and Zoning Ordinance of Portland, if any, submitted herewith, and the following specifications:

Location ... 587 River Street ... Within Fire Limits? ... Dist. No. ... Telephone ... 774-4969 ... 04092 ... Plans filed ... No. of sheets ... No. families ... No. families ... Additional fee 25.00

Description of Proposed Work

XX

Changing original permit to read, BARN instead of 2 UNIT.

Details of New Work

Is any plumbing involved in this work? ... Is any electrical work involved in this work? ... Height average grade to top of plate ... Height average grade to highest point ... Size, front ... depth ... No. stories ... solid or filled land? ... earth or rock? ... Material of foundation ... Thickness, top ... bottom ... Material of underpinning ... Height ... Thickness ... Kind of roof ... Rise per foot ... Roof covering ... Thickness ... No. of chimneys ... Material of chimneys ... of lining ... Framing lumber—Kind ... Dressed or full size? ... Corner posts ... Sills ... Girt or ledger board? ... Size ... Girders ... Size ... Columns under girders ... Size ... Max. on centers ... Studs (outside walls and carrying partitions) 2x4-18" O. C. Bridging in every floor and flat roof span over 8 feet. Joists and rafters: 1st floor ... 2nd ... 3rd ... roof ... On centers: 1st floor ... 2nd ... 3rd ... roof ... Maximum span: 1st floor ... 2nd ... 3rd ... roof

Approved: \_\_\_\_\_

Signature of Owner [Signature] Approved: [Signature] Inspector of Buildings

INSPECTION COPY FILE COPY APPLICANT'S COPY ASSESSOR'S COPY

L. H. CONNOR TAYLOR



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

May 31, 1988

Robinson & Voss  
P.O. Box 584  
Westbrook, Me 04092

RE: 587 Riverside St., Portland, ME

Dear Sir:

Your application to change of use from residential to office has been reviewed and a permit is herewith issued subject to the following requirements:

- 1) The third floor shall be used for storage only
- 2) The office over the garage shall have its exit separated from the first floor with one hour fire rated construction. The exit shall terminate at the building exterior and shall have no door opening into the garage.
- 3) An approved exit shall be provided for the garage area.

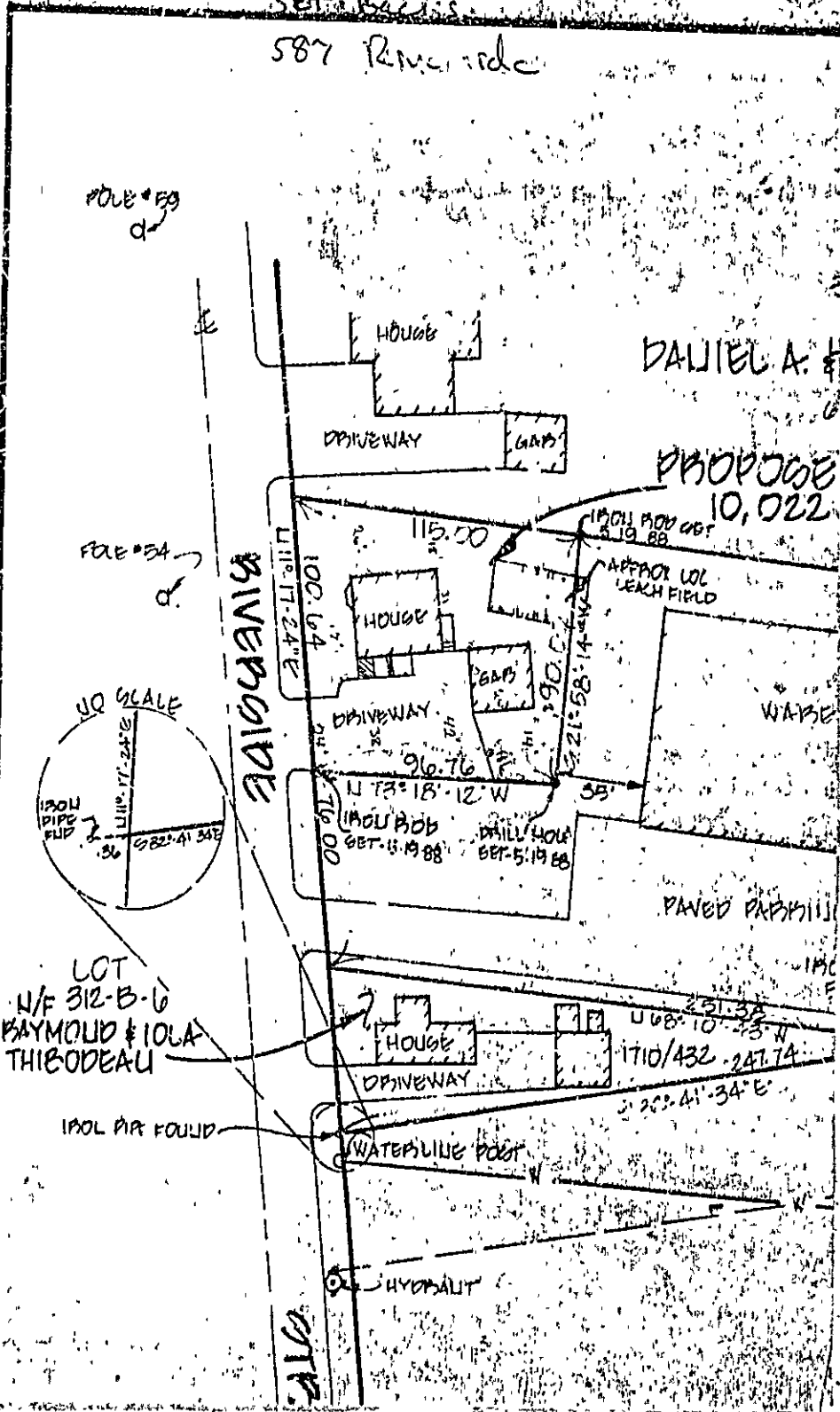
If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

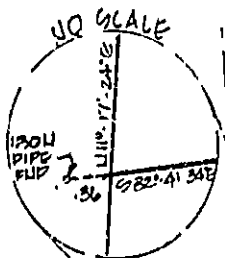
  
P. Samuel Hoffses  
Chief, Inspection Services

cc: Lt. Collins

Set Back  
 587 Riverside



DANIEL A. #  
 PROPOSE  
 10,022



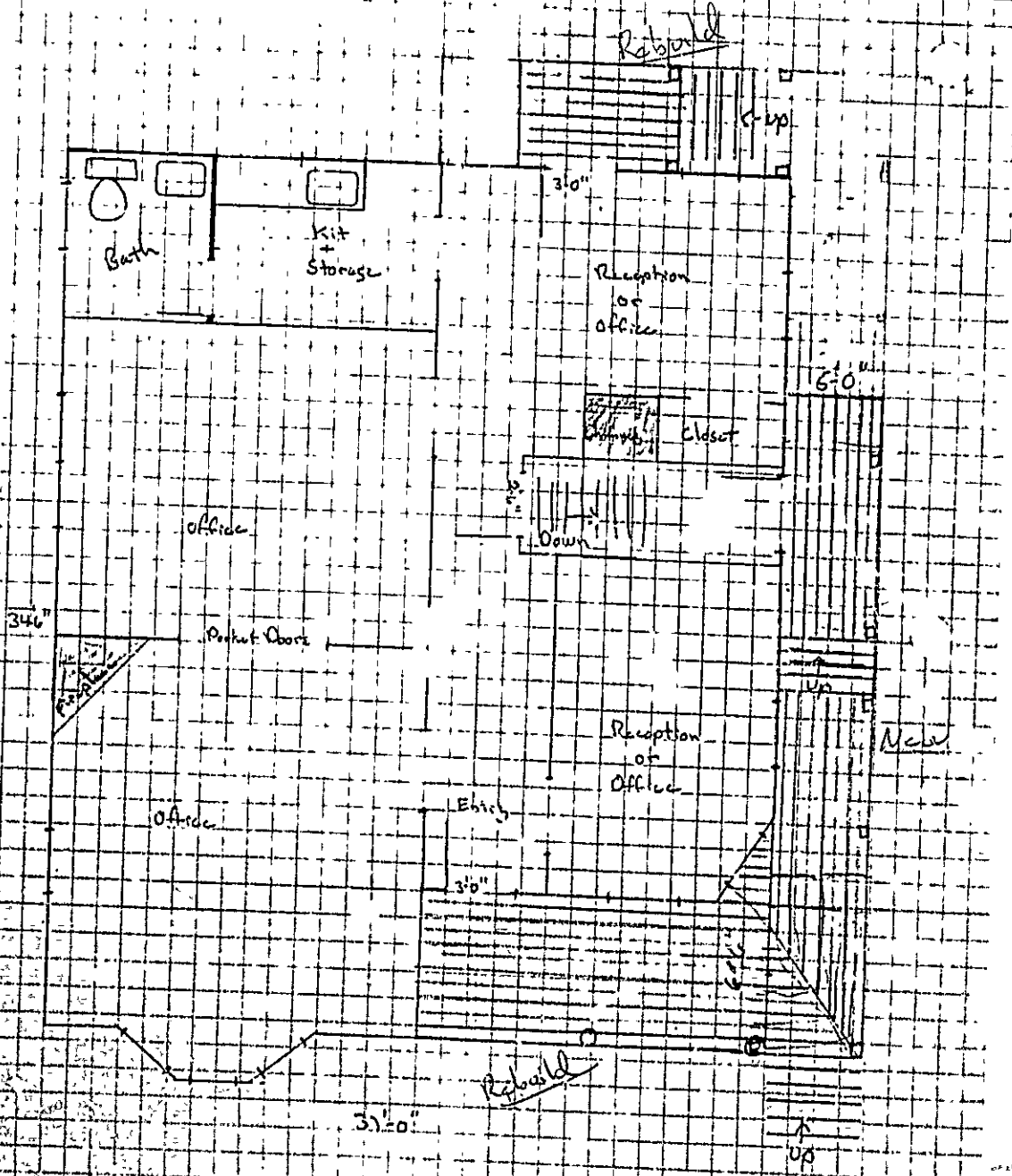
LOT  
 N/F 312-B-6  
 RAYMOND # 10 LA  
 THIBODEAU

POOL PIPE FOUND

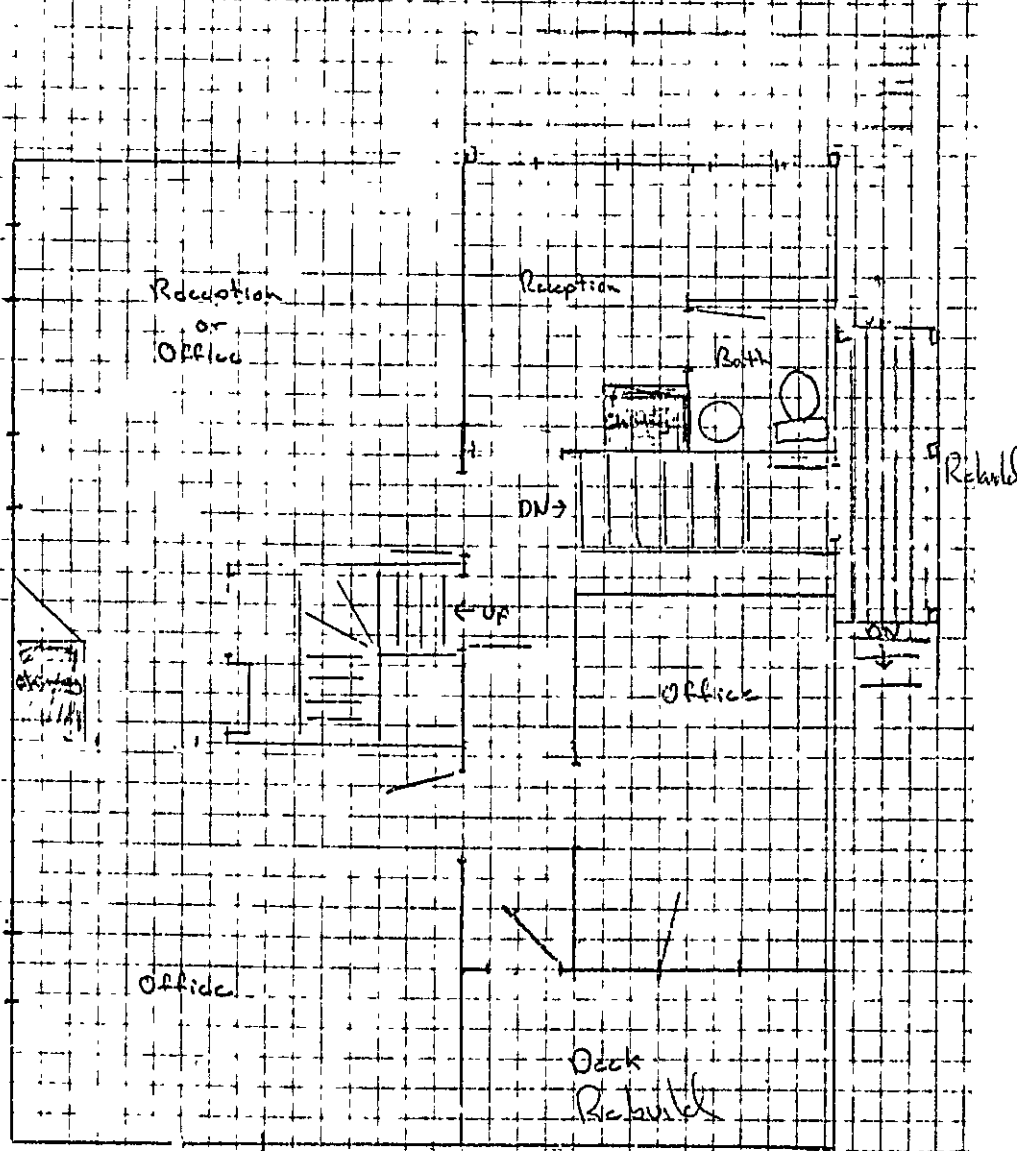
RIVERSIDE

STP

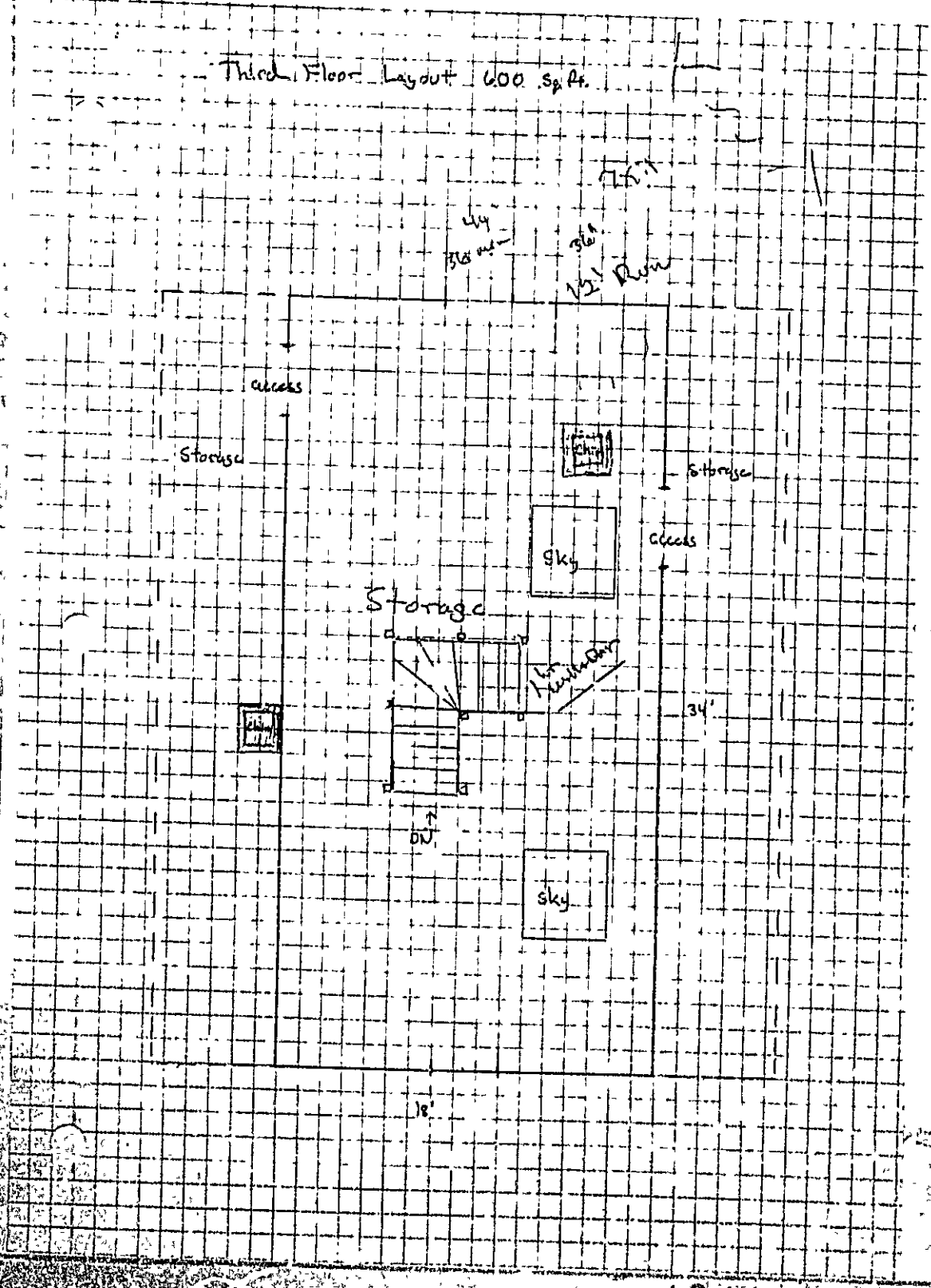
First Floor Lay out 834 sq. ft.



# Second Floor Layout



Third Floor Layout 600 sq. ft.



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Health Engineering  
Division of Health Engineering  
(207)289-3626

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND

Street Subdivision Lot #: RIVERSIDE DRIVE

**PROPERTY OWNERS NAME**

Last: SAWI - CLEAN DIST. INC. First: \_\_\_\_\_

Applciant Name: SAVI ENTERPRISES

Mailing Address of Owner/Applicant (If Different): \_\_\_\_\_

**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: 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.

**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> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p style="text-align: right;">SPECIFY _____</p>
<p>SIZE OF PROPERTY _____ ZONING _____</p>	<p>TYPE OF WATER SUPPLY <u>PORTLAND WATER DISTRICT</u></p>	

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</b></p> <p><u>DUPLEX</u></p> <p>(1) 1 BEDROOM APT. (120)</p> <p>(1) 3 BEDROOM APT. (270)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>7</u> CONDITION: <u>E</u></p> <p>DEPTH TO LIMITING FACTOR: <u>5</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED <u>1300</u> Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p><b>DESIGN FLOW:</b> <u>390</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**

On February 10, 1988 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Albert Pritch      163      3/26/88  
Site Evaluator Signature      SE#      Date

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

Page 1 of 1  
HHE-200 Rev. 11/86



# SUBSURFACE WASTEWATER DIS. JSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

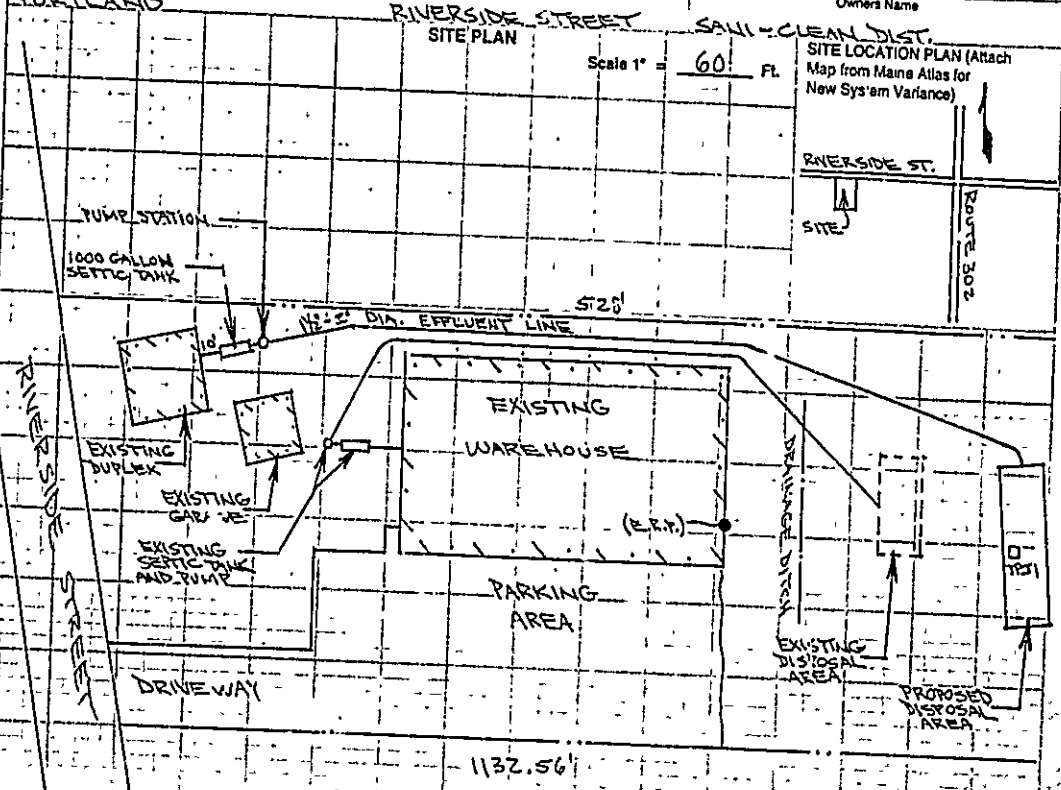
PORTLAND

RIVERSIDE STREET

SANIT-CLEAN DIST.

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

Scale 1" = 60' Ft.



### SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP-1  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (in.±)	Texture	Consistency	Color	Mottling
0	LOAMY SAND	FRIBLE	VERY DARK BROWN	COMMON DISINTEGRATION
6			10YR 3/2	
10				
15				
20	SIETY CLAY	FIRM	DARK GRAYISH BROWN	FREE WATER
25			10YR 4/2	
30				
40				
50				

Soil Profile: 7 Classification: E Slope: S Limiting Factor: S Ground Water:  Residual Layer:  Bedrock:

---

Observation Hole \_\_\_\_\_  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (in.±)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
40				
50				

Soil Profile: 7 Classification: E Slope: S Limiting Factor: S Ground Water:  Residual Layer:  Bedrock:

*Albert Fink*  
Site Engineer/Designer

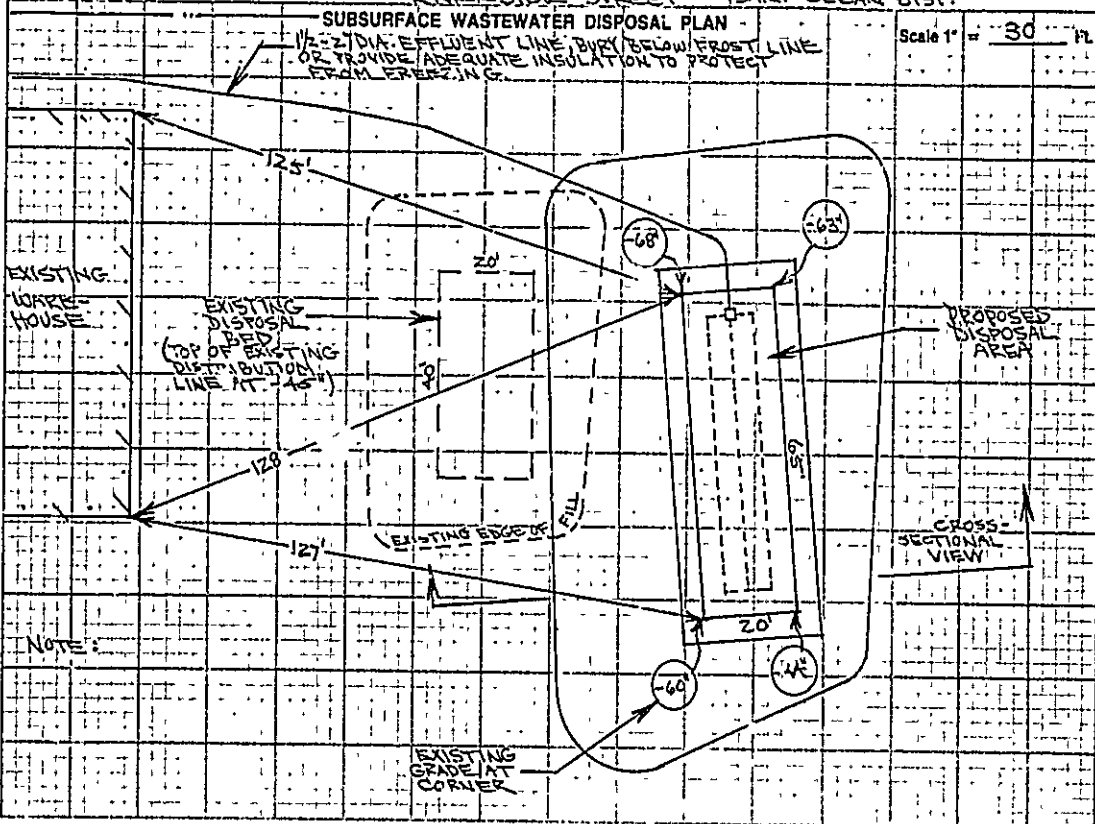
163

3/26/88

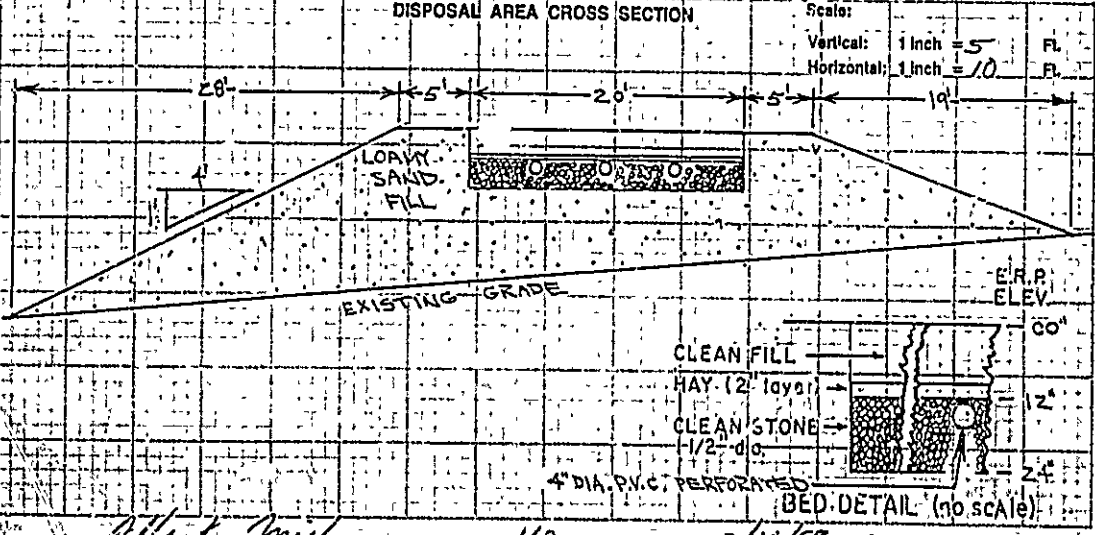
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **RIVERSIDE STREET** Owner's Name: **SANI-CLEAN DIST.**



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 4'-6.5"	Reference Elevation is 00'	BOTTOM OF WARE TRIM AT BASE OF BLUE SIDING IN REAR OF EXISTING WAREHOUSE.
Depth of Fill (Downslope) 6'-6.9"	Bottom of Disposal Area -24'	
	Top of Distribution Lines or Chambers -13'	



Site Evaluator Signature: *Albert Ford* SE# 163 Date: 3/26/88

Page 3 of 3  
HHE-200 Rev. 1/84

# Replacement System Variance Request

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811)
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

Town of PORTLAND

Town Code

Permit No.  E

Date Permit Issued \_\_\_\_\_ month/day/yr.

Property Owner's Name: CAVE ENTERPRISES

Tel. No. \_\_\_\_\_

System's Location: RIVERSIDE DRIVE  
Street

PORTLAND  
Town

MAINE Zip \_\_\_\_\_

Property Owner's Address:  
(if different from above)

Street \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### Specific Instructions to the:

**LPI:** If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)

**Site Evaluator:** If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

**Property Owner:** It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Property Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Statutory Short Form)

WARRANTY DEED

KNOW ALL PERSONS BY THESE PRESENTS, that CAVE ENTERPRISES, INC., a Maine corporation with a principal place of business in Portland, County of Cumberland and State of Maine, in consideration of One Dollar and other valuable consideration paid by JAMES A. ROBINSON and STEPHEN C. VOSE, both of Portland, County of Cumberland and State of Maine, the receipt whereof is hereby acknowledged, does hereby give, grant, bargain, sell and convey unto the said JAMES A. ROBINSON and STEPHEN C. VOSE, as tenants in common, with WARRANTY COVENANTS the real estate described on Schedule A attached hereto and made a part hereof by reference.

IN WITNESS WHEREOF, the said CAVE ENTERPRISES, INC., by and through its President, David B. Cave, sets its hand and seal this \_\_\_\_\_ day of May, 1988.

CAVE ENTERPRISES, INC.

By: \_\_\_\_\_  
David B. Cave  
President

STATE OF MAINE \_\_\_\_\_, 1988  
CUMBERLAND, ss.

Personally appeared before me the above named David B. Cave who, under oath, swore that the above Warranty Deed was executed by him in his capacity as President of Cave Enterprises, Inc., and was his free act and deed, and was the free act and deed of Cave Enterprises, Inc.

\_\_\_\_\_  
Notary Public  
Justice of the Peace  
Atorney-At-Law

PROPERTY DESCRIPTION

A certain parcel of land located on Riverside Street in Portland, County of Cumberland and State of Maine, described as follows:

Beginning at a point on the easterly side of Riverside Street; thence S 68° 01' 46" E, a distance of one hundred fifteen (115) feet to a point; thence S 21° 58' 14" W a distance of ninety (90) feet to a point; thence N 73° 18' 12" W a distance of ninety-six and seventy-six hundredths (96.76) feet to a point on the easterly side of Riverside Street; thence along said Riverside Street N 11° 17' 24" E a distance of one hundred and sixty-four hundredths (100.64) feet to the point of beginning.

Together with an easement three (3) feet in width across the land of the Grantor beginning at the easterly boundary of the above described lot and proceeding in an easterly direction along the northerly boundary of the land of the Grantor to the site of a proposed septic and disposal area, a distance of approximately five hundred (500) feet, more or less. The purpose of this easement is to allow the Grantee to install and maintain a septic system and leach field upon the land of the Grantor in the event the present leach field fails and is not capable of being repaired. Said easement shall expire at such time as the City of Portland extends the city sewer lines to provide sewer service for Riverside Street.

Being a portion of the premises conveyed to this Grantor by Sani-Clean Distributors, Inc., by deed dated September 30 1986, and recorded in the Cumberland County Registry of Deeds - Book 7687, Page 197.

*JD*

CONTRACT FOR THE SALE OF REAL ESTATE

4/22/88

Agreement is made by and between Cave Enterprises, Inc. (Seller) and Stephen C. Vose and James A. Robinson (Purchasers), as follows:

Received of Purchaser, their heirs and assigns, the sum of one thousand dollars (\$1,000.00) as earnest money and in part payment of the purchase price of the following described real estate, situated in the City of Portland, County of Cumberland, State of Maine, to wit:

A certain parcel, consisting of 10,400 +/- square feet of land and all improvements upon including a two unit apartment building and garage, located at 587 Riverside St., as further depicted on the attached plot plan.

The purchase price is one hundred nine thousand <sup>five</sup> hundred dollars (\$109,500) to be paid as follows: Earnest money <sup>deposit</sup> upon the acceptance and signing of this contract, and the balance of one hundred eight thousand <sup>five</sup> dollars (\$108,500) in cash or certified funds at the closing of title.

*109,500*  
*JAR 4-23-88*  
*SC*

This Contract is received subject to the following terms and conditions:

1. That one (1) days shall be given for the Seller's acceptance of this offer, at which time the earnest money shall be collected and that Cave Investment Real Estate shall hold said earnest money and act as escrow agent until transfer of title.
2. That a good and sufficient deed, showing good and merchantable title, shall be delivered to the Purchaser and it is agreed that this transaction shall be closed, and that the Purchaser shall pay the purchase price as stated herein, and shall execute all papers necessary for the completion of purchase on or before sixty (60) days from the effective contract date, however, should the title prove defective, the Seller, after due notice of such defect, shall have a reasonable time to remedy the title. When such defect is not remedied so that there is good and merchantable title, the Purchaser may at his option, withdraw his offer, recover his deposit, and be relieved of all obligations hereunder.
3. That the property be conveyed by Warranty Deed and shall be free and clear of all encumbrances except easements and zoning restrictions of record. That full possession will be given immediately upon Transfer of Title, unless otherwise agreed to in writing, between Purchaser and Seller.
4. The risk of loss or damage to said premises due to fire or otherwise, is assumed by the Seller(s) until transfer of title.

5. That, in the case of the Purchasers failure to make any of the payments or any part thereof or to perform any of the covenants on their part made or entered into, this Contract shall, at the Seller's option, be terminated and the Purchasers shall forfeit said earnest money and all deposits and the same shall be retained by the Seller(s) as liquidated damages, and the escrow agent is hereby authorized to pay over the earnest money and all deposits to the Seller

6. That time is an essential part of this Contract and that all covenants and agreements herein contained shall extend to and be obligatory upon the heirs and assigns, executors and administrators of the respective parties.

7. This offer is made subject to the Purchaser securing a binding commitment for a commercial mortgage of at least seventy five percent (75%) of the purchase price at prevailing interest rates for within thirty (30) days from the effective contract date. Purchaser shall endeavor in good faith to obtain financing as aforesaid, but if purchaser shall be unable to obtain such commitments within the time periods aforesaid, this agreement shall be null and void and the purchaser shall be entitled to the return of his deposit.

8. Subject to a satisfactory review of the property description in the new deed within 24 hours of the receipt of this description.

9. Subject to a satisfactory structural inspection within 10 days of the effective contract date. This inspection shall be scheduled and paid for by the Purchaser.

10. Subject to the existing septic system and the back up system plans meeting the City of Portland's approval. This approval shall be in writing and shall be obtained by the Seller.

Subject to the City of Portland's written approval of the proposed office/business use of this property, this approval to be obtained by the Purchaser.

12. After the satisfactory completion of contingencies 7-11, purchaser shall deposit an additional 10% of purchase price which shall be non-refundable unless the seller fails to perform under the terms of this contract.

I hereby agree to purchase the aforementioned property at the price and upon the terms and conditions set forth herein.

*PCV. 04-23-98  
AR 4-23-98  
jc*

*Stephen C. Vose*  
\_\_\_\_\_  
(Purchaser) Stephen C. Vose      Date *04/23/98*

*[Signature]*  
\_\_\_\_\_  
Witness      *4/23/98*

James C. Robinson 4/22/88  
(Purchaser) James A. Robinson Date

[Signature] 4/22/88  
Witness

I hereby accept the offer and agree to deliver the aforementioned property upon the terms and conditions herein stated. I further agree to pay Cave Investment Real Estate a commission of eight (8%) of the sale price in cash or certified check at transfer of title.

[Signature] 4-23-88  
(Seller) David B. Cave Date  
for Cave Enterprises, Incorporated

[Signature] 4/23/88  
Witness

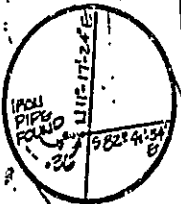
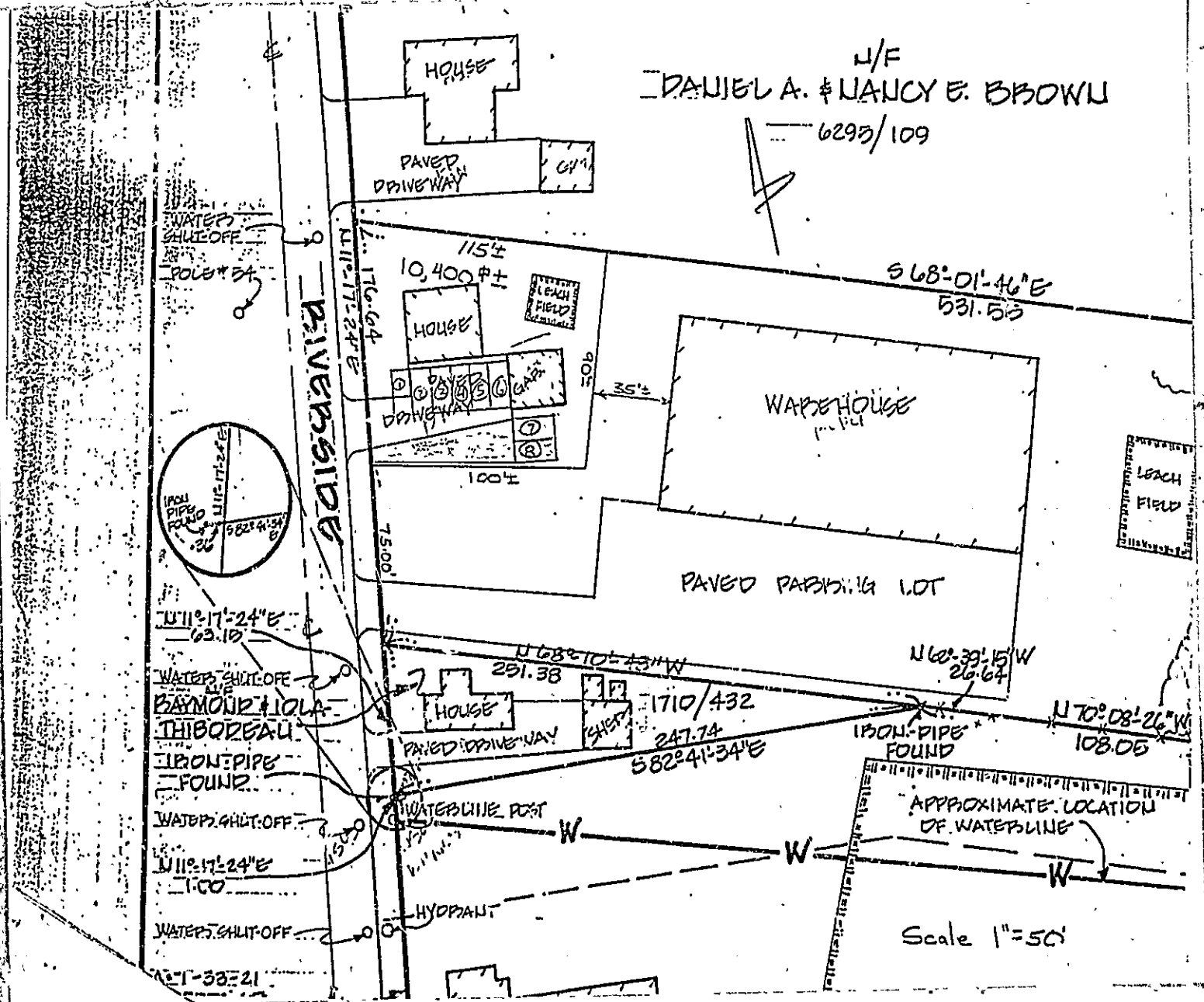
[Signature] 4/22/88  
(Broker) Harriet B. Cave Date  
for Cave Investment Real Estate

[Signature]  
Witness

4-23-88  
Effective Contract Date



J/F  
DANIEL A. & NANCY E. BROWN  
6295/109



Scale 1"=50'

PERMIT # 000682

CITY OF Portland

BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_

LOT # \_\_\_\_\_

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

Owner: Sani-Clean Systems

Address: 585 Riverside St., Portland, Me 04103

LOCATION OF CONSTRUCTION same

CONTRACTOR: New England Special SUBCONTRACTORS: 839-3569

ADDRESS: 17 Elm St., Gorham, Me 04240

Est. Construction Cost: 3 temporary Type of Use: free standing sign

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

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

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

Conversion - Explain: Free Standing Sign (4' x 8') as per plan

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: \_\_\_\_\_
5. Bridging Type: \_\_\_\_\_ Spacing 16" O.C.
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_ Span(s) \_\_\_\_\_
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 Size \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

For Official Use Only	
Date: <u>June 10, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value Structure _____	Ownership: _____
Fee: <u>\$10.00</u>	Public _____ Private _____

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 \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
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 \_\_\_\_\_
2. No. of Tubs or Showers 0 \_\_\_\_\_ No \_\_\_\_\_
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.

Zoning:

District: T-1 Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_

Review Required:

Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_

Other: (Explain) \_\_\_\_\_

Date Approved: June 13, 1988

Permit Received By Nancy L. Dzema

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

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

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

White-Tax Assessor

Yellow-GPCOG

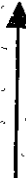
White Tax-GEO

© Copyright GPCOG 1987

**PLOT PLAN**

*7/14 Expired - called off '11*

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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: *[Handwritten Signature]*

Date: *6-11-98*



SIGN  
ENTRANCE

PIVERSIDE ST.

SANI CLEAN  
DISTRIBUTORS

555

- ① DOES NOT BLOCK  
EXITS OR  
ENTRANCES
- ② STANDS  
15 FT FROM  
SIDE WALK

PERMIT # **000853**

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: **\*\*Sani Clean**

Address: 585 Riverside St., Portland

LOCATION OF CONSTRUCTION 585 Riverside St.

CONTRACTOR New-England Specialists, Inc. SUBCONTRACTORS 839-3569

ADDRESS: 17 EXX Elm St., Gorham, 04038

Est. Construction Cost: \_\_\_\_\_ Type of Use: Wholesale Retailing

Past Use: STORE

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

Is Proposed Use \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
Construct - Explain Erect a temporary sign structure (4'x8')  
free standing, using lights. 7/18 to 8/18.

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 \_\_\_\_\_

**Floors:**

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

**Exterior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

**Interior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

For Official Use Only	
Date: <u>July 18, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code: _____	Lot _____
Time Limit: _____	Block _____
Estimated Cost: _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$10.00</u>	

**Ceiling:**

1. Ceiling Joists Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing JUL 18 1988
3. Type Ceilings: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_
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 Yes or No
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_
4. No. of Lavatories \_\_\_\_\_
5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pool:**

1. Type: \_\_\_\_\_
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

**Zoning:**

District \_\_\_\_\_ Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

**Review Required:**

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shores and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Permit Received By Nancy L. Dzema

Signature of Applicant [Signature] Date 7-18-88

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

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

88-81-7

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant Scott A. Jolley (As AGENT FOR OWNER)

Date 7-18-83

PLOT PLAN

SANI CLEAN / 585 RIVERSIDE / PORTLAND

- ① SIGN DOES NOT BLOCK ENTRANCE
- ② SIGN DOES NOT BLOCK EXIT
- ③ SIGN IS 15 FT. FROM NEAREST ROADWAY



RECEIVED

JUL 1 8 1988

DEPT OF BUILDING INSPECTIONS  
CITY OF PORTLAND

PERMIT # 02760 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Dave Cave 797-8240

Address: 585 Riverside St. Portland

LOCATION OF CONSTRUCTION 585 Riverside St.

CONTRACTOR: Les Wilson SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: P.O. Box 1022 Westbrook 04092

Est. Construction Cost: \_\_\_\_\_ Type of Use: Sani Clean

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

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

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

Conversion - Explain To remove 2 underground tanks

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 \_\_\_\_\_

Floors:

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

Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

Interior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

For Official Use Only	
Date <u>October 24, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Blgd Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$10.00 OK'd by Sam</u>	

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 \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
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 \_\_\_\_\_

Swimming Pools:

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

Zoning:

District F-1 Street Frontage Back Side 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 Mgmt \_\_\_\_\_ Special Exception \_\_\_\_\_

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

Date Approved \_\_\_\_\_

Permit Received By J. Iatini

Signature of Applicant Les Wilson Date 10/24/89

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

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

80/AS/01

White-Tax Assessor

Yellow-GPCOG

White Tag

© Copyright GPCOG 1987



PLOT PLAN

N  
▲

FEES (Breakdown From Front)

Base Fee \$ 10.00 ok with same  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

Type

Inspection Record

Date

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

COMMENTS Dep Form submitted.

Signature of Applicant

*Ronald M. ... agent for owner*

Date 10/24/89

Mail original and yellow copy to ... pink copy to ...

RECEIVED  
OCT 24 1989

7/88

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

DEPT. OF BUILDING AND SAFETY  
CITY OF PORTLAND

COPY

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

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: DAVE CAVE  
Mailing Address: 585 RIVERLINE ST Telephone No.: 797 8240  
City: PORTLAND State: ME Zip Code: 04103  
Contact Person (name, address & telephone no.): TIM CAVE  
Name of Facility: SAME Registration No.: \_\_\_\_\_  
Facility Location: \_\_\_\_\_

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.	1	15+	2000	Fuel Oil
B.	2	15+	1000	Fuel Oil
C.				
D.				

2. Directions to Facility (be specific):

Between Rte 302 + Warren Ave on Riverline St.

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: Les Wilson & Sons 854 4583

Certified Tank Installer Certification Number & Name (if applicable):  
N/A

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

5. Expected date of removal: 11/3/89

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

Date: 10/21/89

Ronald J. Wilson P.E.  
Signature of Tank Owner or Operator

Ronald Wilson  
Printed Name and Title

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



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date March 13, 1989, 19  
 Receipt and Permit number 00729

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 589 Riverside St.  
 OWNER'S NAME: Jim Robinson ADDRESS: \_\_\_\_\_

	FEES
<b>OUTLETS:</b>	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>30</u> .....	<u>3.00</u>
<b>FIXTURES:</b> (number of)	
Incandescent <u>XX</u> Fluorescent _____ (not strip) TOTAL <u>10</u> .....	<u>3.00</u>
Strip Fluorescent _____ ft. ....	
<b>SERVICES:</b>	
160 to 100 upgrade total 200 amp	
Overhead <u>XX</u> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..	<u>3.00</u>
METERS: (number of) <u>2</u> .....	<u>1.00</u>
<b>MOTORS:</b> (number of)	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES:</b> (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
<b>TOTAL:</b> .....	
<b>MISCELLANEOUS:</b> (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires <u>XX</u> redo cellar lights fuses to breakers .....	<u>2.00</u>
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....	
TOTAL AMOUNT DUE: _____	<u>12.00</u>

**INSPECTION:**

Will be ready on March 16, 11AM 19; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Webber Elec.  
 ADDRESS: 129 Westbrook St. So Ptd.  
 TEL.: 775-2658  
 MASTER LICENSE NO.: 04893 SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_





PERMIT # 1082 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Uni-Clean Systems

Address: 585 Riverside St., Portland, Me 04103

LOCATION OF CONSTRUCTION same

CONTRACTOR: New England Special SUBCONTRACTORS, 839-3569

ADDRESS: 17 Elm St., Gorham, Me 04038

Est. Construction Cost: \$ \_\_\_\_\_ Type of Use: temporary free standing sign

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

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

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

Conversion - Explain: Free Standing Sign (4' x 8') as per plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

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

- Foundation:
- Type of Soil: \_\_\_\_\_
  - Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
  - Footings Size: \_\_\_\_\_
  - Foundation Size: \_\_\_\_\_
  - Other: \_\_\_\_\_

- Floors:
- Sills Size: \_\_\_\_\_ Sills must be anchored
  - Girder Size: \_\_\_\_\_
  - Lally Column Spacing \_\_\_\_\_ Size \_\_\_\_\_
  - Joists Size: \_\_\_\_\_ Spacing 16" O C
  - Bridging Type: \_\_\_\_\_ Size \_\_\_\_\_
  - Floor Sheathing Type: \_\_\_\_\_ Size \_\_\_\_\_
  - Other Material: \_\_\_\_\_

- Exterior Walls:
- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
  - No. windows \_\_\_\_\_
  - No. Doors \_\_\_\_\_
  - Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
  - Bracing Yes \_\_\_\_\_ No \_\_\_\_\_
  - Corner Posts Size \_\_\_\_\_
  - Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
  - Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
  - Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
  - Masonry Materials \_\_\_\_\_
  - Metal Materials \_\_\_\_\_

- Interior Walls:
- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
  - Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
  - Wall Covering Type \_\_\_\_\_
  - Fire Wall if required \_\_\_\_\_
  - Other Materials \_\_\_\_\_

For Official Use Only

Date June 10, 1988 Subdivision: \_\_\_\_\_  
 Inside Yaw Limits \_\_\_\_\_ Name \_\_\_\_\_  
 City Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Block \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_ Permit Expiration \_\_\_\_\_  
 Value/Structure \_\_\_\_\_ Ownership \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
 Fee \$10.00

- Ceiling:
- Ceiling Joists Size: \_\_\_\_\_
  - Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
  - Type Ceilings: \_\_\_\_\_
  - Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
  - Ceiling Height: \_\_\_\_\_

- Roof:
- Truss or Rafter Size: \_\_\_\_\_ Sprn \_\_\_\_\_
  - Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
  - Roof Covering Type \_\_\_\_\_
  - Other: \_\_\_\_\_

Chimneys: Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating: Type of Heat \_\_\_\_\_

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

- Plumbing:
- Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_
  - No. of Tubs or Showers \_\_\_\_\_
  - No. of Flushes \_\_\_\_\_
  - No. of Lavatories \_\_\_\_\_
  - No. of Other Fixtures \_\_\_\_\_

- Swimming Pools:
- Type \_\_\_\_\_
  - Pool Size \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
  - Must conform to National Electrical Code and State Law

Zoning: District \_\_\_\_\_ 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 Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Permit Received By Nancy V. Dzema  
 Signature of Applicant [Signature] Date 6/10/88  
 Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_  
 Inspect on Dates \_\_\_\_\_