

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 269-3826

PROPERTY ADDRESS

Town or Parishes: PORTLAND

Street Subdivision Lot #: RIVERSIDE STREET

PROPERTY OWNERS NAME

Last: FALMOUTH First: ELLZTRIC

Applicant Name: SAME

Mailing Address of Owner/Applicant (if Different): 60ERRY ROAD FALMOUTH ME

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Owner/Applicant Statement 14103

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

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

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

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS:
1 BED 2 CHAMBER 3 TRENCH 4 OTHER N/A

THIS APPLICATION REQUIRES:

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

INSTALLATION IS:
COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(Alternative Toilet)
- ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

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

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER COMMERCIAL
SPECIFY BLDG

SIZE OF PROPERTY 47,100 **ZONING** INDUSTRIAL

TYPE OF WATER SUPPLY PUBLIC

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

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
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

CRITERIA USE FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)

COMMERCIAL BUILDING
12 EMPLOYEES

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE 7 | CONDITION C

DEPTH TO LIMITING FACTOR 27"

SIZING RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 306 Sq. Ft.
- TRENCH _____ Linear Ft.
- OTHER: _____

DESIGN FLOW: 180 (GALLONS/DAY)

SITE EVALUATOR STATEMENT X R SWEET SE 034 5/27/86 SITE EVALUATION WAIVED BY LOCAL OPTION

On 5/16/86 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] 156/3368 5/22/86

Site Evaluator Signature SE# Date

* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Planation: **PORTLAND**
 Street, Road, Subdivision: **RIVERSIDE STREET**
 Owners Name: **FALMOUTH ELECTRIC**

Scale 1" = **20** Ft.

SITE PLAN

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

SEE SITE PLAN 1 OF 1

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 (inches)	Texture	Consistency	Color	Mottling
0	SANDY		DK. BRN	
6	LOAM			
10	LO		RED.	
15	SAND	LOOSE	BRN	
20	FINE		LT.	
25	SAND		BRN.	
30				COMMON
40	SILT	FIRM	GRAY	
50				

Soil Classification: **7 C** Slope: **0-2%** Limiting Factor: **27'**

Ground Water
 Perched Layer
 Bedrock

Observation Hole: _____ Test Pit Boring

Depth of Organic Horizon Above Mineral Soil: _____

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

Soil Classification: _____ Slope: _____ Limiting Factor: _____

Ground Water
 Perched Layer
 Bedrock

Richard O'Neil
Site Evaluator Signature

5-27-85
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name:

PORTLAND

RIVER 10E STREET

FALMOUTH ELECTRIC

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20'

SEE SITE PLAN 1 OF 1

FILL REQUIREMENTS

Depth of Fill (Upslope)

Depth of Fill (Downslope)

* ASPHALT COVERED

CONSTRUCTION ELEVATIONS

Reference Elevation is

Bottom of Disposal Area

Top of Distribution Lines or Chambers

106.13

101.96

103.56

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION

FRONT CURB ELEV

PORTLAND FIRE HYDRANT

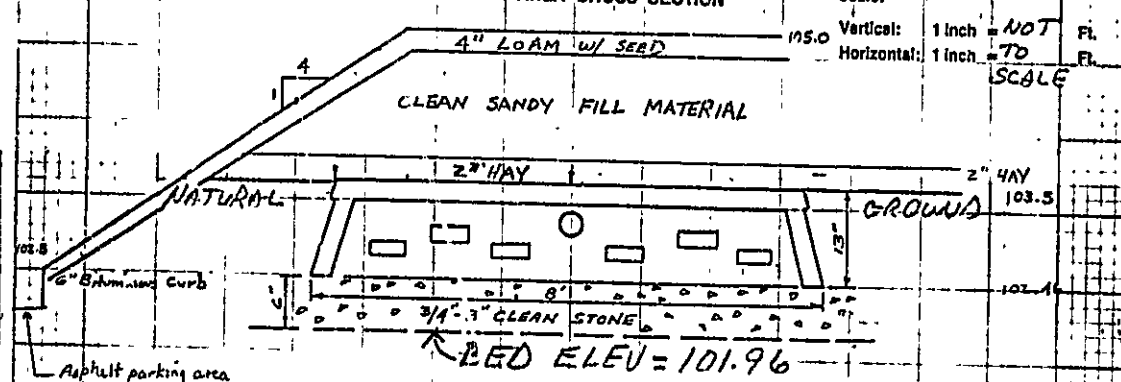
Scale:

Vertical: 1 inch = NOT FL.

Horizontal: 1 inch = TO FL.

SCALE

DISPOSAL AREA CROSS SECTION



[Signature]

Site Evaluator Signature

176/1363

SE#

5/22/86

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name:

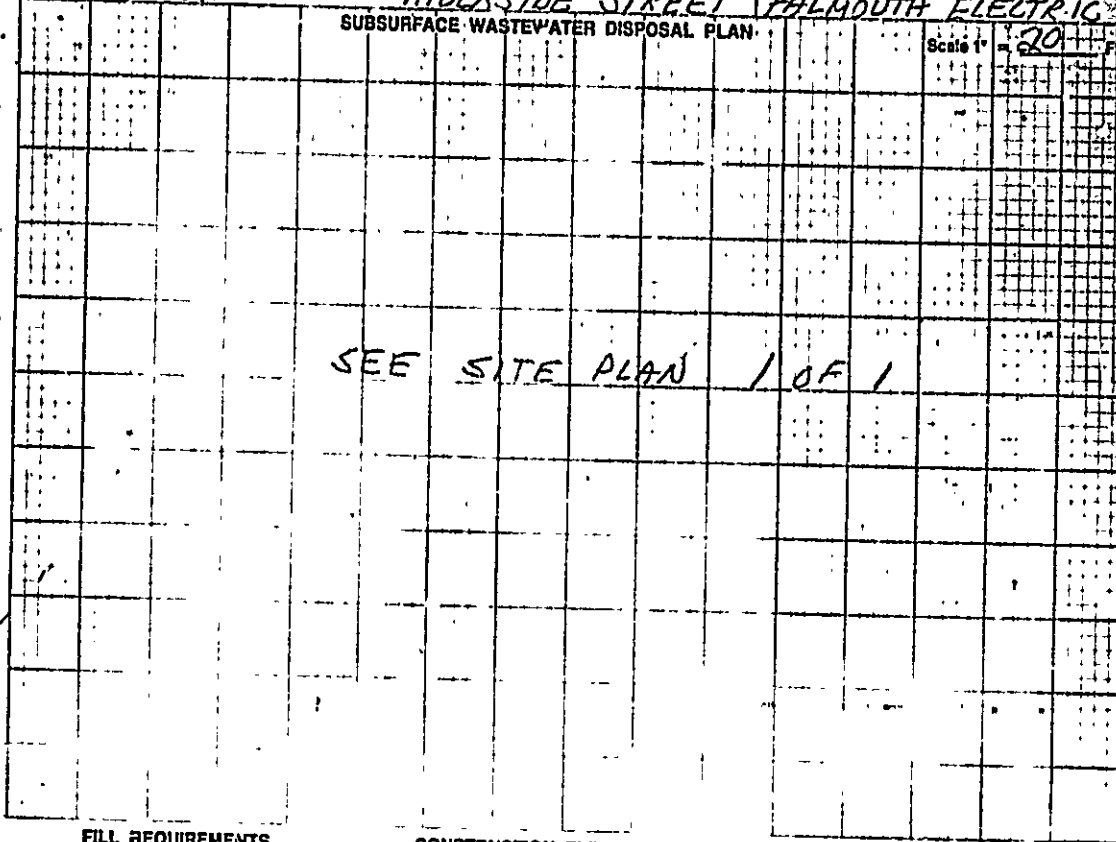
PORTLAND

RIVERSIDE STREET

FALMOUTH ELECTRIC

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20'



FILL REQUIREMENTS

Depth of Fill (Upslope) _____
Depth of Fill (Downslope) _____
* ASPHALT COVERED

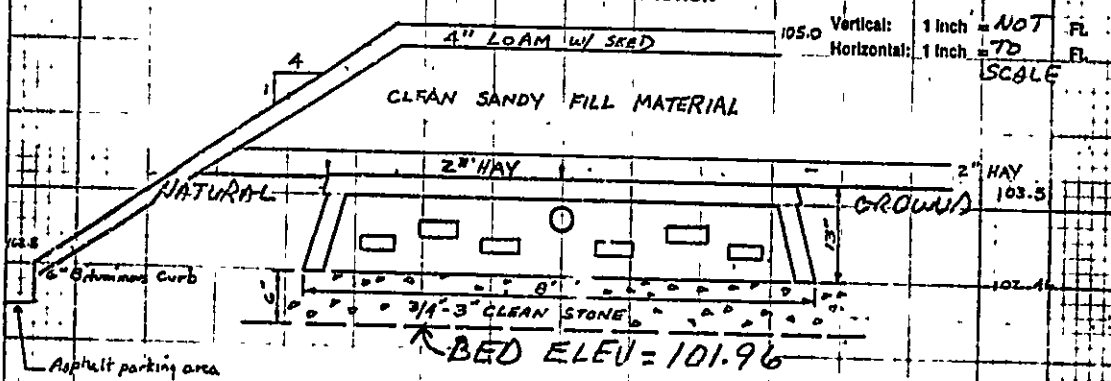
CONSTRUCTION ELEVATIONS

Reference Elevation to 106.13
Bottom of Disposal Area 101.96
Top of Distribution Lines or Chambers 103.56

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

FRONT BOUNDARY BOLT
PORTLAND FIRE HYDRANT

DISPOSAL AREA CROSS SECTION



Scale:
Vertical: 1 Inch = NOT FL
Horizontal: 1 Inch = 7D FL
SCALE

[Handwritten Signature]
Site Evaluator Signature

156/3363
SE#

5/22/86
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
Street: RIVERSIDE STREET
Subdivision Lot #: _____
PROPERTY OWNERS NAME: _____

Last: FALMOUTH First: ELECTRIC
Applicant Name: SAME
Mailing Address of Owner/Applicant (if Different): 60 DERRY ROAD FALMOUTH ME

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Owner/Applicant Statement 04105

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

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM
2. REPLACEMENT SYSTEM
3. EXPANDED SYSTEM
4. SEASONAL CONVERSION
5. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED
2. NEW SYSTEM VARIANCE
Attach New System Variance Form
 REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
3. Requiring Local Plumbing Inspector Approval
4. Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM,
1. NON-ENGINEERED SYSTEM
2. PRIMITIVE SYSTEM
(Includes Alternative Toilet)
3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)
5. HOLDING TANK
6. ALTERNATIVE TOILET (ONLY)
7. NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ENGINEERED DISPOSAL AREA (ONLY)
9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____
THE FAILING SYSTEM IS
1. BED 3. TRENCH
2. CHAMBER 4. OTHER: N/A

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER COMMERCIAL
SPECIFY BLDG

TYPE OF WATER SUPPLY

PUBLIC

SIZE OF PROPERTY 47,100
LOADING INDUSTRIAL

TREATMENT TANK

1. SEPTIC: Regular Low Profile
2. AEROBIC
SIZE: 1000 GALS.

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE 7 | CONDITION C
DEPTH TO LIMITING FACTOR: 27"

DESIGN DETAILS (SYSTEM)

WATER CONSERVATION

1. NONE
2. LOW VOLUME TOILET
3. SEPARATED LAUNDRY SYSTEM
4. ALTERNATIVE TOILET
SPECIFY: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL
2. MEDIUM
3. MEDIUM-LARGE
4. LARGE
5. EXTRA LARGE

PUMPING

1. NOT REQUIRED
2. MAY BE REQUIRED
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
3. REQUIRED
DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SCATING, EMPLOYEES, WATER RECORDS, ETC.)

COMMERCIAL BUILDING
12 EMPLOYEES
DESIGN FLOW: 180 (GALLONS/DAY)

SITE EVALUATOR STATEMENT * R SWEET SE 034 5/27/85

On 5/16/86 (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: [Signature] SE# 156/3368 Date 5/22/86

* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Planator

Site of Road, Subdivision

Owners Name

PORTLAND

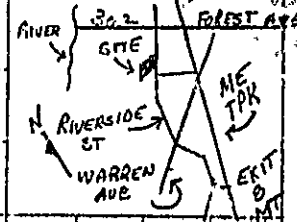
RIVERSIDE STREET

FALMOUTH ELECTRIC

SITE PLAN

Scale 1" = 20' Ft.

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



SEE SITE PLAN 1 OF 1

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 (inches)	Texture	Consistency	Color	Mottling
0	SANDY		DK. BRN	
6	LOAM			
10	LO.		RED.	
15	SAND	LOOSE	BRN	
20	FINE		LT.	
25	SAND		BRN	
30				COMMON
40	SILT	FIRM	GRAY	

Soil <u>7</u>	Classification <u>C</u>	Slope <u>0-2%</u>	Limiting Factor <u>27</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Other
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Observation Hole Test Pit Boring

Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil <u> </u>	Classification <u> </u>	Slope <u> </u>	Limiting Factor <u> </u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Other
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Richard Akers
Site Evaluator Signature

034
SE#

5-27-85
Date

Page 2 of 3
HHC-200 Rev. 1/54

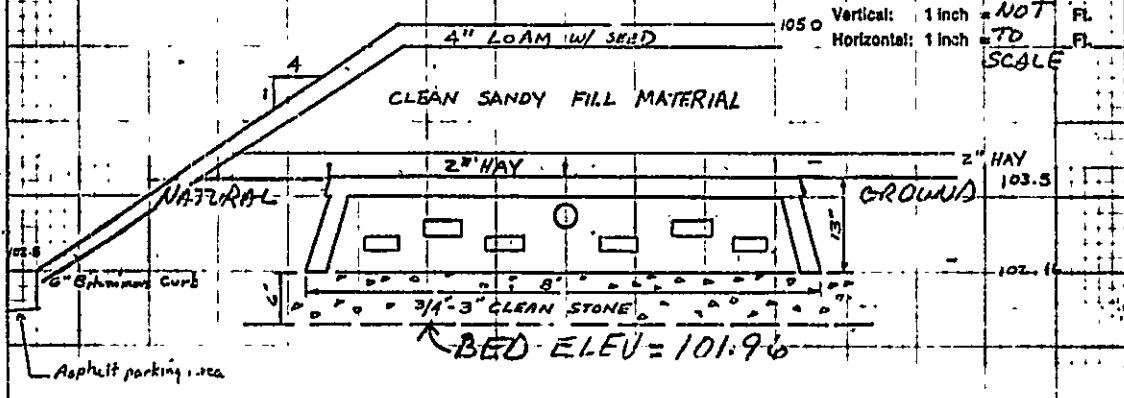
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND	Street, Road, Subdivision RIVERSIDE STREET	Owners Name FALMOUTH ELECTRIC
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL
<p style="font-size: 2em;">SEE SITE PLAN 1 OF 1</p>		

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) _____	Reference Elevation Is 106.13	LOCATION & DESCRIPTION
Depth of Fill (Downslope) _____	Bottom of Disposal Area 101.96	FRONT CURB BOLT
* ASPHALT COVERED	Top of Distribution Lines or Chambers 122.56	PORTLAND FIRE HYDRANT

DISPOSAL AREA CROSS SECTION



[Handwritten Signature]
Site Evaluator Signature

151-3
SE#

5/22/06
Date


EXIT = EMERGENCY

① EXIT LITE @ PRINT SHOP

② EXIT LITE BY SHIPPING AREA

③ EXIT LITE CHECK

④ TURN EXIT LITE @ MAIN STAIR 2ND FLOOR
90°

FENCE - 

CRASH BARS =

CORNER OF RIVERSIDE AND WARREN AVENUE



CITY OF PORTLAND, MAINE
 DEPARTMENT OF BUILDING INSPECTION
COMPLAINT

16th

Location: Corner of Riverside & Warren Avenue

INSPECTION COPY

COMPLAINT NO. 83-119 Date Received Dec. 22, 1983

Location Corner of Riverside & Warren Avenue Use of Building auto sales
 Owner's name and address Ron's Auto Annex - same Telephone 892-4083
 Tenant's name and address _____ Telephone _____
 Complainant's name and address Wickes Lumber Telephone _____

Description: They have sign temporary portable, been up for a week.

NOTES: *12/23/83 - spoke w/owner - they own the sign - will be in for permit 10*
12-25-83 - Spoke w/owner again - told him he would have to apply today or sign would have to be removed. R

CORNER OF RIVERSIDE AND WARREN AVENUE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 3,343 TOWN COPY Date Issued <u>3-22-89</u> FEE \$140.00 Local Plumbing Inspector Signature <u>[Signature]</u> L.P.I. # <u>123</u>
Town Or Plantation	Portland, Me	
Street	Riverside Street Lot # 3	
Subdivision Lot #	Mealister Farm subdivision	
PROPERTY OWNERS NAME		
B & B Properties		
Last:	First:	
Applicant Name:	Jordan Milcon Equipment	
Mailing Address of Owner/Applicant (if Different):	2 City Center Portland, Me 43 Bowdoin St So Portland Me	
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.		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Signature of Owner/Applicant <u>[Signature]</u> Date <u>3-22-89</u>		Local Plumbing Inspector Signature <u>[Signature]</u> Date Approved <u>3-23-89</u>

Act not in July 3

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 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"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 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
SEASONAL CONVERSION to be completed by the LPI 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	IF REPLACEMENT SYSTEM: 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 _____	DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER <u>Equipment sales</u> SPECIFY SERVICE _____
SIZE OF PROPERTY <u>6.8 Acre</u> ZONING <u>Industrial</u>	TYPE OF WATER SUPPLY <u>Public water</u>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS	WATER COLLECTION 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 _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>25</u> GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC) <u>Water Co. Record</u> <u>600 cubic feet</u> <u>per 3 months</u> multiply by factor of 2 DESIGN FLOW: <u>use 115</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <u>7</u> CONDITION <u>C</u> DEPTH TO LIMITING FACTOR: <u>34"</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>200</u> 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

On 6-21-88 (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.

M. E. [Signature] 222 3-23-89
 Site Evaluator Signature SE# Date

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

Page 1 of 3
HHE-200 Rev 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **Portland** Street, Subdivision: **McAlister Farm subdivision** Lot # **5** Owners Name: **BFB Properties**

KAMCO Lot # **3** Scale 1" = **50'** FL

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

Notes:
on 6-8-89 I checked the proposed disposal system. The site contractor had moved the disposal 25' deeper than specified. The depth which was Gravity below the original sewer ground surface.

Other labels: Jordan Milton, Lot # 5, L.L. Bean, Lot # 4, Pump chamber, Septic Tank, 4 Rows of 4 infiltrators, Distribution Box, 12" oak, 4" pipe, 1/2" pipe, to Wescobrook, Worth Ave, Riverside Street.

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

Observation Hole 2				Observation Hole 3			
3' silt clay Fill				6' silt clay Fill			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
Fine	Loose	Dark	None	Fine		Dark	None
Sandy	Loose	Brown	Evident	Sandy	Loose	Dark	Evident
Loam	Frangible			Loam	Loose		
		Yellow		Loam	Frangible	Yellow	
Fine				Loamy			
Sand				Fine			
				Sand			
				silt			
Loamy	Firm	Olive Gray		Loam	Firm	Olive	
Fine				Loam			
Sand				silt clay			
				Loam			

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
5	C	12%	36'	<input type="checkbox"/> Rooting Layer
7	C	12%	39'	<input type="checkbox"/> Bedrock

M.E. Williams 222 6-9-89 Page 2 of 3
 Evaluator Signature SE# Date HHE-200 Rev 1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Parishion

Street, Road, Subdivision

Owners Name

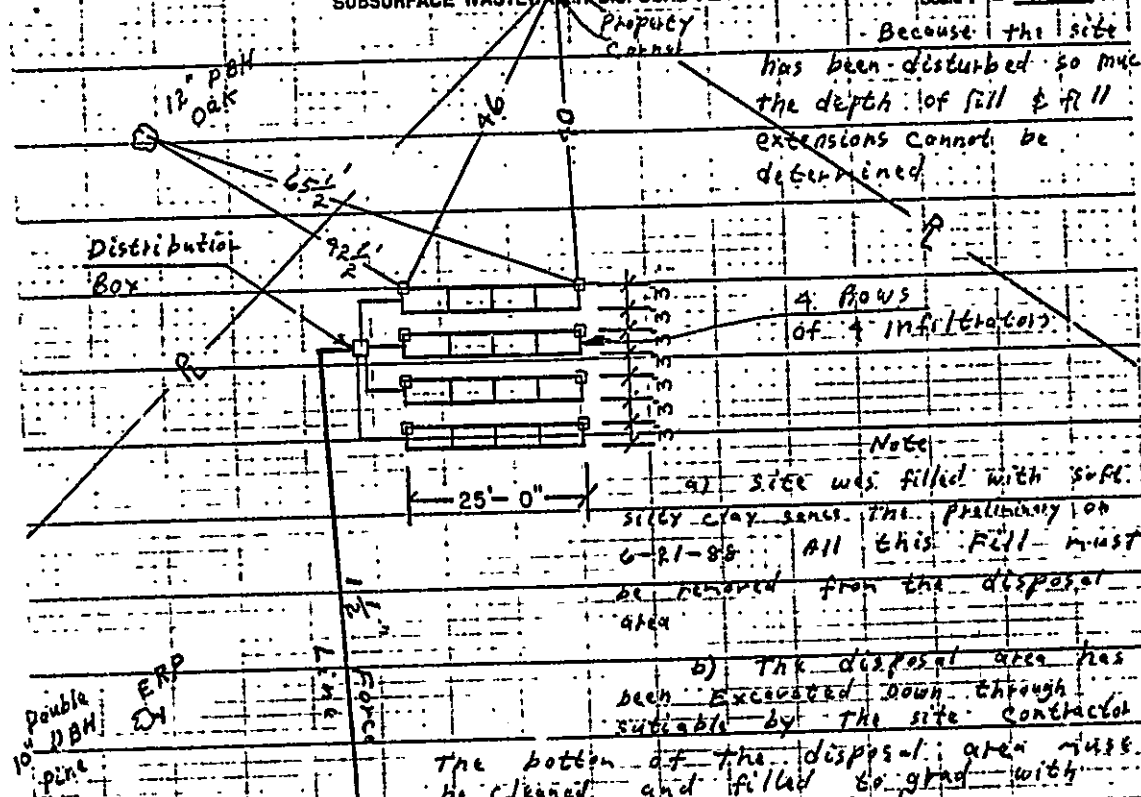
Portland

McAlister Farm Subdivision Lot #5

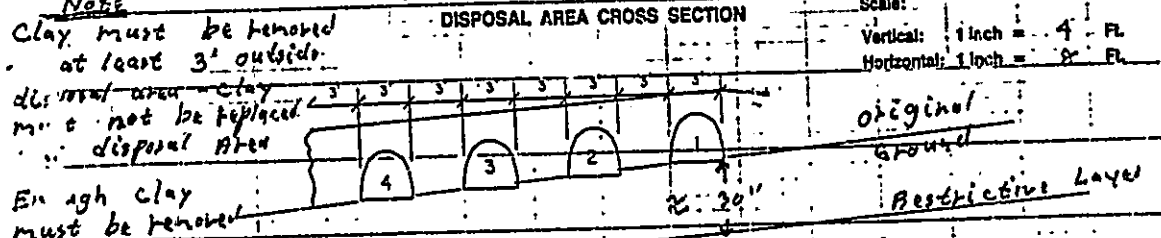
B & B Properties

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <input checked="" type="checkbox"/>	Reference Elevation Is <input type="checkbox"/>	<input type="checkbox"/> Nail Through Flag in Double
Depth of Fill (Downslope) <input checked="" type="checkbox"/>	Bottom of Disposal Area <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pine 8' above Ground
<input checked="" type="checkbox"/>	Top of Distribution Lines or Chambers <input checked="" type="checkbox"/>	



Clay must be removed at least 3' outside disposal area - clay must not be replaced in disposal area.

Enough clay must be removed to allow surface runoff without any ponding.

Note: Elevation of Bottom of Infiltrators has been marked on grade stakes. Fill to Grade with Clean Loamy Sand.

System	Finish Grade	Top of Infiltrator	Invert Inlet	Bottom
4	+15'	+33'	+31'	+15'
3	+9'	+27'	+25'	+15'
2	-6"	+12"	+24"	+30"
1				

INTEGRATOR DETAIL not to scale

M. E. Millard Site Evaluator Signature

222 SE

6-9-89 Date

Page 3 of 3
4HE-200 Rev. 1-84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)269-3626

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: Riverside St. McAlister
Both Subdivision Lot #5

PROPERTY OWNERS NAME

Last: B & B Properties Inc.

Applicant Name: Jordan Milton

Mailing Address of Owner/Applicant (If Different): 2 City Center Portland, Me
93 Bowdoin St So. Portland, Me

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Owner/Applicant Statement

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

Caution: Inspection Required

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

Signature of Owner/Applicant: _____ Date: _____

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ 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>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CON' CTED 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>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BEL. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHA. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</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"/> OTHER _____</p> <p align="center">SPECIFY</p>
<p>SIZE OF PROPERTY: <u>6.5 acres</u></p> <p>ZONING: <u>Industrial</u></p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Public Water</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</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>WATER CONSERVATION</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>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: <u>25-50</u> GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>Water Co Record</u></p> <p><u>600 cubic feet</u></p> <p><u>per 3 months</u></p> <p><u>multiply by</u></p> <p><u>factor of 2</u></p> <p>DESIGN FLOW: <u>115 GPD</u> (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>7</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>39</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>400</u> Sq. Ft. <input checked="" 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>	

SITE EVALUATOR STATEMENT

On 6-21-89 (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.

J. E. Milton Site Evaluator Signature

222 SE#

6-9-89 Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **Portland** Street, Road, Subdivision Lot # 5: **McAlister Farm subdivision** Owners Name: **B.F.B. Properties**

SITE PLAN Scale 1" = .50' Fl. **SITE LOCATION PLAN** (Attach Map from Maine Atlas for New System Variance)

KAMCO Lot # 3 12" o.d. Distribution Box

4 Rows of 4 infiltrators

Pump chamber Septic Tank

12" o.d. Inlet Pipe

to Westbrook
Warren Ave

Riverside Street

Jordan Milton L.L. Bean
Lot # 5 Lot # 4

Note
on 6-8-89 I checked the proposed disposal system. The site contractor had moved the disposal area up 25' and dug to the specified depth which was 3' above the original sewer ground surface.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 2 Test Pit Boring
3' silt clay fill Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Fine	Loose	Dark	None
6	Sandy	Lo	Brown	Evident
10	Loam	Friable		
18			Yellow	
20	Fine			
	Sand			
30				
40	Loamy	Firm	Olive	Gray
	Fine			
	Sand			
60				

Soil: 5 Type: Fine	Classification: C Category: Loam	Slope: 12%	Limiting Factor: 36'	<input type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock
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Observation Hole 3 Test Pit Boring
6' silt clay fill Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Fine		Dark	None
6	Sandy	Loose	Brown	Evident
10	Loam	Lo		
18		Friable		
20	Loamy		Yellow	
	Fine			
	Sand			
30				
40	silt loam	Firm	Olive	
	Loam			
	Silt clay			
60	Loam			

Soil: 7 Type: Fine	Classification: C Category: Loam	Slope: 12%	Limiting Factor: 39'	<input type="checkbox"/> Ground Water <input type="checkbox"/> Permeable Layer <input type="checkbox"/> Bedrock
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M.E. Williams
Site Evaluator Signature

222
SE#

6-9-89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plan/Block

Street, Road, Subdivision

Owner's Name

Portland

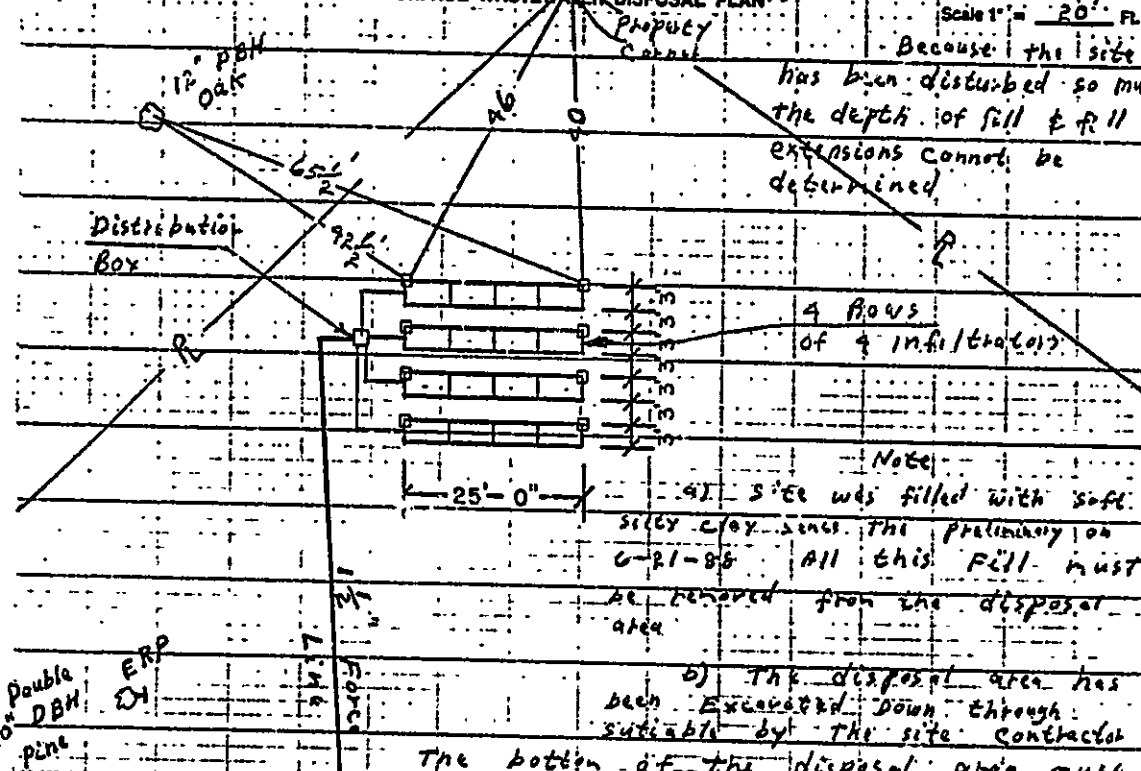
McAlister Farm

Subdivision Lot 5

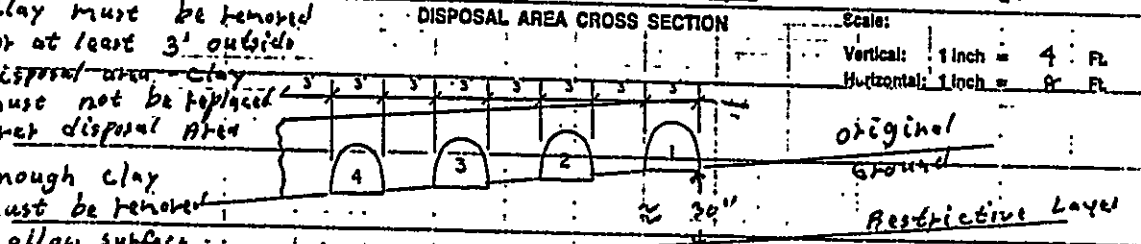
B. B. Properties

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

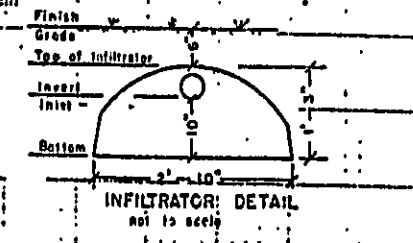


FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <input checked="" type="checkbox"/>	Reference Elevation is 0	Nail Through Flag in double pine 8' above ground
Depth of Fill (Downslope) <input checked="" type="checkbox"/>	Bottom of Disposal Area <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Top of Distribution Lines or Chambers <input checked="" type="checkbox"/>	



	4	3	2	System
Finish Grade	+15	+33	+41	+51
Top of Infiltrator	+9	+27	+37	+45
Inlet				
Bottom	-6"	+12"	+24"	+30"

Elevation of Bottom of infiltrators has been marked on grade stakes. Fill to grade with clean loamy sand.



M. E. Millard
Site Evaluator Signature

222
SE#

6-9-89
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		<p>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.</p>
Town Or Plantation	Portland	
Street	Riverside St. McAlister	
Subdivision Lot #	Fish subdivision Lot # 5	
PROPERTY OWNERS NAME		
Last: B & B Properties Inc.		
Applicant Name	Jordan Milton	
Mailing Address of Owner/Applicant (If Different)	2 City Center Portland, Me 93 Bowdoin St. So Portland, Me	
Owner/Applicant Statement		<p>Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p>
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	Local Plumbing Inspector Signature
		Date Approved

PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</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"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 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</p>
<p>SEASONAL CONVERSION 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>IF REPLACEMENT SYSTEM: 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 _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY: 6.8 acres</p>	<p>ZONING: Industrial</p>	<p>TYPE OF WATER SUPPLY Public Water</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</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>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: 25-50 GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</p> <p>Water Co Record 600 cubic feet per 3 months Multiply by factor of 2 DESIGN FLOW: 115 GPD (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 7 CONDITION: C DEPTH TO LIMITING FACTOR: 39</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MED-UM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft. 2. <input checked="" type="checkbox"/> CHAMBER 400 Sq Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____</p>	

SITE EVALUATOR STATEMENT
On 6-27-88 (date), 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.

G.E. Whitcomb 222 6-9-89
Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Portland Street, Road, Subdivision: McAlister Farm subdivision Lot # 5 Owners Name: B & B Properties

SITE PLAN Scale 1" = 50' FE

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

Lot # 3, 12" o.d. pipe, Distribution Box, 4 Rows of 4 infiltrators, Pump chamber, Septic Tank, 1" Dia. Line, Lot # 4, Jordan Milton, L. L. Bean, Lot # 5, Lot # 4, Westbrook, Warm Ave, Riverside Street.

Note:
On 6-8-89 I checked the proposed disposal system. The site contractor had moved the disposal area upwards 25' and dug to the specified depth which was gravity below the original sewer ground surface.

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

Observation Hole 2				Observation Hole 3			
3' silt clay fill				6' silt clay fill			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-6" Fine	Loose	Dark	None	0-6" Fine	Loose	Dark	None
6-10" Sandy	Loose	Brown	Evident	6-10" Sandy	Loose	Brown	Evident
10-15" Loam	Friable			10-15" Loam	Loose		
15-20" Fine		Yellow		15-20" Loamy	Friable		
20-30" Sand				20-30" Fine		Yellow	
30-40" Sand				30-40" Sand			
40-50" Loamy	Firm	Olive Gray		40-50" silt	Firm	Olive	
50-55" Fine				50-55" Loam	Firm	Olive	
55-60" Sand				60-65" silt clay			
60-65" Sand				65-70" Loam			

Soil	Classification	Slope	Limiting Factor	Ground Water	Recharge Layer	Bedrock
5	C	12%	36'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	C	12%	39'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M. E. Williams
Site Evaluator Signature

222
SE#

6-9-89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

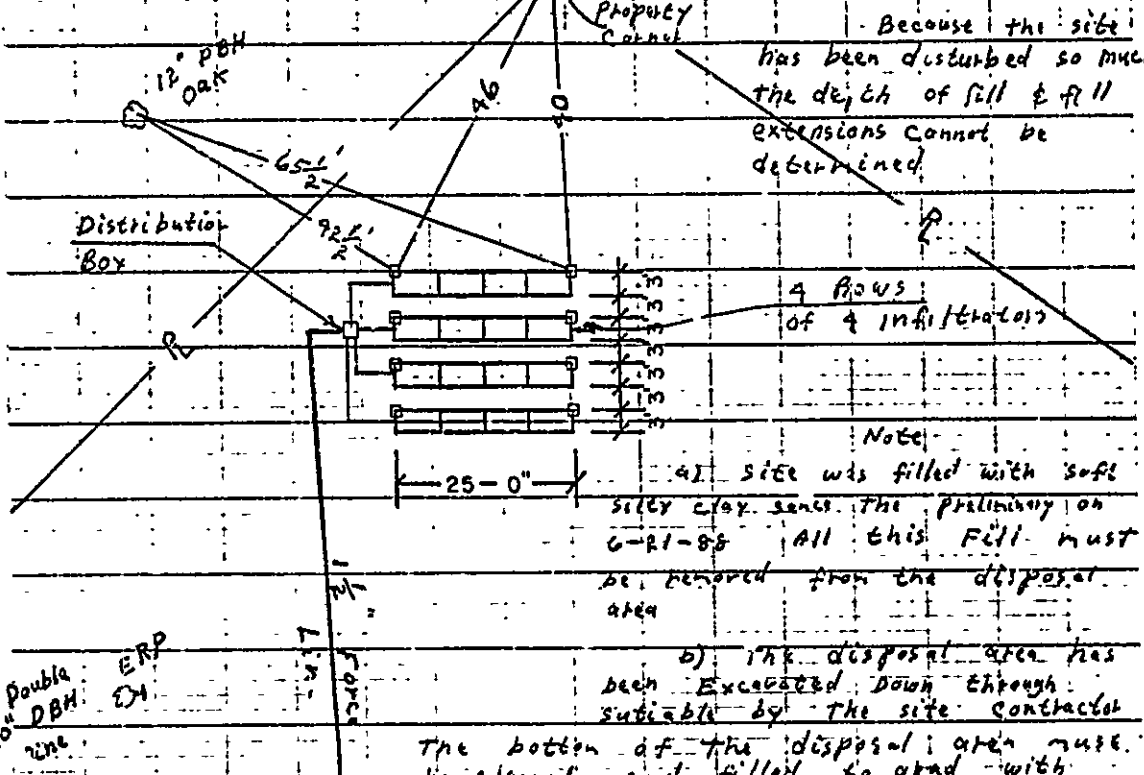
Street, Road, Subdivision

Owners Name

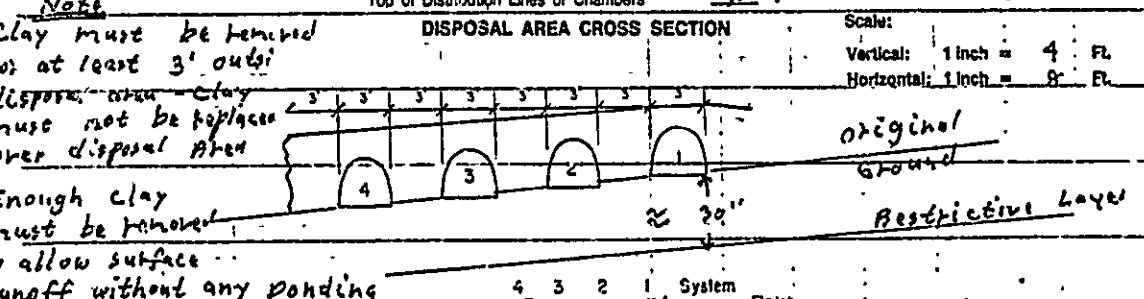
Portland McAlister Farm Subdivision Lot #5 B & B Properties

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <input checked="" type="checkbox"/>	Reference Elevation is 0	<input checked="" type="checkbox"/> Nail Through Flag in double
Depth of Fill (Downslope) <input checked="" type="checkbox"/>	Bottom of Disposal Area <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pine 8' above ground
<input checked="" type="checkbox"/>	Top of Distribution Lines or Chambers <input checked="" type="checkbox"/>	



Elevation of Bottom of Infiltrators has been marked on grade stakes	System	Finish Grade	Top of Infiltrator	Invert	Bottom
+15	4	+15	+15	+15	+15
+22	3	+22	+22	+22	+22
+27	2	+27	+27	+27	+27
+37	1	+37	+37	+37	+37
+45					
-6"					
+12"					
+24"					
+30"					

INFILTRATOR DETAIL
not to scale

M. E. [Signature] 222 6-9-89
Site Evaluator Signature SP# Date
Page 3 of 3 HHE-200 Rev. 1 84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3325

PROPERTY ADDRESS		<p style="text-align: center;">Caution: Permit Required</p> <p>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.</p>
Town Or Plantation	Portland	
Street	Riverside St. McAlister	
Subdivision Lot #	Fish Subdivision Lot # 5	
PROPERTY OWNERS NAME		
Last B & B Properties Inc.		
Applicant Name	Jordan Milton	
Mailing Address of Owner/Applicant (if Different)	2 City Center Portland, Me 43 Bowdoin St So Portland, Me	
Owner/Applicant Statement		<p style="text-align: center;">Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p>
I certify that the information submitted is correct to the best of my knowledge and understand that any false information is cause for the Local Plumbing Inspector to deny a Permit		
Signature of Owner/Applicant	Date	
		Local Plumbing Inspector Signature
		Date Approved

PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ 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>SEASONAL CONVERSION 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>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</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>DISPOSAL SYSTEM TO SERVE:</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"/> OTHER _____</p> <p style="text-align: center;">SPECIFY _____</p>
<p>SIZE OF PROPERTY ZONING</p> <p>6.8 acres Industrial</p>	<p>TYPE OF WATER SUPPLY</p> <p>Public Water</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE _____)							
<p>TREATMENT TANK</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: 1000 GALS</p>	<p>WATER CONSERVATION</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>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT AND LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: 55-50 GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>Water Co Record 600 cubic feet per 3 months</p> <p>Multiply by factor of 2</p> <p>DESIGN FLOW: 115 GPD (GALLONS/DAY)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PROFILE</td> <td style="width: 50%;">CONDITION</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">C</td> </tr> </table> <p>DEPTH TO LIFTING FACTOR: 39</p>	PROFILE	CONDITION	7	C	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 400 Sq Ft</p> <p style="padding-left: 20px;"><input checked="" 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>	
PROFILE	CONDITION						
7	C						

SITE EVALUATOR STATEMENT

On 6-21-89 (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.

R. E. Whitcomb 222 6-9-89
Site Evaluator Signature SE# Date

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 23, 1989, 19
 Receipt and Permit number 00340

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: McAllister Farm Subd. Riverside St.

OWNER'S NAME: Jordan Milton ADDR SS: _____

	FEES
OUTLETS:	
Receptacles <u>99</u> Switches <u>30</u> Plugmold <u>20</u> ft. TOTAL <u>149</u>	13.96
FIXTURES: (number of)	
Incandescent <u>6</u> Fluorescent <u>6</u> (not strip) TOTAL <u>12</u>	3.20
Strip Fluorescent <u>35</u> ft.	3.00
SERVICES:	
Overhead _____ Underground <u>XX</u> Temporary _____ TOTAL amperes <u>800</u> ..	6.00
METERS: (number of) <u>1</u>50
MOTORS: (number of)	
Fractional <u>7</u>	=2.50
1 HP or over	
RESIDENTIAL HEATING:	
Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) <u>3</u>	15.00
Oil or Gas (by separate units)	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters <u>1</u>	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	4.50
TOTAL <u>3</u>	
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u>	1.00
Transformers	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under <u>1</u>	2.50
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 <u>3</u>	3.00
over 30 amps <u>1</u>	2.00
Circus Fires, etc	
Alterations to wires	
Repairs after fire	
Emergency Lights, battery <u>12</u>	11.00
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>68.10</u>	

INSPECTION:

Will be ready on _____, 19__; or Will Call XX _____

CONTRACTOR'S NAME: Aladdin Elec

ADDRESS: 171 Warren Ave

TEL.: 878-3995

MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: 04471 *Herbert A. Chabre*

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation Portland	Street, Road, Subdivision, Lot # McAlister Farm subdivision	Owners Name BFB Properties
SITE PLAN KAMCO Lot # 3 Scale 1" = 50' FL 12" o.d.k. Distribution Box 4 Rows of 4 infiltrators 1.R. 16' 40' 40'		SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance) Riversider Street to Westbrook WORTH AVE
Jordan Milton Lot # 5		L.L. Bean Lot # 4
Note ON 6-8-89 I checked the proposed disposal system. The site contractor had moved the disposal area up 25' and dug to the specified depth which was Gravity below the original ground surface.		
Pump Chamber Septic Tank 12" o.d.k.		

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 3' silt clay fill		Observation Hole <u>3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 6' silt clay fill	
Depth of Organic Horizon Above Mineral Soil		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-3" Fine	loose	Dark	None
3-10" Sandy	loose	Brown	Evident
10-15" Loam	friable		
15-20" Fine		Yellow	
20-30" Sand			
30-40" Loamy	Firm	Olive	
40-50" Fine		Gray	
50-60" Sand			
Soil Classification: <u>S</u> (Fine)		Slope: <u>12%</u>	Limiting Factor: <u>36</u>
Soil Classification: <u>C</u> (Common)		Slope: <u>12%</u>	Limiting Factor: <u>39</u>

M.E. Williams
Site Evaluator Signature

222
SE#

6-9-89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Parish

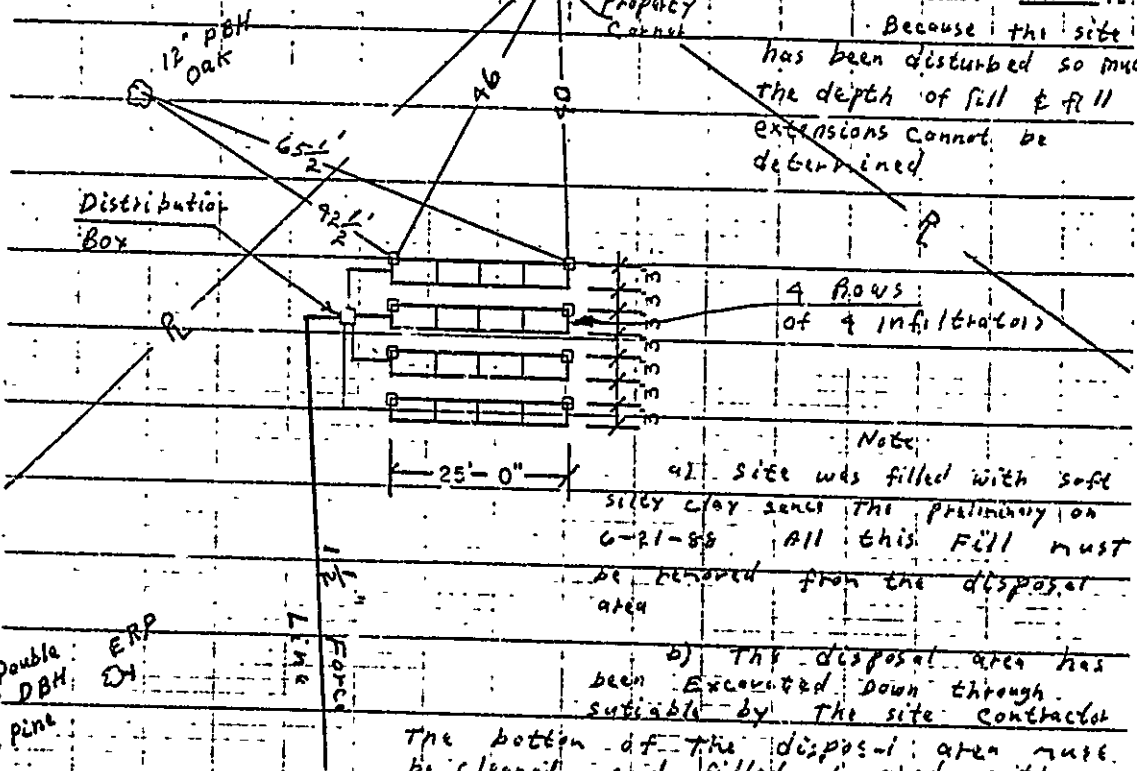
Street, Road, Subdivision

Department of Health Engineering
Division of Health Engineering

Portland McAlister Farm Subdivision Lot #5 B & B Properties Owners Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.



Because the site has been disturbed so much the depth of fill & fill extensions cannot be determined.

Note: a) Site was filled with soft silty clay since the preliminary on 6-21-88. All this fill must be removed from the disposal area.

b) The disposal area has been excavated down through suitable by the site contractor.

The bottom of the disposal area must be cleaned and filled to grade with a good quality loamy sand.

FILL REQUIREMENTS

Depth of Fill (Upslope)	X
Depth of Fill (Downslope)	X

Note

CONSTRUCTION ELEVATIONS

Reference Elevation is	0
Bottom of Disposal Area	X
Top of Distribution Lines or Chambers	X

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

X	Nail Through Flag in double pine 8' above ground
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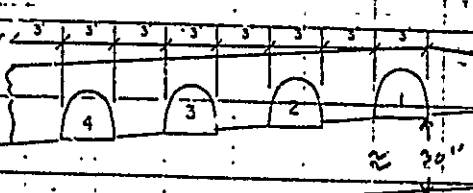
Clay must be removed for at least 3' outside disposal area. Clay must not be replaced over disposal area.

Enough clay must be removed to allow surface runoff without any ponding.

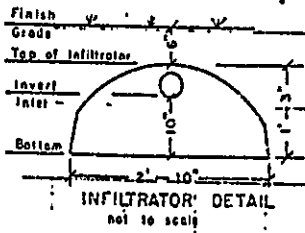
Note:

Elevation of Bottom of Infiltrators has been marked on grade stakes. Fill to grade with clean loamy sand.

DISPOSAL AREA CROSS SECTION



System	1	3	2	1
Finish Grade	+15	+33	+4	+51
Top of Infiltrator	+9	+27	+37	+45
Invert Inlet	-6"	+12"	+24"	+30"



M. E. Millard
Site Evaluator Signature

RR2
SE

6-9-89
Date

002050 CITY OF Portland BUILDING PERMIT APPLICATION MAP # LOT #

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

Address: Maine Turnpike Authority 871-7771
430 Riverside St. Pcid. 04103

LOCATION OF CONSTRUCTION Intersection Riverside St. Exit 8

TRACTOR: _____ SUBCONTRACTORS: _____

DRESS: _____

Construction Cost: 620,000. Type of Use: constructing new toll booth (2) and one utility booth

Dimensions L W Sq. Ft. # Stories: Lot Size:

Proposed Use: Seasonal Condominium Apartment

Conversion - Explain _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Identical Buildings Only: Dwelling Units # Of New Dwelling Units

Adaptation: _____

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

Roof: _____

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>March 27, 1989</u>	Subdivision: Yes / No <u> </u>
Inside Fire Limits _____	Name _____
Edg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost <u>620,000.</u>	Permit Expiration: _____
Value of Structure _____	Ownership: _____ Public _____ Private _____
For <u>BIDD SITE PLAN 300.00</u>	
Building Permit <u>3120.00</u>	total <u>3,420.00</u>

Ceiling: _____
 1. Ceiling Joists Size: _____ **PERMIT ISSUED**
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ MAY 9 1989
 5. Ceiling Height: _____

Roof: _____
 1. Truss or Rafter Size _____ City of Portland
 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 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 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 5-9-89

Permit Received By Deborah Goode

Signature of Applicant _____ Date 5-27-89

Signature of CEO _____ Date 5-8-89

Inspection Dates _____

White-Tax Assessor _____ Yellow-GPCOG _____ White Tag-CEO _____

Copyright GPCOG 1987

PLOT PLAN

5/24 - Utility ~~Plan~~ ^{K12g} foundation OK
 4/90 Completed ~~OK~~

N



FEES (Breakdown From Front)

Base Fee \$ _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type

Inspection Record

Date

____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

COMMENTS

Signature of Applicant John H. Taylor (AGENT FOR OWNER) Date 3-27-89



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

May 9, 1989

Maine Turnpike Authority
430 Riverside Street
Portland, Maine

Re: Exit 8

Dear Sir:

Your application to construct a new toll booth has been reviewed and a permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

Inspection Services	Approved	W. Giroux	May 9, 1989
Public Works	Approved	S. Harris	May 2, 1989
Fire Department	Approved	Lt. Garroway	March 31, 1989
Planning Division	Approved with conditions*	R. Henry	March 28, 1989

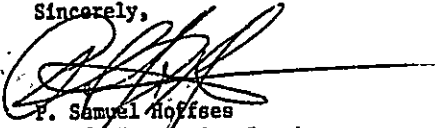
* The entire site shall be developed and/or maintained as depicted on the site plan. Approval of the Planning Authority or Planning Board shall be required for any alteration to or deviation from the approved plan, including without exception: topography, drainage, landscaping, retention of wooded or lawn areas; access; size; location and surfacing of parking areas; and location and size of buildings.

Building Code Requirements

Please read and implement items 1 and 11 of the attached Building Permit report.

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

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: W. Giroux, Zoning
S. Harris, Public Works
Lt. Garroway, Fire Department
R. Henry, Planning

BUILDING PERMIT REPORT

ADDRESS: EXIT 8 MAINE TURNPIKE DATE: 9/MAY/84

REASON FOR PERMIT: NEW TOLL BOOTHS

BUILDING OWNER: MAINE TURNPIKE

CONTRACTOR: OWNER

PERMIT APPLICANT: 11

APPROVED: * 1 * 11 DENIED: _____

CONDITION OF APPROVAL OR DENIAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

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

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

Sincerely,


P. Samuel Hoffers
Chief of Inspection Services

/el
11/16/88

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant John Taylor 871-7771

Mailing Address 430 Riverside Street Ptld. 04103

Proposed Use of Site toilet booth utility booth

Acreage of Site / Ground Floor Coverage 576 sq ft.

Intersection Riverside Street and Exit 8
 Address of Proposed Site 430 Riverside St. (Exit 8)

Site Identifier(s) from Assessors Maps N/A Richard Henry ext. 8720

Zoning of Proposed Site B-4

Site Location Review, (DEP) Required: () Yes () No

Board of Appeals Action Required: () Yes () No

Planning Board Action Required: () Yes () No

Proposed Number of Floors 1

Total Floor Area 576 sq ft.

Other Comments: _____

Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW

(Does not include review of construction plans)

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

Explanation _____

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: **SPACE & BULK,**
as applicable

COMPLIES

COMPLIES
CONDITIONALLY

DOES NOT
COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: OK W.D.A. 5-9-89

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant John Taylor 871-7771

March 27, 1989

Mailing Address 430 Riverside Street 2nd. 04103

Intersection Riverside Street and Exit 8
430 Riverside St. (Exit 8)

Proposed Use of Site cell booth utility booth

Address of Proposed Site

Acreage of Site / Ground Floor Coverage 576 sq ft.

Site Identifier(s) from Assessors Maps
H/A Richard Henry ext. 8726

Zoning of Proposed Site
R-4

Site Location Review (DEP) Required: () Yes () No

Proposed Number of Floors 1

Board of Appeals Action Required: () Yes () No

Total Floor Area 576 sq ft.

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due: _____

PLANNING DEPARTMENT REVIEW

(Date Received)

Major Development — Requires Planning Board Approval: Review Initiated

Minor Development — Staff Review Below

	LOADING AREA	PARKING	CIRCULATION PATTERN	ACCESS	PEDESTRIAN WALKWAYS	SCREENING	LANDSCAPING	SPACE & BULK OF STRUCTURES	LIGHTING	CONFLICT WITH CITY PROJECTS	FINANCIAL CAPACITY	CHANGE IN SITE PLAN
APPROVED												
APPROVED CONDITIONALLY												CONDITIONS SPECIFIED BELOW
DISAPPROVED												REASONS SPECIFIED BELOW

REASONS: The entire site shall be developed and/or maintained as depicted on the site plan. Approval of the plan by authority of Planning Board shall be required for any alteration to or deviation from the approved plan, including, without exception: topography; linings; landscaping; retention of wooded areas; access; size, location, and surfacing of parking areas, and location and size of buildings.
(Attach Separate Sheet if Necessary)

Richard Henry 3/28/89
SIGNATURE OF REVIEWING STAFF, DATE
PLANNING DEPARTMENT COPY AS



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 31, 1989
 Receipt and Permit number 00359

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: Riverside Street Exit 8 Toll Booth
 OWNER'S NAME: Maine Turnpike Authority ADDRESS: Riverside Street

	FEES
OUTLETS:	
Receptacles <u>20</u> Switches <u>30</u> Plugmold _____ ft. TOTAL <u>50</u> <u>55</u>	5.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>34</u> (not strip) TOTAL <u>34</u>	5.40
Strip Fluorescent _____ ft.	
SERVICES:	200
Overhead <u>y</u> Underground _____ Temporary _____ TOTAL amperes 500 ..	3.00
METERS: (number of) <u>1</u>50
MOTORS: (number of)	
Fractional	
1 HP or over <u>2</u>	2.00
RESIDENTIAL HEATING:	
Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) <u>X</u>	5.00
Oil or Gas (by separate units)	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters <u>1</u>	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) <u>1 King Unit</u>	1.50
TOTAL <u>1</u>	1.50
MISCELLANEOUS (number of)	
Branch Panels <u>6</u>	6.00
Transformers	
Air Conditioners Central Unit	
Separate Units (windows) <u>1</u>	2.00
Signs 20 sq. ft. and under	
Over 20 sq. ft.	
Swimming Pools Above Ground	
In Ground	
Fire/Burglar Alarms Residential	
Commercial	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under	
over 30 amps	
Circus, Fairs, etc.	
Alterations to wires	
Repairs after fire	
Emergency Lights, battery	
Emergency Generators	5.00
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-10.b)	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: <u>36.90</u>

INSPECTION:

Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: Warren Mechanical, Inc.
 ADDRESS: P.O. Box 149 Westbrook, Maine 04092
 TEL: 854-0441
 MASTER LICENSE NO.: 14219 Paul Fontaine SIGNATURE OF CONTRACTOR: Paul Fontaine
 LIMITED LICENSE NO.: _____

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: _____
Street: _____
Subdivision Lot #: 8 P Timberline

PROPERTY OWNERS NAME

Last: ME Turnpike Authority First: of ME

Applicant Name: THE ARVETCO

Mailing Address of Owner/Applicant (if Different): PO Box 1377 20461 01104

PORTLAND PERMIT # 3,422 TOWN COPY

Date Permit Issued: 12/10/10 FEE: Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # 11113

Owner/Applicant Statement

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

Signature of Owner/Applicant: _____ Date: 5/16/09

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date: 5/21/09

PERMIT INFORMATION

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY: Talk House

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 474

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	0, 1	Hosebib / Silcock		Bathtub (and Shower)
	0, 2	Floor Drain		Shower (Separate)
		Urinal	0, 1	Sink
		Drinking Fountain	0, 1	Wash Basin
		Indirect Waste	0, 1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	0, 1	Water Heater
Number of Hook-Ups & Relocations	4, 7			
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	0, 4	Fixtures (Subtotal) Column 1
			0, 3	Fixtures (Subtotal) Column 2
			0, 7	Total Fixtures
			\$ 21.00	
			6.21	Permit Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



Robert Stetson
ENGINEERING COORDINATOR

WESTERN AVENUE AT 195
P.O. BOX 359
FAIRFIELD, MAINE 04937
207/453-9311



Last user
Increased cost of work

APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1
Portland, Maine, January 12, 1988

PERMIT ISSUED
JAN 21 1988
City of Portland

OF BUILDINGS, PORTLAND, MAINE

Applicant hereby applies for amendment to Permit No. 87/348 pertaining to the building or structure comprised on in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of said State and specifications, if any, submitted herewith, and the following specifications:

Riverside Street Within Fire Limits? Dist. No.
Address: Bountey Realty - c/o Boulos Co. 2 City Center Telephone 772-1333
Address: Sheridan Corp. - Fairfield ME Telephone 774-6138
Address: P.O. Box 689 Westbrook, ME 04092 Plans filed No. of sheets
Address: restaurant & 2 office/warehouses No. families
Additional fee

Description of Proposed Work

revised plans to show moving of stairs to outside of upper level and ~~revised~~ plans for the kitchen in detail with the equipment schedule 4 sets of plans

Details of New Work

Is any plumbing involved in this work?	Is any electrical work involved in this work?	...
Height average grade to top of plate	Height average grade to highest point of roof
Size, front depth	No. stories	solid or filled land: earth or rock?
Material of foundation	Thickness, top	bottom cellar
Material of underpinning	Height	Thickness
Kind of roof	Rise per foot	Roof covering
No. of chimneys	Material of chimneys	of lining
Framing lumber—Kind	Dressed or full size?	
Corner posts	Sills	Girt or ledger board? Size
Girders	Size	Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.		
Joists and rafters:	1st floor	, 2nd , 3rd , roof
On centers:	1st floor	, 2nd , 3rd , roof
Maximum span:	1st floor	, 2nd , 3rd , roof

Approved: *James V. Collins, Sr.*

Signature of Owner: *[Signature]*
Approved: *[Signature]* Inspector of Building
[2] Mr. Carroll

INSPECTION COPY

FILE COPY

APPLICANT'S COPY

ASSESSOR'S COPY

PERMIT # 1110 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Boulos Company

Address: 6R3 City Center

LOCATION OF CONSTRUCTION Exit 8, Turnpike West - Lock #110

CONTRACTOR: Bailey Sign SUBCONTRACTORS: _____

ADDRESS: 9 Thomas Drive Westbrook ME 04092 774-2843

Est. Construction Cost: _____ Type of Use: Professional

Past Use: _____

Building Dimensions L _____ W _____ Sq Ft _____ # Stories _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Erect 39'10" x 22" sign as per plans

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 _____ Spacing _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date: <u>March 17/88</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name: _____
Hdg Code: _____	Lot: _____
Use Limit: _____	Block: _____
Estimated Cost: _____	Permit Expiration: _____
Value/Structure: _____	Ownership: _____
Fee: <u>33.20</u>	Public: _____
	Private: _____

Calling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceiling: _____
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 Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

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

Zoning:

District: B-2 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 _____

Share and Floodplain Mgmt. _____ Special Exception _____

Other: _____ (Explain) _____

Date Approved: March 17, 1988

Permit Received By Lynne Benoit

Signature of Applicant [Signature] Date 3/17/88

Signature of CEO [Signature] Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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M.M. Carter

PLOT PLAN

N



FEES (Breakdown From Front)
Base Fee \$ 33.20 - pd 3/17/88
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS

Signature of Applicant

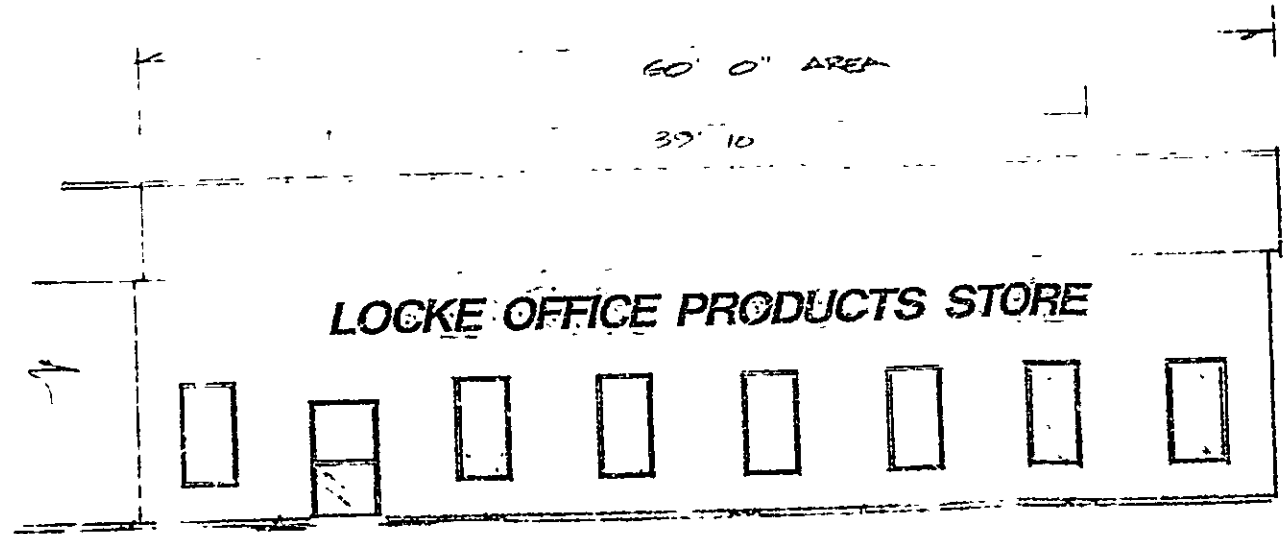
Rodney D. Benson

Date _____

LOCKE OFFICE PRODUCTS STORE

SCALE $\frac{3}{8}'' = 1' - 0''$

SEE PLAN FOR ELEVATION



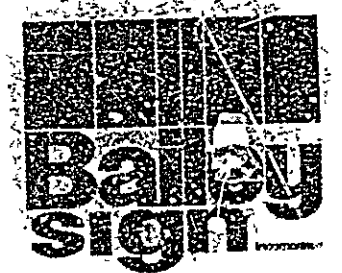
LOCKE OFFICE PRODUCTS STORE

LOCKE OFFICE
 @ TURNPIKE WEST

SCALE $\frac{1}{8}'' = 1'$

PLEASE VERIFY ELEVATION LENGTH

NORTON 28
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9 Thomas Drive
 Col. Westbrook Executive Park
 Westbrook, ME 04092

Revised		
	3/4	REVISE
Remarks		
Customer LOCKE OFFICE		
Location TURNPIKE WEST		
Scale AS NOTED	Date 3/14/15	
Job #	Sheet 1 of 1	

PERMIT # 000290 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Owner: The Boulos Company

Address: 2 City Center Portland

LOCATION OF CONSTRUCTION: Turkey West, Exit 9 - Me. Colliery

CONTRACTOR: Bailey Sign SUBCONTRACTORS: _____

ADDRESS: Thomas Drive Westbrook, ME 04092 774-2843

Est. Construction Cost: _____ Type of Use: Professional

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: Erect 20'6" x 36" sign as per plans

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 Size _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
- b. Other Materials _____

For Official Use Only	
Date: <u>March 17, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Build Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration _____
Value Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>30.30</u>	

Ceilings:

1. Ceiling Joist Size: _____ **PERMIT ISSUED**
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size: MAR 18 1988
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 (required) Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

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

Zoning:

District: B-2 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) _____

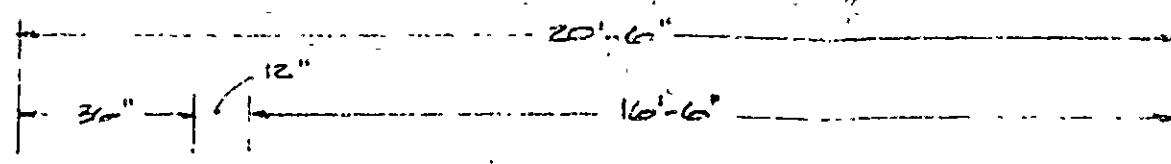
Date Approved: OK - [Signature] March 17, 1988

Permit Received By: Kyhn Lynne Benoit

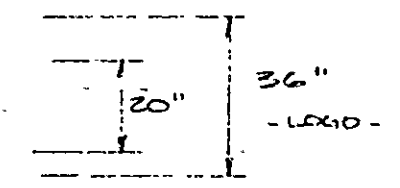
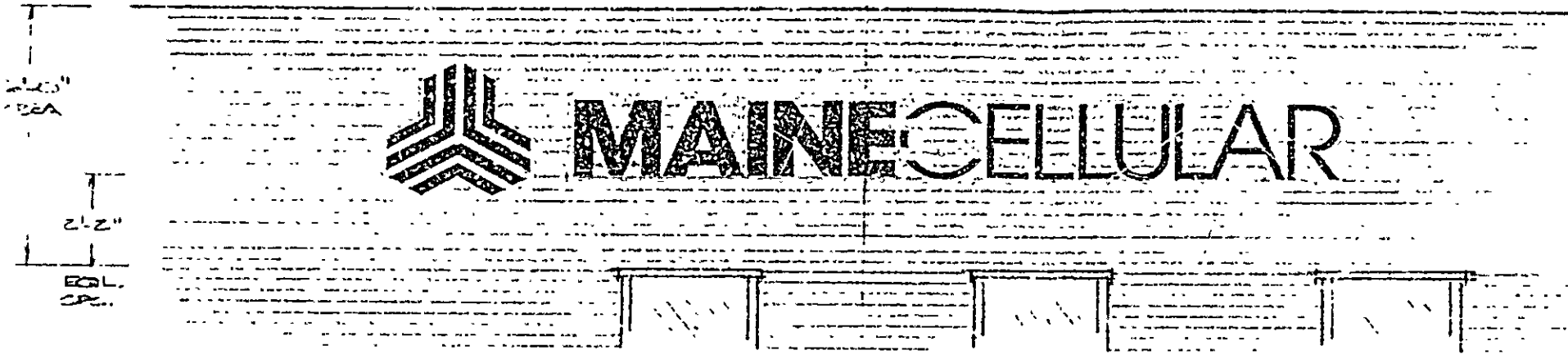
Signature of Applicant: Rodney L. Benoit Date: 3/17/88

Signature of CEO: Rodney L. Benoit Date: _____

Inspection Dates: _____



COLORS:



2'-0"
SIA
2'-2"
BOL
SP.

SMITH '88
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ITEM ① BLDG. LETTERS, FRONT
INDIVIDUALLY MOUNTED,
FABRICATED METAL LETTERS
MATERIAL, ALUMINUM

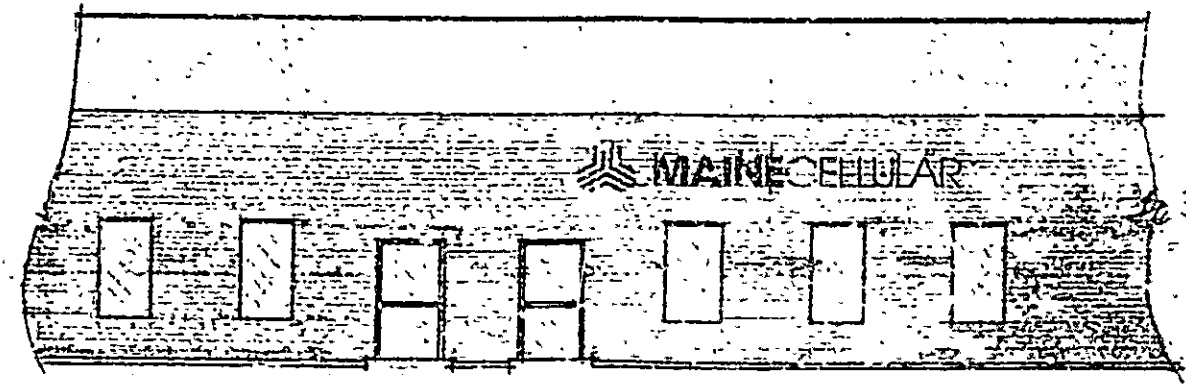
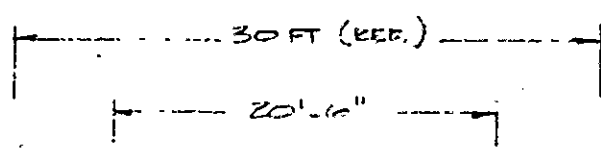
DETAIL OF INSTALLATION

SCALE: 3/8" = 1 FT.

MAY 1 1988
DEPT. OF LOCAL AFFAIRS
CITY OF PORTLAND

TENANT
LOCATION TO
BE VERIFIED.

PROPOSAL #1



ELEVATION

MAINE CELLULAR
C TUENPIKE WEST

SCALE: 1/8" = 1 FT.



9 Thomas Drive
Col. Westbrook Executive Park
Westbrook, ME 04092

Revised	
Remarks	ITEM ① BLDG.
Customer	MAINE CELLULAR
Location	TUENPIKE WEST
Scale	NOTED
Date	1-18-88
Job #	
Sheet	1 of 1

190 Riverside St.

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form**

Applicant John Taylor 871-7771
 Mailing Address 430 Riverside Street Ptld. 04103
 Proposed Use of Site cell booth utility booth
 Acreage of Site / Ground Floor Coverage 576 sq. ft.

Date March 21, 1989
 Address of Proposed Site Intersection Riverside Street and Exit 6
430 Riverside St. (Exit 6)
 Site Identifier(s) from Assessors Maps N/A Richard Henry ext. 3726
 Zoning of Proposed Site R-4

Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 1
 Board of Appeals Action Required: () Yes () No Total Floor Area 576 sq ft.
 Planning Board Action Required: () Yes () No

Other Comments: _____
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

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

REASONS: _____

(Attach Separate Sheet If Necessary)

Stephen K. Harris 5/2/89

 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

John Taylor 871-7771

March 27, 1988

Applicant: 430 Riverside Street Bld. 04103

Intersection of Riverside Street and Exit 8

Mailing Address: call booth utility booth

430 Riverside St. (Exit 8)

Proposed Use of Site: 576 sq ft.

Address of Proposed Site: N/A Richard Henry ext. 8726

Acresage of Site / Ground Floor Coverage

Site Identifier(s) from Assessors Maps: B-4

Site Location: Review (DEP) Required: () Yes () No

Zoning of Proposed Site

Board of Appeals Action Required: () Yes () No

Proposed Number of Floors: 1

Planning Board Action Required: () Yes () No

Total Floor Area: 576 sq ft.

Other Comments:

Date Dept. Review Due:

FIRE DEPARTMENT REVIEW

(Date Received)

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMASE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER	
APPROVED	✓	✓			✓		✓		
APPROVED CONDITIONALLY									CONDITIONS SPECIFIED BELOW
DISAPPROVED									REASONS SPECIFIED BELOW

REASONS:

(Attach Separate Sheet if Necessary)

William C. Gorman / *June 3, 1988*

SIGNATURE OF REVIEWING STAFF/DATE

FIRE DEPARTMENT COPY

PERMIT # 002050 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Maine Turnpike Authority 871-7771

Address: 430 Riverside St. Ptd. 04103

LOCATION OF CONSTRUCTION Intersection Riverside St. Exit A

CONTRACTOR: _____ SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: 620,000 Type of Use: constructing new toll booth

Past Use: (2) and one utility booth

Building Dimensions L _____ W _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundations:

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

Floors:

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

Exterior Walls:

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

Interior Walls:

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

For Official Use Only	
Date <u>March 27, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>620,000</u>	Permit Expiration: _____
Value Structure _____	Ownership: _____
Fee: <u>Minor Site Plan 300.00</u>	Public _____
	Private _____

Building Permit 3120.00 total 3,420.00

- Ceiling:**
1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
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 _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

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

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 _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain) _____

Date Approved _____

Permit Received By Deborah Goodo

Signature of Applicant [Signature] Date 3-27-89

Signature of C/O _____ Date _____

Inspection Date (2) KT

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: Avis Exit 8 Quoniam St.

PROPERTY OWNERS NAME

Last: Harvard Corp First: Scott

Applicant Name: Ronald Leonard

Mailing Address of Owner/Applicant (if Different): RR 4 2 Box 5505 Raymond, ME 04071

PORTLAND 3740 TOWN COPY
Date Permitted: 12/19/89 Fee: 12 \$
Local Plumbing Inspector Signature: _____ L.P.L.# 0123

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.
Ronald Leonard Jr. 12/19/89
Signature of Owner/Applicant Date

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
Local Plumbing Inspector Signature: _____ Date Approved: DEC 26 1989

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY office

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # 106456

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	0.2	Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal	0.1	Sink
		Drinking Fountain		Wash Basin
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Indirect Waste	0.1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
Number of Hook-Ups & Relocations		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other: _____		Water Heater
Fixtures (Subtotal) Column 2			2	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			2	Fixtures (Subtotal) Column 2
			4	Total Fixtures
			\$	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 12	Permit Fee (Total)

TOWN COPY

ELECTRICAL INSTALLATIONS --

Permit Number 49225

Location 190 Wagonwheel Rd (Westgate Dr)

Owner Barbara Os

Date of Permit 6/23/88

Final Inspection [Signature]

By Inspector [Signature]

Permit Application Register Page No. 26

INSPECTIONS Service _____ by _____

Service called in _____

Closing-in 6/23/88 by Rum

PROGRESS INSPECTIONS _____

DATE REMARKS

6/23/88



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 23, 1988
 Receipt and Permit number 29275

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: West Gate Park, Riverside St., Portland
 OWNER'S NAME: Boulo Company ADDRESS: 2 City Center, Portland

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	FEES _____
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead _____	Under-ground _____	Temporary _____	TOTAL ampere _____	
METERS (number of)	_____				
MOTORS (number of)	Fractional _____	1 HP or over _____			
RESIDENTIAL HEATING	Oil or Gas (number of units) _____	Electric (number of rooms) _____			
COMMERCIAL OR INDUSTRIAL HEATING	Oil or Gas (by a main boiler) _____	Oil or Gas (by separate units) _____	Electric Under 20 kva _____	Over 20 kva _____	
APPLIANCES (number of)	Ranges _____	Water Heaters _____			
	Cook Tops _____	Disposals _____			
	Wall Ovens _____	Dish washers _____			
	Dryers _____	Compactors _____			
	Fans _____	Others (denote) _____			
	TOTAL _____				
MISCELLANEOUS (number of)	Branch Panels _____				
	Transformers _____				
	Air Conditioners Central Unit _____				
	Separate Units (windows) _____				
	Signs 20 sq ft and under _____				7.50
	Over 20 sq ft _____				
	Swimming Pools Above Ground _____				
	In Ground _____				
	Fire/Burglar Alarms Residential _____				
	Commercial _____				
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____				
	over 30 amps _____				
	Circus, Fairs, etc _____				
	Alterations to wires _____				
	Repairs after fire _____				
	Emergency Lights battery _____				
	Emergency Generators _____				
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE _____				
FOR REMOVAL OF A "STOP ORDER" (304-16 b)	DOUBLE FEE DUE _____				
	TOTAL AMOUNT DUE _____				7.50

INSPECTION: Will be ready on June 23, 1988; or Will call: _____
 CONTRACTOR'S NAME: Seabee Electric
 ADDRESS: 200 Anderson St., Portland
 TEL: 774-4880
 MASTER LICENSE NO.: 3014 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO. _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 22 July 1994, 19__
 Receipt and Permit number 11256

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: Riverside St Pole #64

OWNER'S NAME: _____ ADDRESS: _____

OUTLETS: _____ FEES

Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of) _____

Incandescent _____ Fluorescent _____ (not strip) TOTAL _____

Strip Fluorescent _____ ft. _____

SERVICES: _____

Overhead _____ Underground _____ Temporary _____ TOTAL amperes 30 .. 15.00

METERS: (number of) _____ 1.00

MOTORS: (number of) _____

Fractional _____

1 HP or over _____

RESIDENTIAL HEATING: _____

Oil or Gas (number of units) _____

Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: _____

Oil or Gas (by a main boiler) _____

Oil or Gas (by separate units) _____

Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) _____

Ranges _____ Water Heaters _____

Cook Tops _____ Disposals _____

Wall Ovens _____ Dishwashers _____

Dryers _____ Compactors _____

Fans _____ Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of) _____

Branch Panels _____

Transformers _____

Air Conditioners Central Unit _____

Separate Units (windows) _____

Signs 20 sq. ft. and under _____

Over 20 sq. ft. _____

Swimming Pools Above Ground _____

In Ground _____

Fire/Burglar Alarms Residential _____

Commercial _____

Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____

over 30 amps _____

Circus, Fairs, etc. _____

Alterations to wires _____

Repairs after fire _____

Emergency Lights, battery _____

Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____

TOTAL AMOUNT DUE: 16.00

INSPECTION: _____

Will be ready on _____, 19__; or Will Call _____

CONTRACTOR'S NAME: Masters Elec

ADDRESS: _____

TEL.: _____

MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____ *Ronald J. [Signature]*

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 22 July 1994, 1994
 Receipt and Permit number 11256

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: Riverside St Pole #38
 OWNER'S NAME: L.A. ADDRESS: _____ FEES

CUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes 30 .. 15.00
1.00

METERS: (number of) _____

MOTORS: (number of) Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____
 TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 16.00

INSPECTION: Will be ready on _____, 19____; or Will Call _____
 CONTRACTOR'S NAME: Masters Elec
 ADDRESS: _____
 TEL.: _____
 MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: Ronald J. Jay
 LIMITED LICENSE NO.: _____

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

