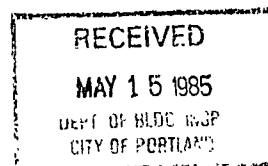


RALPH F. BLAKE

PLUMBING AND HEATING  
"Quality Work Quickly Done"  
A family tradition for over a century

May 15, 1985

Malcolm Ward, Inspector  
City of Portland  
City Hall  
389 Congress Street  
Portland, ME 04101



Dear Mr. Ward:

Enclosed is a floor plan of our house located at 577 Auburn Street, Portland, Maine. You will note that the office is located in our basement.

As per your request, a description of office activities follows:

1. Typing: Letters, bills, memos, etc.
2. Filing: All files are located in this office, containing customer records, accounts payable, accounts receivable, etc.
3. Telephones: Phone calls are made and received pertaining to business.
4. Payroll: Weekly paychecks are written, payroll taxes are computed and paid, etc.
5. Estimating: Jobs are estimated and proposals are made.

If you have any question, please don't hesitate to call. Thank you for your cooperation in this matter.

Sincerely,

Ralph F. Blake, Jr.  
Owner

RFB:jmb

Enclosure: (1)

29' 4"  
Home Storage  
Landing Rm  
Bulb Rm

RECEIVED  
MAY 15 1985  
DEPT. OF BLDG. INSP  
CITY OF PITTSBURGH

Chimney

Office  
Sgt. 318

BASEMENT

12'

12'

11'

10' 0"

07' 0"

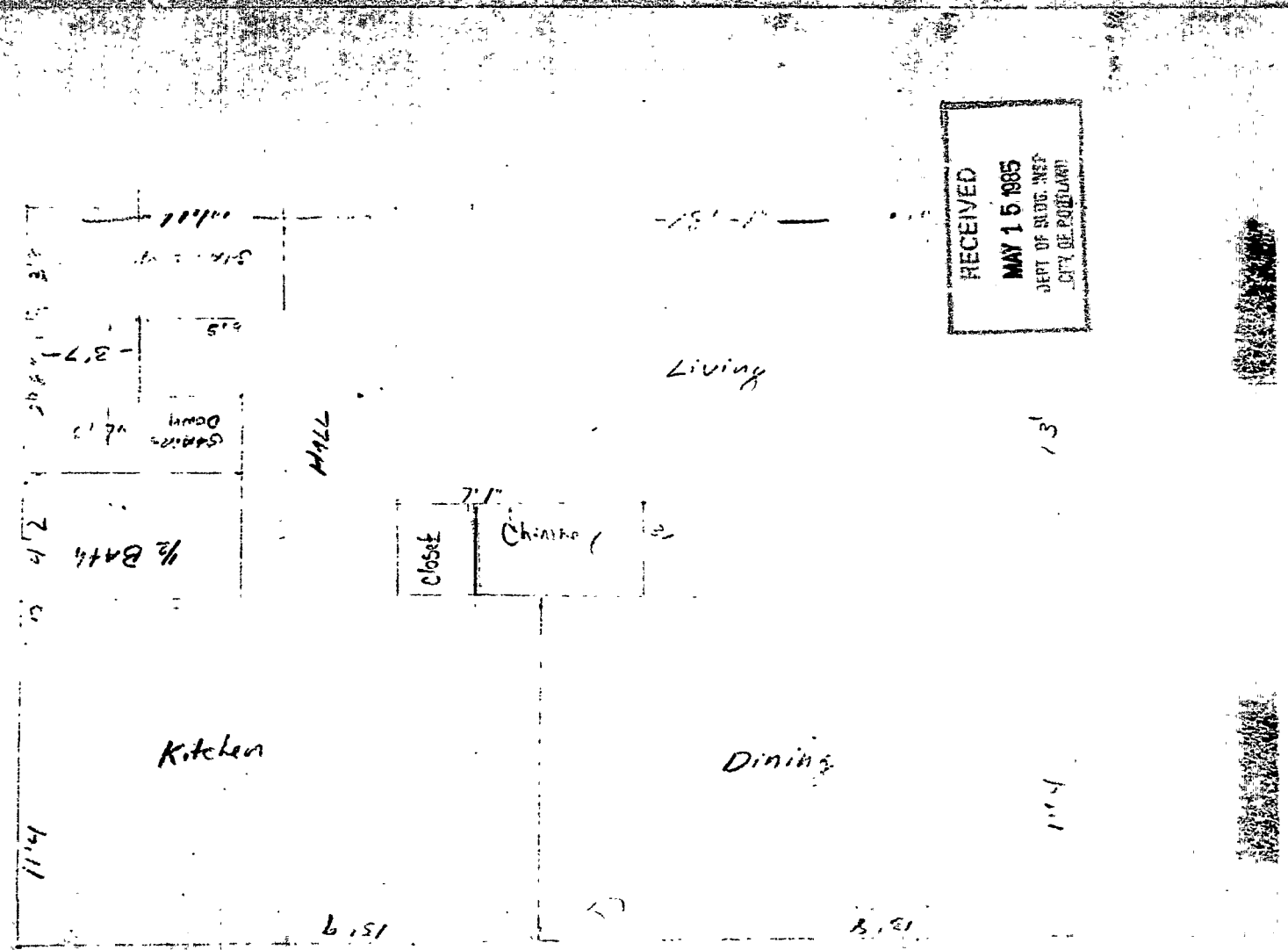
3' 11"

13' 0"

25' 4"

13' 0"





RECEIVED  
MAY 15 1985  
DEPT. OF SUDG. INF.  
CITY OF PORTLAND

Total sq footage 2,088

1st Floor







## CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

May 28, 1985

Ralph F. Blake  
577 Auburn Street  
Portland, ME 04103

RE: Change of Use 577 Auburn Street

Dear Sir:

Your application to change the use of the above-named property from a single family to a single family dwelling with home occupation (general business office) has been reviewed and a permit is herewith issued subject to the following requirements.

1. A single exit is acceptable provided it leads directly to the building exterior without communicating with any other floor.
2. See attached land use requirement Section 14-410.

If you have any questions on these requirements, please call this office.

Sincerely,

P. Samuel Hoffses  
Chief of Inspection Services

PSH/kat  
Enclosures

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 0.537
ZONING LOCATION R-3 PORTLAND, MAINE May 15, 1985

PERMIT ISSUED
MAY 30 1985
CITY OF PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 577 Auburn St., 382-A-E-001 Fire District #1 [ ] #2 [ ]
1. Owner's name and address Ralph F. Blake - same Telephone 797-0508
2. Lessee's name and address
3. Contractor's name and address
Proposed use of building dwelling No. of sheets
Last use No. families 1
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$
Appeal Fees \$
FIELD INSPECTOR-Mr. @ 775-5451 Base Fee \$25.00
Late Fee
TOTAL \$

Change of use from single family dwelling to dwelling with home occupation as general business office

Stamp of special Conditions

PERMIT ISSUED WITH LETTER

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? no Is any electrical work involved in this work? no
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing lumber-Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" 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
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?
BUILDING CODE
Fire Dept.
Health Dept.
Others:
Signature of Applicant Phone # same
Type Name of above Ralph F. Blake Jr. [ ] [ ] [ ] [ ]
Other and Address

PERMIT ISSUED WITH LETTER

Handwritten initials

APPLICANT'S COPY OFFICE FILE COPY

Permit No

08739

Location

577 W. WILSON ST

Owner

B. Blake

Date of permit

11/15/85

Approved

City 30/85

Dwelling

Single

Garage

Alteration

None

NOTES

9/3/85

[Blank lined area for notes]

[Blank lined area for notes]

[Blank lined area for notes, contains a large handwritten 'X']

B

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP .....

AUG 8 1986

B.O.C.A. TYPE OF CONSTRUCTION ..... 1.014

ZONING LOCATION ..... PORTLAND, MAINE August 7, 1986

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION ..... 577 Auburn Street ..... Fire District #1 , #2 
1. Owner's name and address Ralph F. Blake, Jr. & Jacquelyn ..... Telephone 727-0508
2. Lessee's name and address ..... Telephone .....
3. Contractor's name and address owner ..... Telephone .....

Proposed use of building ... 3 family ... No. of sheets .....
Last use ... 3 family ... No. families ... 1 ...

Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....
Other buildings on same lot .....

Estimated contractual cost \$20,000.00 Appeal Fees \$ .....
Base Fee .....
Late Fee .....
TOTAL \$20,000.00

FIELD INSPECTOR—Mr. @ 775-5451

To construct addition for family room, 20' x 30' 2-stories, as per plan, (rear).

Stamp of Special Conditions

ISSUE PERMIT TO #1

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? yes Is any electrical work involved in this work? yes
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" 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
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION— PLAN EXAMINER Will work require disturbing of any utility on a public street? no
ZONING: Will there be in charge of the above work a person competent
BUILDING CODE: to see that the State and City requirements pertaining thereto
Fire Dept.: are observed? yes
Health Dept.:
Others:

Signature of Applicant Phone #
Type Name of above Ralph F. Blake, Jr. 203 4000
Other and Address



## REPLACEMENT SYSTEM VARIANCE REQUEST

### THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A system cannot be designed and installed in total compliance with the Rules. *228 Cubic*
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

Permit No. 3622 E Town of PORTLAND  
Date Permit Issued 9/15/89  
MONTH/DAY/YEAR  
Property Owner's Name: GENE MORIN Tel. No. \_\_\_\_\_  
System's Location: 564 AUBURN ST.  
STREET  
PORTLAND Maine 04103  
TOWN ZIP  
Property Owner's Address: \_\_\_\_\_  
(if different from above) STREET \_\_\_\_\_  
TOWN ZIP

### SPECIFIC INSTRUCTIONS TO THE:

#### LPI:

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

#### SITE EVALUATOR:

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

#### PROPERTY OWNER:

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

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

X Eugene D. Morin  
PROPERTY OWNER'S SIGNATURE

9/14/89  
DATE

| VARIANCE CATEGORY                  | VARIANCE REQUESTED        | LIMIT OF LPI'S APPROVAL AUTHORITY |                      | VARIANCE REQUESTED TO: |                      |
|------------------------------------|---------------------------|-----------------------------------|----------------------|------------------------|----------------------|
| <b>SOILS</b>                       |                           |                                   |                      |                        |                      |
| Soil Profile                       | Ground Water Table        | to 0"                             |                      | 12                     | inches               |
| Soil Condition                     | Restrictive Layer         | to 6"                             |                      | 12                     | inches               |
| from HHE-200                       | Bedrock                   | to 10"                            |                      |                        | inches               |
| <b>SETBACK DISTANCES (IN FEET)</b> | <b>FROM:</b>              | <b>TREATMENT TANK</b>             | <b>DISPOSAL AREA</b> | <b>TREATMENT TANK</b>  | <b>DISPOSAL AREA</b> |
| Potable Water Supplies             | 1. Well: > 2000 gal/day   | 100'                              | 300'                 |                        |                      |
|                                    | 2. Well: < 2000 gal/day   |                                   |                      |                        |                      |
|                                    | a. Neighbor's             | 50'                               | 60'                  |                        |                      |
|                                    | b. Property Owner's       | 25'                               | 50'                  |                        |                      |
|                                    | 3. Water Supply Line      | See note 'a'                      |                      |                        |                      |
| Waterbodies                        | 1. Perennial              | 50'                               | 60'                  |                        |                      |
|                                    | 2. Intermittent           | 15'                               | 20'                  |                        |                      |
|                                    | 3. Manmade drainage ditch | 10'                               | 15'                  |                        |                      |
| Downhill Slope                     | Greater than 3:1 (33%)    | 5'                                | 10'                  |                        |                      |
| Buildings                          | 1. With Basement          | 5'                                | 10'                  |                        |                      |
|                                    | 2. Without Basement       | 5'                                | 10'                  |                        |                      |
| Property Line                      |                           | 4'                                | 5'                   |                        |                      |

**OTHER**

1. Fill extension Grade—to 3:1

2.

3.

**Footnotes:**

a. This setback distance cannot be reduced by variance. See Table 6-2.

b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.

c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

*Richard Adwert*  
SITE EVALUATOR'S SIGNATURE

9-13-89  
DATE

**LPI STATEMENT**

I, *Emmett A. Jordan*, LPI for the Town of *Ballard* have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. (  approve,  disapprove ) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

—OR—

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (  recommend  do not recommend ) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

*Emmett A. Jordan*  
LPI'S SIGNATURE

9-13-89  
DATE

**FOR USE BY THE DEPARTMENT ONLY**

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

SIGNATURE OF THE DEPARTMENT

DATE

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207)289-3821

|   |   |   |
|---|---|---|
| PROPERTY ADDRESS                                  |   | PORTLAND 3322 TOWN COPY<br>Date Permit Issued: <u>09/15/89</u> \$ <u>1310.00</u> Fee Charge<br>Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>11213</u> |
| Town Or Plantation                                | <u>PORTLAND</u>                                       |   |
| Street Subdivision Lot #                          | <u>ROUTE 1005</u>                                     |   |
| PROPERTY OWNERS NAME                              |   |   |
| Last: <u>MORIN</u> First: <u>GENE</u>             |   |   |
| Applicant Name:                                   | <u>Septi-Vac Pumping</u>                              |   |
| Mailing Address of Owner/Applicant (if Different) | <u>299 Blanchard Road<br/>Cumberland, Maine 04021</u> |   |

**Owner/Applicant Statement**  
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a permit.  
[Signature] 9/14/89  
Signature of Owner/Applicant Date

**Caution: Inspection Required**  
I have inspected the installation, authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.  
[Signature] 9/18/89  
Local Plumbing Inspector Signature Date Approved

|   |  |  |
|---|--|--|
| <p><b>PERMIT INFORMATION</b></p>  |  |  |
| <p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM<br/>                 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM<br/>                 3. <input type="checkbox"/> EXPANDED SYSTEM<br/>                 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>   | <p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE<br/>                 2. <input type="checkbox"/> NEW SYSTEM VARIANCE<br/>                 Attach New System Variance Form<br/>                 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE<br/>                 Attach Replacement System Variance Form<br/>                 a. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval<br/>                 b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval<br/>                 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p> | <p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM<br/>                 2. <input type="checkbox"/> PRIMITIVE SYSTEM<br/>                 (Includes Alternative Toilet)<br/>                 3. <input type="checkbox"/> ENGINEERED (+2000 gpd)<br/>                 INDIVIDUALLY INSTALLED COMPONENTS.<br/>                 4. <input type="checkbox"/> TREATMENT TANK (ONLY)<br/>                 5. <input type="checkbox"/> HOLDING TANK _____ GAL<br/>                 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)<br/>                 7. <input checked="" type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)<br/>                 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)<br/>                 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> |
| <p><b>SEASONAL CONVERSION</b><br/>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES<br/>                 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER<br/>                 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____<br/>                 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> | <p><b>IF REPLACEMENT SYSTEM:</b> <u>195?</u><br/>YEAR FAILING SYSTEM INSTALLED <u>?</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input checked="" type="checkbox"/> TRENCH<br/>                 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>   | <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING<br/>                 2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br/>                 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br/>                 4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>  |
| <p>SIZE OF PROPERTY <u>3 1/2 ACRES</u></p>  | <p>ZONING _____</p>  | <p><b>TYPE OF WATER SUPPLY</b><br/><u>PUBLIC</u></p>   |

| <p><b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b></p>  |  |  |   |          |   |   |   |
|---|--|--|---|----------|---|---|---|
| <p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile<br/>                 2. <input type="checkbox"/> AEROBIC <u>EXISTING</u><br/>                 SIZE: <u>1000</u> GALS.</p> | <p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE<br/>                 2. <input type="checkbox"/> LOW VOLUME TOILET<br/>                 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM<br/>                 4. <input type="checkbox"/> ALTERNATIVE TOILET<br/>                 SPECIFY: _____</p> | <p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED<br/>                 2. <input type="checkbox"/> MAY BE REQUIRED<br/>                 (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)<br/>                 3. <input type="checkbox"/> REQUIRED<br/>                 DOSE: _____ GALS.</p> | <p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES WATER RECORDS, ETC.)</b></p> <p><u>3 BEDROOMS</u></p> |          |   |   |   |
| <p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>3</u></td> <td><u>D</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>12</u></p>   | PROFILE  | CONDITION  | <u>3</u>  | <u>D</u> | <p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL<br/>                 2. <input type="checkbox"/> MEDIUM<br/>                 3. <input checked="" type="checkbox"/> MEDIUM-LARGE<br/>                 4. <input type="checkbox"/> LARGE<br/>                 5. <input type="checkbox"/> EXTRA LARGE</p> | <p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.<br/>                 2. <input checked="" type="checkbox"/> CHAMBER <u>498</u> Sq. Ft.<br/> <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20<br/>                 3. <input type="checkbox"/> TRENCH _____ Linear Ft.<br/>                 4. <input type="checkbox"/> OTHER: _____</p> | <p><b>DESIGN FLOW:</b> <u>269</u><br/>(GALLONS/DAY)</p> |
| PROFILE   | CONDITION  |  |   |          |   |   |   |
| <u>3</u>  | <u>D</u>   |  |   |          |   |   |   |

**SITE EVALUATOR STATEMENT**

On 9-8-89 (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.

Richard Admont 034 9-13-89  
 Site Evaluator Signature SF# Date

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





# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

City, Plantation  
**PORTLAND**

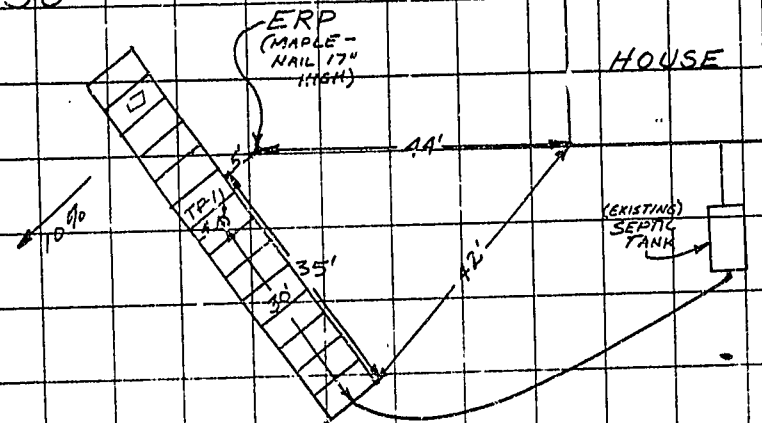
Street, Road, Subdivision  
**ROUTE 100**

Owners Name  
**GENE MORIN**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

**14 CONCRETE CHAMBERS**  
**8' X 56'**

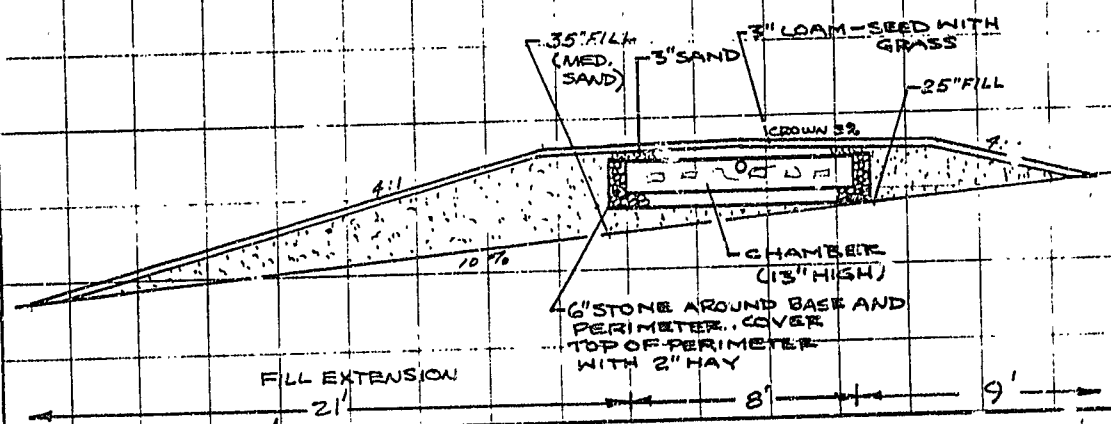


| FILL REQUIREMENTS                    | CONSTRUCTION ELEVATIONS                          | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|--------------------------------------|--|--|
| Depth of Fill (Upslope) <b>25"</b>   | Reference Elevation Is <b>0</b>                  | NAIL IN CENTER OF DRAINAGE CROSS ON MAPLE.       |
| Depth of Fill (Downslope) <b>35"</b> | Bottom of Disposal Area <b>-28"</b>              |  |
|                                      | Top of Distribution Lines or Chambers <b>-9"</b> |  |

**DISPOSAL AREA CROSS SECTION**

Scale:  
Vertical: 1 inch = 5 Ft.  
Horizontal: 1 inch = 5 Ft.

NOTE: SCARIFY GROUND UNDER ENTIRE FILL AREA.



*Richard Christ*  
Site Evaluator or Professional Engineer's Signature

**034**  
SE # / PE #

**9-13-89**  
Date

Page 3 of 3  
HHE-200 Rev. 4/83

930248

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$70 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Fred Blake Phone # 797-8464  
 Address: 577 Auburn St- Ptld, ME 04103  
 LOCATION OF CONSTRUCTION 577 Auburn St  
 Contractor: James R. Miller Sub: 797-4004  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: 10,000 Proposed Use: 1-fam w reblt garage  
 Past Use: 1-fam w garage  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion rebuild garage - same footprint

**For Official Use Only**  
 Subdivision: \_\_\_\_\_  
 Date: 4/7/93 Name: AD-91000  
 Inside Fire Limits \_\_\_\_\_ Lot: \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Public \_\_\_\_\_  
 Estimated Cost: 10,000 Private \_\_\_\_\_

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: (explain) WAD 4-9-93

Foundation: (24'x30')  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other \_\_\_\_\_

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

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

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

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_  
 Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action: Approved.  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_ Date: 4/7/93  
 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 Fixture \_\_\_\_\_  
 Swimming Pools:  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By Lou WITH REQUIREMENTS Date: 4/7/93  
 Signature of Applicant: Pamela Miller  
 Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_  
 Inspection Dates: \_\_\_\_\_

White-Tax Assessor Yellow-GPCOG White Tag -CEO  
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**PERMIT ISSUED WITH REQUIREMENTS**

HISTORIC PRESERVATION