

LOT 93 B-10 ISLAND AVENUE  
LONG ISLAND



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

Date May 13, 1976 19  
 Receipt and Permit number A1814

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: 93-B-10 Island Ave. Long Island  
 OWNER'S NAME: Capt. Norman Hutchinson ADDRESS: same

OUTLETS: (number of)

Lights	_____	
Receptacles	_____	
Switches	_____	FEES
Plugmold	_____ (number of feet)	
TOTAL	_____	_____

FIXTURES: (number of)

Incandescent	_____	
Fluorescent	_____ (Do not include strip fluorescent)	
TOTAL	_____	_____
Strip Fluorescent, in feet	_____	_____

SERVICES:

Permanent, total amperes	<u>200</u>	<u>3.00</u>
Temporary	_____	_____

METERS: (number of) 1 ..... .50

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 (total number of 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	_____	_____
Signs	_____	_____
Fire/Burglar Alarms	_____	_____
Circus, Fairs, etc.	_____	_____
Alterations to wires	_____	_____
Repairs after fire	_____	_____
Heavy Duty, 220v outlets	_____	_____
Emergency Lights, battery	_____	_____
Emergency Generators	_____	_____

	INSTALLATION FEE DUE:	<u>3.50</u>
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	DOUBLE FEE DUE:	_____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		_____
FOR PERFORMING WORK WITHOUT A PERMIT (304-9)		_____
	TOTAL AMOUNT DUE:	<u>3.50</u>

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_, or Will Call

CONTRACTOR'S NAME: Raymond Mitchell, Jr.  
 ADDRESS: 537 Preble St. South Portland  
 TEL.: 759-8284

MASTER LICENSE NO.: 3515 SIGNATURE OF CONTRACTOR: Raymond Mitchell Jr  
 LIMITED LICENSE NO.: \_\_\_\_\_

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3326

**PROPERTY ADDRESS**

Town Or Plantation	PORTLAND LONG ISLAND
Street	ISLAND AVENUE
Subdivision Lot #	TAX MAP 93 BLOCK B LOTS 2, 9, 10
<b>PROPERTY OWNERS NAME</b>	
HUTCHINSON Last:	DAVID & NORMAN First.
Applicant Name:	DAVID HUTCHINSON
Mailing Address of Owner/Applicant (if Different)	P.O. BOX 53 DERRY NEW HAMPSHIRE

PORTLAND PERMIT # 3,285 TOWN COPY

Date Permit Issued: 12/16/89 FEE \$ 1140  Double Fee Charged

Local Plumber's Inspector's Signature: [Signature] L.P.I. # 123

**Owner/Applicant Statement**

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

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: [Signature] Date Approved: 6/23/90

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

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

**THIS APPLICATION REQUIRES:**

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

**INSTALLATION IS COMPLETE SYSTEM**

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

**INDIVIDUALLY INSTALLED COMPONENTS:**

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

**IF REPLACEMENT SYSTEM:**  
YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

**THE FAILING SYSTEM IS:**

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

**DISPOSAL SYSTEM TO SERVE:**

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

**TYPE OF WATER SUPPLY**  
DRILLED WELL

**SIZE OF PROPERTY** 12,403 SF

**ZONING** IR2

**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 USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECOPIES, ETC.)**

3 BEDROOM MODERATE 360

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
2	AIII

DEPTH TO LEAKING FACTOR 15

**SIZING RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRALARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER 550 Sq. Ft.  
 REGULAR  H 20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER \_\_\_\_\_

**LOW VOLUME TOILET 36**

DESIGN FLOW: 324 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT \* USED 22 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION**

On SEPTEMBER 28 1989 (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 EVALUATION WAIVED BY LOCAL OPTION

William B. Jordan 0003/4814 1/16/89

Site Evaluator or Professional Engineer's Signature SE # / PE # Date



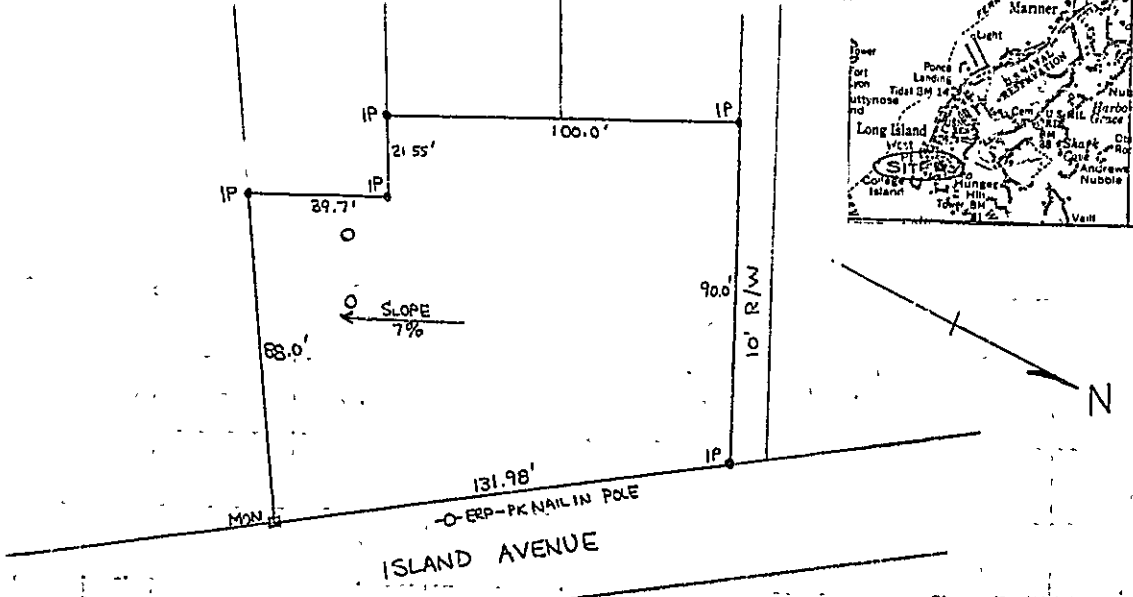
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND LONG ISLAND ISLAND AVE** Street, Road, Subdivision: **93-B-8,9,10** Owners Name: **DAVID & NORMAN HUTCHINSON**

SITE PLAN

Scale 1" = 40 Ft.



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

Observation Hole 2  Test Pit  Boring  
2" FOREST PEAT • Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	SLIGHTLY FRIABLE	DARK BROWN	
6				
10	GRAVELLY LOAM	MODERATELY FRIABLE	RED BROWN	NONE
15				
20				FEW
25	BEDROCK			
30				
40				
50				

Soil Profile: 2 Classification: AIII Slope: 8 Limiting Factor: 16  
 Ground Water  
 Permeable Layer  
 Bedrock

Observation Hole 2  Test Pit  Boring  
2" FOREST PEAT • Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK BROWN	
6				
10		MODERATELY FRIABLE		NONE
15	GRAVELLY LOAM		RED BROWN	
20				FEW
25	BEDROCK			
30				
40				
50				

Soil Profile: 2 Classification: AIII Slope: 8 Limiting Factor: 15  
 Ground Water  
 Permeable Layer  
 Bedrock

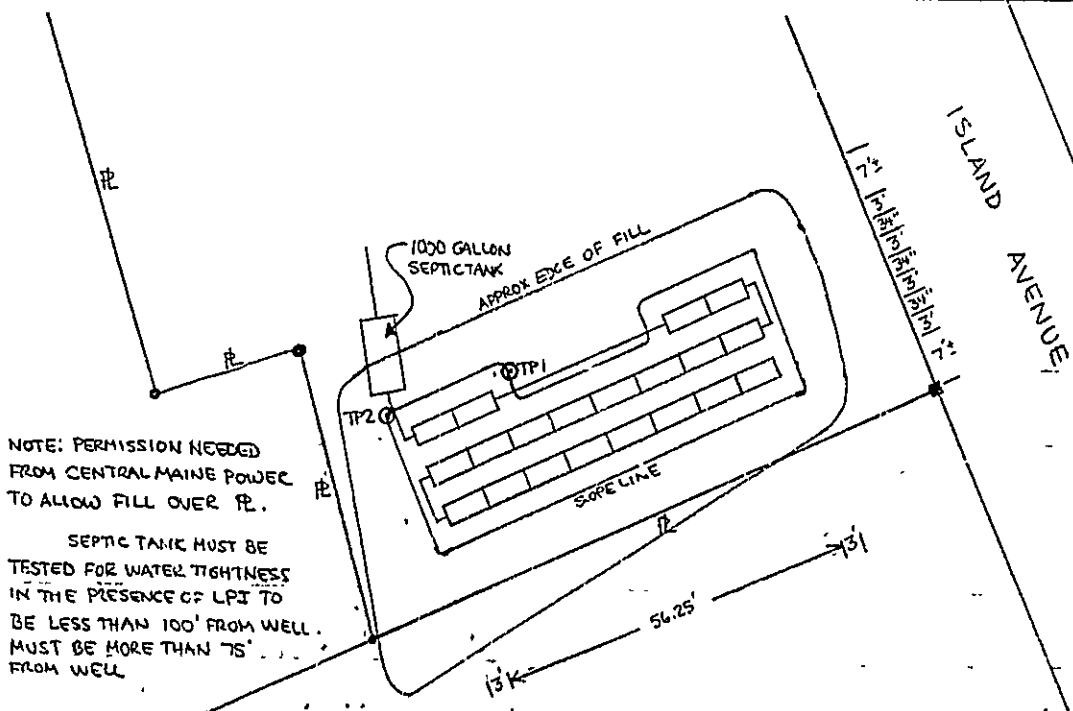
*William B. Godwin* 0003/4814  
 Site Evaluator or Professional Engineer's Signature SE# / PE#

1/16/85  
 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

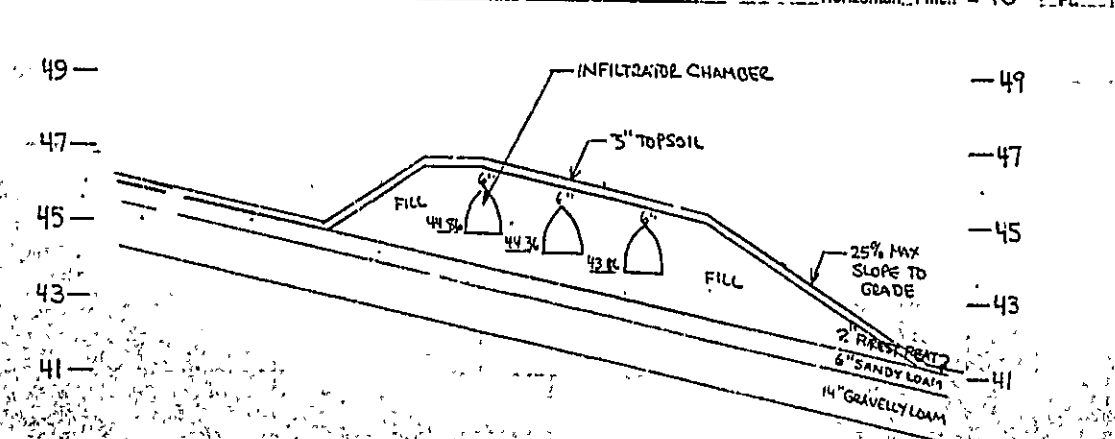
Department of Human Services  
Division of Health Engineering

City, Parishion	Street, Road, Subdivision	Owners Name
PORTLAND LONG ISLAND	ISLAND AVE 93-B-8,9,10	DAVID E NORMAN HUTCHINSON
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL.



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) 26"	Reference Elevation is 48.71	PK IN CMP POLE
Depth of Fill (Downslope) 26"	Bottom of Disposal Area SEE X-SECTION	WESTERLY SIDELING ISLAND AVE
	Top of Distribution Lines or Chambers SEE X-SECTION	

<b>DISPOSAL AREA CROSS SECTION</b>		Scale:
		Vertical: 1 inch = 4' FL.
		Horizontal: 1 inch = 10' FL.



*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003 / 4814  
SE # / PE #

Date \_\_\_\_\_ Page 3 of 3  
HHF-200 Rev. 4-83

PERMIT # 002166

CITY OF Portland BUILDING PERMIT APPLICATION

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

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

Owner: David Hutchinson - 603-432-9116

Address: P.O. Box 153, East Derry, New Hampshire 03041

LOCATION OF CONSTRUCTION: 23-B-8, 9, 10 Island Ave., Long Island

CONTRACTOR: owner SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Est. Construction Cost: 63,200.00 Type of Use: Single Family

Past Use: Vacant Lot

Building Dimensions L 32' W 34' Sq. Ft. 15,080 # Stories: 2 Lot Size: 13,800 S.F.

Is Proposed Use: S.F. Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain To construct Single Family, as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundation:

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

Floor:

- Sills Size: \_\_\_\_\_ Sills must be anchored.
- Circle Size: \_\_\_\_\_
- Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
- Jolsts Size: \_\_\_\_\_ Spacing 16" O.C.
- Iridding Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Other Material: \_\_\_\_\_

Exterior Walls:

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

Interior Walls:

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

For Official Use Only	
Date: <u>February 6, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Plot _____
Estimated Cost: <u>\$63,200.00</u>	Permit Expiration _____
Value/Structure _____	Ownership: Public _____ Private _____
Fee: <u>\$335.00</u>	

Ceiling:

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

PERMIT ISSUED

JUN 1 1989

Roof:

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

City Of Portland

Chimneys:

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

Heating:

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

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Zoning:

District \_\_\_\_\_ Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_

Review Required:

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

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

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

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

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

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

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

Permit Received By Joyce M. Rinaldi

Signature of Applicant [Signature] Date 2-6-89

Signature of CEO [Signature] Date \_\_\_\_\_

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

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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PERMIT # **002166** CITY OF Portland BUILDING PERMIT APPLICATION

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

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

Owner: David Hutchinson - 603-432-0116

Address: P.O. Box 153, East Derry, New Hampshire 03041

LOCATION OF CONSTRUCTION 3-B-8, 9, 10 Island Ave., Long Island

CONTRACTOR: OWAR SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Est. Construction Cost: 63,200.00 Type of Use: Single Family

Past Use: Vacant Lot

Building Dimensions L 32' W 34' Sq. Ft. 15,080 # Stories: 2 Lot Size: 13,800 S.F.

Is Proposed Use: S.F. Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain To construct Single Family, as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 6 sets

Residential Buildings Only:

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Header Sizes \_\_\_\_\_ Spant(s) \_\_\_\_\_
- Wall Covering Type \_\_\_\_\_
- Fire Wall if required \_\_\_\_\_
- Other Materials \_\_\_\_\_

For Official Use Only	
Date: <u>February 6, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$63,200.00</u>	Permit Expiration: _____
Value Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$235.00</u>	

Ceiling: Minor Site Plan (250.) already pd. 50.00 for minor-minor

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

Roof: JUN 1 1989

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

Chimneys: \_\_\_\_\_

Heating: \_\_\_\_\_

Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Swimming Pools: \_\_\_\_\_

Zoning: \_\_\_\_\_

Review Required: \_\_\_\_\_

Permit Approved By: Joyce M. Rinaldi

Signature of Applicant: David Hutchinson Date: 2-6-89

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

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

White-Tax Assessor \_\_\_\_\_ Yellow-GPCOG \_\_\_\_\_ White-Tax-CEO \_\_\_\_\_

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177 MR Add 10

PERMIT ISSUED WITH LETTER



PLOT PLAN

FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ _____	<u>IMPR./FO-SUB-SURF-FR</u>	<u>6</u>	<u>123/89</u>
Subdivision Fee \$ _____	_____	_____	_____
Site Plan Review Fee \$ <u>50.00</u> <u>changed to minor site plan</u>	_____	_____	_____
Other Fees \$ <u>250.00</u> <u>additional fee (Administrative Review)</u>	_____	_____	_____
(Explain) _____	_____	_____	_____
Late Fee \$ _____	_____	_____	_____

COMMENTS

Received two (2) Registered Site Plans, One (1) Complete Construction Plan, H.H.E. 200 Form (Septic System)

9-29-89-FO/FR/OK-SF 20  
11-26-90-Complete OK, James C.O. BO

Signature of Applicant David H. [Signature]

Date 2-6-89





CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
June 1, 1989

**P. SAMUEL HOFFSES, CHIEF**  
INSPECTION SERVICES DIVISION

Mr. David Hutchinson  
P.O. Box 153  
East Derry, New Hampshire 03041

Re: 93-B-8,9,10 Island Avenue, Long Island

Dear Sir:

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

Site Plan Review Requirements

Public Works	Approved	S. Harris
Inspection Services	Approved	W. Giroux
Planning	Approved with conditions*	R. Henry

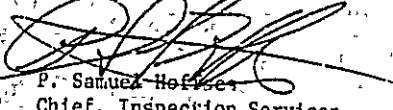
\* The entire site shall be developed as depicted on the approved site plan. Approval of the Planning Authority or Planning Board shall be required for any alteration to or deviation from the approved site plan, including without limitation; topography; drainage; landscaping; retention of wooded or lawn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

Building Code Requirements

Please read and implement items 1,6,7 and 9 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

BUILDING PERMIT REPORT

ADDRESS: 93-B-8, 9, 10 Island Ave. Apt. 107 <sup>Lony Island</sup> DATE: 1/June/89

REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: David Hutchinson

CONTRACTOR: owner

PERMIT APPLICANT: owner

APPROVED: \*1 \*6 \*7 \*9 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 (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- \* 7.) 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).

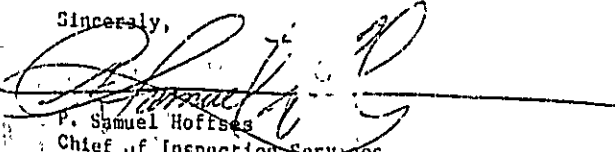
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

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 Hoffses  
Chief of Inspection Services

/el  
11/16/88

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

David Hutchinson  
 Applicant

April 5, 1989  
 Date

P.O. Box 152 East Derry N.H. 03041  
 Mailing Address

93-B-8 7, 10 Island Ave. Long Island  
 Address of Proposed Site

Single Family  
 Proposed Use of Site

93-B-8, 5, 10  
 Site Identifier(s) from Assessors Map

13,800 Sq. ft. / 1,088  
 Acreage of Site / Ground Floor Coverage

IR-2  
 Zoning of Proposed Site

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

Proposed Number of Floors 2

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

Total Floor Area 15,080

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: HHE 200 submitted

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 Required

Zoning: IR-2  
 SPACE & BULK,  
 as applicable

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

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

OK W/D R/L - 6-1-89

\_\_\_\_\_  
 SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT--ORIGINAL

*Changes to  
Mirror Site Plan  
Administrative Review*

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

Applicant: David Hutchinson  
 Mailing Address: P.O. Box 153, East Derry N.H. 03041  
 Proposed Use of Site: Single Family  
 Acreage of Site / Ground Floor Coverage: 13,800 S.F. / 1,088

Date: Feb. 6, 1989  
 Address of Proposed Site: 93-B-8,9,10 Island Ave., Long Island  
 Site Identifier(s) from Assessors Maps: 93-B-8,9, 10  
 Zoning of Proposed Site: \_\_\_\_\_

Site Location Review (DEP) Required: ( ) Yes ( ) No  
 Board of Appeals Action Required: ( ) Yes ( ) No  
 Planning Board Action Required: ( ) Yes ( ) No

Proposed Number of Floors: 2  
 Total Floor Area: 15,080

Other Comments: H.H.E. 200 submitted  
 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 EA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: OK WD AT 6-1-89

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL



*Changed to  
Mirror Site Plan  
Admin. Structure Review*

**CITY OF PORTLAND, MAINE**

**SITE-PLAN REVIEW**

**Processing Form**

Applicant David Hutchinson  
 Mailing Address PO Box 153, East Derry N.H. 03041  
 Proposed Use of Site single family  
 Acreage of Site / Ground Floor Coverage 13,800 sf / 1,088

Date Feb. 6, 1989  
 Address of Proposed Site 93-B-8, 9, 10 Island Ave. Long Island  
 Site Identifier(s) from Assessors Maps 93-B-8, 9, 10  
 Zoning of Proposed Site \_\_\_\_\_

Site Location Review (DEP) Required: ( ) Yes ( ) No  
 Board of Appeals Action Required: ( ) Yes ( ) No  
 Planning Board Action Required: ( ) Yes ( ) No

Proposed Number of Floors 2  
 Total Floor Area 15,080

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	CURBING	SIDEWALKS	OTHER
APPROVED															
APPROVED CONDITIONALLY															
DISAPPROVED															

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

(Attach Separate Sheet if Necessary)

*Stephen K. Harris* 3/28/89  
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND LONG ISLAND  
Street: ISLAND AVENUE  
Subdivision Lot #: TAX MAP 93 BLOCK B LOTS 8, 9, 10

**PROPERTY OWNERS NAME**

Last: HUTCHINSON  
First: DAVID & NORMAN

Applicant Name: DAVID HUTCHINSON

Mailing Address of Owner/Applicant (if different): P.O. BOX 53, DERBY NEW HAMPSHIRE

PORTLAND PERMIT # 3,285 TOWN COPY

Date Permit Issued: 12 16 189 \$ 1140 FEE Double Fee Charged

L.P.I. # 123

Local Plumbing Inspector Signature

**Owner/Applicant Statement**

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

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

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

**THIS APPLICATION REQUIRES:**

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

**INSTALLATION IS COMPLETE SYSTEM**

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

**INDIVIDUALLY INSTALLED COMPONENTS:**

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

**IF REPLACEMENT SYSTEM:**  
YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_  
THE FAILING SYSTEM IS:  
1.  BED 2.  CHAMBER 3.  TRENCH 4.  OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

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

SIZE OF PROPERTY: 12,403 SF ZONING: IR2

**TYPE OF WATER SUPPLY**  
DRILLED WELL

**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 (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS

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

3 BEDROOM MODERATE 360

LOW VOLUME TOILET 36

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 2 CONDITION: AIII

DEPTH TO LIMITING FACTOR: 15

**SIZERATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRALARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq Ft
- CHAMBER 550 Sq Ft
- REGULAR  H 20
- TRENCH \_\_\_\_\_ Linear Ft
- OTHER: \_\_\_\_\_

DESIGN FLOW: 324 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT \* USED 22 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION**

On SEPTEMBER 28 1988 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Goodwin 0003/4814 1/16/89  
Site Evaluator or Professional Engineer's Signature SE # IPE # Date

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

Page 1 of 3  
HHE-200 Rev 4/83



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

Issued to David Hutchinson

LOCATION Island Ave.; Long Island 93-8-8,9,10

Date of Issue 11/26/90

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No 9/2166, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited otherwise, as indicated below.

PORTION OF OR PREMISES

APPROVED OCCUPANCY

Entire

Single-family dwelling

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

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



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

Date 5/7/90, 19  
 Receipt and Permit number 01286

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: 93-B-8, 9, 10 - Island Ave. - Long Island  
 OWNER'S NAME: David/Hutchinson ADDRESS: same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES: Overhead <input checked="" type="checkbox"/> _____ Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	3.00
METERS: (number of) <u>1</u> ..	.50
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 _____	

INSTALLATION FEE DUE: \_\_\_\_\_  
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_  
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....  
 Homeowner performing all interior wiring. TOTAL AMOUNT DUE: 5.00  
 minimum fee

INSPECTION: 1  
 Will be ready on \_\_\_\_\_, 19\_\_; or Will Call   
 CONTRACTOR'S NAME: Seacoast Electric Co.  
 ADDRESS: 58 Fore St.  
 TEL: 774-6179  
 MASTER LICENSE NO. Harry Papkee 03088 SIGNATURE OF CONTRACTOR: Harry Papkee  
 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 5/3/90, 19  
 Receipt and Permit number 01281

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: Long Island - Island Ave. - 93-R-8,9,10

OWNER'S NAME: David Hutchinson ADDRESS: same

OUTLETS: Receptacles 3 Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL 1-30 ..... 3.00

FIXTURES: (number of) Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL 1-10 ..... 3.00  
 Strip Fluorescent \_\_\_\_\_ ft. ....

SERVICES: Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes \_\_\_\_\_

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 1 Water Heaters 1  
 Cook Tops \_\_\_\_\_ Disposals \_\_\_\_\_  
 Wall Ovens \_\_\_\_\_ Dishwashers 1  
 Dryers 1 Compactors \_\_\_\_\_  
 Fans \_\_\_\_\_ Others (denote) \_\_\_\_\_  
 TOTAL 4 ..... 6.00

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 \_\_\_\_\_

INSTALLATION FEE DUE: \_\_\_\_\_

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: \_\_\_\_\_

FOR REMOVAL OF A "STOP ORDER" (304-16 a) ..... \_\_\_\_\_

TOTAL AMOUNT DUE: 12.00

INSPECTION:

Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call

CONTRACTOR'S NAME: David Hutchinson - owner - single fam home

ADDRESS: Long Island

TEL: \_\_\_\_\_

MASTER LICENSE NO.: \_\_\_\_\_

LIMITED LICENSE NO.: \_\_\_\_\_

SIGNATURE OF CONTRACTOR: David N. Hutchinson

INSPECTOR'S COPY -- WHITE

OFFICE COPY -- CANARY

CONTRACTOR'S COPY -- GREEN

ELECTRICAL INSTALLATIONS

Permit Number 0128

Location 1st Floor Apt

Owner David H. Johnson

Date of Permit 5-3-90

Final Inspection 8-21-90

By Inspector S. B. [Signature]

Permit Application Register Page No. 38

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_  
Service called in \_\_\_\_\_  
Closing-in 5-9-90 by [Signature]

PROGRESS INSPECTIONS: 8-21-90 [Signature]

DATE	REMARKS
5-9-90	LEFT NOTE TO OWNER /

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT  
FOR REMOVAL OF A STOP ORDER (30-130)  
TOTAL AMOUNT DUE  
DOUBLE THE DUE  
INSTALLATION THE DUE  
All work to be ready on  
CONTRACTOR'S NAME  
ADDRESS  
CITY  
MAILING LICENSE NO.  
PERMIT NO.

CONTRACTOR COPY - GREEN  
CITY COPY - CANARY  
INSPECTOR COPY - WHITE