

ISLAND AVE., LONG ISLAND

93-3-15



(A) APARTMENT HOUSE ZONE
APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class
Portland, Maine, July 27, 1951

Permit Issued
01408
JUG 2 1951
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location R. Fort Ave., Back Island 93-E-15 Within Fire Limits? no Dist. No. _____
Owner's name and address Marguerite McKenney, Back Island Telephone _____
Lessee's name and address _____ Telephone _____
Contractor's name and address OWNER Telephone _____
Architect _____ Specifications _____ Plans yes No. of sheets 1
Proposed use of building Dwelling No. families 1
Last use _____ No. families 1
Material frame No. stories 1 1/2 Heat _____ Style of roof _____ Roofing _____
Other buildings on same lot _____
Estimated cost \$ 50. Fee \$ 50

General Description of New Work

To construct roof over existing 8'x16' platform rear of building.

INSPECTION NOT COMPLETED

Permit Issued with Memo

4x4 plate - 8' span

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

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

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 8' Height average grade to highest point of roof 9'
Size, front _____ depth _____ No. stories 1 solid or filled land? _____ earth or rock? _____
Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof shed Rise per foot _____ Roof covering asphalt roofing Class C Und. Lab.
No. of chimneys _____ Material of chimneys _____ of lining _____ Kind of heat _____
Framing lumber—Kind second-hand Dressed or full size? _____
Corner posts 4x4 Sills _____ Girt or ledger board? _____ Size _____
Girders _____ Size _____ Columns under girders _____ Size _____ Max. on centers _____
Studs (outside walls and carrying partitions) 2x1-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof 2x6
On centers: 1st floor _____, 2nd _____, 3rd _____, roof 24"
Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof 8'
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? _____

APPROVED:
with memo by A.J.H.

Miscellaneous

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

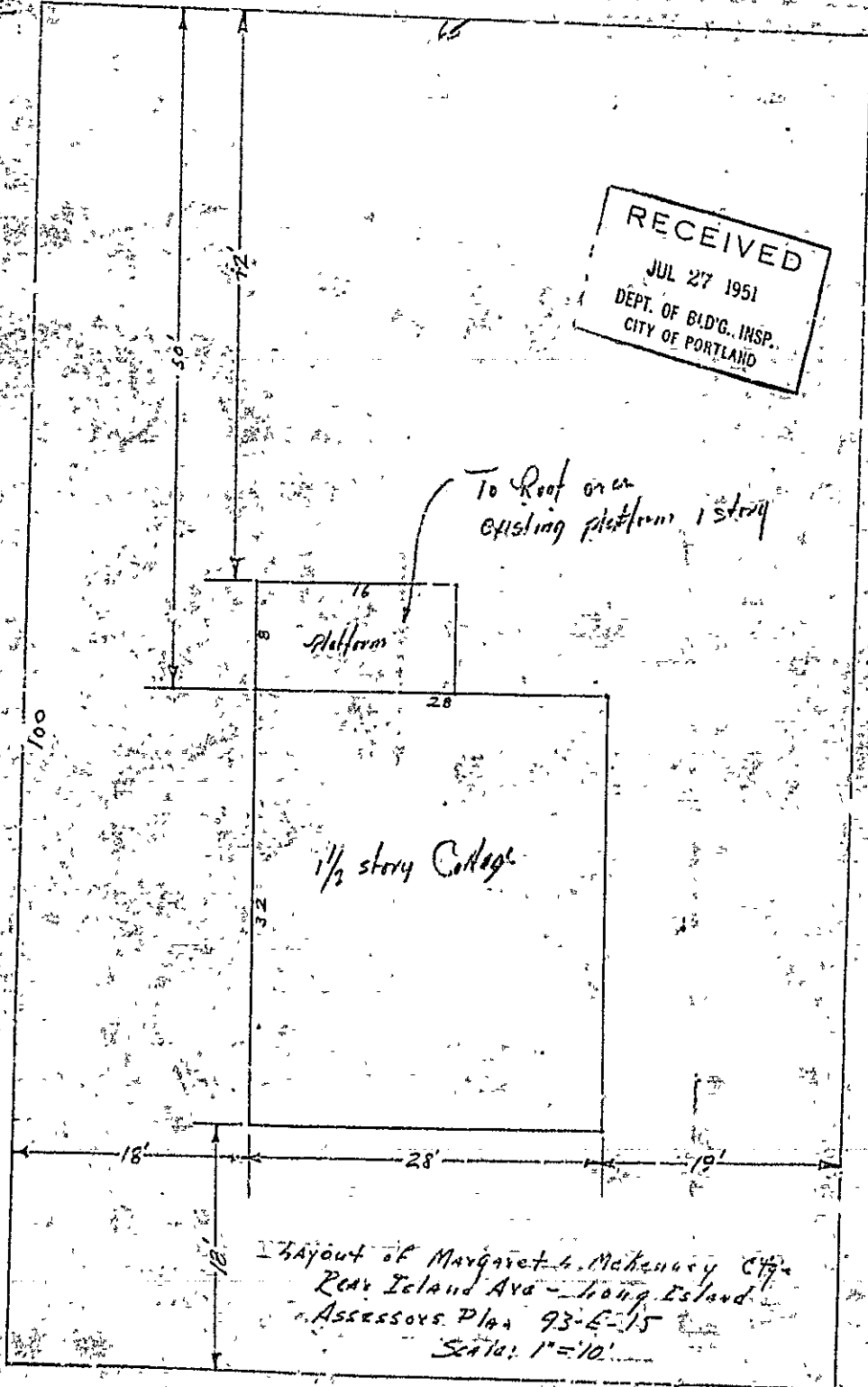
Marguerite McKenney

Signature of owner: George E. Johnson PH

COPY

RECEIVED
JUL 27 1951
DEPT. OF BLDG. INSP.
CITY OF PORTLAND

To Roof over
existing platform 1 story



LAYOUT of Margaret A. Makenney City
Rear Island Ave - Long Island
Assessors Plan 93-E-15
Scale: 1" = 10'

R. F. M. W. Co. 19. 10. 10. 10. 10.
7/30 15/1

935.

2nd check.
2/11/52

93-E-15

4x4-8' span = 728"

$$\frac{728}{4 \times 8} = 22 \text{ " per sq ft}$$

4x6-8' span = 1752"

$$\frac{1752}{4 \times 8} = 55 \text{ " per sq ft}$$

$$\begin{array}{r} 22 \\ 32 \overline{) 728} \\ \underline{64} \\ 88 \\ \underline{88} \\ 0 \end{array}$$

$$\begin{array}{r} 55 \\ 32 \overline{) 1752} \\ \underline{96} \\ 792 \\ \underline{640} \\ 1520 \\ \underline{1440} \\ 80 \\ \underline{80} \\ 0 \end{array}$$

Memorandum from Department of Building Inspection, Portland, Maine

Island Avenue, Long Island--(Assessors Lot No. 93-E-15)--Construction of roof over existing platform on rear of building for Marguerite McKenney by the owner--7/31/51

Building permit for constructing a roof over an existing 8' x 16' platform on the rear of the dwelling off Island Avenue, Long Island (Assessors Lot No. 93-E-15) is issued herewith. It is assumed that the platform over which the roof is to be built is in sound structural condition or will be made so and that it has foundations extending at least four feet below grade or to ledge if that is found at a lesser depth.

The 4x4 plate indicated in the application on an 8' span for support of the outer ends of the rafters is not adequate for the roof load involved. Not less than a 4x6 on edge or two 2x6's side by side on edge are required for this purpose. The permit is issued on the condition that such construction will be provided.

Apparently an intermediate 4x4 post besides the two corner posts is to be provided for support of the plate. Care will need to be taken to make sure that there is a support beneath the sill where this intermediate post is to be located.

P. S. The permit is issued without full information to show compliance with the Building Code for your convenience and to avoid delay in starting the work. If, however, the above conditions are not understood, or, if you are unwilling or unable to abide by them, it is important that you do not start the work but return the permit AJS/G card for adjustment immediately.

(Signed) Warren McDonald
Inspector of Buildings



(A) APARTMENT HOUSE ZONE

PERMIT ISSUED

Permit No. 0958

APPLICATION FOR PERMIT

JUN 5 1926

Class of Building or Type of Structure

Portland, Maine, June 5, 1926

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location Island Avenue, no. 149, Long Island Within Fire Limits? No Dist. No.

Owner's or Lessee's name and address Mrs. Margaret L. McKenney, 141 Hayes St. Telephone F 4167

Contractor's name and address Omer Telephone

Architect's name and address

Proposed use of building Cottage No. families

Other buildings on same lot

Plans filed as part of this application? No No. of sheets

Estimated cost \$ 500 Fee \$ 50

Description of Present Building to be Altered.

Material wood No. stories 2 Heat Style of roof Roofing

Last use Cottage No. families

General Description of New Work

To glass in one story open piazza

Piazza existing with roof over since Dec. 6, 1926

NOTIFICATION BEFORE LATHING OR CLOSING-IN IS WAIVED. CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED.

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

Details of New Work

Height average grade to top of plate Size, front depth No. stories Height average grade to highest point of roof

To be erected on solid or filled land? earth or rock?

Material of foundation Thickness, top bottom

Material of underpinning Height Thickness

Kind of Roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining

Kind of heat Type of fuel Is gas fitting involved?

Corner posts Sills Girt or ledger board? Size

Material columns under girders. Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O.C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

Joists and rafters: 1st floor, 2nd, 3rd, roof

On centers: 1st floor, 2nd, 3rd, roof

Maximum span: 1st floor, 2nd, 3rd, roof

If one building with masonry walls, thickness of walls? height?

If a Garage

No. cars accommodated on same lot, to be accommodated

Total no. commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no

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

Margaret L. McKenney

Signature of owner By Fred D. McKenney

INSPECTION COPY

5005

Ward 1 Permit No. 31/958

Location Deland Ave., Long St.

Owner Mrs. Margaret L. Kennedy

Date of permit 4/5/31

Notif. closing-in _____

Inspn. closing-in _____

Final Notif. _____

Final insp. _____

Cert. of Occupancy issued Kenner

NOTES

~~7/8
F
15~~

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 3,034 TOWN COPY Date Permit Issued: 8/22/88 \$ 40.00 FEE Charged I.R.I. # _____ <i>David B. Goodwin</i>
Town Or Plantation	PORTLAND LONG ISLAND	
Street	ISLAND AVENUE	
Subdivision Lot #	TAX MAP 93 BLOCK E LOTS 14, 15, 17	
PROPERTY OWNERS NAME		
SEMONITE WILLIAM G & JEANNE F GLYNN MAJORIE E Last First		
Applicant Name	DAVID SEMONITE	
Mailing Address of Owner/Applicant (if Different)	RR #1 BOX 71 YARMOUTH MAINE 04096	
Owner/Applicant Statement		Caution: Inspection Required
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.		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 <i>AA</i> Date Approved NOV 15 1988

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	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 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
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BCD 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input checked="" type="checkbox"/> OTHER DESTROYLET	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLINGS 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY WELL
SIZE OF PROPERTY 62,613 SF ZONING IR2		

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: 1000 GALS. ONE TANK FOR EACH HOUSE	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 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: 15 GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 4 BEDROOM 600 CONSERVATIVE SEPARATED LAUNDRY 120 DESIGN FLOW: 480 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE 4 CONDITION B DEPTH TO LIMITING FACTOR NONE EVIDENT	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRALARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 625* Sq. Ft. <input type="checkbox"/> REGULAR _____ H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____	

SITE EVALUATOR STATEMENT * USED 25 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On NOVEMBER 1 1987 (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.

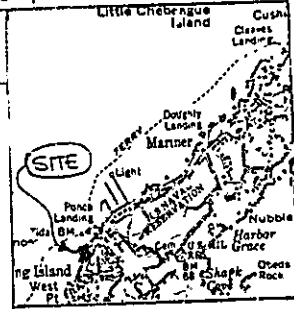
William B Goodwin 0003/4814 8/15/88
 Site Evaluator or Professional Engineer's Signature SC # / PE # Date
 * Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option Page 1 of 3 HHE-200 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

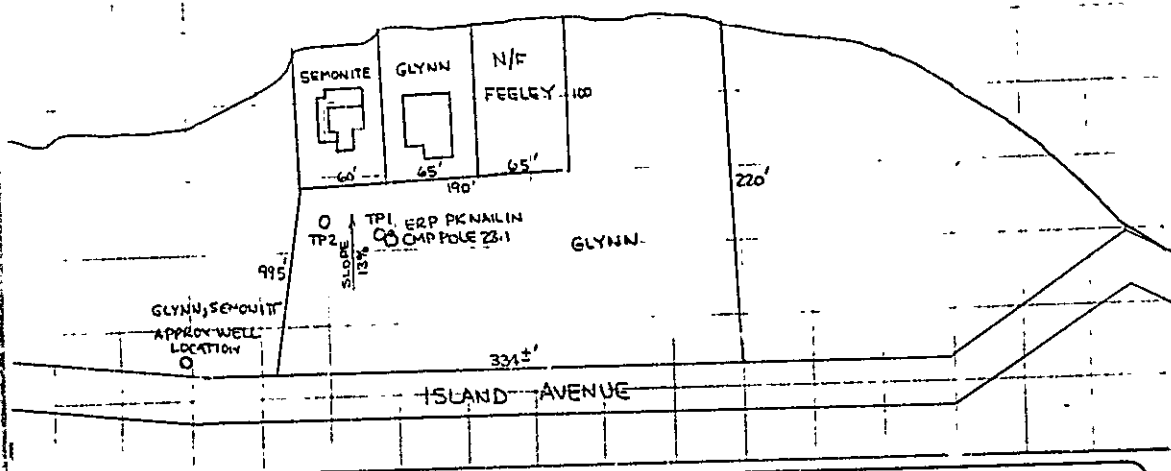
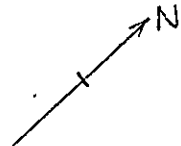
Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND LONG ISLAND** Street, Road, Subdivision: **ISLAND AVE TAX MAP 93-E-14,15,17** Owners Name: **SEMONITE & GLYNN**

SITE PLAN Scale 1" = **100** FL.



CUNEO BAY



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u>	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole <u>2</u>	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring
3' SOD * Depth of Organic Horizon Above Mineral Soil		2' SOD * Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-6" SANDY LOAM		DARK BROWN	
6-10" LOAMY GRAVEL		RED BROWN	
10-15" GRAVEL	LOOSE		NONE EVIDENT
15-20" GRAVEL		YELLOW BROWN	
20-25" GRAVEL			
25-30" GRAVEL		YELLOW BROWN	
30-35" GRAVEL			
35-40" GRAVEL			
40-45" GRAVEL			
45-50" GRAVEL			
50-55" GRAVEL			
Soil Profile: <u>4</u>	Classification: <u>B</u> (Common)	Slope: <u>13</u> %	Limiting Factor: <u>NONE EVIDENT</u>
		<input type="checkbox"/> Ground Water	<input type="checkbox"/> Perched Layer
		<input type="checkbox"/> Bedrock	<input type="checkbox"/> Borehole

William B. Gardner 0003/4814 8/18/88
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

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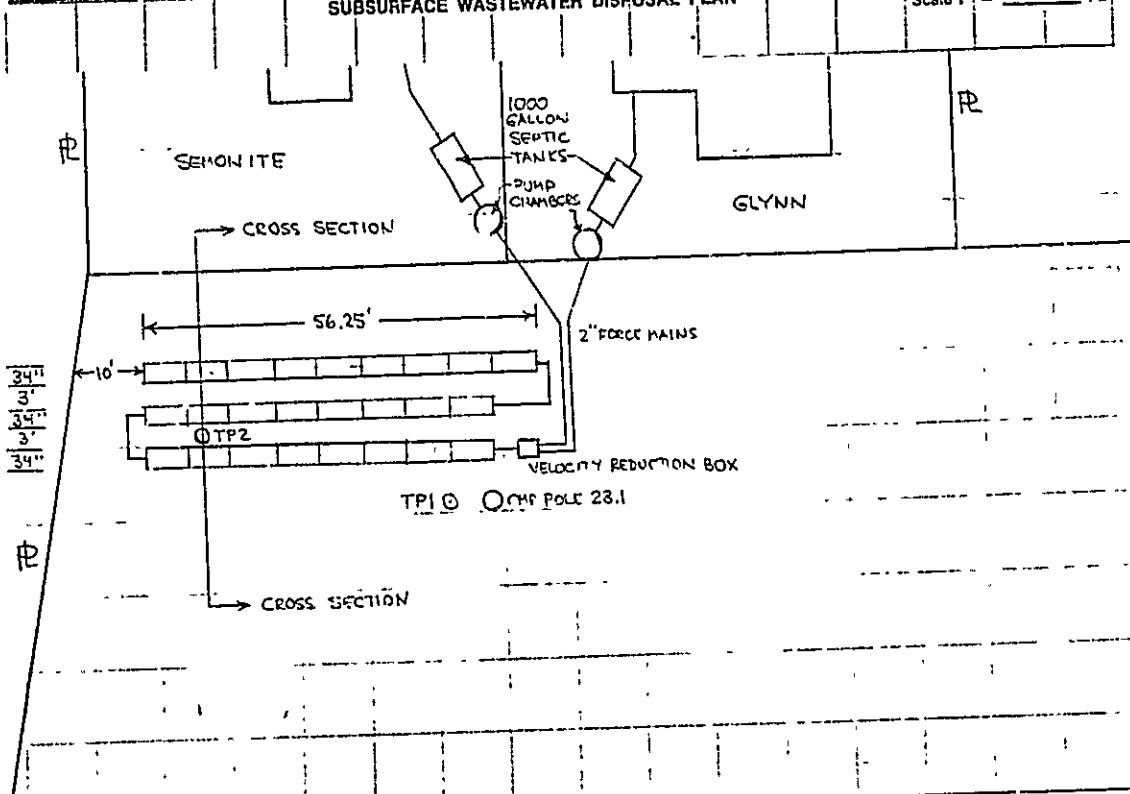
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND LONG ISLAND ISLAND AVE	Street, Road, Subdivision 93-E-14, 15, 17	Owners Name SEMONITE & GLYNN
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SUBSURFACE WASTEWATER DISPOSAL PLAN

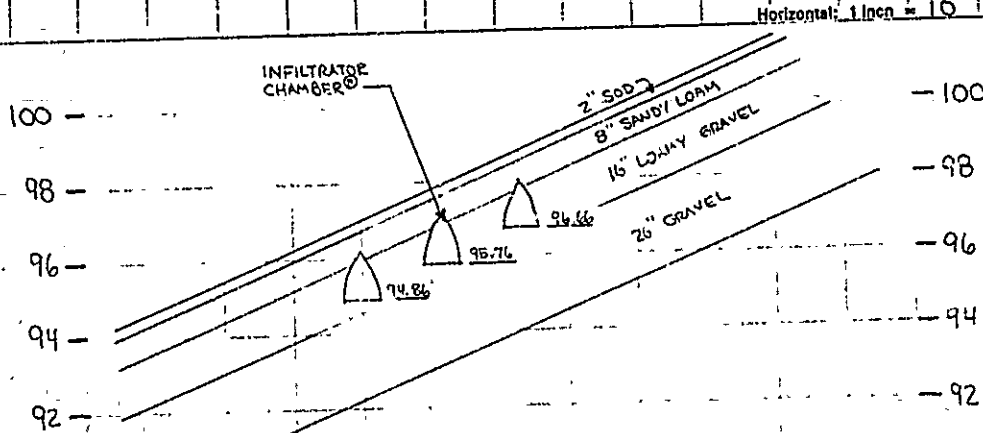
Scale 1" = 20' FL.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <input type="checkbox"/>	Reference Elevation is 100.00	PK NAIL IN CMP POLE 28.1
Depth of Fill (Downslope) <input type="checkbox"/>	Bottom of Disposal Area see X-section	NEAR TEST PIT 1
	Top of Distribution Lines or Chambers see X-section	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4' FL.
Horizontal: 1 inch = 10' FL.



William B. Jordan
Site Evaluator or Professional Engineer's Signature

0003/4814
SE # / PE #

8/13/88
Date

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