

**PERMIT # 002028 CITY OF Portland BUILDING PERMIT APPLICATION**

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

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

Owner: Michael Marek and Roger Lachance (Roger-603-623-4922)

Address: 14 Stephanie Dr., Bedford, N.H. 03102

LOCATION OF CONSTRUCTION Lot #11 Harrington Avenue, Long Island

CONTRACTOR: D&G Glidden Bros. SUBCONTRACTORS: 603-569-3257

ADDRESS: HCb9-Box 590, Wolfeboro, N.H. 03894

Est. Construction Cost: \$10,287 Type of Use: single family

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

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

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

Contravention - Explain To construct new addition, 2 story bedrooms.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 construction and 1 plan submitted.

Residential Buildings Only:

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

Foundation:

1 Type of Soil \_\_\_\_\_

Side(s) \_\_\_\_\_

\_\_\_\_\_ Sills must be anchored.

Size: \_\_\_\_\_

Spacing 16" O.C.

\_\_\_\_\_

Weather Exposure \_\_\_\_\_

**Liberty Business Credit Corp.**

Roger E. Lachance  
Assistant Vice President  
Liberty Business Credit Corp  
15 Trafalgar Square  
Nashua, N.H. 03063  
(603) 595 8744 • Fax (603) 595 8743

An Equinor Company

1-800-826-3800



Michael M. Marek  
Vice President  
Consumer Loans

222 Main Street P.O. Box 287, Nashua, NH 03061  
(603) 887-2223 **Ext. 390**

4. Fire Wall If required \_\_\_\_\_  
5. Other Materials \_\_\_\_\_

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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**For Official Use Only**

Date: April 25, 1989 Subdivision: Yes / No \_\_\_\_\_

Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_

Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_

Time Limit \_\_\_\_\_ Block \_\_\_\_\_

Estimated Cost: \$10,287 Permit Expiration \_\_\_\_\_

Val. Structure \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Fees: \$70.00

Ceiling:

1. Ceiling Joists Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing PERMIT ISSUED
3. Type Ceilings: \_\_\_\_\_
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 \_\_\_\_\_

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 Nancy Grossman

Signature of Applicant Joson Lachance Date 4/25/89  
*a agent for owner*

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

Inspection Dates 7/00

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY ADDRESS</b>		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">PORTLAND 4173 TOWN COPY</p> <p>Date: <u>04/22/91</u> Fee: <u>\$129.00</u> <input type="checkbox"/> Double Fee Charged</p> <p style="text-align: center;"><u>[Signature]</u> L.P.I. # <u>01241</u></p> <p style="text-align: center;">Local Plumbing Inspector Signature Chief Plumbing Inspector</p> </div>
Town or Plantation:	<u>Long Island</u>	
Street:	<u>Hammer Lane</u>	
Subdivision Lot #:	<u>                    </u>	
<b>PROPERTY OWNER'S NAME</b>		
Last Name:	<u>Macek</u>	
First Name:	<u>Michael</u>	
Applicant Name:	<u>Scott S. Wood</u>	
Mailing Address of Owner/Applicant (if different):	<u>141 Stephanie Drive, Portland, ME 04102</u> <u>Box 612 Long Island</u>	
<b>Owner/Applicant Statement</b>		<b>Caution: Inspection Required</b>
<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.</p> <p style="text-align: right;"><u>[Signature]</u> <u>4/22/91</u></p>		<p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p>
Signature of Owner/Applicant		Local Plumbing Inspector Signature
Date		Date Approved

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 1 <input checked="" type="checkbox"/> NEW SYSTEM <u>tank</u> 2 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <u>tank</u> 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> SEASONAL INVERSION 5 <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3 <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4 <input type="checkbox"/> Requiring Local Plumbing Inspector Approval 5 <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval	<b>INSTALLATION IS:</b> 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) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4 <input type="checkbox"/> TREATMENT TANK (ONLY) 5 <input checked="" 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
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED: <u>          ?</u> THE FAILING SYSTEM IS: 1 <input type="checkbox"/> TRENCH    3 <input type="checkbox"/> TRENCH 2 <input type="checkbox"/> CHAMBER    4 <input type="checkbox"/> OTHER: <u>          </u>	<b>DISPOSAL SYSTEM TO SERVE:</b> 1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER: <u>          </u> SPECIFY: <u>          </u>	<b>TYPE OF WATER SUPPLY:</b> <u>Well</u>
SIZE OF PROPERTY: <u>50'x187'</u>	ZONING: <u>I-R2</u>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1 <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2 <input type="checkbox"/> AEROBIC SIZE: _____ GALS.	<b>WATER CONSERVATION</b> 1 <input type="checkbox"/> NONE 2 <input checked="" type="checkbox"/> LOW VOLUME TOILET 3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	<b>PUMPING</b> 1 <input checked="" type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b>  DESIGN FLOW: _____ (GALLONS/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: _____ CONDITION: _____  DEPTH LIMITING FACTOR: _____	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1 <input type="checkbox"/> SMALL 2 <input type="checkbox"/> MEDIUM 3 <input type="checkbox"/> MEDIUM LARGE 4 <input type="checkbox"/> LARGE 5 <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1 <input type="checkbox"/> BED _____ Sq Ft. 2 <input type="checkbox"/> CHAMBER _____ 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**  SITE EVALUATION WAIVED BY LOCAL OPTION

On \_\_\_\_\_ (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: \_\_\_\_\_ SE#: \_\_\_\_\_ Date: \_\_\_\_\_

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

Page 1 of 3  
HHE-200 Rev 1/04

TOWN COPY

002028

PERMIT # \_\_\_\_\_ CITY OF Portland BUILDING PERMIT APPLICATION

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

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

Owner: Michael Macek and Roger Lechange (Roger-603-623-4922)

Address: 14 Stephanie Dr., Bedford, N.H. 03102

LOCATION OF CONSTRUCTION Lot #11 Harrington Avenue, Long Island

CONTRACTOR: D&G Glidden Bros. SUBCONTRACTORS 603-559-3257

ADDRESS: HC69-Box 590, Wolfeboro, N.H. 03894

Est. Construction Cost: \$10,287 Type of Use: single family

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

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

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

Conversion - Explain: Topconstruct new addition, 2 story bedrooms.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 construction and 1 p/lo plan submitted.

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 \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

**PERMIT ISSUED  
WITH LETTER**

For Official Use Only	
Date: <u>April 25, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$10,287</u>	Permit Expiration _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$70.00</u>	

Ceiling:

1. Ceiling Joists Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
3. Type Ceilings: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size: MAY 4 1989
5. Ceiling Height: \_\_\_\_\_

Roof:

1. Truss or Rafter Size \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_
4. Other: \_\_\_\_\_

Chimneys:

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

Heating:

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

Electrical:

Service Entrance Size: \_\_\_\_\_ Smokes 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 \_\_\_\_\_ 00, 24

Swimming Pools:

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

Zoning:

District: IR2 + IRI Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_

Review Required:

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

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

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

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

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

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

Date Approved: 4/25/89

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 4/25/89

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

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

White-Tax Assessor \_\_\_\_\_ Yellow-GPCOG \_\_\_\_\_ White Tag-CEO \_\_\_\_\_ © Copyright GPCOG 1987

PLOT PLAN

N  
▲

FEES (Breakdown From Front)  
Base Fee \$25.00 \_\_\_\_\_  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ 45.00 \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Inspection Record

Type	Date
FD-ER-CK-SP	6/23/89
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS 9-29-88-SP / clean up. 20  
2-22-89-015 / *[Signature]*

Signature of Applicant *Summ Lachance* Date *4/25/89*  
*as agent for owner*



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 4, 1989

RE: Lot #11 Harrington Avenue, Long Island, Maine

Mr. Michael Macek  
14 Stephanie Drive  
Bedford, N.H. 03102

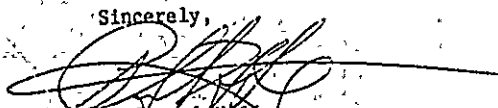
Dear Sir:

Your application to construct an addition has been reviewed and a permit is herewith issued subject to the following requirements:

1. Please read and implement items 1,6,7, and 9 of the attached building permit report.
2. Your plan shows sonotubes 3' deep, 4' or to bedrock is required by the building code.

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

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el

BUILDING PERMIT REPORT

ADDRESS: Lot #11 Harrington Blvd. Long Island DATE: 4/22/89  
REASON FOR PERMIT: Addition

BUILDING OWNER: Macek & Lachance  
CONTRACTOR: Don G. Lidden Bros.  
PERMIT APPLICANT: owners agent  
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 door 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).

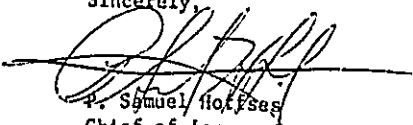
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

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,

  
Samuel Hoffses  
Chief of Inspection Services

/el

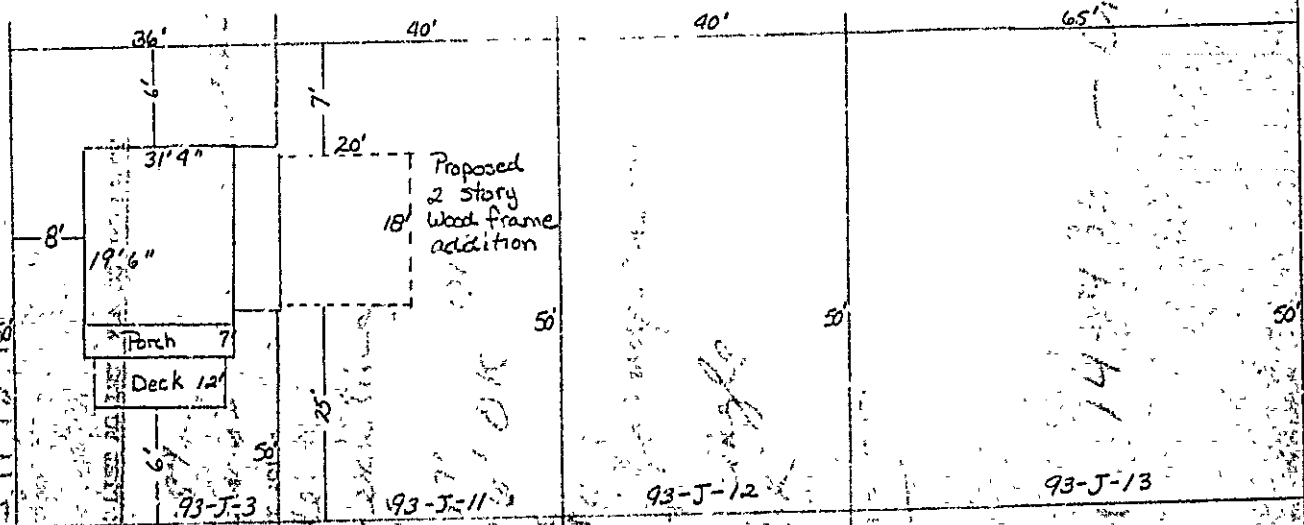
11/16/88

Property Location:

Lot # 11  
Harrington Ave.  
Long Island, ME.

Roger Lachance  
Michael Micek

Zone: IK-2



**RECEIVED**

APR 25 1989

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND

\* Refer to 1958 Grandfather Provision  
Re: Building Extensions



Applicant: Michael Macek + Roger Lachance Date: 4-26-89  
Address: 93 - J - 3, 11, 12, 13, 21  
Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date - 4-26-89

Zone Location - house is in IRI now lot in IRI

Interior or corner lot -

Use - single

Sewage Disposal - existing

Rear Yards - OK

Side Yards - 25' + 7' OK

Front Yards - 6' OK

Projections - OK

Height - 2 story

Lot Area - OK grandfathered

Building Area - OK

Area per Family - single

Width of Lot - OK

Lot Frontage -

Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -

section 14-436 - OK