

Permit # 912437 City of Portland BUILDING PERMIT APPLICATION Fee \$35 Zone _____ Map # _____ Lot# _____

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

Owner: Barbara Larrabee Phone # 736-2383
 Address: Fern Ave; Long Island, ME 04050
 LOCATION OF CONSTRUCTION Fern Ave - Long Island 95-C-44
 Contractor: L Morrill Burke Sub: 772-3121
 Address: 5 Oakdale St; Ptld, ME Phone # 04103
 Est. Construction Cost: \$3000 Proposed Use: 1-fam w shed
 Past Use: 1-fam
 # of Existing Res Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft. _____
 # Stories: _____ # Bedrooms _____ Lt Size: _____
 Is Proposed Use: S. asunal _____ Condominium _____ Conversion _____
 Explain Conversion Construct shed - 10'x24'

For Official Use Only		PERMIT ISSUED MAR 28 1991 CITY OF PORTLAND
Date <u>3/25/91</u>	Subdivision _____	
Inside Fire Limits _____	Name _____	
Bid Code _____	Lot _____	
Time Limit _____	Ownership: _____	
Estimated Cost <u>\$3000</u>		

Zoning: IR-2 Zone
 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) OK W/D 3-27-91

HISTORIC PRESERVATION

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

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____ Not in District nor Landmark
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review
 3. Type Ceiling: _____ Requires Review
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

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: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved
 2. Sheathing Type _____ Size _____ Action: Approved with Conditions
 3. Roof Covering Type _____ Action: Denied

Chimneys:
 Type: _____ Number of Fire Places _____ Date: 3/27/91
 Signature: _____

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.

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 _____

Permit Received By Louise E. Chase

Signature of Applicant L Morrill Burke Date 3/25/91

Signature of CEO _____ Date _____

Inspection Dates _____

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

White-Tax Assessor Yellow-GPCOG

White Tag - CEO

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 MR. ADDIJO

912137

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 335 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Barbara Larrabee Phone # 756-2733
 Address: Fern Ave; Long Island, ME 04051
 LOCATION OF CONSTRUCTION Fern Ave - Long Island 95-C-41
 Contractor: L Morrill Burke Sub: 772-3121
 Address: 5 Oakdale St; Old, ME Phone # 11193
 Est. Construction Cost: 13000 Proposed Use: 1-fm shed
 Past Use: 1-fm
 # 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 Construct shed - 10' x 26'

PERMIT ISSUED
MAR 28 1991
CITY OF PORTLAND

For Official Use Only
 Date: 3/25/91 Subdivision _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ List # _____
 Time Limit _____ Ownership _____
 Estimated Cost: \$13000

Zoning: _____ Street Frontage Provided: LA Zone
 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: LA 11193 - 70 3-27-91 (Explain)

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

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 _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

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

Chimneys:
 Type: _____ Number of Fire Places: _____
 Heating: _____ Type of Heat: _____
 Electrical: _____ Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

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 _____

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.

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

Permit Received By: Louis F. Chaga
 Signature of Applicant: L Morrill Burke Date: 3/25/91
 Signature of CEO: _____ Date: _____
 Inspection Dates: _____

PLOT PLAN

N
▲

FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	35			/ /
Subdivision Fee \$				/ /
Site Plan Review Fee \$				/ /
Other Fees \$				/ /
(Explain)				/ /
Late Fee \$				/ /

COMMENTS

5-1-91 - Complete OK RR

Signature of Applicant

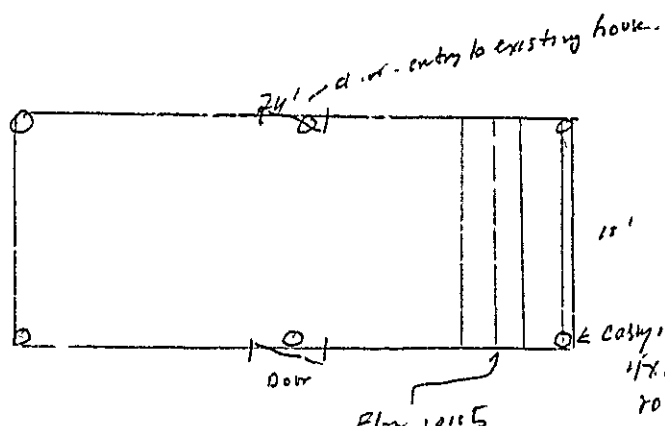
L. M. Maxwell Powell

Date

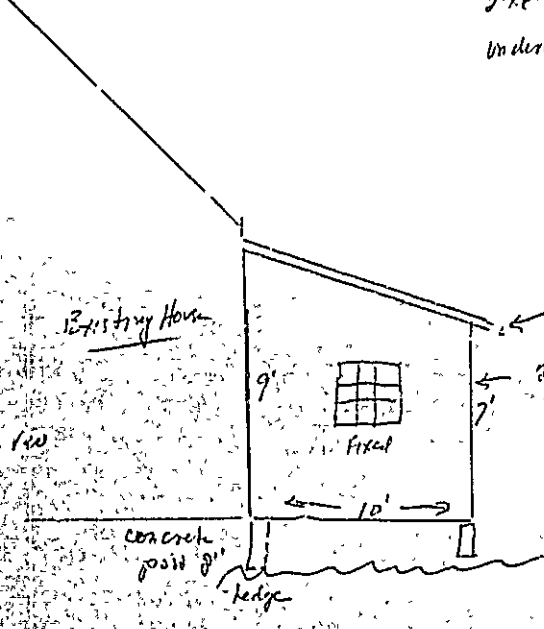
3/21/91

#2

Cross section plan for proposed addition to Cottage at Barkham Harbor
Estimate cost \$3000.00
Contractor - L. M. Burke
Long Island.



Underlayment 7/8" - 3/4" Fir ply, w. w. r.



Roofing - double covering
roll roofing
Siding - Board & Batten

RECEIVED

MAR 25 1991

DEPT. OF BUILDING
CITY OF PORTLAND

Site Plan - For additional Shed to Property, Barbara Korrbe - Long Island

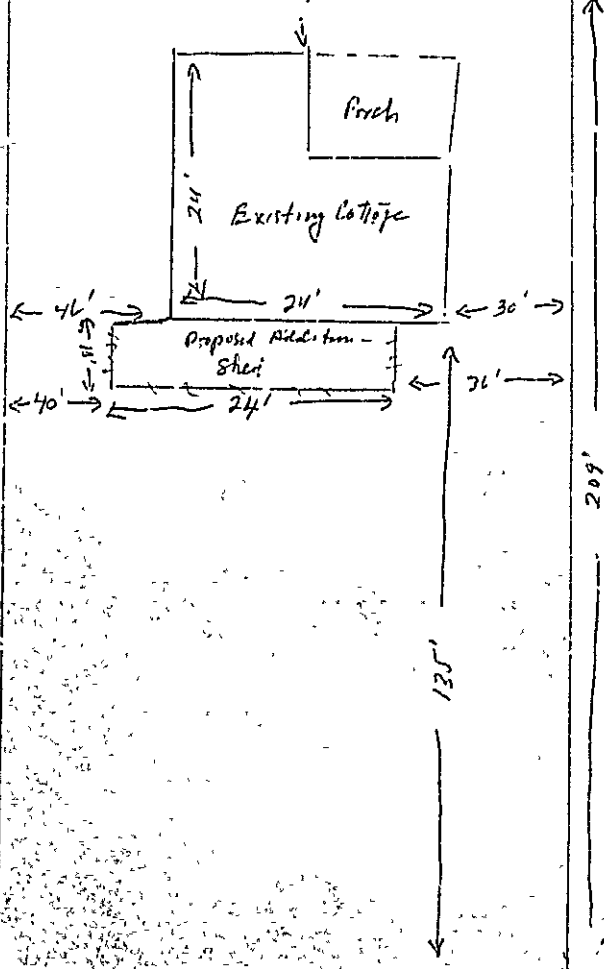
The Korrbe property will
- have another 800' addition
transfer

96-C-44
22341-55

96-E-44

owner: Barbara Korrbe
Contractor: L. M. Burke
772-7121
or
766-5728

Brown Property



RECEIVED
MAR 25 1991
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

From Brown - Traveler Way



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date March 29 19 85
 Receipt and Permit number D 0661

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 96-C Fern Avenue Long Isl 96-C-44
 OWNER'S NAME: Barbara Larabee ADDRESS: lives there

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft TOTAL _____	FEE	
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____	_____		
	Strip Flourescent _____	ft. _____				
SERVICES:	Overhead <input checked="" type="checkbox"/> _____	Underground _____	Temporary _____	TOTAL amperes <u>100</u>		<u>3.00</u>
METERS: (number of)	_____					<u>.50</u>
MOTORS: (number of)	_____					
	Fractional _____	_____				
	1 HP or over _____	_____				
RESIDENTIAL HEATING:						
	Oil or Gas (number of units) _____	_____				
	Electric (number of rooms) _____	_____				
COMMERCIAL OR INDUSTRIAL HEATING:						
	Oil or Gas (by a main boiler) _____	_____				
	Oil or Gas (by separate units) _____	_____				
	Electric Under 20 kws _____	Over 20 kws _____	_____			
APPLIANCES: (number of)						
	Ranges _____	Water Heaters _____	_____			
	Cook Tops _____	Disposals _____	_____			
	Wall Ovens _____	Dishwashers _____	_____			
	Dryers _____	Compactors _____	_____			
	Fans _____	Others (denote) _____	_____			
	TOTAL _____					
MISCELLANEOUS: (number of)						
	Branch Panels _____	_____				
	Transformers _____	_____				
	Air Conditioners Central Unit _____	_____				
	Separate Units (windows) _____	_____				
	Signs 20 sq. ft. and under _____	_____				
	Over 20 sq. ft. _____	_____				
	Swimming Pools Above Ground _____	_____				
	In Ground _____	_____				
	Fire/Burglar Alarms Residential _____	_____				
	Commercial _____	_____				
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	_____				
	over 30 amps _____	_____				
	Circus, Fairs, etc. _____	_____				
	Alterations to wires _____	_____				
	Repairs after fire _____	_____				
	Emergency Lights, battery _____	_____				
	Emergency Generators _____	_____				

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE:	_____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE:	_____
	TOTAL AMOUNT DUE:	<u>3.50</u>
	min	<u>5.00</u>

INSPECTION
 Will be ready on _____, 19____; or Will Call **XX**
CONTRACTOR'S NAME: Seacoast Elec
ADDRESS: Long Isl.
TEL.: _____
MASTER LICENSE NO.: 3088 **SIGNATURE OF CONTRACTOR:**
[Signature]
LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS —

Permit Number 01661

Location 9916 C Farm

Owner B. Karstner

Date of Permit 3-29-85

Final Inspection 2-23-85

By Inspector Libby

Permit Application Register Page No. 66

INSPECTIONS: Service ✓ by Libby
Service called in OK
Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

CODE
COMPLIANCE
COMPLETED
DATE = 2-24-85

REMARKS:

Raymond
Raymond
Raymond
Raymond



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 4/4/85, 19__
 Receipt and Permit number 01680

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, i.e. Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK 7 1/2 Fern Avenue, Long Island
 OWNER'S NAME: Barbara Larrabee ADDRESS: 5 Oakdale St. Portland

OUTLETS:
 Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 3-60 5.80
 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 _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compressors _____
 Fans _____ Others (denote) _____
 TOTAL _____

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

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE. 8.00

INSPECTION:
 Will be ready on _____, 19__; or Will Call x
 CONTRACTOR'S NAME: owner Barbara Larrabee (Harry Papke for service)
 ADDRESS: _____
 TEL: _____

MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR:
 LIMITED LICENSE NO.: _____ B. Larrabee

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

ELECTRICAL INSTALLATIONS

Permit Number 01680

Location 96-C Faneuil Hall

Owner B. Bennett

Date of Permit 4-4-85

Final Inspection 7-23-85

By Inspector Fuller

Permit Application Register Page No. 67

INSPECTIONS Service _____ by _____

Service called in _____

Closing-in 7-23-85 by Fuller

PROGRESS INSPECTIONS:

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

CODE COMPLIANCE COMPLETED
7-23-85
 DATE

REMARKS:

Handwritten signature
Handwritten signature

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION **665**
 ZONING LOCATION **PORTLAND, MAINE** June 12, 1984

JUN 13 1984

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:

- LOCAT ON **Farm Avenue, Long Island, Assessor's Plan 96**
 1. Owner's name and address **Barbara Larrabee, 5 Colvale St., 04103** Fire District #1 #2
 2. Lessee's name and address Telephone **773-4066**
 3. Contractor's name and address **Richard LeBl, Long Island** Telephone
 Telephone **765-5073**

Proposed use of building **summer cottage** No. of units
 Last use **vacant lot** No. families
 Material **wood** No. stories **1 1/2** Heat **wood** Style of roof **hip** Roofing **asphalt shingles**
 Other buildings on same lot **none**
 Estimated contractual cost \$ **8,000**

FIELD INSPECTOR—Mr. @ 775-5451
 Appeal Fees \$
 Base Fee
 Late Fee **50**
 TOTAL \$ **50.00**

to construct a 1 1/2 story wood summer cottage
 20 x 24 with 10 x 10 ell.

send to #1

Stamp of Special Conditions

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? **no** If not, what is proposed for sewage? **private**
 Has septic tank notice been sent? Form notice sent?
 Light average grade to top of plate **8"** Height average grade to highest point of roof **20"**
 Size, front **24'** depth **20'** No. stories **1 1/2** solid or filled land? **solid** earth or rock? **rock**
 Material of foundation **concrete on tubs** Thickness, top **8"** bottom **14"** cellar **none**
 Kind of roof **hip** Rise per foot Roof covering **asphalt shingles**
 No. of chimneys **1** Material of chimneys **con.** of lining Kind of heat **wood** fuel **wood**
 Flaming, fuel—Kind **2 1/4 2x6** Dressed or full size **2x6** Corner posts **2x4** Sills **4x6**
 Size Girder **4x4** Columns under girders **4x4** Size **4x4** Max. on centers **10'**
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof spar over 8 feet.
 Joists and rafters: 1st floor **2x6** 2nd **2x8** 3rd roof **6/7**
 On centers: 1st floor **2'** 2nd **2'** 3rd roof **2'**
 Maximum span: 1st floor 2nd 3rd roof **16'**
 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
 BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? **no**
 ZONING:
 BUILDING CODE: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant **Barbara Larrabee** Phone # **773-4066**
 Type Name of above **Barbara Larrabee**

Other 1 2 3 4
 and Address

7
 FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

PLUMBING APPLICATION

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

PROPERTY ADDRESS
Town Or Plan: Portland
Street: Forest Ave. Loop 1-100
Subdivision Lot #: _____
PROPERTY OWNERS NAME
Last: Larabee First: Barbara
Applicant Name: JANE
Mailing Address of Owner/Applicant (if different): 5 OAK Dale ST. PTH

PORTLAND PERMIT # 984 TOWN COPY
Local Plumber Signature: [Signature] L.P.I. # 133
FEE: _____

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: [Signature] Date: _____

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
Local Plumbing Inspector Signature: RA 601 Date Approved: 9/27/85

PERMIT INFORMATION

This Application is for:
1. NEW PLUMBING
2. RELOCATED PLUMBING

Type Of Structure To Be Served:
1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY: Summer Cottage

Plumbing To Be Installed By:
1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D HOUSING DEALER/MCHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # _____

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP to an existing subsurface wastewater disposal system		Drinking Fountain		Wash. Basin
			Indirect Waste		Water Closet / Toilet
			Water Treatment Softener Filter, etc.		Clothes Washer
	PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
					Fixtures Fee
					Hook-Up Fee
					\$ 600

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

023411

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$35. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Barbara D. Larrabee Phone # 770-6533
Address: Fern Ave- Long Island, ME 04050
LOCATION OF CONSTRUCTION Fern Ave- Long Island
Contractor: OWNER Sub: (96-C-44)
Address: _____ Phone # _____
Est. Construction Cost: 3,000 Proposed Use: 1-fam w mudroom/
Post Use: 1-fam
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: const addition - mudroom - 12'x16'

For Official Use Only
Date: 2/3/92 Subdivision Name: _____
Inside P.C. Location _____ Lot _____
Bldg. Code _____ Ownership: _____
Time Limit _____ Estimated Cost: 3,000
Zoning: _____
Storage: _____ Street Frontage Provided: _____
Provided Setbacks Front _____ Back _____ Side _____ Side _____
Review Required:
Zoning Board Approval: Yes _____ No _____
Planning Board Approval: Yes _____ No _____
Conditional Use: _____ Variance _____ Sub-division _____
Shoreland Zoning Yes _____ No _____
Special Exception _____
Other (Explain): Historic Preservation

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

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

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

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Spacing _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:
1. Ceiling Joists Size _____ Spacing _____
2. Ceiling trapping Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____
Roof:
1. Truss or Rafter Size _____ Spar _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
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 _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase
Signature of Applicant B. D. Larrabee Date 2/3/92
CEO's District Barbara D. Larrabee
WITH REQUIREMENTS

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO

PERMIT ISSUED WITH REQUIREMENTS

White - Tax Assessor



APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED
AUG - 7 1991
CITY OF PORTLAND

Amendment No. 1
Portland, Maine, August 5, 1991

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 912437/91 pertaining to the building or structure comprised in the original application 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 Fern Ave., Long Island Within Fire Limits? Yes Dist. No. _____
Owner's name and address Barbara Larrabee - Fern Ave. L.I. Telephone 766-2383
Lessee's name and address _____ Telephone _____
Contractor's name and address Hillside Lumber - Westbrook, ME Telephone _____
Architect _____ Plans filed _____ No. of sheets 1
Proposed use of building Storage Shed No. families _____
Last use _____ No. families _____
Increased cost of work none Additional fee none per SH

Description of Proposed Work

Changing location of storage shed submitted on original permit as per plan.

Per. Fab. ---

96-C-44-46

Details of New Work

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

Approved: [Signature] 8-1-91

Signature of Owner [Signature]

Approved: [Signature]

Inspector of Buildings

INSPECTION COPY - WHITE
APPLICANT'S COPY - YELLOW

FILE COPY - PINK
ASSESSOR'S COPY - GOLDEN

[Handwritten Signature]

912437

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$35. Zone _____ Map # _____ Lot# _____

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

Owner: Barbara Larabee Phone # 756-2393
 Address: Fern Ave; Long Island, ME 04050
 LOCATION OF CONSTRUCTION: Fern Ave - Long Island 95-C-14
 Contractor: L Morrill Burke Sub: 772-3121
 Address: 5 Oakdale St; Portland, ME Phone # 04103
 Est. Construction Cost: \$1000 Proposed Use: 1-fam w shed
 Past Use: 1-fam
 # of Existin' Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # of Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Construct shed - 10'x24'

PERMIT ISSUED
MAR 28 1991
CITY OF PORTLAND

For Official Use Only
 Date: 3/25/91 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Block: _____ Ownership: _____
 Time Limit: _____
 Estimated Cost: \$3000

Zoning: IK-2
 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) A - 772-3121

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 _____

Ceiling:
 1. Ceiling Joists Size _____ Spacing _____ Not in District nor Landmark.
 2. Ceiling Strapping size _____
 3. Type Ceilings: _____ Does not require review.
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action _____ Appr. rec.
 2. Sheathing Type _____ Size _____ Approves with Conditions
 3. Roof Covering Type: _____

Chimneys:
 Type: _____ Number of Fire Places: _____ Date: 3/25/91
 Signature: _____

Heating:
 Type of Heat: 7 1/2" x 1 1/2" 11-10

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 _____ Sq. Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise F. Chase
 Signature of Applicant L Morrill Burke Date 3/25
 Signature of CEO _____ Date _____
 Inspection Dates _____

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 33

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Type

Inspection Record

Date

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

COMMENTS

5-1-91 - Complete OK @ @

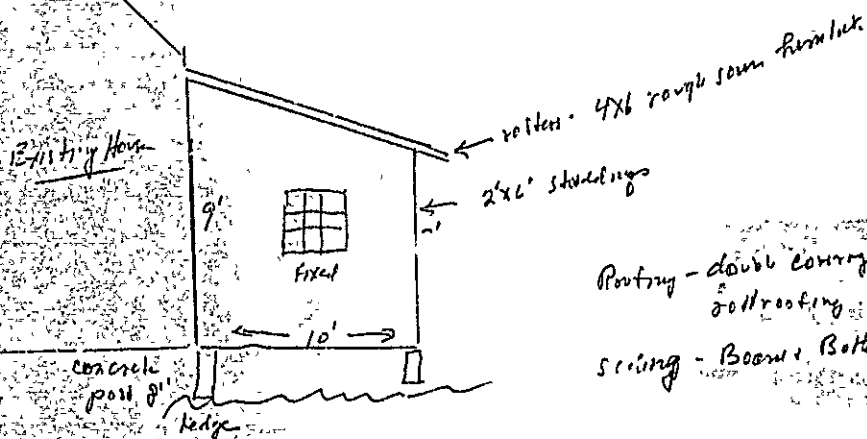
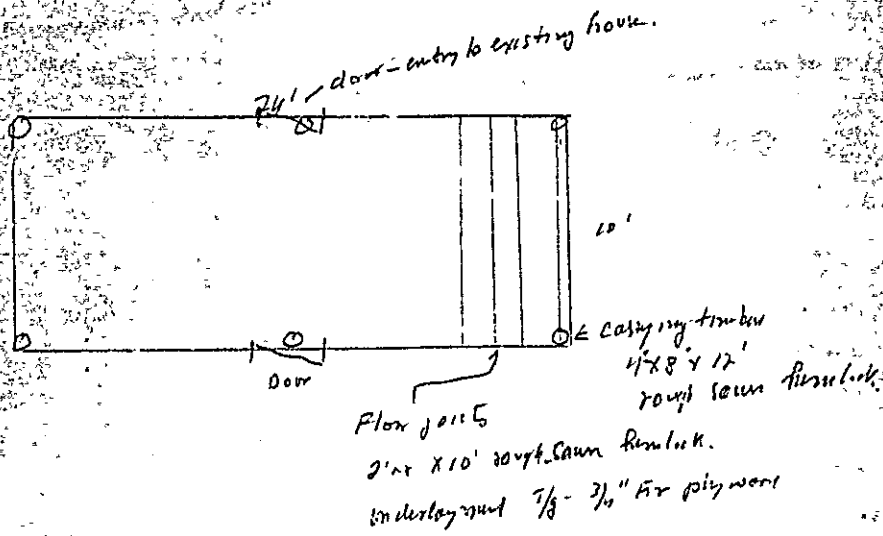
Signature of Applicant

L. M. Maxwell Buxton

Date

3/21/91

Construction plan for proposed addition to Cottage at Barbours Landing
 Long Island.
 Estimated Cost \$3000.00
 Contractor - L. M. Burke



RECEIVED

MAR 25 1991

DEPT. OF BUILDING
CITY OF PORTLAND

Site Plan - For addition shed to Property of Barbara Lamber - Long Island

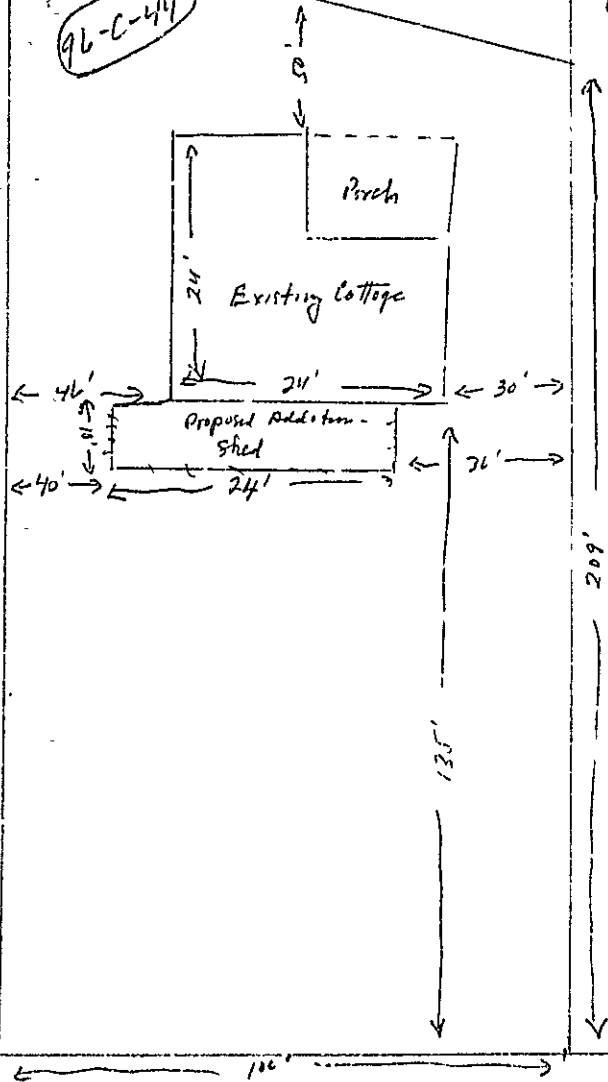
The Lamber papers will extend a minor 60' setback transfer

owner: Barbara Lamber
Contractor: L. M. Burke
772-3121
or
766-3128

96-C-44
22341-25

96-C-44

Brown Property



Fern Avenue - Travelled way

RECEIVED
MAR 25 1991
DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

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 Subdivision Lot #: FERN AVENUE

PROPERTY OWNERS NAME

Last: LARABEE First: BARBARA

Applicant Name: 96-C-44

Mailing Address of Owner/Applicant (If Different): FERN AVENUE
LONG ISLAND, ME 04050

PORTLAND 4287 TOWN COPY

Date Permit Issued: 10/30/91 Fee: \$160

Richard J. Rowe L.P.I. # 01124

Local Plumbing Inspector Signature (LPI)

Chief Plumbing Inspector

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.

R. Rowe done w/o inspection 7-2-93

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>1986 ±</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p>SPECIFY _____</p>
<p>SIZE OF PROPERTY: <u>22,136 ±</u></p> <p>ZONING: _____</p>	<p>TYPE OF WATER SUPPLY: <u>EXISTING WELL</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC (IF NECESSARY)</p> <p>SIZE: <u>750</u> GALS. <u>MINIMUM</u></p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN (LOW BEDROOMS, SEATING, EMPLOYEES, WATE - RECORDS, ETC)</p> <p>SINGLE FAMILY DWELLING (2 BEDROOM)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>3</u> CONDITION: <u>A/D</u></p> <p>DEPTH TO LIMITING FACTOR: <u>13</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>300</u> Sq. Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p> <p><u>12 PLASTIC CHAMBERS</u></p>	
<p>DESIGN FLOW: <u>180</u> (GALLONS/DAY)</p>			

SITE EVALUATOR STATEMENT

On AUGUST 20, 1991 (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.

Robert Feick 163 8/26/91

Site Evaluator Signature SE# Date

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

Page 1 of 3
HHE-200 Rev. 11/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

PORTLAND (LONG ISLAND)

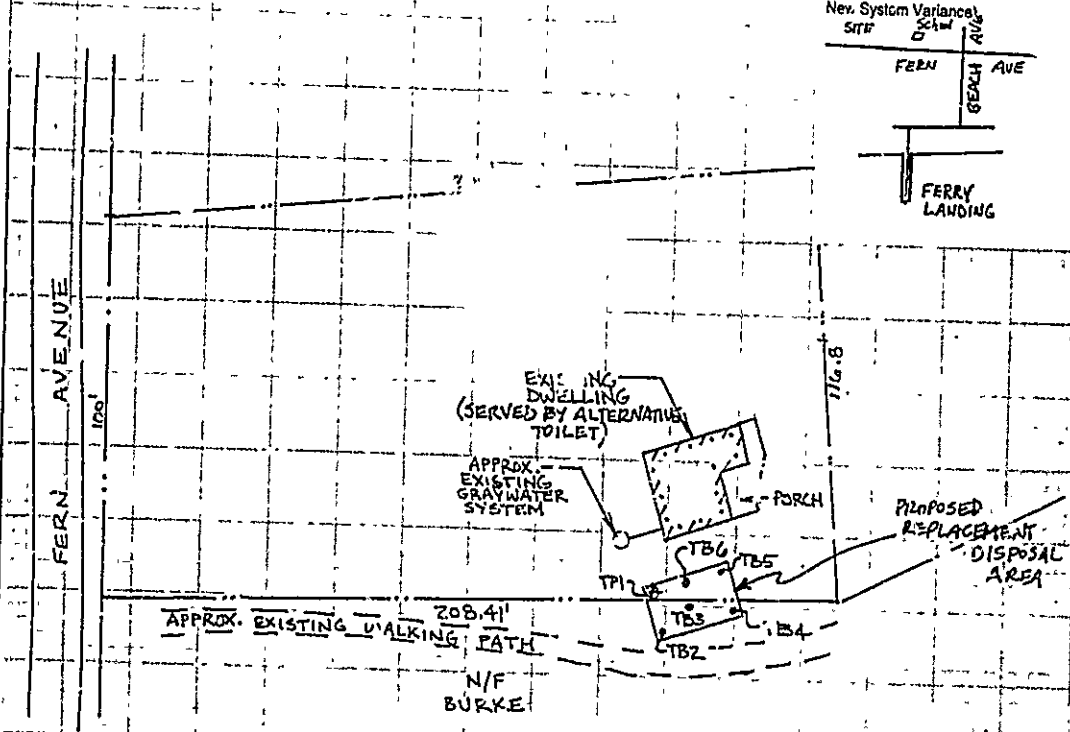
FERN AVENUE

LARABEE BARBARA

SITE PLAN

Scale 1" = 40' FL

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

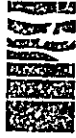


SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>TP1</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling
0-6" SANDY		DARK BROWN	
6-10" LOAM	FRIABLE	BROWN	
10-15" LOAMY FINE SAND		YELLOWISH	
15-20" FINE SANDY LOAM		OLIVE BROWN	COMMON FATIG FREE WATER
20-30" BEDROCK			
30-40" BEDROCK			
40-50" BEDROCK			
Soil Profile: <u>3</u>	Classification: <u>A1D</u>	Slope: <u>13</u> %	Limiting Factor: <u>13</u>
		<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	
Observation Hole <u>TB2</u>		<input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring	
* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling
0-15" SANDY			
15-20" BEDROCK			
20-30" BEDROCK			
30-40" BEDROCK			
40-50" BEDROCK			
Soil Profile: <u>3</u>	Classification: <u>A1D</u>	Slope: <u>13</u> %	Limiting Factor: <u>13</u>
		<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	

Robert Feick
Site Engineer Signature

163
SE#

8/26/91
Date



Albert Frick Associates, Inc.
 Soil Scientists & Site Evaluators
 95A County Road Gorham, Maine 04038
 (207) 839-5563

Town, City, Location PORTLAND (LONG ISLAND)		Street, Road, Subdivision FERN AVENUE		Owners Name LARABEE, BARBARA
SOIL DESCRIPTION AND CLASSIFICATION				
Observation Hole TB3 <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring		Observation Hole TB4 <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring		
* Depth of Organic Horizon Above Mineral Soil		* Depth of Organic Horizon Above Mineral Soil		
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
5				
10				
15				
20	BEDROCK			
30				
40				
50				
Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
Profile	Condition	%		

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
Profile	Condition	%	29	

SOIL DESCRIPTION AND CLASSIFICATION				
Observation Hole TB5 <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring		Observation Hole TB6 <input type="checkbox"/> Test Pit <input checked="" type="checkbox"/> Boring		
* Depth of Organic Horizon Above Mineral Soil		* Depth of Organic Horizon Above Mineral Soil		
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
5				
10				
15				
20	BEDROCK			
30				
40				
50				
Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
Profile	Condition	%	15	

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
Profile	Condition	%	12	

Albert Frick
 Site Evaluator

163
 GE#

8/26/91
 Date

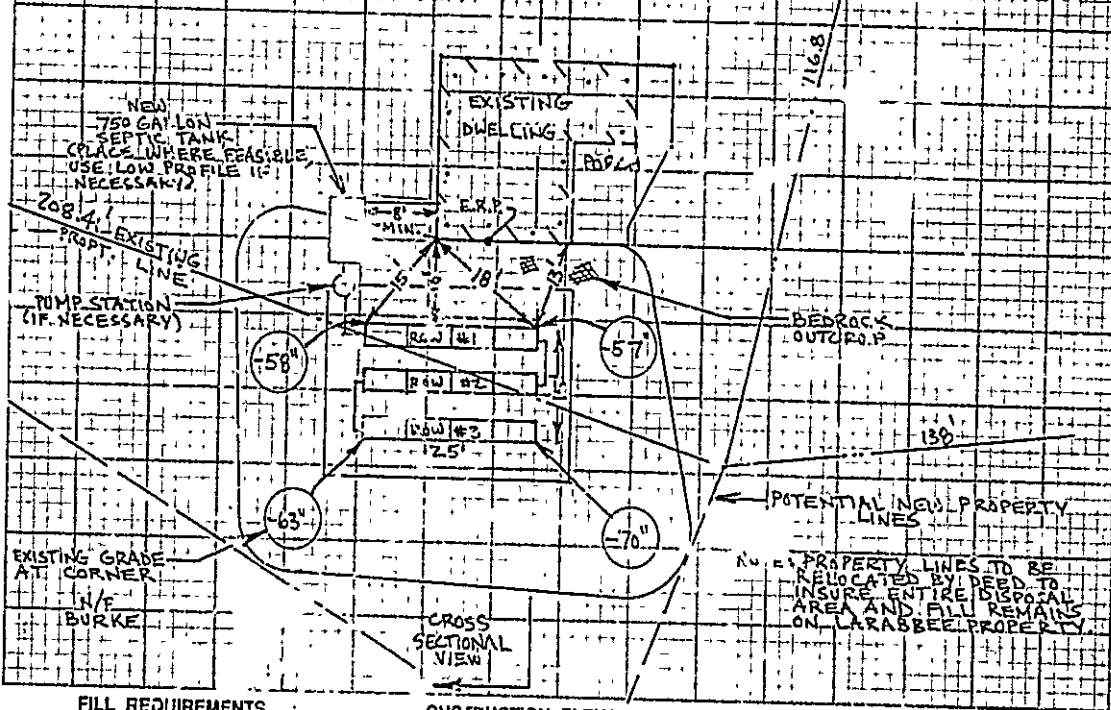
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: PORTLAND (LONG ISLAND) Street, Road, Subdivision: FERN AVENUE Owners Name: LARABEE, BARBARA

SUBSURFACE WASTEWATER DISPOSAL PLAN Scale 1" = 20' FL

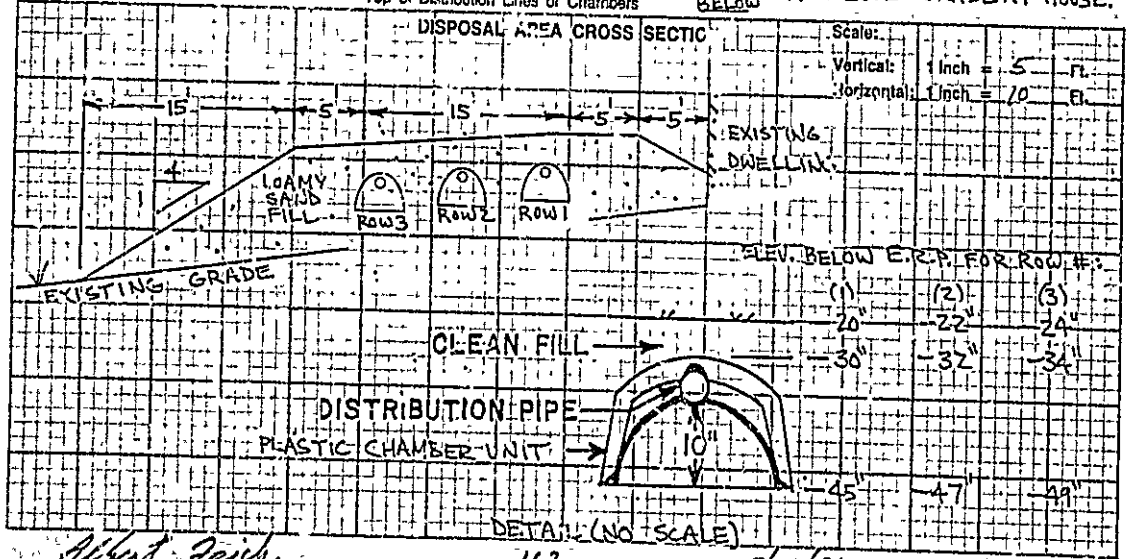
NOTE: INVERT OF EXISTING BUILDING DRAIN IS 33" BELOW E.R.P. RAISE PLUMBING TO INSURE GRAVITY FEED OR PROVIDE PUMP STATION.



FILL REQUIREMENTS
 Depth of Fill (Upslope): 37" - 38"
 Depth of Fill (Downslope): 31" - 46"

CONSTRUCTION ELEVATIONS
 Reference Elevation is: 00
 Bottom of Disposal Area: SEE DETAIL BELOW
 Top of Distribution Lines of Chambers: 44" ABOVE GRADE AT HOUSE.

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
 44" ABOVE GRADE AT HOUSE.



Albert Greich
Site Evaluator Signature

163
SE#

8/26/91
Date

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.
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. 4287 E Town of PORTLAND
Date Permit Issued 30/AUG/91
MONTH/DAY/YEAR
Property Owner's Name: LARABEE, BARBARA Tel. No. _____
System's Location: LONG ISLAND FERN AVENUE
STREET
PORTLAND Maine 04050
TOWN ZIP
Property Owner's Address: _____
(if different from above) STREET
TOWN STATE 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. (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 shall 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.

Barbara Larabee
PROPERTY OWNER'S SIGNATURE

DATE 3/SEPT/91
as per per file call 3/SEPT/91

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S AUTHORITY			VARIANCE REQUESTED TO:
Soil Profile Soil Condition from HHE-200	Ground Water Table				3A-D 13 inches
	Restrictive Layer				inches
	Bedrock				12 inches
SETBACK DISTANCES (IN FEET)	FROM:		DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day		30'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'	75' ±	89' ±
	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'		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 top of the fill does not extend to the 3:1 slope.

Albert Feick
SITE EVALUATOR'S SIGNATURE

8/26/91
DATE

LPI STATEMENT:

I, *P. Samuel Hoffses*, LPI for the Town of *Portland*, 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:

[Signature]
LPI'S SIGNATURE

9/1/91
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

Duplicate

QUITCLAIM DEED WITHOUT COVENANT (RELEASE DEED)
Maine Statutory Short Form

Know all Men by these Presents,

That L. MORRILL BURKE, JR. a/k/a LAWRENCE M. BURKE, JR.

of Portland, County of Cumberland, State of Maine

being unmarried, for consideration paid, release, to BARBARA D. LARRABEE

of Portland, County of Cumberland, State of Maine

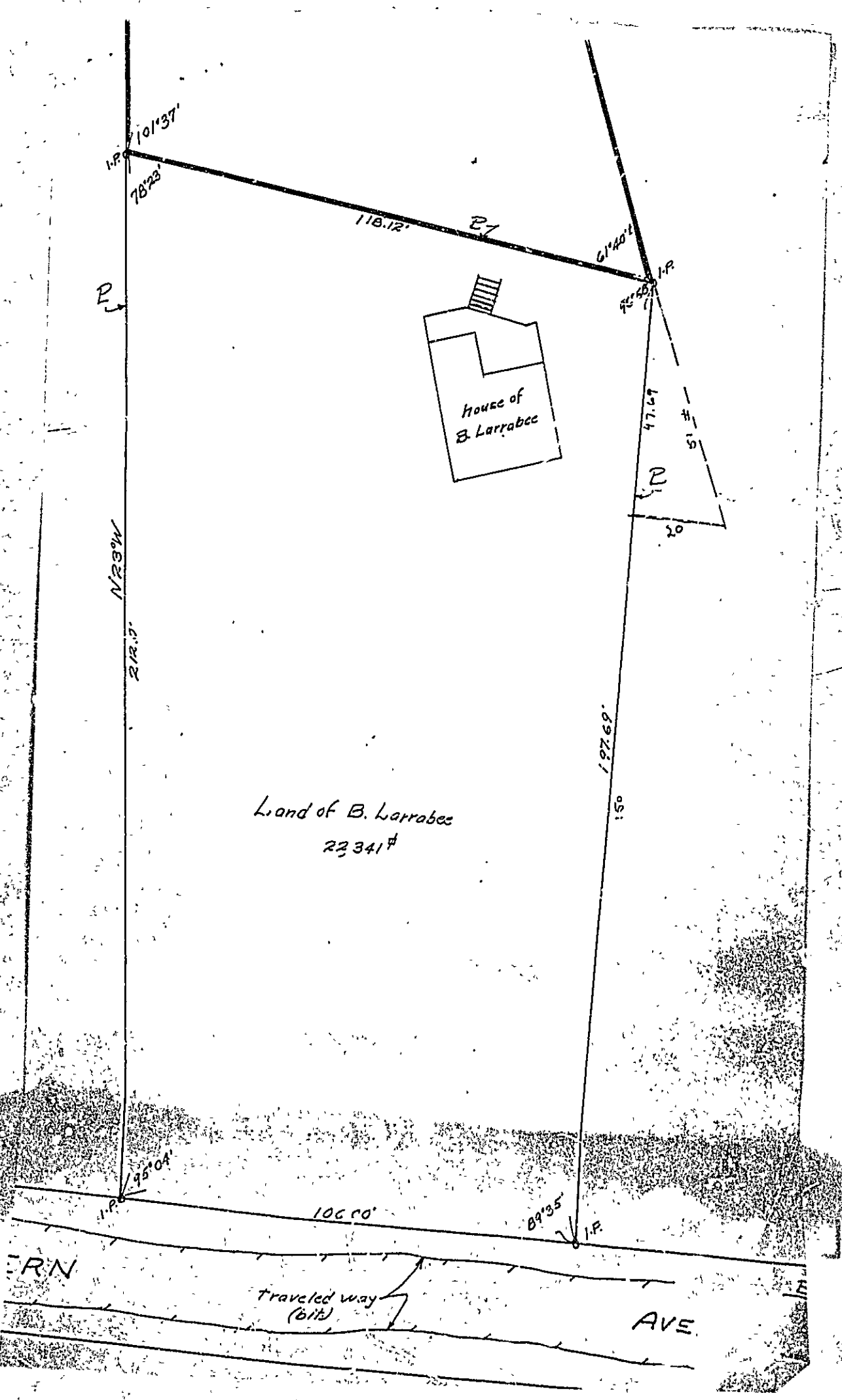
whose mailing address is Fern Avenue, Long Island, ME 04050

the land in Portland, County of Cumberland

State of Maine, described as follows:

The perpetual right and easement to enter upon that portion of the land of the grantor situated on the southeasterly side of Fern Avenue on Long Island in the City of Portland, County of Cumberland and State of Maine, which is hereinafter described, and to construct, maintain and repair thereon a septic disposal system to wit:

Beginning at an iron pipe at the southerly corner of land conveyed by L. Morrill Burke to Barbara D. Larrabee by deed dated May 1, 1984 and reorded in Cumberland County Registry of Deeds in Book 6440, Page 176; thence northwesterly by said Larrabee land forty-seven and sixty-nine hundredths (47.69) feet to a point one hundred fifty (150) feet southeasterly thereon from the southeasterly sideline of Fern Avenue; thence southwesterly at right angles by land of the grantor twenty (20) feet to a point; thence southeasterly by land of the grantor fifty-one (51) feet, more or less, to the point of beginning.





APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date October 19, 1992
 Receipt and Permit number 3088

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: Fern Ave. - 96-C-44 - Long Island
 OWNER'S NAME: Barbara Larrabee ADDRESS: Same

OUTLETS:		FEEES
Receptacles	<u>5</u> Switches <u>5</u> Plugmold _____ ft. TOTAL <u>10</u>	<u>2.00</u>
FIXTURES:	Number of)	
Incandescent	<u>2</u> Fluorescent <u>2</u> (not strip) TOTAL <u>4</u>	<u>1.80</u>
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	_____	
Cook Tops	_____	
Wall Ovens	_____	
Dryers	<u>1</u>	
Fans	_____	
	Water Heaters _____	
	Disposals _____	
	Dishwashers _____	
	Compactors _____	
	Others (denote) _____	
TOTAL	<u>1</u>	<u>2.00</u>
MISCELLANEOUS: (number of)		
Branch Panels	_____	
Transformers	_____	
Air Conditioners Centr. Unit	_____	
	Separate Units (windows) _____	
Signs 20 sq. ft. and under	_____	
	Over 20 sq. ft. _____	
Swimming Pools Above Ground	_____	
	In Ground _____	
Fire/Burglar Alarms Residential	_____	
	Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders)	30 amps and under _____	
	over 30 amps _____	
Circus, Fairs, etc.	_____	
Alterations to wires	_____	
Repairs after fire	_____	
Emergency Lights, battery	_____	
Emergency Generators	_____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ... INSTALLATION FEE DUE: 4.80
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ... DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: MIN 15.00

INSPECTION:
 Will be ready on Nov, 1992; or Will Call _____
 CONTRACTOR'S NAME: Seacoast Elec.
 ADDRESS: 76 Leavitt St. Long Island, ME 04050
 TEL: 774-6179
 MASTER LICENSE NO.: 03088 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

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

