

GORHAM AVENUE  
96-D-2  
LONG ISLAND



*Long Island Ave.  
96-D-2*



Location, ownership and detail must be correct, complete and legible. Separate application required for every building. Plans must be filed with this application

# APPLICATION FOR PERMIT TO BUILD

(3D CLASS BUILDING)

Portland, Me., November 2, 1921 19

To THE INSPECTOR OF BUILDINGS

The undersigned hereby applies for a permit to build, according to the following Specifications:—

Plans must be submitted in duplicate, one set to be filed with the Department and the duplicate set thereof (bearing the approval of the Inspector of Buildings) shall be kept on the work and exhibited on demand.

Location Long Island Wd. 1  
 Name of owner is? James Wren Address Long Island  
 Name of mechanic is? owner  
 Name of architect is? \_\_\_\_\_  
 Proposed occupancy of building (purpose)? private garage (one car only, no space to be let)  
 If a dwelling or tenement house, for how many families? \_\_\_\_\_  
 Are there to be stores in lower story? \_\_\_\_\_  
 Size of lot, No. of feet front? \_\_\_\_\_; No. of feet rear? \_\_\_\_\_; No. of feet deep? \_\_\_\_\_  
 Size of building, No. of feet front? 10ft; No. of feet rear? 10ft; No. of feet deep? 15ft  
 No. of stories, front? 1; rear? \_\_\_\_\_  
 No. of feet in height from the mean grade of street to the highest part of the roof? 12ft  
 Distance from lot lines, front? \_\_\_\_\_ feet; side? \_\_\_\_\_ feet; side? \_\_\_\_\_ feet; rear? \_\_\_\_\_  
 Firestop to be used? two feet from lot line, pyrene fire extinguisher, does not obstruct windows of neighboring property  
 Will the building be erected on solid or filled land? \_\_\_\_\_  
 Will the foundation be laid on earth, rock or piles? \_\_\_\_\_  
 If on piles, No. of rows? \_\_\_\_\_ distance on centres? \_\_\_\_\_ length of? \_\_\_\_\_  
 Diameter, top of? \_\_\_\_\_ diameter, bottom of? \_\_\_\_\_  
 Size of posts? \_\_\_\_\_  
 " girts? \_\_\_\_\_, 2d \_\_\_\_\_, 3d \_\_\_\_\_, 4th \_\_\_\_\_  
 " floor timbers? 1st floor wood, " " " " " " " "  
 O. C. " " " " " " " " " "  
 Span " " " " " " " " " "  
 Braces, how put in? \_\_\_\_\_  
 Building, how framed? \_\_\_\_\_  
 Material of foundation? \_\_\_\_\_ thickness of? \_\_\_\_\_ laid with mortar? \_\_\_\_\_  
 Underpinning, material of? posts height of? \_\_\_\_\_ thickness of? \_\_\_\_\_  
 Will the roof be flat, pitch, mansard, or hip? pitch Material of roofing? shingle  
 Will the building be heated by steam, furnaces, stoves, or grates? \_\_\_\_\_ Will the flues be lined? \_\_\_\_\_  
 Will the building conform to the requirements of the law? yes  
 No. of brick walls? \_\_\_\_\_ and where placed? \_\_\_\_\_  
 Means of egress? \_\_\_\_\_

PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK.

If the building is to be occupied as a Tenement House, give the following particulars

What is the height of cellar or basement? \_\_\_\_\_  
 What will be the clear height of first story? \_\_\_\_\_ second? \_\_\_\_\_ third? \_\_\_\_\_  
 State what means of egress is to be provided? \_\_\_\_\_  
 \_\_\_\_\_ Scuttle and stepladder to roof?

Estimated Cost,  
\$ 100.

Signature of owner or authorized representative, \_\_\_\_\_  
Address, \_\_\_\_\_

*James H. Wren*

Plans submitted? \_\_\_\_\_ Received by? \_\_\_\_\_

Long Island. ✓  
192

No. 6349

APPLICATION FOR  
PERMIT TO BUILD 3d CLASS BUILDING

No. 9670-2 LOCATION  
Dean St Long Island

Ward 1

Inspector.

CONDITIONS

PERMIT GRANTED

November 2, 1921 192

Permit filled out by \_\_\_\_\_

Permit number \_\_\_\_\_

Plan number \_\_\_\_\_

FINAL REPORT

\_\_\_\_\_192

Has the work been completed in accordance with  
this application and plans filed and approved?

Law been violated? \_\_\_\_\_

Nature of violation? \_\_\_\_\_

Violation removed when? \_\_\_\_\_192

Estimated cost of building, etc., \$ \_\_\_\_\_

Building Inspector.

APPROVAL OF P

Supervisor

**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: **RICO AVENUE**

Subdivision Lot #: **TAX MAP 96 BLOCK C LOTS 23,4**

**PROPERTY OWNERS NAME**

McAleney Edward P & Peter L & James L Jr.

Last: **McAleney** First: **Jr.**

Applicant Name: **James McAleney Jr.** JACKSON & CAS...  
ISLAND AVENUE...

Mailing Address of Owner/Applicant (if Different): **9 GARFIELD CIRCLE PEAKS ISLAND, MAINE 04108**  
**SOUTH PORTLAND MAINE TEL: 266-2812**

PORTLAND PERMIT # **1,617** TOWN COPY

Date Permit Issued: **05/1/85**

FEE: \_\_\_\_\_ \$

L.P.I. # \_\_\_\_\_

Local Plumbing Inspector Signature: *[Signature]*

**Owner/Applicant Statement**

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

Signature of Owner/Applicant: *[Signature]* Date: **4/30/85**

**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: **MAY 30 1985**

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM

2.  REPLACEMENT SYSTEM

3.  EXPANDED SYSTEM

4.  SEASONAL CONVERSION

5.  EXPERIMENTAL SYSTEM

*5-2-85*

**THIS APPLICATION REQUIRES:**

1.  NO RULE VARIANCE REQUIRED

2.  NEW SYSTEM VARIANCE  
Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form

3.  Requires only Local Plumbing Inspector Approval

4.  Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

1.  NON-ENGINEERED SYSTEM

2.  PRIMITIVE SYSTEM (Includes Alternative Toilet)

3.  ENGINEERED (+2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

4.  TREATMENT TANK (ONLY)

5.  HOLDING TANK

6.  ALTERNATIVE TOILET (ONLY)

7.  NON ENGINEERED DISPOSAL AREA (ONLY)

8.  ENGINEERED DISPOSAL AREA (ONLY)

9.  SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED: \_\_\_\_\_

THE FAILING SYSTEM IS: **Gas Toilet**

1.  BED 2.  TRENCH

3.  CHAMBER 4.  OTHER: **CES POOL (Gray water)**

SIZE OF PROPERTY: **27,992 S.F.** ZONING: **R-3**

**DISPOSAL SYSTEM TO SERVE:**

1.  SINGLE FAMILY DWELLING

2.  MODULAR OR MOBILE HOME

3.  MULTIPLE FAMILY DWELLING

4.  OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**TYPE OF WATER SUPPLY WELL (DRILLED)**

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

**TREATMENT TANK**

1.  SEPTIC:  Regular  Low Profile

2.  AEROBIC

SIZE: **1000** GALS

**WATER CONSERVATION**

1.  NONE

2.  LOW VOLUME TOILET

3.  SEPARATED LAUNDRY SYSTEM

4.  ALTERNATIVE TOILET

SPECIFY \_\_\_\_\_

**PUMPING**

1.  NOT REQUIRED

2.  MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)

3.  REQUIRED

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

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

**3 BEDROOM MODERATE LOW VOLUME TOILET**

**NO LAUNDRY**

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: **4** CONDITION: **A=**

DEPTH TO LIMITING FACTOR: **8**

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1.  SMALL

2.  1' DIAM

3.  MEDIUM-LARGE

4.  LARGE

5.  EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

1.  BED **700** Sq Ft

2.  CHAMBER \_\_\_\_\_ Sq Ft

REGULAR  H 20

3.  TRENCH \_\_\_\_\_ Linear Ft

4.  OTHER \_\_\_\_\_

**DESIGN FLOW** **252** (GALLONS DAY)

**SITE EVALUATOR STATEMENT**

SITE EVALUATION WAIVED BY LOCAL OPTION

On **November 7 1984** (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 or Professional Engineer's Signature: *[Signature]* SE # **4814** Date: **4/18/85**

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



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

PORTLAND LONG ISLAND RICO AVE 96-C-2,3,4

Street, Road, Subdivision

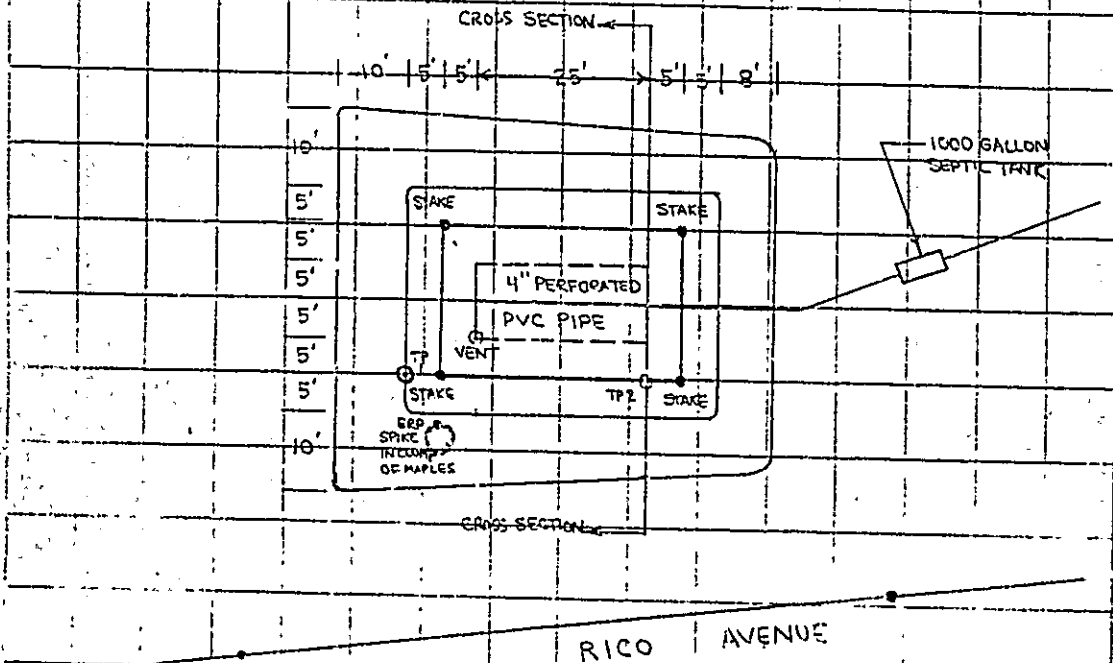
Division of Health Engineering

Owners Name

JAMES L. MCALENEY JR

## SUBSURFACE WASTEWATER DISPOSAL PLAN

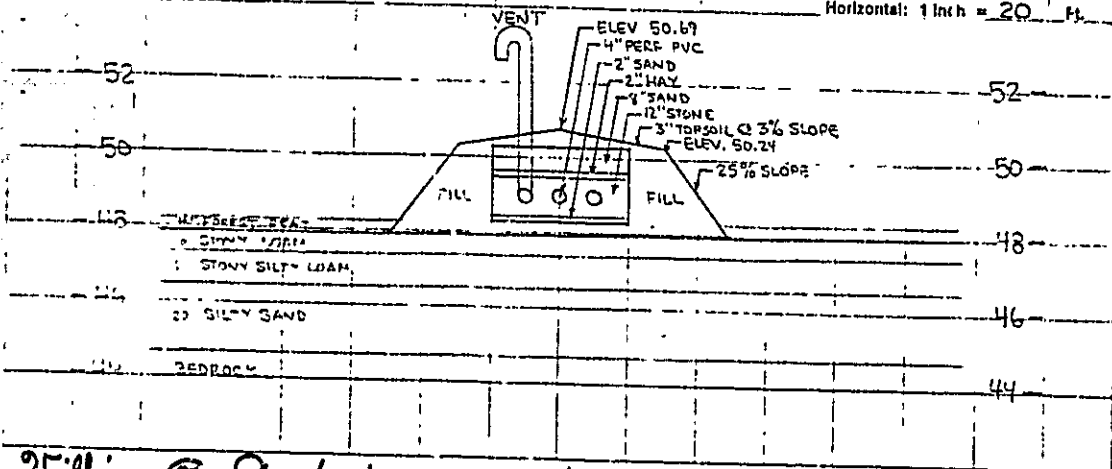
Scale 1" = 20' FL



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>23'</u>	Reference Elevation is <u>50.00</u>	SPIKE IN CLUMP OF MAPLES WESTERLY OF PROPOSED BED
Depth of Fill (Downslope) <u>30'</u>	Bottom of Disposal Area <u>48.24</u>	
	Top of Distribution Lines or Chambers <u>49.32</u>	

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 Inch = 4' FL  
Horizontal: 1 Inch = 20' Ft.



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

003/4814  
SE #, PE #

4/18/85  
Date

Page 3 of 3  
HHE-200 Rev 4/83

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

452

Applicant Olan Wood  
 Mailing Address Long Island, Maine 04050  
 Proposed Use of Site Cottage - 40' x 20'  
 Acreage of Site / Ground Floor Coverage 10,160 sq. /ft. 800 sq. ft.

Date January 7, 1985  
 Address of Proposed Site 96-D-2 Gorham Avenue, Long Island  
 Site Identifier(s) from Assessors Maps 96-D-2  
 Zoning or 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 1  
 Total Floor Area 800 sq. ft.

Other Comments: \_\_\_\_\_  
 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. 2')	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW  
 REASONS SPECIFIED BELOW

REASONS: OK, except for inground sanitary disposal system, subject to Plumbing Inspector's approval of soils evaluation test results.

Harvey J. Turner Jan 30, 1985  
 SIGNATURE OF REVIEWING STAFF/DATE

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Applicant \_\_\_\_\_

Date January 7, 1985

Mailing Address \_\_\_\_\_

Address of Proposed Site \_\_\_\_\_

Proposed Use of Site \_\_\_\_\_

Site Identifier(s) from Assessors Maps \_\_\_\_\_

Acreage of Site / Ground Floor Coverage \_\_\_\_\_

Zoning of Proposed Site \_\_\_\_\_

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

Proposed Number of Floors \_\_\_\_\_

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

Total Floor Area \_\_\_\_\_ sq. ft.

Planning Board Action Required: ( ) Yes (  ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

**FIRE DEPARTMENT REVIEW**

(Date Received) \_\_\_\_\_

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMASE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER	
APPROVED									
APPROVED CONDITIONALLY									CONDITIONS SPECIFIED BELOW
DISAPPROVED									REASONS SPECIFIED BELOW

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

*Not required*

(Attach Separate Sheet if Necessary)

SIGNATURE OF REVIEWING STAFF/DATE

FIRE DEPARTMENT COPY



**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Applicant Olan Wood

Date January 7, 1985

Mailing Address Long Island, Maine 04850

Address of Proposed Site 26-B-2 Cornish Avenue, Long Island

Proposed Use of Site Commercial - Auto Repair

Site Identifier(s) from Assessors Maps \_\_\_\_\_

Acres of Site 1.160 sq. ft. Ground Floor Coverage 200 sq. ft.

Zoning of Proposed Site \_\_\_\_\_

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

Proposed Number of Floors 1

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

Total Floor Area 200 sq. ft.

Planning Board Action Required: ( ) Yes (  ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

**FIRE DEPARTMENT REVIEW**

(Date Received) \_\_\_\_\_

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMASE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER	
APPROVED									
APPROVED CONDITIONALLY									CONDITIONS SPECIFIED BELOW
DISAPPROVED									REASONS SPECIFIED BELOW

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

(Attach Separate Sheet if Necessary)

\_\_\_\_\_  
 SIGNATURE OF REVIEWING STAFF/DATE  
 FIRE DEPARTMENT COPY

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Applicant \_\_\_\_\_ Date JANUARY 7, 1985  
 Mailing Address \_\_\_\_\_ Address of Proposed Site \_\_\_\_\_  
 Proposed Use of Site \_\_\_\_\_ Site Identifier(s) from Assessors Maps \_\_\_\_\_  
 Acreage of Site / Ground Floor Coverage \_\_\_\_\_ Zoning of Proposed Site \_\_\_\_\_  
 Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors \_\_\_\_\_  
 Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area \_\_\_\_\_  
 Planning Board Action Required: ( ) Yes ( ) No  
 Other Comments: \_\_\_\_\_  
 Date Dept. Review Due: \_\_\_\_\_

**PLANNING DEPARTMENT REVIEW**

(Date Received) \_\_\_\_\_

- Major Development — Requires Planning Board Approval: Review Initiated
- Minor Development — Staff Review Below

	LOADING AREA	PARKING	CIRCULATION PATTERN	ACCESS	PEDESTRIAN WALKWAYS	SCAFFOLDING	LANDSCAPING	SPACE & BULK OF STRUCTURES	LIGHTING	CONFLICT WITH CITY PROJECTS	FINANCIAL CAPACITY	CHANGE IN SITE PLAN
APPROVED		✓	✓	✓				✓				
APPROVED CONDITIONALLY												CONDITIONS SPECIFIED BELOW
DISAPPROVED												REASONS SPECIFIED BELOW

REASONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach Separate Sheet if Necessary)

B. Barkett, 1/9/85

SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT CC/PY

**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Address of Proposed Site \_\_\_\_\_

Proposed Use of Site \_\_\_\_\_ Site Identifier(s) from Assessors Maps \_\_\_\_\_

Area of Site / Ground Floor Coverage \_\_\_\_\_ Zoning of Proposed Site \_\_\_\_\_

Site Location Review (DEP) Required: ( ) Yes (X) No Proposed Number of Floors \_\_\_\_\_

Board of Appeals Action Required: ( ) Yes (X) No Total Floor Area \_\_\_\_\_

Planning Board Action Required: ( ) Yes (X) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

**PUBLIC WORKS DEPARTMENT REVIEW**

(Date Received) \_\_\_\_\_

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED	N/A	✓	N/A	N/A	✓	N/A	N/A	N/A	✓	✓	✓		N/A	N/A		
APPROVED CONDITIONALLY												X				CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: On-site subsurface disposal system required.

(Attach Separates if Necessary)

*Robert May* Jan 22, 1985  
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

975-573-1266  
EXT. 949  
24 HOUR  
NOTICE  
REQUIRED

1997/08

**ON THIS JOB:—Place NO CONCRETE in Foundation Forms**  
and

**Do Not START Laying Stone or Unit Masonry**  
**UNTIL**

**FIELD INSPECTOR HAS INDICATED APPROVAL ON PERMIT CARD**

**YOU are required BY LAW**

**to NOTIFY of READINESS for INSPECTION**

**WHEN:**

1. Concrete Forms are Completed.
2. Lot Boundaries are ACCURATELY MARKED, and without OBSTRUCTION to Prevent Checking.
3. Permit Card is PASTED on 8'x4' Stake at FRONT of Lot.

APPLICATION FOR PERMIT

PERMIT ISSUED

JUN 19 1985

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 0.6.4.2

ZONING LOCATION PORTLAND, MAINE 1-7-85

CITY OF PORTLAND

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

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

LOCATION 96-D-2 Gorham Avenue, Long Island, Maine Fire District #1 #2

1. Owner's name and address Olan Wood - Long Island, Maine 04050 Telephone 766-2575

2. Lessee's name and address Telephone

3. Contractor's name and address ONDAR Telephone

No. of sheets 7

Proposed use of building Cottage (new) No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 15,000.00

FIELD INSPECTOR--Mr.

@ 775-5451

Appeal Fees \$
Base Fee 50.00 - Site Plan Review
Late Fee
TOTAL 85.00
135.00

To construct 40' x 20' cottage, wood frame, one floor, as per plans.

Stamp of Special Conditions

ISSUE PERMIT TO #1

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

DETAILS OF NE' WORK

Is any plumbing involved in this work? yes Is any electrical work involved in this work? yes
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? no Form notice sent? no
Height average grade to top of plate 9' Height average grade to highest point of roof 15'
Size, front 40' depth 20' No. stories 1 solid or filled land? solid earth or rock? earth & grave
Material of foundation concrete piers Thickness, top 6" on centers bottom cellar no
Kind of roof pitch Rise per foot 5/12 Roof covering asphalt shingles
No. of chimneys no Masonry chimneys of lining Kind of heat elec. fuel
Framing Lumber--Kind spruce & fir Dressed or full size? dressed Corner posts 4x6 Sills 4x6
Size Girder 4x6 Columns under girders concrete piers Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2x6, 2nd, 3rd, roof 2x6
On centers: 1st floor 16", 2nd, 3rd, roof 16"
Maximum span: 1st floor 6', 2nd, 3rd, roof 12'
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same, 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
ZONING:
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

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

Signature of Applicant Olan Wood Phone #
Type Name of above

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY



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

Date August 30, 1991  
 Receipt and Permit number 3089

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: Gorham Ave. Long Island 96-D-2

OWNER'S NAME: Olan Wood ADDRESS: same

OUTLETS:	FEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>32</u> .....	<u>6.40</u>
<b>FIXTURES:</b> (number of)	
Incandescent <u>9</u> Fluorescent _____ (not strip) TOTAL <u>9</u> .....	<u>5.70</u>
Strip Fluorescent _____ ft. ....	<u>1.80</u>
<b>SERVICES:</b>	
Overhead _____ Underground _____ Temporary _____ TOTAL amper.s _____	
<b>METERS:</b> (number of) _____	
<b>MOTORS:</b> (number of)	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES:</b> (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
<b>TOTAL</b> .....	
<b>MISCELLANEOUS:</b> (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windcws) _____	
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: 8.20

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

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

TOTAL AMOUNT DUE: 15.00

**INSPECTION:**

Will be ready on NOW, 1991; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Seacoast Elec

ADDRESS: 58 Fore St. Portland, Maine 04101

TEL.: 774-6179

MASTER LICENSE NO.: 03088 SIGNATURE OF CONTRACTOR: \_\_\_\_\_

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

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

**ELECTRICAL INSTALLATIONS**

Permit Number 3088

Location 96 Colburn

Owner Oliver S. D.

Date of Permit 8-30-91

Final Inspection 9-3-91

By Inspector SRD

Permit Application Register # 113

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_

Service called in \_\_\_\_\_

Closing-in 9-3-91 by SRD

PROGRESS INSPECTIONS: \_\_\_\_\_

Inspector's name \_\_\_\_\_

Inspector's license number \_\_\_\_\_

Inspector's address \_\_\_\_\_

Inspector's telephone number \_\_\_\_\_

Inspector's signature \_\_\_\_\_

Inspector's date \_\_\_\_\_

Inspector's remarks \_\_\_\_\_

Inspector's initials \_\_\_\_\_

Inspector's stamp \_\_\_\_\_

Inspector's seal \_\_\_\_\_

Inspector's signature \_\_\_\_\_

Inspector's date \_\_\_\_\_

Inspector's remarks \_\_\_\_\_

Inspector's initials \_\_\_\_\_

Inspector's stamp \_\_\_\_\_

Inspector's seal \_\_\_\_\_

Inspector's signature \_\_\_\_\_

Inspector's date \_\_\_\_\_

Inspector's remarks \_\_\_\_\_

Inspector's initials \_\_\_\_\_

Inspector's stamp \_\_\_\_\_

Inspector's seal \_\_\_\_\_

Inspector's signature \_\_\_\_\_

Inspector's date \_\_\_\_\_

Inspector's remarks \_\_\_\_\_

Inspector's initials \_\_\_\_\_

Inspector's stamp \_\_\_\_\_

Inspector's seal \_\_\_\_\_

Inspector's signature \_\_\_\_\_

Inspector's date \_\_\_\_\_

Inspector's remarks \_\_\_\_\_

Inspector's initials \_\_\_\_\_

Inspector's stamp \_\_\_\_\_

Inspector's seal \_\_\_\_\_

Inspector's signature \_\_\_\_\_

Inspector's date \_\_\_\_\_

Inspector's remarks \_\_\_\_\_

Inspector's initials \_\_\_\_\_

Inspector's stamp \_\_\_\_\_

Inspector's seal \_\_\_\_\_

Inspector's signature \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

MISCELLANEOUS (number of) \_\_\_\_\_

Branch Panel \_\_\_\_\_

Transformers \_\_\_\_\_

Air Con Blower Central Unit \_\_\_\_\_

Separate Units (windows) \_\_\_\_\_

Signs 20 sq ft and under \_\_\_\_\_

Over 20 sq ft \_\_\_\_\_

Swimming Pool Above Ground \_\_\_\_\_

In Ground \_\_\_\_\_

Fixtures in Attics Residential \_\_\_\_\_

Commercial \_\_\_\_\_

Livey Day Outlets 20 Volt (such as washers) 40 amps and under \_\_\_\_\_

Over 40 amps \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

Over 40 amps etc \_\_\_\_\_

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT \_\_\_\_\_

DOUBLE FEE THE \_\_\_\_\_

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

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

PERMIT HOLDER NO. \_\_\_\_\_

CONTRACTOR'S COPY - GREEN

OFFICE COPY - CANARY

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE

INSPECTOR'S COPY - WHITE





CITY OF PORTLAND, MAINE  
Department of Building Inspector

# Certificate of Occupancy

LOCATION Gorham St. - Long Island 96-0-2  
Date of Issue 4/28/92

Issued to Olan Wood

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. 95/0642, 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 or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single-family dwelling

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

4/28/92

(Date)

A. Rowe  
Inspector

*[Signature]*  
Inspector of Buildings

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



# APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
ELECTRICAL INSTALLATIONS

Date 1/31/ 1991  
Receipt and Permit number 01880

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: Gorham Street, Long Island, Maine

OWNER'S NAME: Randy O. Wood ADDRESS: same

OUTLETS: \_\_\_\_\_ FEES \_\_\_\_\_

Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL \_\_\_\_\_

FIXTURES: (number of) \_\_\_\_\_

Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_

Strip Fluorescent \_\_\_\_\_ ft. \_\_\_\_\_

SERVICES: \_\_\_\_\_

Overhead  Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes 100 .. 15.00

METERS: (number of) 1 .. 1.00

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 \_\_\_\_\_ Comapactors \_\_\_\_\_

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: \_\_\_\_\_

Homeowner doing interior wiring ..... TOTAL AMOUNT DUE: 16.00

INSPECTION: \_\_\_\_\_

Will be ready on all set \_\_\_\_\_, 1991; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Harry P. Seacoast Electric

ADDRESS: 58 Fore Street

TEL: 774-6179

MASTER LICENSE NO. MS 6003088

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

SIGNATURE OF CONTRACTOR:  
Ray Crispe

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

ELECTRICAL INSTALLATIONS

Permit Number 01880

Location CORNWALL ST IT

Owner RAVON WOOD

Date of Permit 1-31-91

Final Inspection 1-31-91

By Inspector [Signature]

Permit Application Register Page No. 103

INSPECTIONS: Service 1-31-90 by JB  
Service called in 1-31-90 11:20 AM  
Closing-in \_\_\_\_\_ by \_\_\_\_\_

PROGRESS INSPECTIONS:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DATE:	REMARKS:
01-28-91	[Faint handwritten notes]
01-29-91	[Faint handwritten notes]

[Faint, mostly illegible text and stamps at the bottom of the page, including what appears to be a signature and some official markings.]

Applicant: *Olan Wood* Date: *Jan 30, 1985*  
Address: *Long Island, Maine 04650*  
Assessors No.: *96-D-2 Gorham Ave. Long Island*  
Lot 4:

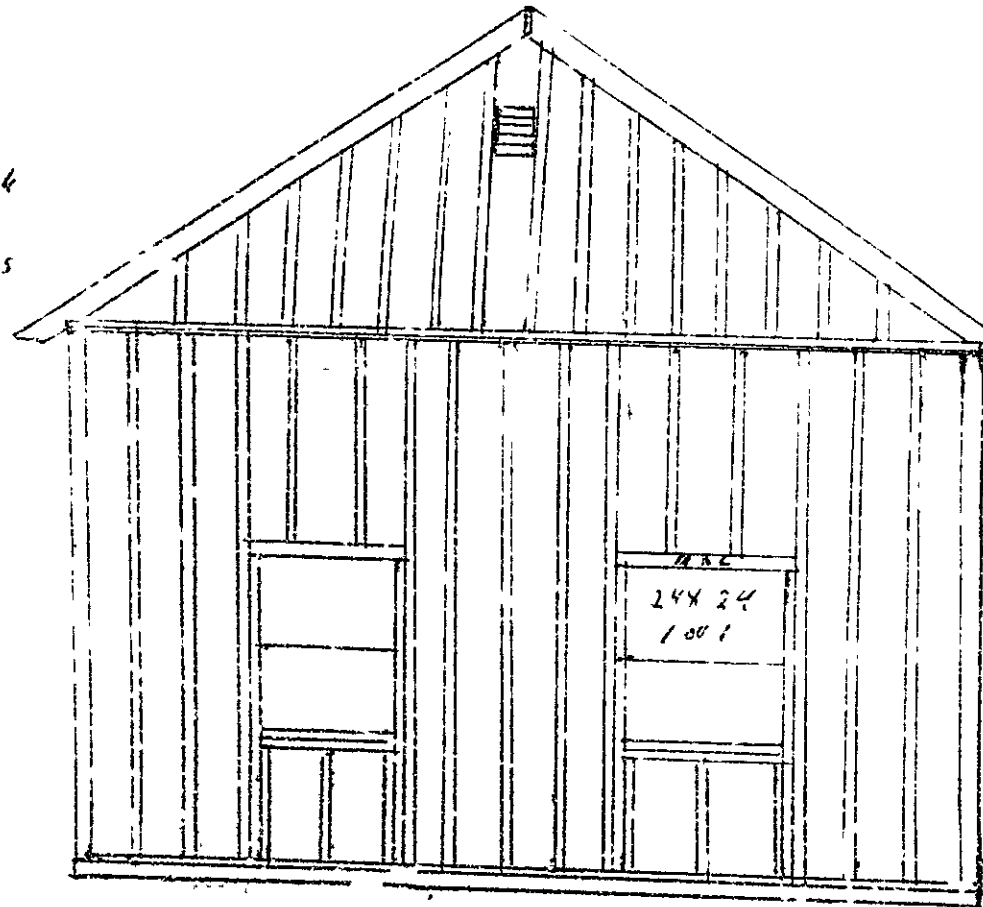
CHECK LIST AGAINST BUILDING ORDINANCE

Date - *Gorham Field Sts*  
Zone Location - *R-3 Residential*  
Interior or corner lot - *Corner*  
Use -  
Sewage Disposal - *Septic disposal?*  
Rear Yards - *5616'*  
Side Yards - *30' and 30'*  
Front Yards - *25' 25' required*  
Projections -  
Height - *One story*  
Lot Area - *10,160 sq ft*  
Building Area - *20 x 40 = 800 sq ft*  
Area per Family - *20,000 # unserved*  
Width of lot - *100'*  
Lot Frontage - *201.6'*  
On-street Parking - *NA*  
Loading Bays - *NA*

Site Plan - *OK*  
Shoreland Zoning - *NA*  
Flood Plains - *NA*

2x6 rafters  
6" feather finish

2x6 end joists



2x6 sub-xy plate

4x6 corn post

2x4  
2x4 2x4  
100

2x4 sole plate

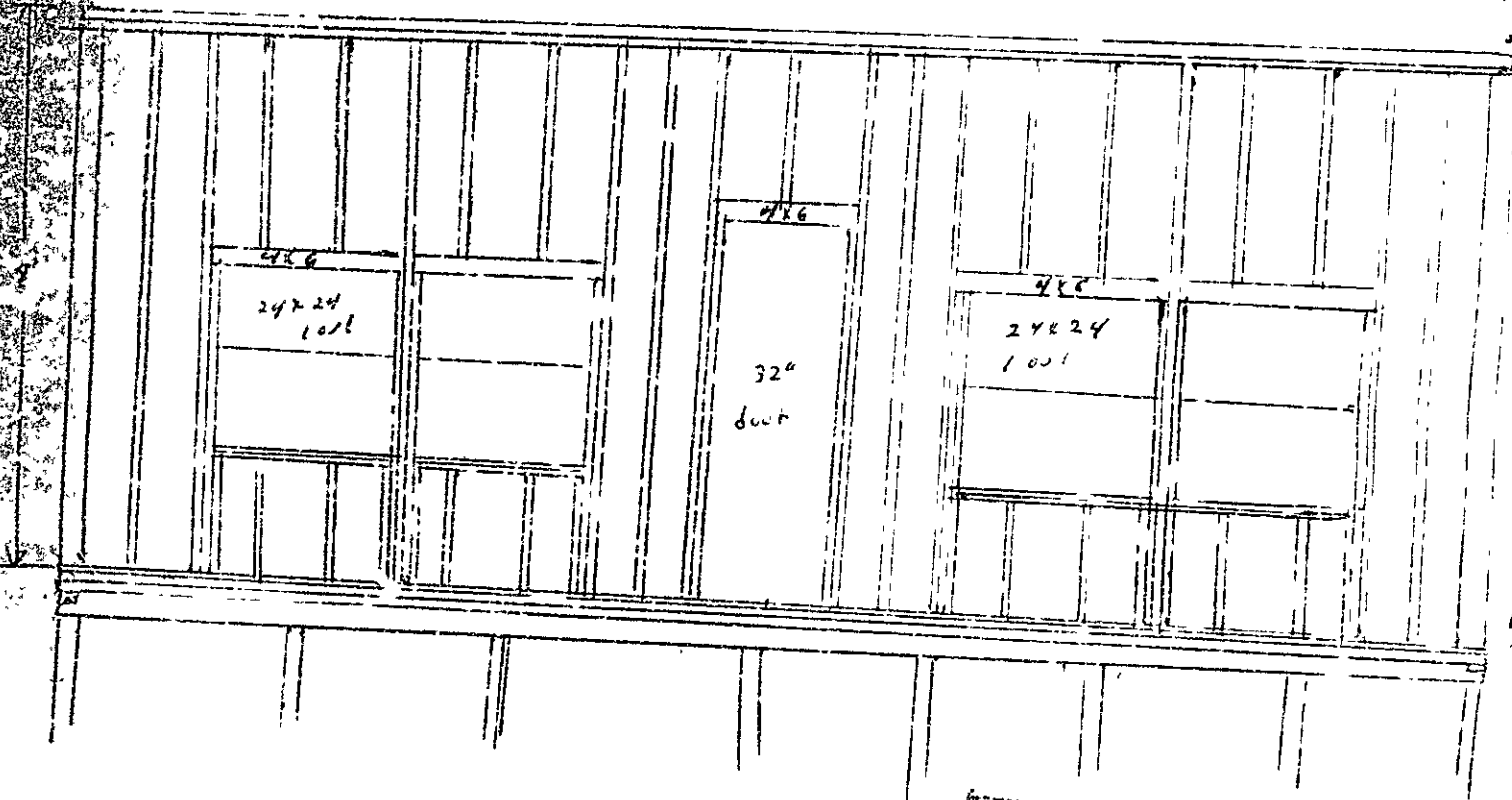
4x6 sill

New wood

Elevation

40'

Doub. 2x4 plate  
4x6 ext. post



4x6  
24x24  
10/1

4x6

32"  
door

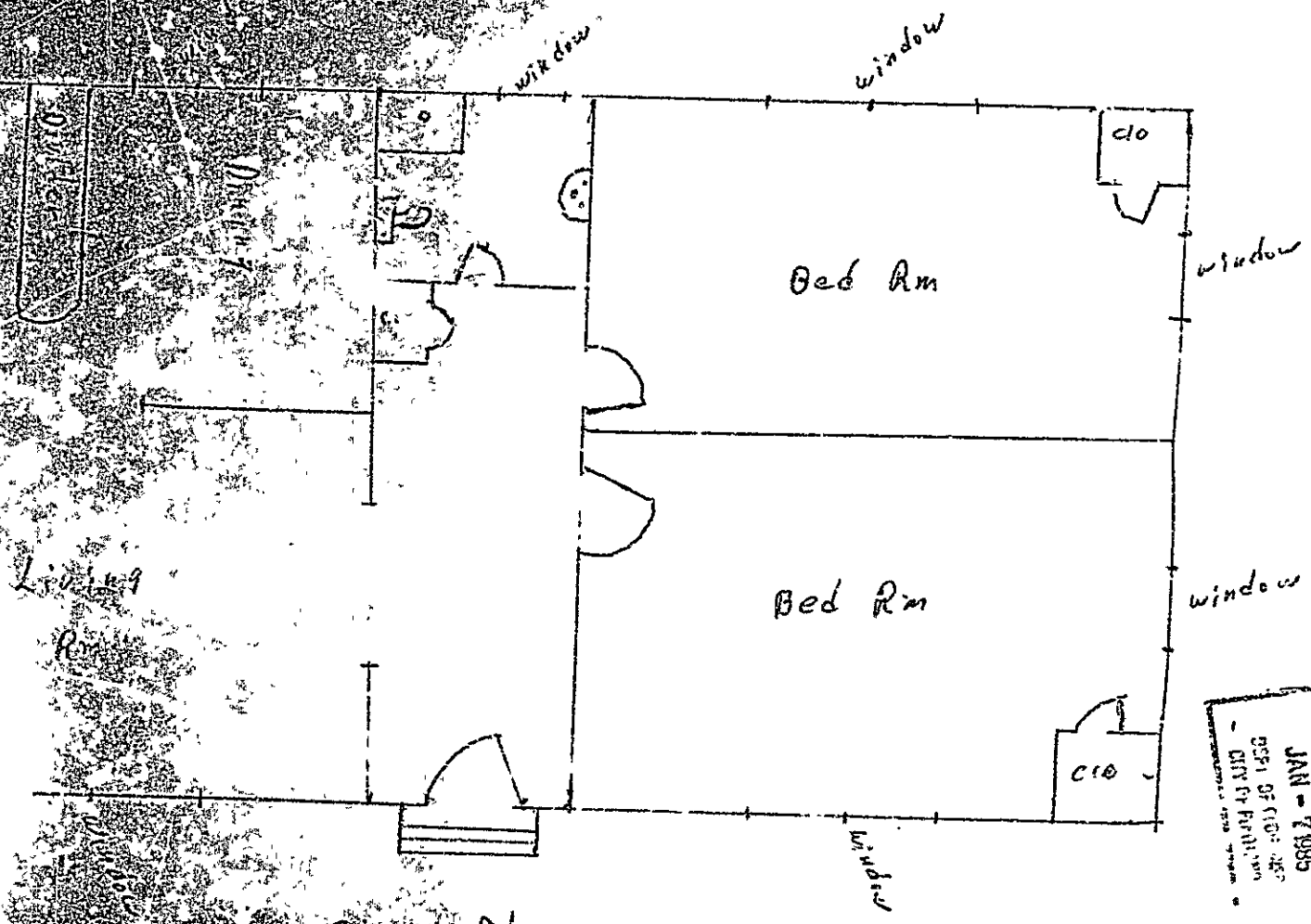
4x6  
24x24  
10/1

1" pine fin flr.  
3/4" ply 1st flr.  
4x6 sill  
4" concrete  
pipes

FRONT Elevation

RECEIVED  
JAN - 7 1985  
DEPT. OF BLDG. INSP.  
CITY OF PORTLAND

Alan Wood

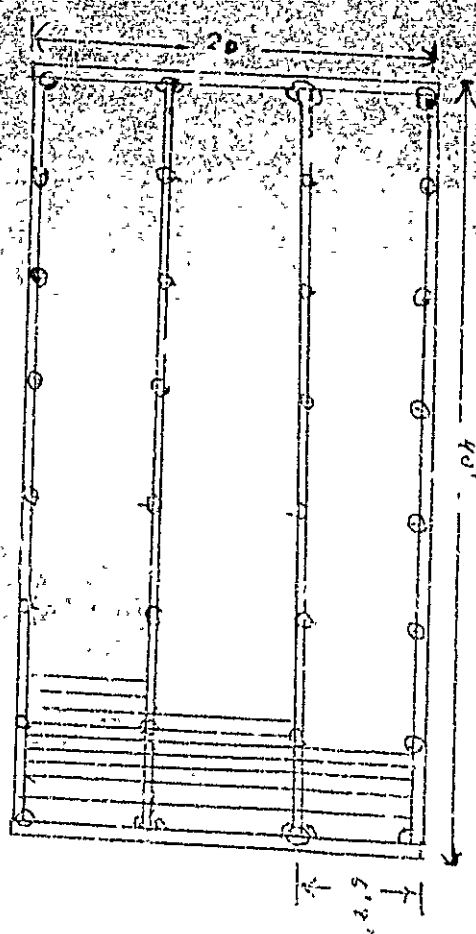


Floor Plan

RECEIVED  
JAN - 7 1985  
DEPT. OF PROBATION  
CITY OF PHOENIX

Olan Wood

CONCRETE PIERS 6' O.C.  
STEEL JOIST SILL & GIRDERS  
SPACE

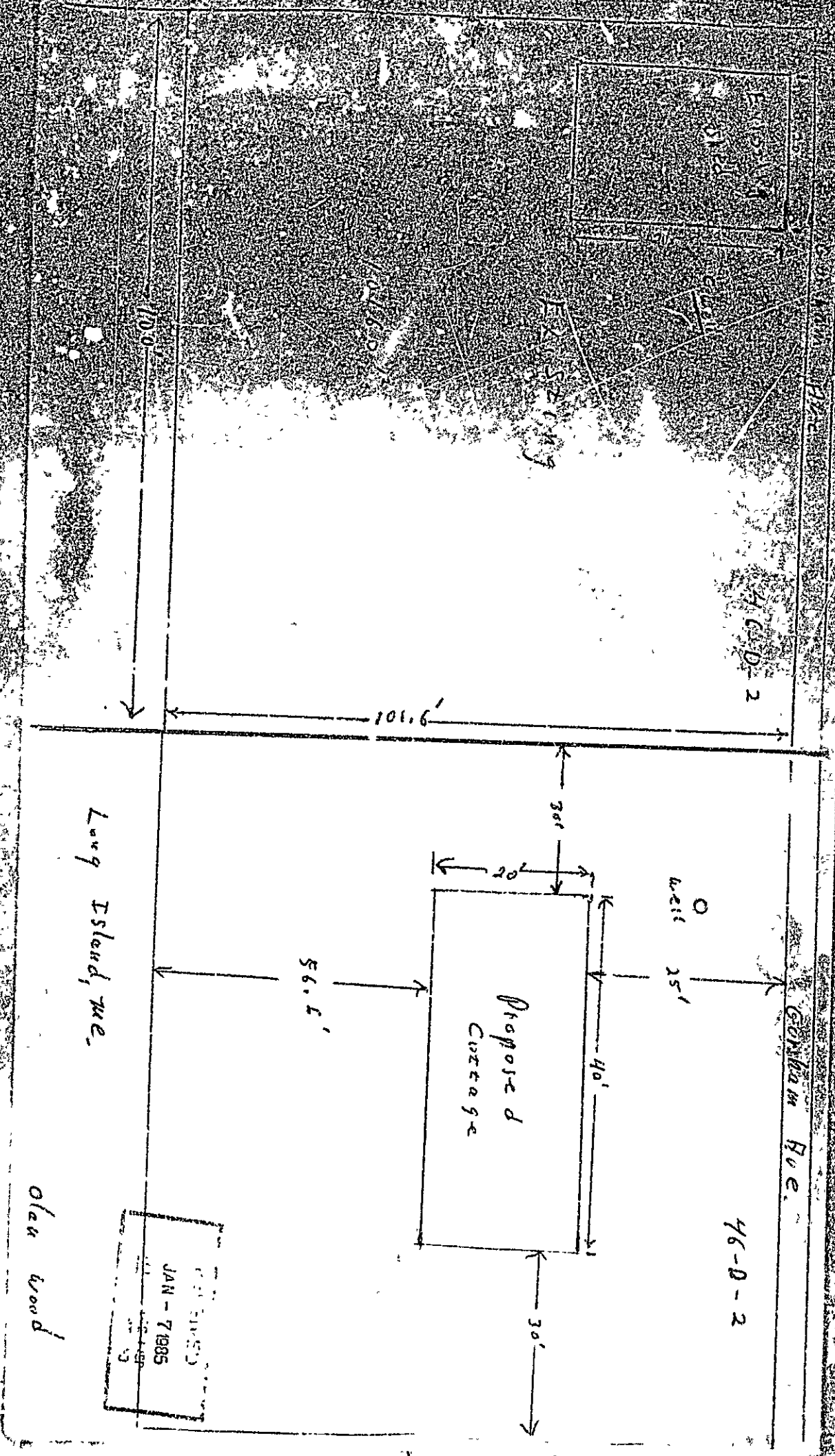


Platform

Plan Wood

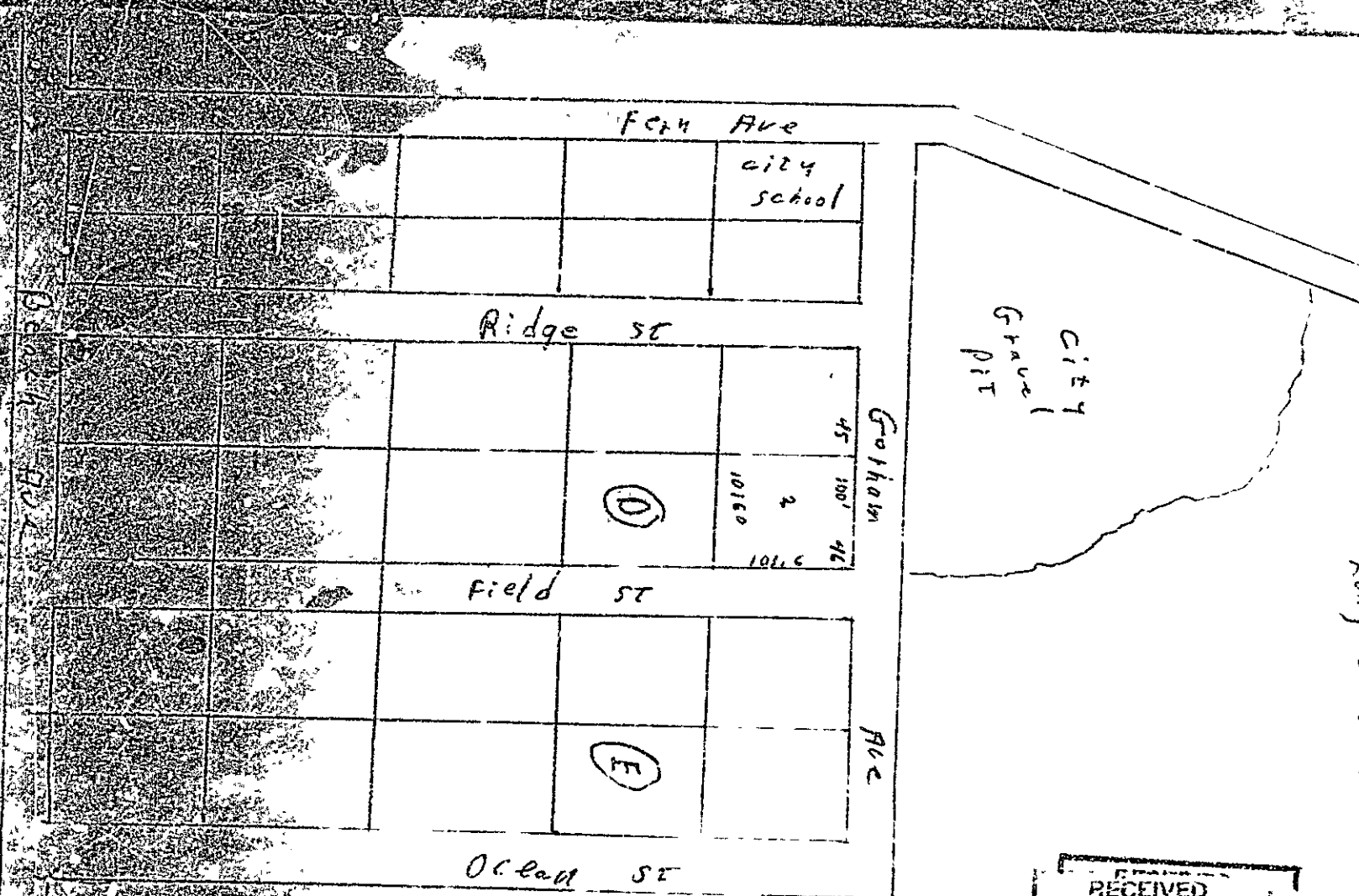
DATE - 7-25-53  
BY - [illegible]  
CHK'D BY - [illegible]





RECORDED  
 JAN - 7 1985  
 11  
 11  
 11

plan wood



Fern Ave

city school

Ridge St

Gotham Ave

CITY GRAVE PIT

Field St

Ave

Ocball St

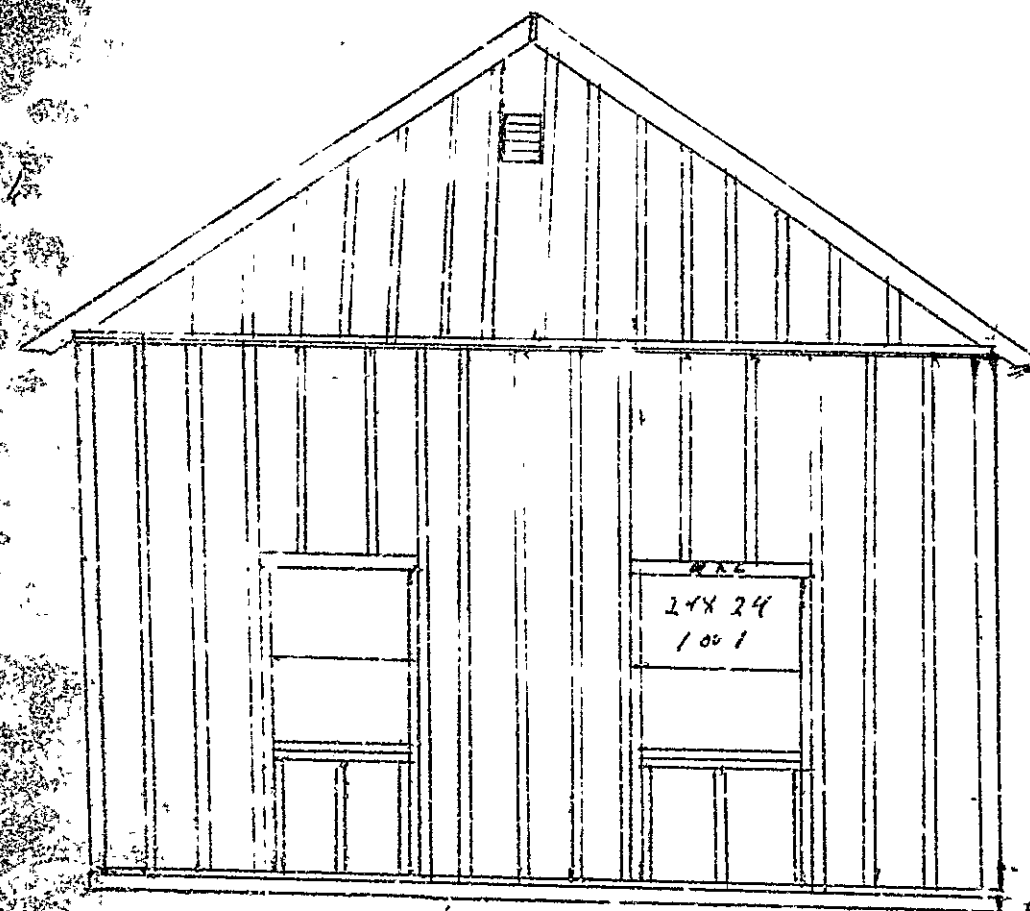
Kong Island, Me.

RECEIVED  
 JAN 27 1985  
 DEPT OF PUBLIC WORKS  
 CITY OF...

Wood

2x4 rafters  
6x6 post  
2x6 joist

Eric [unclear]



double 2x4 purlin

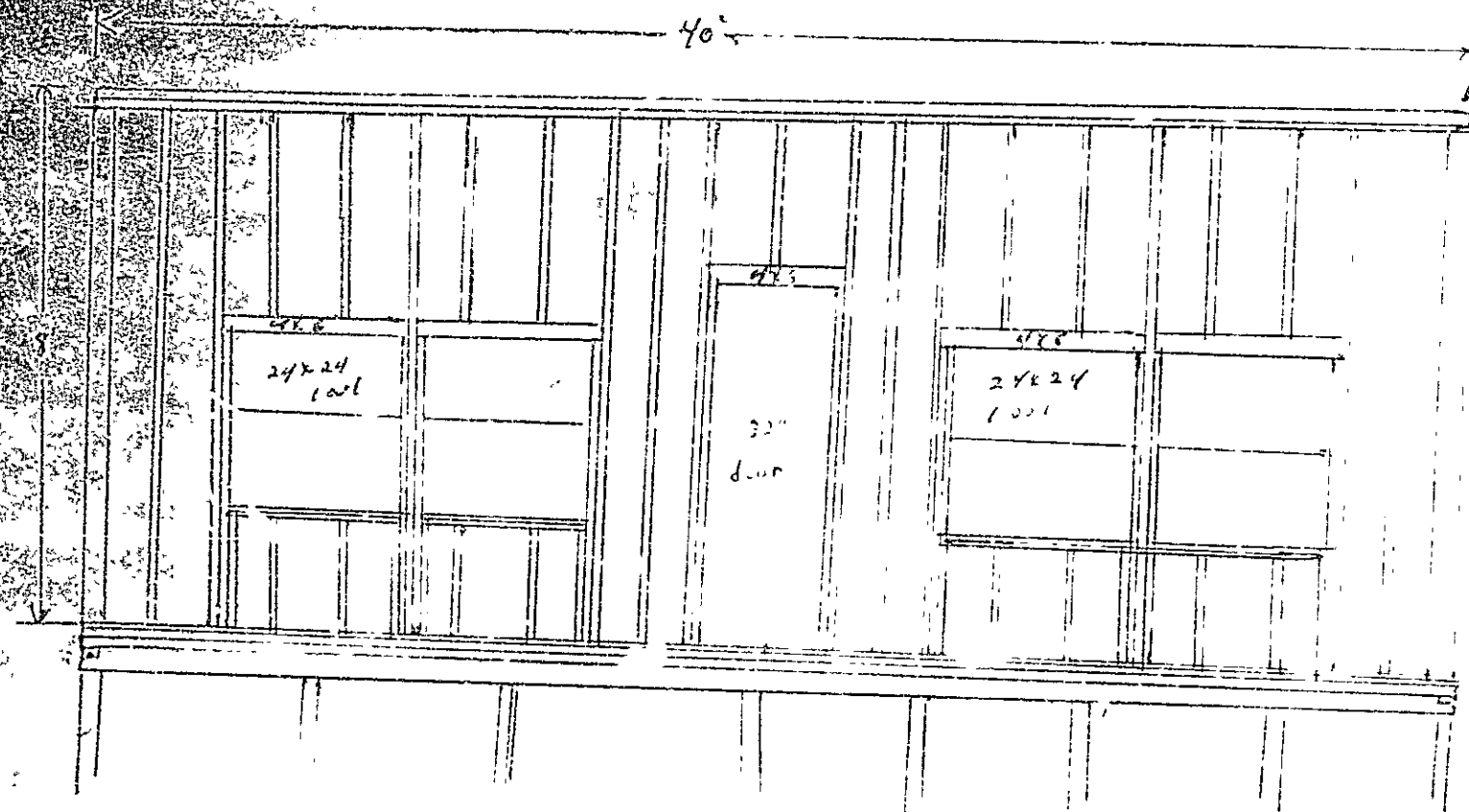
4x6 corr post

JAN - 7 1985

2x4 sole plate

4x6 sill

olea wood



Do.b 2x4 piece  
 4x6 cor. post

1" pine fin fir  
 1" ply 153 fir  
 4x6 sill  
 8" CONC RET 3  
 P 215

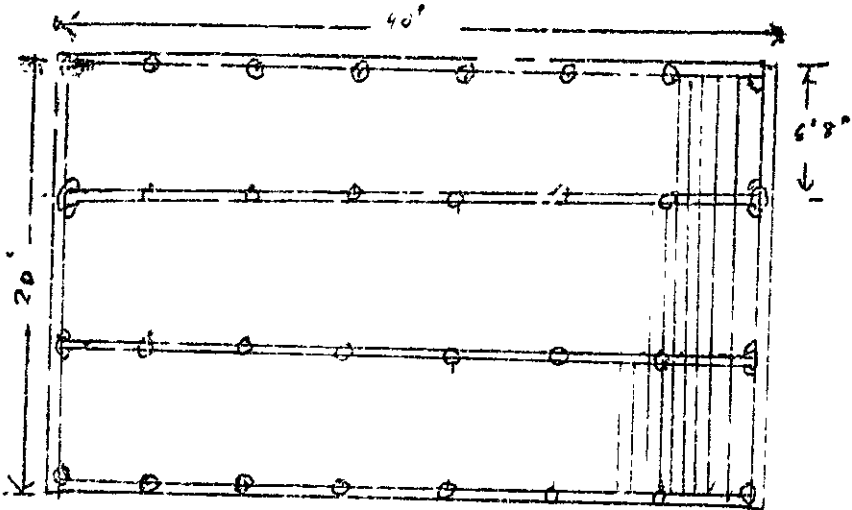
FRONT Elevation

RECEIVED  
 JAN - 7 1965  
 DEPT OF BLDG INSP  
 CITY OF PORTLAND

Olav W. L. -

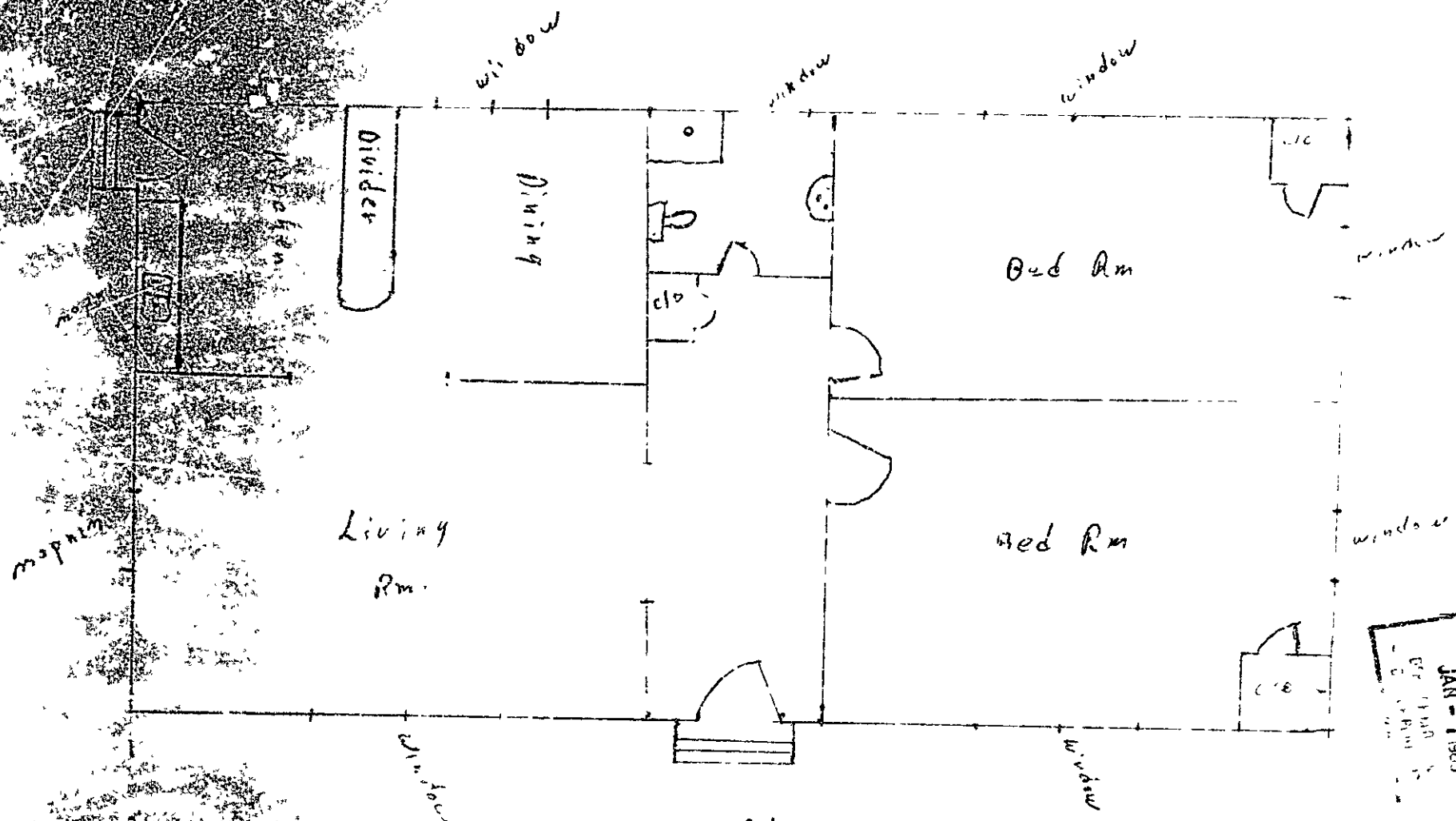
Concrete Slabs 6' 0" O.C.  
4x8 Hemlock Sills + Girders  
2x4 Sorce

JAN - 7 1985  
DEPT OF BLDG INSP.  
CITY OF PORTLAND



Platform

Clear Wood



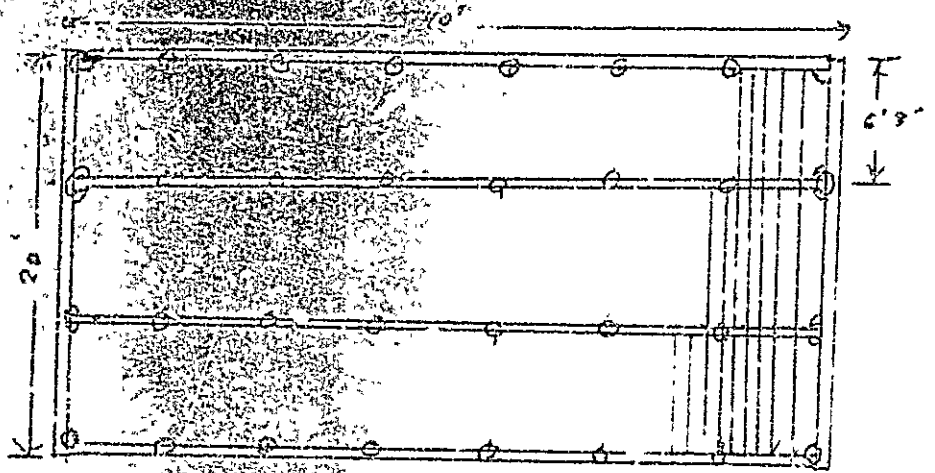
Floor Plan

RECEIVED  
 JAN - 7 1985  
 FBI - TAMPA  
 DIVISION

Plan 100

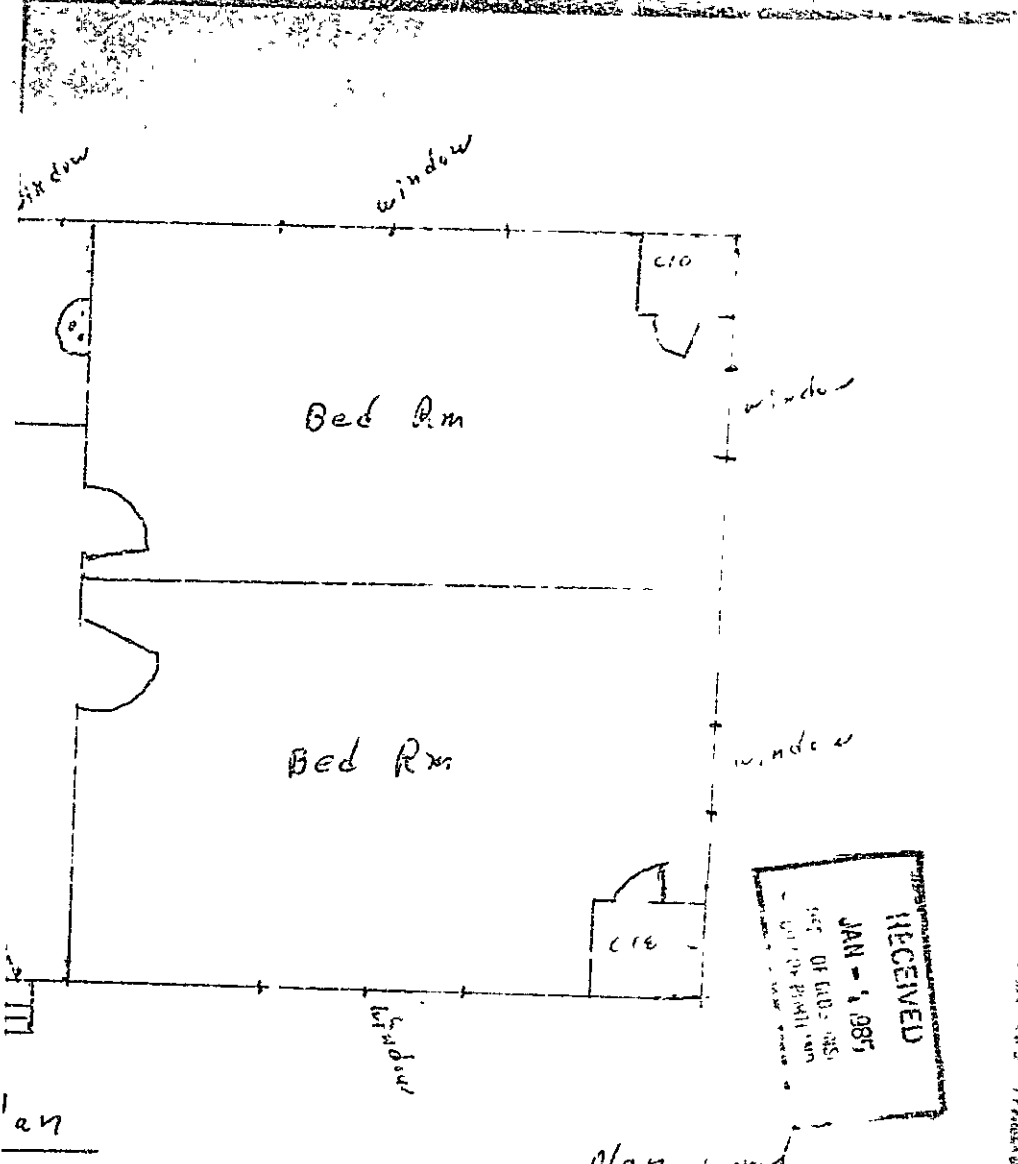
Handwritten notes at the top left of the page, including "R/ass 8' O.C." and "Girders".

JAN - 7 1985  
DEPT. OF BLDG. INSP.  
CITY OF PORTLAND



Platform

Olan wood



RECEIVED  
JAN - 1 1985  
DEPT. OF BLDG. INSP.  
CITY OF PORTLAND

Olan wood

Gorham Ave.

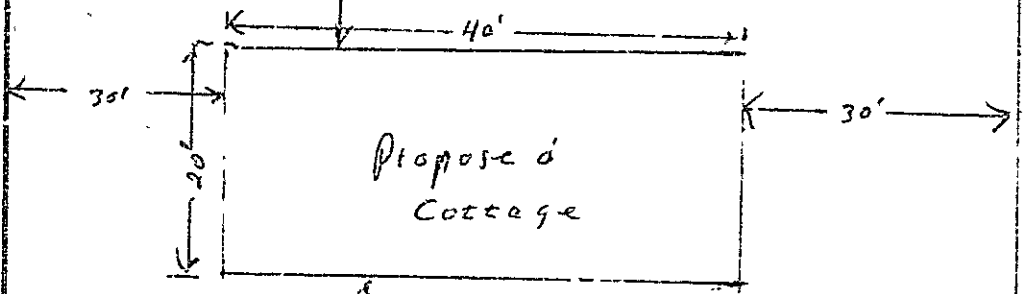
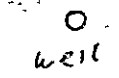
Gorham Ave.

46-D-2

46-D-2



EXISTING



101.60'

101.6'

56.4'

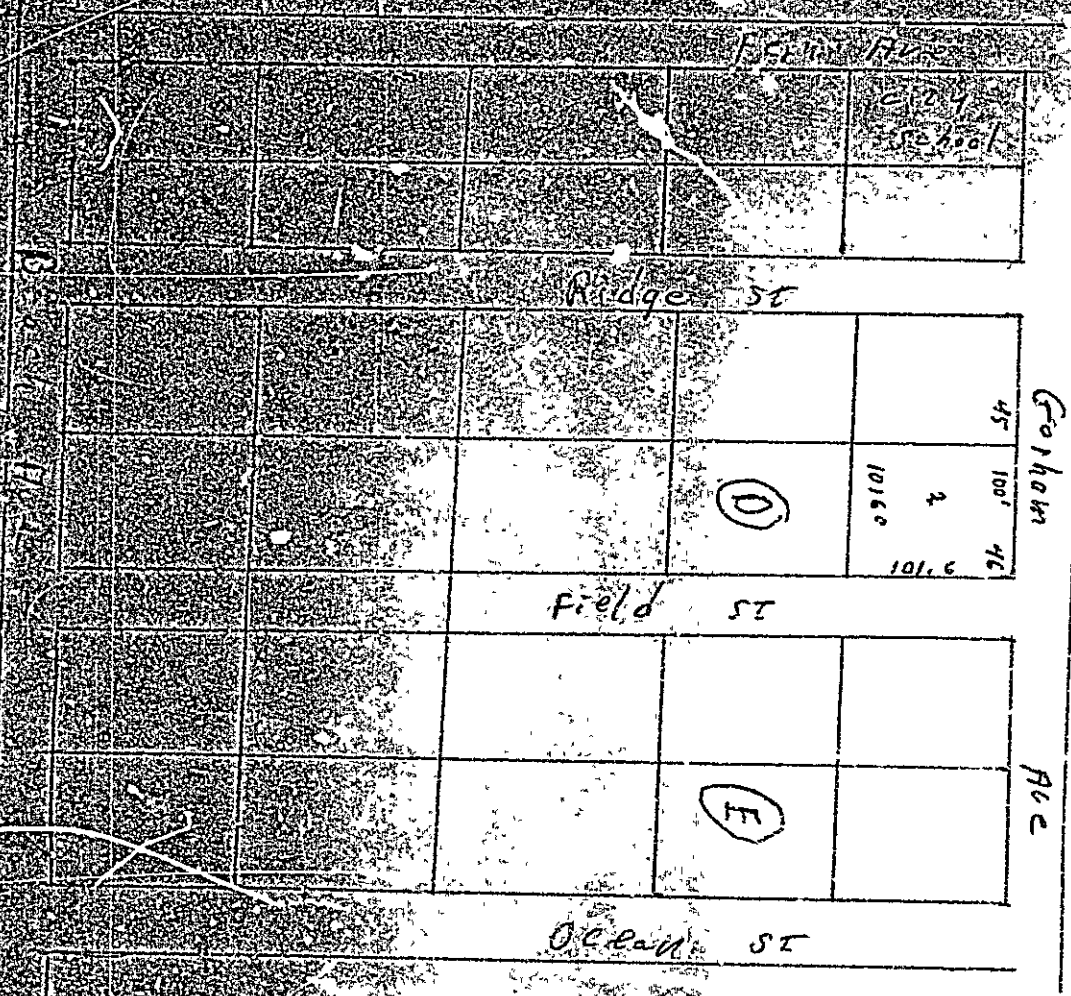
110.0'

RECEIVED  
JAN - 7 1985  
Dept. of Econ. Insp.  
State of Me.

Long Island, Me.

Alan W. /

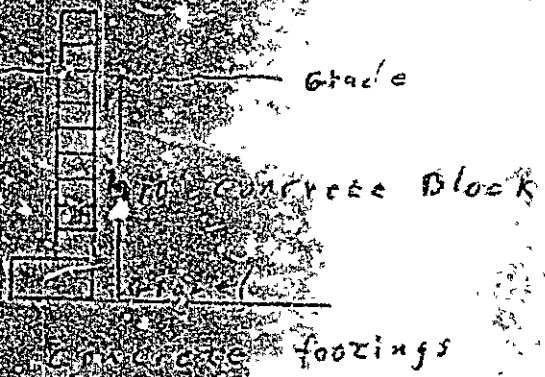
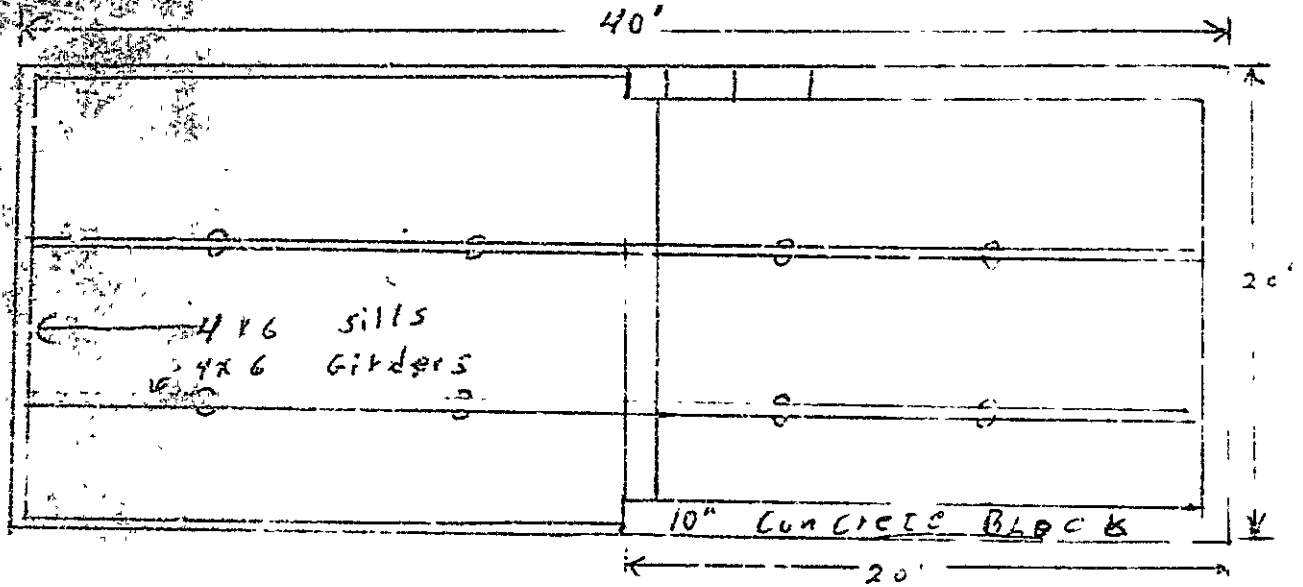




CITY  
GRAVE  
PIT

Long Island, Me.

RECEIVED  
 JAN 7 1935  
 DEPT OF  
 CITY



**RECEIVED**

JUN - 3 1985

DEPT OF BUILDING INSPECTORS  
CITY OF PORTLAND

*Alan Wood*



## CITY OF PORTLAND

JOSEPH E. GRAYSON  
DIRECTOR OF PLANNING  
AND URBAN DEVELOPMENT

June 19, 1985

Olan Wood  
Corham Avenue  
Long Island, ME 04050

RE: #96-D-2 Corham Avenue, Long Island

Dear Sir:

Your application to construct a 2.1' x 40' cottage at the above location has been reviewed, and a building permit is herewith issued subject to the following requirements.

1. All lot lines shall be clearly marked before calling for a foundation inspection.
2. See attached Building Code requirements #809.4 & #1716.3.4.

### Site Plan Review Requirements

Inspection Services Division: Approved. W. Turner 1/30/85  
Parks/Public Works Department: Approved with condition  
(a) On-site subsurface disposal system required. R. Roy 1/26/85

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

Sincerely,

F. Samuel Hoffes  
Chief of Inspection Services

ESH/ka  
Enclosure



**CITY OF PORTLAND**

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

February 1, 1985

Mr. Olan Wood  
Long Island, Me 04109

RE: 96-D-2 Cornham Avenue & Field St, Long Island, Me

Dear Mr. Wood:

This will confirm our telephone conversation this morning in which we advised that we are placing your application for a building permit "on hold" until such time as this office has received a soil test evaluation report (HHE200 Form) for lot 96-D-2 at the corner of Cornham Avenue and Field Street on Long Island.

Such a soils evaluation test analyzing the capability of the subsoils to accommodate a septic disposal field is a requirement before a building permit can be issued for your proposed 20' x 40' seasonal building. You have been advised by telephone on this date.

Sincerely,

*Warren J. Turner*

Warren J. Turner  
Zoning Specialist

WJT/uuz

cc: Joseph E. Gray, Jr., Director of Planning & Urban Development  
P. Samuel Hoffes, Chief of Inspection Services  
Alexander Jaegerman, Chief Planner  
Warren J. Turner, Zoning Specialist

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

0-012

ZONING LOCATION

R-3

PORTLAND, MAINE

1-7-85

PERMIT ISSUED  
JUN 18 1985  
CITY OF PORTLAND

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

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or use all the following building, structure, equipment, or other thing in accordance with the Laws of the State of Maine, the Portland D.P.C. Building Code and Zoning Ordinance of the City of Portland with Plans and Specifications if any submitted here attached thereto.

LOCATION: 56-D, Obrihan Avenue, Long Island, Maine

Owner's name and address: Olan Wood, Long Island, Maine 04059 Telephone: 766-2505

Lessee's name and address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contractor's name and address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Proposed use of building: Cottage (new)

Last use: \_\_\_\_\_

Material: No stories: Heat: Style of roof: Roofing:

Other buildings on same lot: \_\_\_\_\_

Estimated construction cost: \$15,000.00

FIELD INSPECTOR: M. \_\_\_\_\_ @ 775-5131

To construct 40' x 20' cottage, wood frame, one floor, as per plans.

Appraisal Fees: \$5.00  
Base Fee: \$70.00  
Late Fee: \$2.00  
TOTAL: \$85.00  
Site Plan Review: \$135.00

Stamp of Special Conditions

ISSUE PERMIT TO #1

PERMIT ISSUED  
WITH LETTER

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? .. yes .. Is any electrical work involved in this work? .. yes ..  
connection to be made to public sewer? .. If not, what is proposed for sewage? ..  
Has notice (and notice been sent? .. no .. Form notice sent? .. no ..  
Height average grade to top of plate . 9' .. Height average grade to highest point of roof .. 15' ..  
Size, front .. 40' .. depth .. 20' .. No stories .. 1 .. solid or filled land? .. solid earth or rock? .. earth & grave ..  
Material of foundation .. concrete piers .. Thickness, top 6" on centers .. cellar .. no ..  
Kind of roof .. pitch .. Rise per foot 5/13 .. Roof covering .. asphalt shingles ..  
No of chimneys .. no .. Material of chimneys .. of lining .. and of heat .. gas, fuel ..  
Framing Lumber—Kind .. spruce & dressed of 1 1/2" size .. dressed .. Corner posts 4x6 .. Sills 4x6 ..  
Size Girder 4x6 .. Columns under girders concrete piers 8" .. Max on centers ..  
Studs (outside walls and carrying partitions) 2x4-16" O.C. Bridging in every floor and flat roof span over 8 feet  
Joists and rafters: 1st floor .. 2x6 .. 2nd .. 3rd .. roof 2x6 ..  
On centers: 1st floor .. 16" .. 2nd .. 3rd .. roof 16" ..  
Maximum span: 1st floor .. 6' .. 2nd .. 3rd .. roof 12' ..  
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 mobile repairing be done other than minor repairs to cars habitually stored in proposed building? ..

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

Signature of Applicant Olan Wood Phone #  
Type Name of above Olan Wood

Other and Address

PERMIT ISSUED  
WITH LETTER

APPLICANT'S COPY OFFICE FILE COPY

2 MA, 8/2/85



## CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

February 1, 1985

Mr. Olan Wood  
Long Island, Me 04109

RE: 96-D-2 Gorham Avenue & Field St. Long Island, Me

Dear Mr. Wood:

This will confirm our telephone conversation this morning in which we advised that we are placing your application for a building permit "on hold" until such time as this office has received a soil test evaluation report (HSE2.0 Form) for lot 96-D-2 at the corner of Gorham Avenue and Field Street on Long Island.

Such a soils evaluation test analyzing the capability of the subsoids to accommodate a septic disposal field is a requirement before a building permit can be issued for your proposed 20' x 40' seasonal building. You have been advised by telephone on this date.

Sincerely,

*Warren J. Turner*

Warren J. Turner  
Zoning Specialist

WJT/auz

cc: Joseph E. Gray, Jr., Director of Planning & Urban Development  
P. Samuel Hoffses, Chief of Inspection Services  
Alexander Jaegerman, Chief Planner  
Warren J. Turner, Zoning Specialist



## CITY OF PORTLAND

JOSEPH E. GRAY, JR.  
DIRECTOR OF PLANNING  
AND URBAN DEVELOPMENT

June 19, 1985

Olan Wood  
Gorham Avenue  
Long Island, ME 04050

RE: #96-D-2 Gorham Avenue, Long Island

Dear Sir:

Your application to construct a 20' x 40' cottage at the above location has been reviewed, and a building permit is herewith issued subject to the following requirements.

1. All lot lines shall be clearly marked before calling for a foundation inspection.
2. See attached Building Code requirements #809.4 & #1716 3.4.

### Site Plan Review Requirements

Inspection Services Division: Approved. W. Turner 1/30/85

Parks/Public Works Department: Approved with condition

(a) On-site subsurface disposal system required. R. Roy 1/13/85

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

Sincerely,

F. Samuel Hoffses  
Chief of Inspection Services

PSH/kat  
Enclosure

## 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 is in noncompliance 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 with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction of an unlicensed wastewater discharge system.
2. A replacement 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 does not conflict with Seawall Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. 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

Town of PORTLAND - LONG ISLAND

Town Code

Permit No  E

Date Permit Issued \_\_\_\_\_  
month/day/yr

Property Owner's Name: OLAN WOOD

Tel. No 766-2575

System's Location: SORHAM AVENUE  
Street

LONG ISLAND MAINE  
Town

MAINE 04050  
Zip

Property Owner's Address  
(if different from above)

GARFIELD AVENUE  
Street

LONG ISLAND  
Town

MAINE 04050  
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, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)

**Site Evaluator:** If after completing the Application, you find that a variance for the proposed replacement system is needed, you 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.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

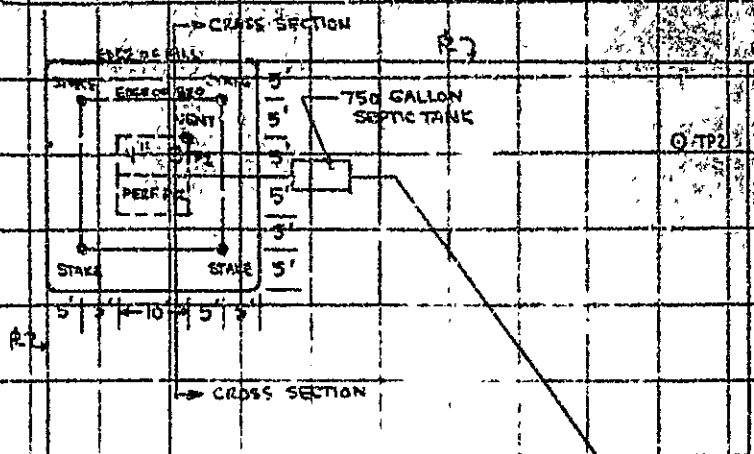
Department of Human Services  
 Division of Health Engineering

Topography Division Street, Road, Subdivision  
 HIGHLAND LONG ISLAND GORHAM AVE 96-D-2

Design Name  
 CLEAN WOODS

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

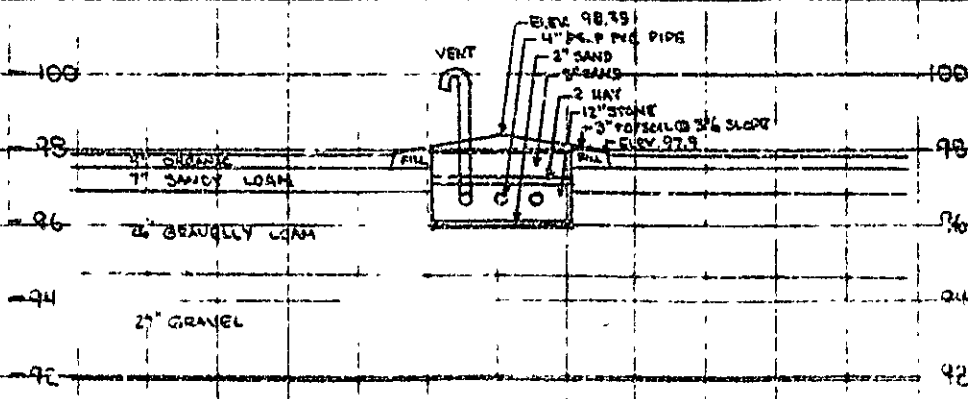
Scale: 1" = 20' R



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	1/2"	Reference Elevation is	100.00	TOP OF WELL	
Depth of Fill (Downslope)	1 1/2"	Bottom of Disposal Area	95.9		
		Top of Distribution Lines or Chambers	97.0		

**DISPOSAL AREA CROSS SECTION**

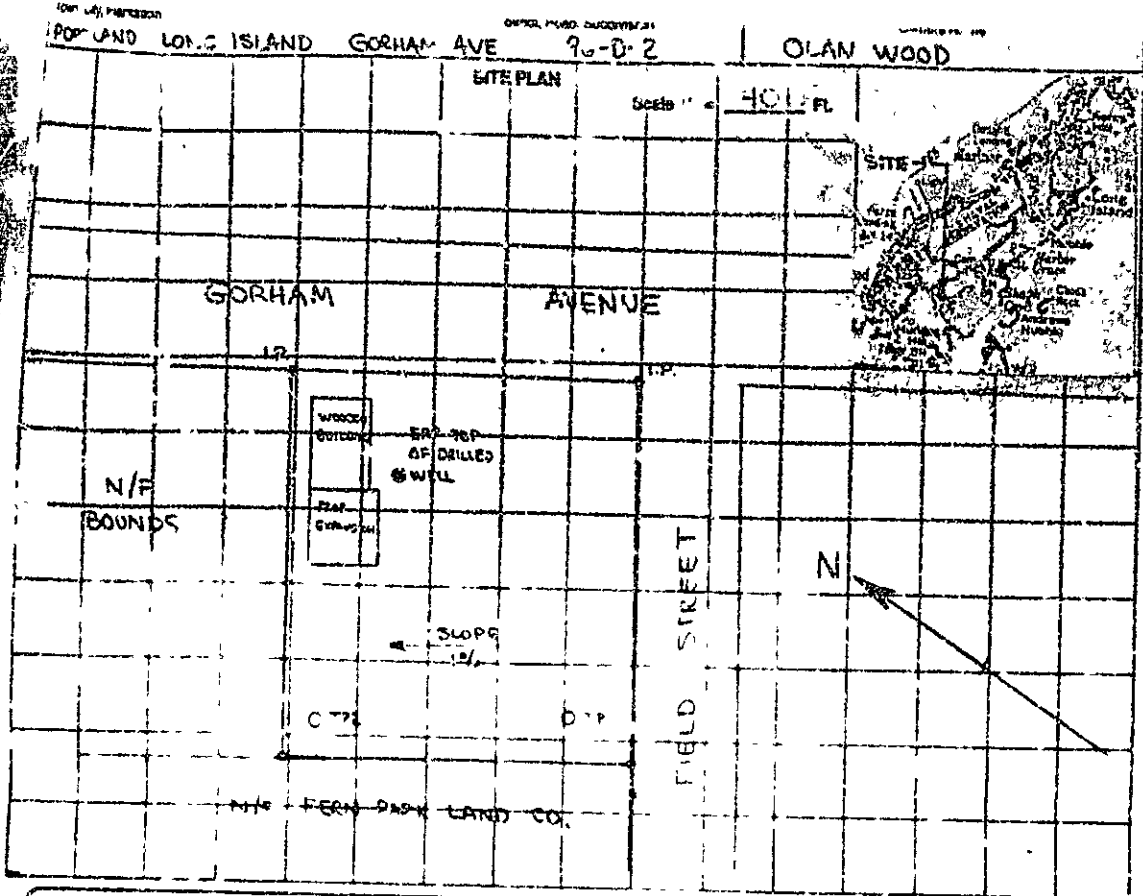
Scale:  
 Vertical: 1 inch = 4' R  
 Horizontal: 1 inch = 20' R



*William B. Jordan*

003/4814

6/17/85



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

Observation Hole 1				Observation Hole 2			
4 ORGANIC				2 SQD			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-12" SANDY LOAM		CR SN		0-6" SANDY LOAM		BLACK BROWN	
12-15" GRAVELLY LOAM	LOOSE	RED BROWN	NONE	6-10" GRAVELLY LOAM		RED BROWN	
15-20" GRAVEL		YELLOW		10-20" LOOSE			NONE
20-30" SANDY GRAVEL				20-30" SANDY GRAVEL		YELLOW	
30-60" GRAVEL			FEW	30-60" SANDY GRAVEL		YELLOW WITH RED MOTTLES	COMMON

Soil 6e	Classification C Borers	Slope 1%	Limiting Factor 7	Moisture Regime Austrohumid
Soil 6e	Classification C Common	Slope 1%	Limiting Factor 4b	Moisture Regime Austrohumid

*William B. ...* 003/4811 6/17/85  
 Site Constructor or Professional Engineer's Signature SEE / PER Date  
 Page 2 of 2  
 HSE-000 Rev 4/82

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Sewer Engineering  
(207) 289-3225

**PROPERTY ADDRESS**

Town or Municipality: **PORTLAND - LONG ISLAND**

Street Address: **COZHAM AVENUE**

Block/Parcel Lot #: **TAXMAP 95-BLOCK D-LOT 2**

**PROPERTY OWNERS NAME**

WOOD: **OLAN**

Last: **OLAN** First: **WOOD**

Applies Name: **OLAN WOOD**

Mailing Address of Owner/Applicant (if different): **GARFIELD STREET  
LONG ISLAND, MAINE**

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the Disposal System in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understanding, and any false statement 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: **AA** Date: **MAY 11 1986**

DPW Approved: \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></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"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED</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 Replacer 1% System Variance Form</p> <p>4. <input checked="" type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" 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><b>INDIVIDUALLY INSTALLED COMPONENTS</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM (INSTALLY) _____</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 checked="" type="checkbox"/> OTHER <b>FRIFY</b></p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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 _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><b>DRILLED WELL</b></p>
<p>SIZE OF PROPERTY: <b>10,160 SF</b></p> <p>ZONING: <b>R-3</b></p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <b>750</b> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input 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><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA LEFT OR DESIGN FLOW (BED, SEATING, EMPLOYEES, WATER, RECORDS, ETC.)</b></p> <p><b>2 BEDROOM CONSERVATIVE</b></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <b>6</b>   <b>1</b>   <b>2</b></p> <p>DEPTH TO LIMITING FACTOR: <b>47</b></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input checked="" type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED <b>10</b> Sq Ft</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq Ft</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> M 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Sq Ft</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p><b>DESIGN FLOW: <b>LOW</b> <b>300</b></b></p> <p>(GALONS/DAY)</p>

**SITE EVALUATOR STATEMENT**

On **April 6, 1986** (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 R. Gaudin** (Signature)  
Site Evaluator or Professional Engineer's Signature

**003/15814** (Stamp)  
SE - PE#

**6/17/85** (Date)  
Date

Local Plumbing Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_