

PERMIT # 479 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Christopher A. DeSimon Jr.

Address: Sunset Avenue (Ocean Avenue) Long Island

LOCATION OF CONSTRUCTION: Crescent Avenue & Ocean Avenue

CONTRACTOR: owner SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: 2,000 Type of Use: single family

Past Use: _____

Building Dimensions: 1 W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Foundation single family as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: _____

Of Dwelling Units: 1 # Of New Dwelling Units: _____

Foundation: _____

1. Type of Soil: See Soil test + P. Plan
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: 30 x 40
5. Other: 10" square piles 8' on Center

Floor: _____

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lolly 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 _____

For Official Use Only

Date: April 13, 1988 Subdivision: Yes / No

Inside Fire Limits: _____ Name: _____

Bldg Code: _____ Lot: _____

Time Limit: _____ Block: _____

Estimated Cost: 2,000 Permit Expiration: _____

Value of Structure: _____ Ownership: _____ Public _____ Private _____

Fee: 30.00

Ceiling: _____

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size MAY 10 SPR
5. Ceiling Height: _____

Roof: _____

1. Truss or Rafter Size _____ Span City of Portland
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

Chimneys: _____

Type: _____ Number of Fire Places: _____

Heating: _____

Type of Heat: _____

Electrical: _____

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing: _____

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Fixtures _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools: _____

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

Zoning: _____

District: _____ Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required: _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other: (Explain) _____

Date Approved: _____

Permit Received By Joanne Quint

Signature of Applicant _____ Date _____

Signature of CEO _____ Date _____

Inspection Dates _____

6

PERMIT # 474 CITY OF Portland BUILDING PERMIT APPLICATION MAP # LOT#

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

Owner: Christopher A. DeSimon Jr. Gaye B. Lapomarda
Address: 116 Orchard Road 59 Bay Street
LOCATION OF CONSTRUCTION Crescent Avenue LongIsland
CONTRACTOR: owner SUBCONTRACTORS:
ADDRESS:

Est. Construction Cost: 7,000 Type of Use: single family

Past Use:
Building Dimensions: L, W, Sq. Ft., # Stories, Lot Size
Is Proposed Use: Seasonal, Condominium, Apartment
Conversion - Explain foundation single family as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
Residential Buildings Only:
Of Dwelling Units # Of New Dwelling Units

Foundation:
1. Type of Soil: See soil test + Plot
2. Set Backs - Front, Rear, Side(s)
3. Footings Size:
4. Foundation Size: 30x40
5. Other: 10" suxatubes 8' on center

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

For Official Use Only
Date: April 13, 1988
Subdivision: Yes / No
Name:
Lot:
Block:
Permit Expiration:
Ownership: Public Private
Estimated Cost: 2,000.00
Value Structure:
Fee: 30.00

Ceiling:
1. Ceiling Joists Size:
2. Ceiling S'apping Size Spacing: MAY 9 1988
3. Type Ceiling:
4. Insulation Type Size:
5. Ceiling Height: City of Portland

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

Chimneys:
Type: Number of Fire Places

Heating:
Type of Heat:

Electrical:
Service Entrance Size: Smoke Detector Required Yes No

Plumbing:
1. Approval of soil test if required Yes No
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:
1. Type:
2. Pool Size: x Square Footage
3. Must conform to National Electrical Code and State Law.

Zoning:
District: Street Frontage Req.: Provided:
Required Setbacks: Front Back Side Side

Review Required:
Zoning Board Approval: Yes No Date:
Planning Board Approval: Yes No Date:
Conditional Use: Variance Site Plan Sub-division
Shore and Floodplain Mgmt: Special Exception
Other (Explain):
Date Approved:

Permit Received By Joanne Quint

Signature of Applicant Date

Signature of CEO Date

Inspection Dates

PERMIT # 480 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Christopher DeSimone Jr. & Gaye B. Lapomarda

Address: 116 Orchard Road, Camberland 59 Bay Street

LOCATION OF CONSTRUCTION: 162-4-112 Sunset Avenue (Ocean Avenue) Long Is.

CONTRACTOR: owner SUBCONTRACTORS: 829-3123 773-1353

ADDRESS: _____

Est. Construction Cost: 2,000 Type of Use: single family

Past Use: _____

Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories _____ Total Size _____

Is Proposed Use: _____ Seasonal Condominium _____ Apartment _____

Conversion - Explain: foundation for summer house

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units: 1 # Of New Dwelling Units _____

Foundation:

- Type of Soil: See Soil test + P.Law.
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: 30x40
- Other: 10" Sun tubes R' over Center

Floor:

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

Exterior Walls:

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

Interior Walls:

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

For Official Use Only	
Date: <u>April 12, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Blq Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>2,000</u>	Permit Expiration: _____
Value Structure: <u>30,000</u>	Owner's type: _____ Public _____ Private _____

Ceiling:

- Ceiling Joists Size: _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceiling: _____
- Insulation Type _____ Size _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____
- Sheathing Ty. _____ Size _____
- Roof Covering Type _____
- Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

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

Swimming Pools:

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

Zoning:

District _____ Street Frontage Req. _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date _____
Planning Board Approval: Yes _____ No _____ Date _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt. _____ Special Exception _____
Other (Explain) _____
Date Approved _____

Permit Received By Joanne Quint

Signature of Applicant _____ Date _____

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White-Tag-CEO

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APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 24, 1989, 19
 Receipt and Permit number 00325

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: Crescent Ave Long Island
 OWNER'S NAME: Chris DeSimone Gay Lapomarga ADDRESS: _____

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

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

INSPECTION:
 Will be ready on _____, 19____; or Will Call XX
CONTRACTOR'S NAME: Chris DeSimone
ADDRESS: Box 14 A Cumb. Ave
TEL.: _____
MASTER LICENSE NO.: 02999 **SIGNATURE OF CONTRACTOR:**
LIMITED LICENSE NO.: _____ (Chris DeSimone)

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 24, 1989, 19
 Receipt and Permit number 00324

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: Crescent Ave. Long Island

OWNER'S NAME: Chris DeSimone Gay Lapora ADDRESS: _____

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

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

INSPECTION:
 Will be ready on _____, 19__; or Will Call XX
CONTRACTOR'S NAME: Chris DeSimone
ADDRESS: Box 14 A Cumb. Maine
TEL.: _____
MASTER LICENSE NO.: 02999 **SIGNATURE OF CONTRACTOR:** Chris DeSimone
LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 24, 1981, 19
 Receipt and Permit number 00523

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: Crescent Ave. Long Island
 OWNER'S NAME: Gay Lapomarga ADDRESS: _____

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary <u>XX</u> TOTAL amperes <u>100</u>	3.00
METERS: (number of) _____	.50
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Pans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
Over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
	INSTALLATION FEE DUE:
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	5.00
	TOTAL AMOUNT DUE:

INSPECTION:
 Will be ready on _____, 19____; or Will Call XX
CONTRACTOR'S NAME: Christopher DeSimone
ADDRESS: Box 15 A Camb. Maine
TEL.: _____
MASTER LICENSE NO.: 02999 **SIGNATURE OF CONTRACTOR:**
LIMITED LICENSE NO.: _____ *C. DeSimone*

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



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date July 24, 1989, 19
 Receipt and Permit number 00542

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: Crescent Ave., Long Island
 OWNERS NAME: Chris DeSimone ADDRESS: _____

OUTLETS:		FEE
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>31 to 60</u>		<u>5.00</u>
FIXTURES: (number of)		
Incandescent <u>XX</u> Fluorescent _____ (not strip) TOTAL <u>15</u>		<u>3.50</u>
Strip Fluorescent _____ ft.		_____
SERVICES:		
Overhead <u>XX</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..		<u>3.00</u>
METERS: (number of) <u>1</u>		<u>.50</u>
MOTORS: (number of)		
Fractional _____		_____
1 HP or over _____		_____
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		_____
Electric (number of rooms) <u>3</u>		<u>3.00</u>
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 _____ <u>1</u> _____	Water Heaters _____ <u>1</u> _____	
Cook Tops _____	Disposals _____	
Wall Ovens _____	Dishwashers _____ <u>1</u> _____	
Dryers _____ <u>1</u> _____	Compactors _____	
Fans _____	Others (denote) _____	
TOT <u>4</u>		<u>6.00</u>
MISCELLANEOUS (number of)		
Branch Panels <u>1</u> sub panel.....		<u>1.00</u>
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: 22.00

INSPECTION:
 Will be ready on _____, 19__; or Will Call XX
 CONTRACTOR'S NAME: Christopher DeSimone
 ADDRESS: Box 14A Cumb. Maine
 TEL: _____
 MASTER LICENSE NO.: 02999 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS

Jan 2008

INSPECTIONS: Service 1st amp by [Signature]
Service called in 9/29/87
Closing-in 9/29/87 by [Signature]

Permit Number 005322
Location Church St
Owner Church St
Date of Permit 7/29/87
Final Inspection [Signature]
By Inspector [Signature]
Permit Application Register Page No. CE

PROGRESS INSPECTIONS:
Date _____
Remarks _____
Date _____
Remarks _____
Date _____
Remarks _____

CODE
COMPLIANCE
COMPLETED
DATE

Table with columns: DATE, REMARKS, and various inspection notes. The table contains several rows of handwritten entries, though the text is mostly illegible due to the image quality.

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT APPLICATION SEE DATE OF INSTALLATION PERMIT

MASTERS LICENSE NO. _____
LIMITED LICENSE NO. _____

PERMIT # 001658 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: C.A. DeBonne, Jr.

Address: Box 24A, Cumberland, Me 04121

LOCATION OF CONSTRUCTION 3, 4, 5, 6 of E Crescent Avenue, L.I.

CONTRACTOR: APPLICANT owner SUBCONTRACTORS: 329-31, 2, 5

ADDRESS: _____

Est. Construction Cost: \$50,000 Type of Use: single family - (Construction)

Part Used: already prepared

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

Is Proposed Use: Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: To construct new - 1 set construction plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE; submitted.

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Date: <u>Feb. 8, 1989</u>		Subdivided: Yes / No _____	
Inside Fire Limits _____	Permit No. _____	Lot _____	Block _____
Use Code: _____	Permit Expiration: _____	Ownership: _____	Public / Private _____
Final Use: _____	Permit No. _____	Permit No. _____	Permit No. _____
Estimated Cost: <u>50,000</u>	Permit No. _____	Permit No. _____	Permit No. _____
Structure: _____	Permit No. _____	Permit No. _____	Permit No. _____
Use: _____	Permit No. _____	Permit No. _____	Permit No. _____

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size FEB 12 1989
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

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

Zoning:

District: 4152 Street Frontage Req: _____ Provided _____

Review Required:

- Required Setbacks: Front _____ Back _____ Side _____
- Zoning Board Approval: Yes _____ No _____ Date _____
- Planning Board Approval: Yes _____ No _____ Date _____
- Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
- Shore and Floodplain Mgmt _____ Special Exception _____
- Other (Explain) _____
- Date Approved: _____

Permit Received By: R. J. Green

Signature of Applicant: [Signature] Date: 2/8/89

Signature of CEO: [Signature] Date: _____

Inspection Dates: _____

White-Tax Assessor: [Signature] Yellow-GPCOG

White Tag - CEO: [Signature] Copyright GPCOG 1987

PERMIT ISSUED WITH LETTER

PLOT PLAN

N
▲

FEEES (Breakdown From Front)

Base Fee \$25.00	_____
Subdivision Fee \$	_____
Site Plan Review Fee \$	_____
Other Fees \$ 245.00	_____
(Explain)	_____
Late Fee \$	_____

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

COMMENTS 9-29-89 - From OK, close in OK @ 22

Signature of Applicant L. P. DeSiroc Jr.

Date 2/5/89

BUILDING PERMIT REPORT

ADDRESS: #102-F/23, 415, 18 Crescent Ave, L.I. DATE: 8/26/89

REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: C. A. DeSimone, JR.

CONTRACTOR: Owner

PERMIT APPLICANT:

APPROVED: *6 *7 *9 ~~DRAWN:~~

CONDITION OF APPROVAL OR DENIAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- *6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- *7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

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

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

- *9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

Sincerely,


P. Sander Hoffses
Chief of Inspection Services

/el
11/16/88



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION Lots 102-F-1,2,3,4,15 & 16, Crescent Avenue,
Long Island

Date of Issue Nov. 15, 1989

Issued to: G.A. DaSimone, Jr.

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. 89/1658, 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

Entire

APPROVED OCCUPANCY

Single Family

Limiting Conditions

None

This certificate supersedes
certificate issued

Approved:

11/15/89 *G.A. DaSimone, Jr.*

(Date)

Inspector

R. J. Apple
Inspector of Buildings

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

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION Crescent Ave., Long Island
102-F-1-14-15-16

Issued to Chris Gesimon

4/24/91

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. 28/165 which 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

One-family dwelling

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

Arthur P. White

Richard J. Kelly

(Signature)

Inspector

Inspector of Buildings

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

PERMIT # 001658 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: C.A. DeSimone, Jr.
 Address: Box 14A, Cumberland, Me 04021
 LOCATION OF CONSTRUCTION LOT #102-R-1.2 3.4, 15, 16 KKKK Crescent Avenue, I.
 CONTRACTOR: KKXKKKKK owner SUBCONTRACTORS: 829-3123R
 ADDRESS: _____

For Official Use Only

Date: Feb. 8, 1989 Subdivision: Yes / No _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Block: _____
 Estimated Cost: XXXX \$50,000 Permit Expiration: _____
 Value/Struc: _____ Ownership: _____ Public _____ Private _____
 Fee: \$276.00

Est. Construction Cost: \$50,000 Type of Use: single family - (foundation
already poured)

Past Use: _____
 Building Dimension: L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion: Explain To construct new - 1 set construction plan
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE submitted.
 Residential Building: Only _____
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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

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

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

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

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size: _____
 3. Type Ceilings: _____ Size _____
 4. Insulation Type _____
 5. Ceiling Height: _____

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

Chimneys: _____ Number of Fire Places _____
 Type: _____

Heating: _____
 Type of Heat: _____

Electrical: _____ Smoke Detector Required Yes _____ No _____
 Service Entrance Size: _____

Plumbing: Yes _____ No _____
 1. Approval of soil test if required _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____ Square Footage _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Law.

Zoning: _____
 District: _____ Street Frontage Req.: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt: _____ Special Exception _____
 Other (Explain): _____
 Date Approved: _____

Permit Received By Nancy Grossman
 Signature of Applicant C.A. DeSimone Jr. Date 2/8/89
 Signature of CEO (Signature) Date _____
 Inspection Dates _____

PERMIT # 000479 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT # _____

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

Owner: Christopher A. DeSimon Jr. - 116 Orchard Rd, Cumby, ME 04021

Address: Sunset Avenue (Ocean Avenue) Long Island

LOCATION OF CONSTRUCTION: Crescent Ave & Ocean Avenue - 124

CONTRACTOR: owner FACTORS: _____

ADDRESS: _____

Est. Construction Cost: 2,000 _____

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ Lot Size: _____

Is Proposed Use: Seasonal _____, Single Family _____, Apartment _____

Conversion - Explain: foundation single family as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundations:

1. Type of Soil: See soil test in Plan
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: 30 x 40
5. Other: 10" square tubes 8" on center

Floors:

1. Sill's 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 _____

For Official Use Only	
Date: <u>April 13, 1988</u>	Sub _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>2,000</u>	Permit Expiration _____
Value/Structure: <u>2,000</u>	Ownership: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Fee _____	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Trusses or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes No

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

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

Zoning:

District: IR-1 Street Frontage Req: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review:

City Director _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance: _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt: _____ Special Examination _____

Other: (Explain) _____

Date Approved: April 13, 1988

Permit Received By: Joanne Quint

Signature of Applicant: _____ Date: _____

Signature: _____ Date: _____

Inspection Dates: _____

White-Tax Assessor

Yellow-GPCOG

White Tag-GEI

PERMIT ISSUED
WITH LETTERS
© Copyright GPCOG 1987

12 Mr. Adatto

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type

Inspection Record

Date

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

6-24-88 - Checked Site OK. OK
12-2-88 - Checked. WIP - OK. OK
9-29-88 - Fejok. OK

Signature of Applicant _____

Date _____



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

DATE: May 9, 1988

ADDRESS: Mr. Christopher S. DeSimon, Jr.
116 Orchard Road
Cumberland, ME 04021

RE: 102-1, 2, 3, 15, 16, part of 4 Crescent Avenue & Ocean Avenue, Long Island

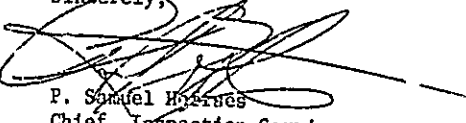
Dear Sir:

Your application to construct foundation for single family has been reviewed and a permit is herewith issued subject to the following requirement(s):

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection.
2. This permit is for foundation piers only.
3. Site plans approved by Public Works and Inspection Services.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

Jq

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Christopher A. DeSimon, Jr.

Mailing Address 116 Orchard Rd., Camb., Me. 04021

Proposed Use of Site Single Family

Acreage of Site 62,500 S.F. / 30'x40' Ground Floor Coverage

Date May 2, 1988

Address of Proposed Site 102-F-1,2,3,15,16 & Part of 4 Crescent Ave. & Ocean Ave.

Site Identifier(s) from Assessors Maps 102-F-1, 2, 3, 15, 16 & Part of 4

Zoning of Proposed Site TR-1

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

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

Planning Board Action Required: () Yes () No

Proposed Number of Floors 2

Total Floor Area 1,500.00 S.F.

Other Comments: Subject blp is within 25' of mean high water and requires Planning Board approval of Standard Zoning Ord.

Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW
(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
- Requires Board of Appeals Action
- Requires Planning Board/City Council Action

Explanation

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: **SPACE & BULK** as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOS.	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: Front yard must be thirty feet instead of 20' as shown on plan. Number 4000 O.K. Includes note on the front. 30' = 1 inch

A. M. Turner May 5, 1988

SIGNATURE OF REVIEWING STAFF/DATE

Applicant: *CF*

Ordinance for Date: *May 5, 1988*

Address: *C*

9 Ocean Ave Long Island

Assessors No.: *1*

3/15, 16 + Part of 4

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - *IR-1 Zone*

Interior or corner lot - *Corner lot*

Use - *Single Family*

Sewage Disposal - *Septic*

Rear Yards - *200'* *30' required*

Side Yards - *30'* *and 90'* *20' required*

Front Yards - *30'* *30' required*

Projections -

Height - *2 story*

Lot Area *62,500 sq. ft.*

Building Area - *30' x 40' = 1200 sq. ft.*

Area per Family - *60,000 sq. ft.*

Width of Lot - *140'*

Lot Frontage - *135'*

Off-street Parking - *O.K.*

Loading Bays - *NA*

Site Plan - *O.K. by Public Works May 5, 1988*

Shoreland Zoning -

Flood Plains -

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

Applicant Christopher A. DeSimon, Jr.
 Mailing Address 116 Orchard Rd., Cumb., Me. 04021
 Proposed Use of Site Single Family
 Acreage of Site / Ground Floor Coverage 62,500 S.F. / 30' x 40'

Date May 2, 1988
 Address of Proposed Site 102-r-1, 2, 3, 15, 16 & Part of 4 Crescent Ave. & Ocean Ave.
 Site Identifier(s) from Assessors Maps 102-r-1, 2, 3, 15, 16 & Part of 4
 Zoning of Proposed Site RP-1

Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No
 Proposed Number of Floors 2
 Total Floor Area 1,500.00 S.F.

Other Comments: Completed all of city's items of review except for DEP review. This may proceed if approved by DEP.
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OT	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED															REASONS SPECIFIED BELOW	

REASONS: _____

(Attach Separate Sheet if Necessary)

William J. [Signature]
 SIGNATURE OF REVIEWING STAFF/DATE 5/5/88

PUBLIC WORKS DEPARTMENT COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(407)209 3026

PROPERTY ADDRESS		<p>PORTLAND PERMIT # 2,837 TOWN COPY</p> <p>Date Issued: 9-13-87 \$ 14.00 FEE <input type="checkbox"/> Double Fee Charged</p> <p>Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I. # 123</p>
Town Or Plantation	PORTLAND	
Street	LONG ISLANDS	
Subdivision Lot #	CRESCENT AVE.	
PROPERTY OWNERS NAME		
DESIMONE CHRISTOPHER		
Last: LAPOMARDA First: GAYE B.		
Applicant Name		
Mailing Address of Owner/Applicant (if Different)		

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

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requiring State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____
SIZE OF PROPERTY APPROX.: 62,500 S.F.	ZONING:	TYPE OF WATER SUPPLY: LOCATE WELL AT LEAST 100' FROM SYSTEM

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATE LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEFINING ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: 70 GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 2 BEDROOMS
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 2 CONDITION: A DEPTH TO LIMITING FACTOR: 15.	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq Ft. 2. <input checked="" type="checkbox"/> CHAMBER 132 Sq Ft. PLASTIC <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____	DESIGN FLOW: 2.54 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 9-16-87 (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.

Richard Admet _____ 034 _____ 10-20-87
Site Evaluator Signature SE# Date

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

Page 1 of 3
IHE 200 Rev. 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
12071289 3826

PROPERTY ADDRESS		PORTLAND PERMIT # 2,837 TOWN COPY Date Permitted: <u>04-13-88</u> Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>123</u>
Town Or Plantation	PORTLAND	
Street Subdivision Lot #	CLONG ISLAND CRESCENT AVE.	
PROPERTY OWNERS NAME		
Last	FIRST	
DESIMONE CHRISTOPHER		\$ <u>1140</u> FEE <input type="checkbox"/> Double Fee Charged NOV 4 1988
LAPOMARDA GAYE B.		
Applicant Name		
Mailing Address of Owner/Applicant (If Different)		

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

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules

Signature of Owner/Applicant _____ Date _____ Local Plumbing Inspector Signature _____ Date Approved NOV 4 1988

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1 <input checked="" type="checkbox"/> NEW SYSTEM 2 <input type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1 <input checked="" type="checkbox"/> NO RULE VARIANCE 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3 <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a <input type="checkbox"/> Requires Local Plumbing Inspector Approval b <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4 <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1 <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3 <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS 4 <input type="checkbox"/> TREATMENT TANK (ONLY) 5 <input type="checkbox"/> HOLDING TANK _____ GAL 6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7 <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LPI 5 <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6 <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7 <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8 <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1 <input type="checkbox"/> BED 3 <input type="checkbox"/> TRENCH 2 <input type="checkbox"/> CHAMBER 4 <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER _____ SPECIFY _____
SIZE OF PROPERTY APPROX. 62,500 S.F.	ZONING _____	TYPE OF WATER SUPPLY LOCATE WELL AT LEAST 100' FROM SYSTEM

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1 <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2 <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS	WATER CONSERVATION 1 <input checked="" type="checkbox"/> NONE 2 <input type="checkbox"/> LOW VOLUME TOILET 3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1 <input type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input checked="" type="checkbox"/> REQUIRED DOSE: <u>70</u> GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC) 2 BEDROOMS
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE CONDITION _____ _____ 2 A DEPTH TO LIMITING FACTOR: <u>15</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1 <input type="checkbox"/> SMALL 2 <input type="checkbox"/> MEDIUM 3 <input checked="" type="checkbox"/> MEDIUM LARGE 4 <input type="checkbox"/> LARGE 5 <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1 <input type="checkbox"/> BED _____ Sq. Ft. 2 <input checked="" type="checkbox"/> CHAMBER <u>132</u> Sq. Ft. <u>PLASTIC</u> 3 <input type="checkbox"/> TRENCH _____ Linear Ft. 4 <input type="checkbox"/> OTHER _____	DESIGN FLOW: <u>259</u> (GALLONS/DAY)

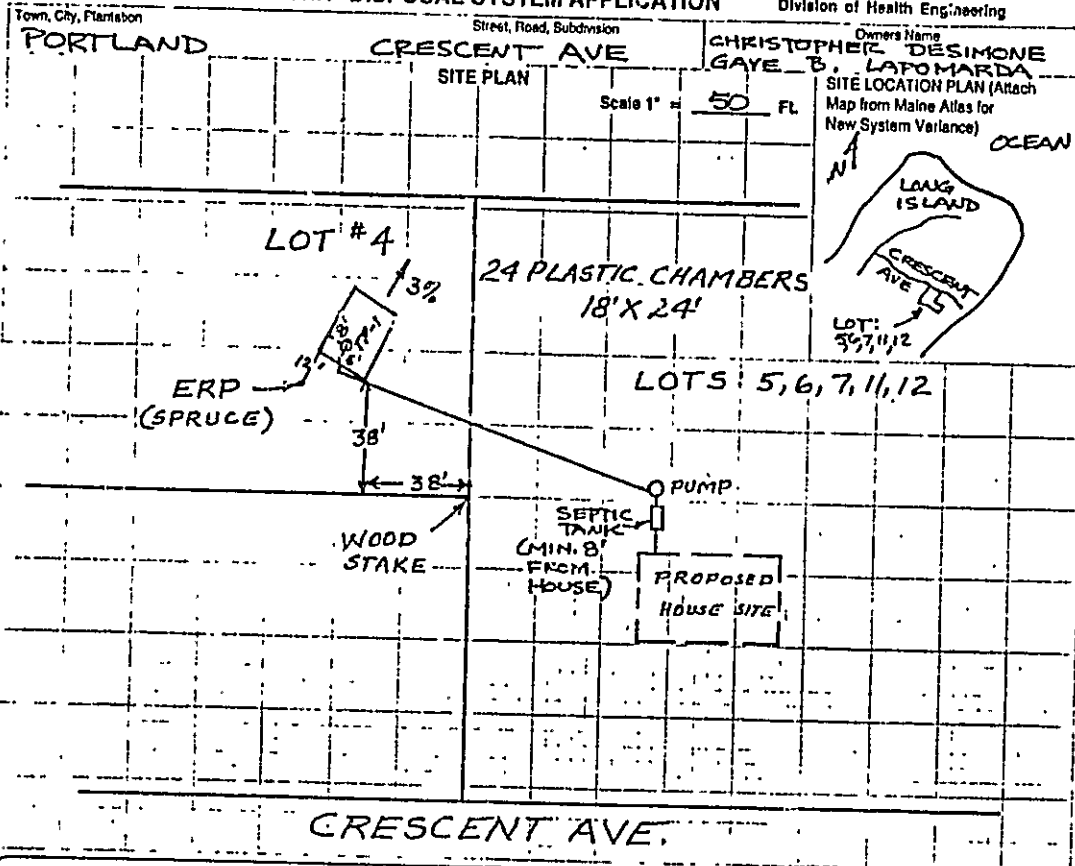
SITE EVALUATOR STATEMENT
On 9-16-87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Richard Admet 034 10-20-87
 Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



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

Observation Hole TP-1 Test Pit Boring
* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0			DK. BRN	
0-8	SANDY			
8-10	LOAMY	LOOSE	RED	
10-15			BRN	
15-20	BEDROCK			
20-30				
30-40				
40-50				
50				

Soil Type <u>2</u>	Classification <u>A</u>	Slope <u>3</u>	Limiting Factor <u>15</u>	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole _____ Test Pit Boring
* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
0-6				
6-10				
10-15				
15-20				
20-30				
30-40				
40-50				
50				

Soil Type _____	Classification _____	Slope _____	Limiting Factor _____	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Richard Osmead
Site Evaluator Signature

031
SE#

10-20-87
Date

Page 2 of 3
HHE-200 Rev 184

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

PORTLAND

Street, Road, Subdivision

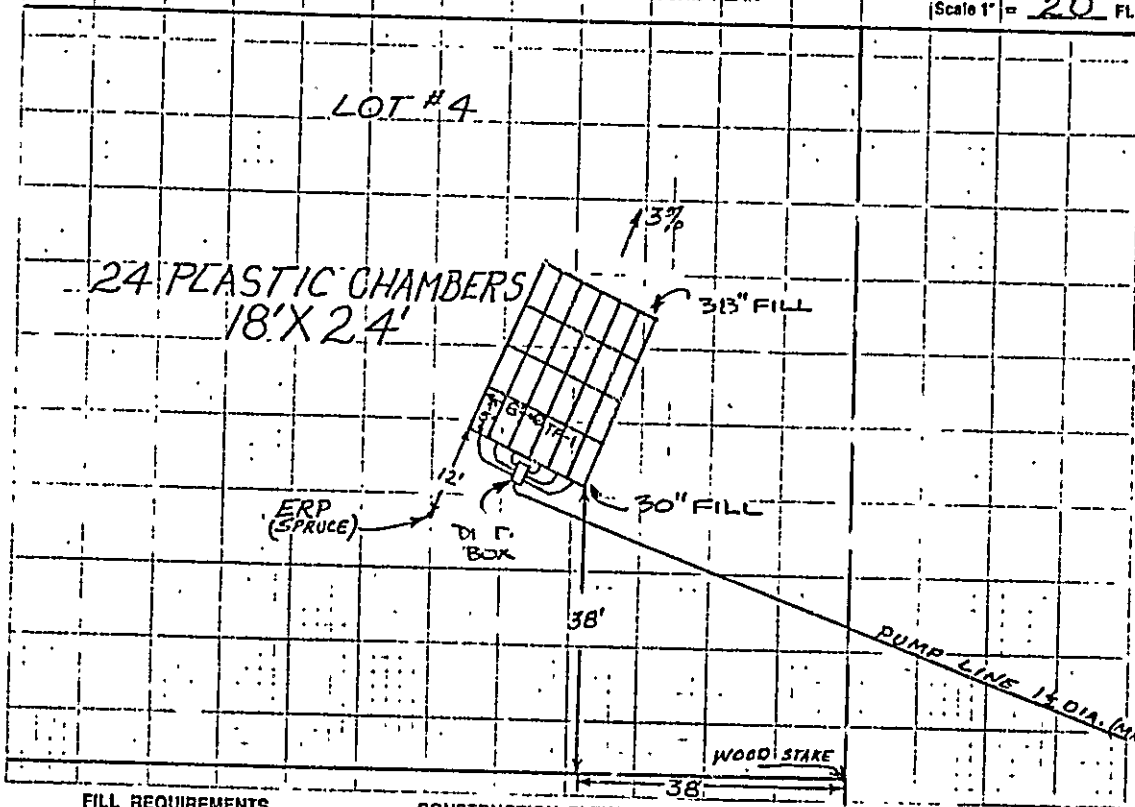
CRESCENT AVE

Owner's Name

CHRISTOPHER DESIMONE
GAYE B. LAPUMARDA

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



FILL REQUIREMENTS

Depth of Fill (Upslope) 30"

Depth of Fill (Downslope) 38"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0

Bottom of Disposal Area -31"

Top of Distribution Lines or Chambers -16"

ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION

-31" CENTER OF ORANGE CROSS

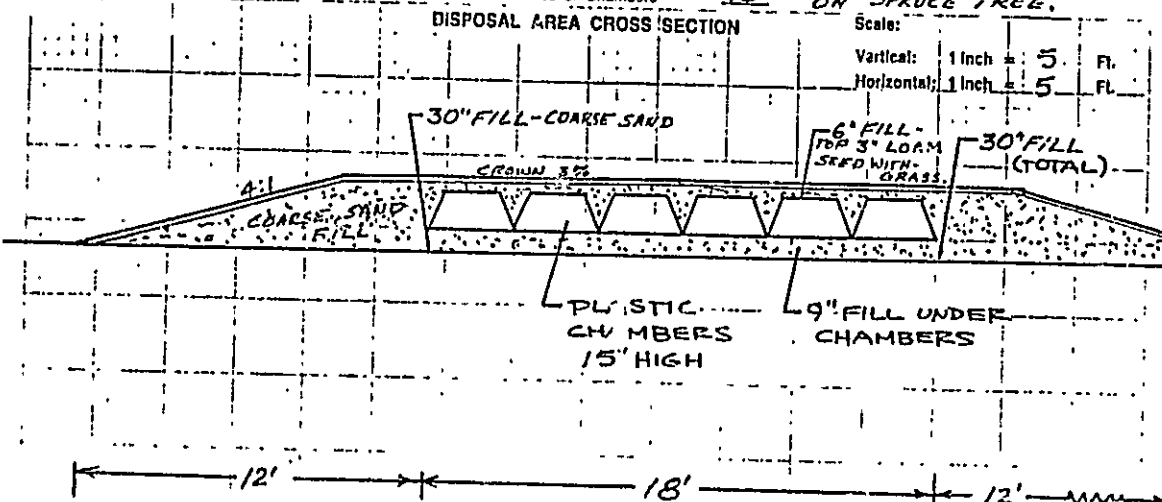
ON SPRUCE TREE

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5' FL

Horizontal: 1 inch = 5' FL



12' FILL EXTENSION

18' 12' FILL EXT.

Richard Admet
Site Evaluator Signature

034
SE#

10-20-87
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		102-17-1, 2 102-6-1, 2, 3, 4, 6 102-F-1, 2, 3, 15 & 16 + Part 4 PORTLAND PERMIT # 2,736 TOWN COPY Date Permit Issued: 11-13-88 \$ 40 FEE Double Fee Charged L.P.I. # 123 Local Plumbing Inspector Signature: <i>[Signature]</i>
To: Plan/Location	PORTLAND	
Street Subdivision Lot #	LONG ISLAND CRESCENT AVE	
PROPERTY OWNER'S NAME		
DESIMONE CHRISTOPHER		
Last: LAPOMARDA First: GAYE B.		
Applicant Name		
Mailing Address of Owner/Applicant (if Different)		

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

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules

Local Plumbing Inspector Signature: *AA* Date Approved: NOV 15 1987

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - # _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER <u>3 HOUSES</u> SPECIFY _____
SIZE OF PROPERTY APPROX. <u>60,000 S.F.</u> ZONING _____	TYPE OF WATER SUPPLY WATE WELL AT LEAST 100' FROM SYSTEM	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>240</u> GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS ETC.) <u>3-2 BEDROOM Houses</u> DESIGN FLOW: <u>665</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>5</u> CONDITION: <u>C</u> DEPTH TO LIMITING FACTOR: <u>16</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER <u>869</u> Sq. Ft <u>PLASTIC</u> <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ L/linear Ft 4. <input type="checkbox"/> OTHER _____	

SITE EVALUATOR STATEMENT

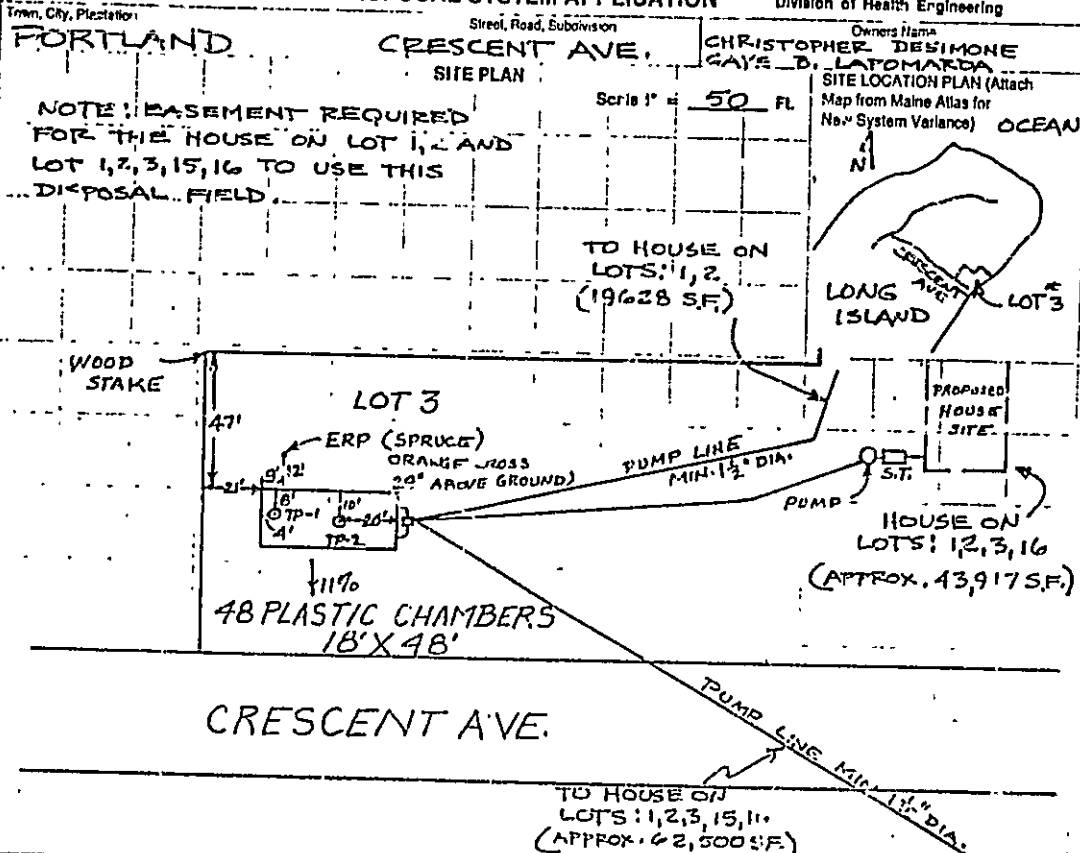
On 9-16-87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Richard [Signature] 031 10-20-87
 Site Evaluator Signature SE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>TP-2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling
0			
6	LOAMY SAND	DK. BRN.	
10	LOOSE	BRN.	
15		YELL.	
20		BRN.	COMMON
25	FINE SAND	LT. BRN.	
30			
35			
40			
45			
50			
Soil <u>5</u> Classification <u>C</u> Slope <u>11%</u> Limiting Factor <u>16'</u>		Soil <u>5</u> Classification <u>C</u> Slope <u>11%</u> Limiting Factor <u>16'</u>	

Richard Olmest
Site Evaluator Signature

034
SE

10-20-87
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

PORTLAND

Street, Road, Subdivision

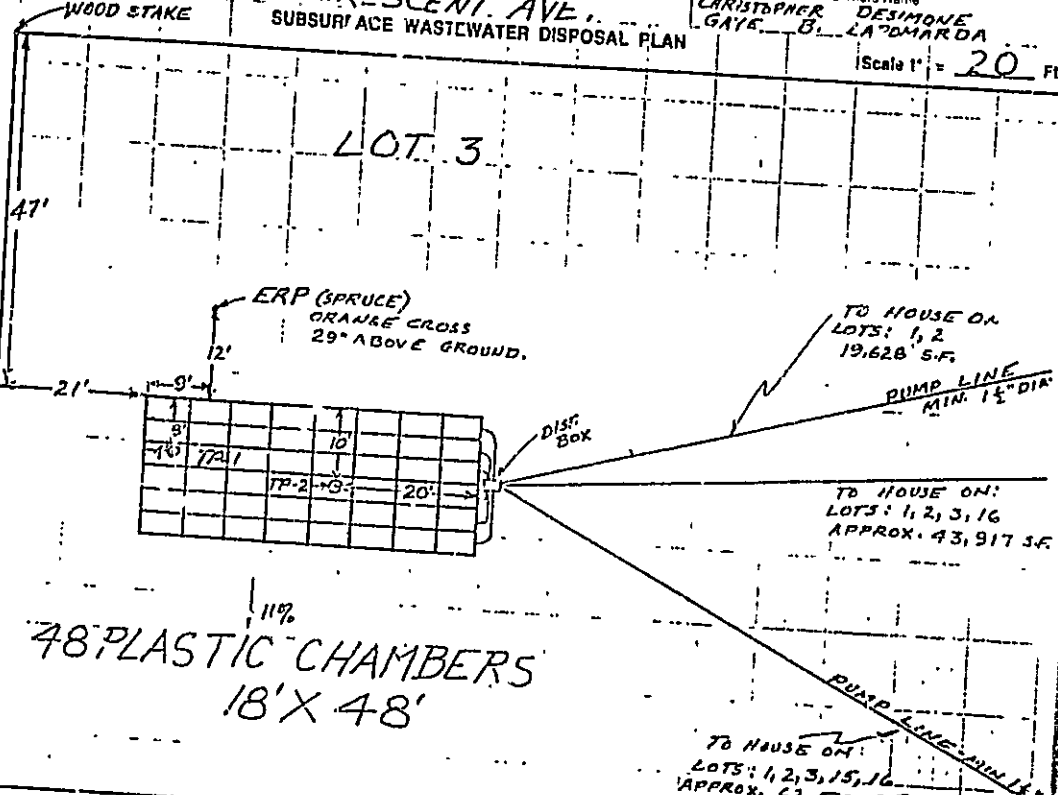
CRESCENT AVE.
SUBSURFACE WASTEWATER DISPOSAL PLAN

Department of Human Services
Division of Health Engineering

Owners Name

**CHRISTOPHER DESIMONE
GAYE B. LAZARDA**

Scale 1" = **20** FL.



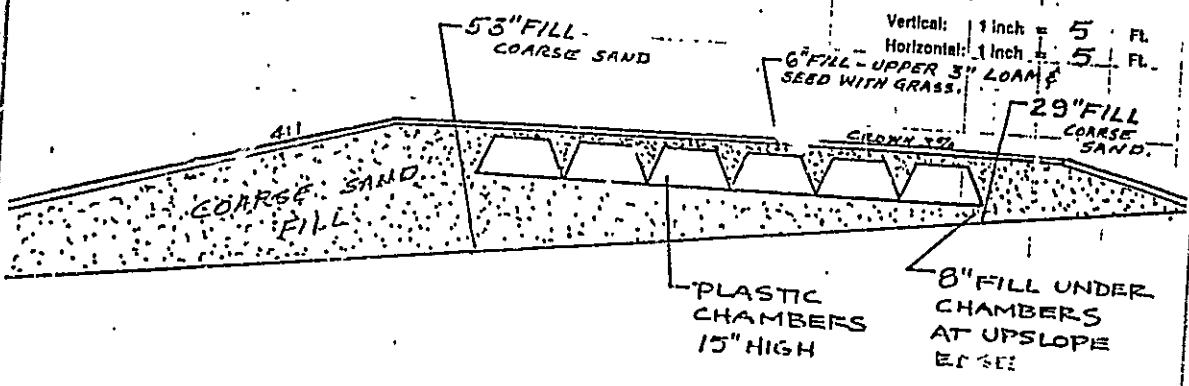
**48 PLASTIC CHAMBERS
18' X 48'**

FILL REQUIREMENTS
Depth of Fill (Upslope) **29"**
Depth of Fill (Downslope) **53"**

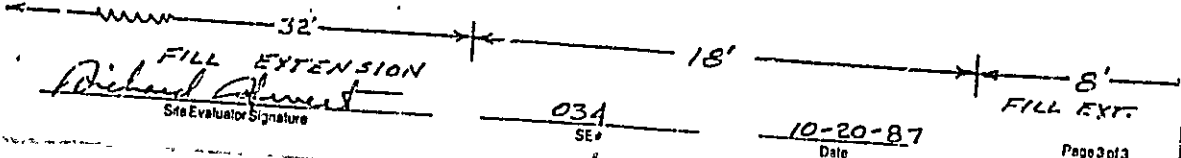
CONSTRUCTION ELEVATIONS
Reference Elevation is **0**
Bottom of Disposal Area **-34"**
Top of Distribution Lines or Chambers **-19"**

**ELEVATION REFERENCE POINT
LOCATION & DESCRIPTION**
0 CENTER OF ORANGE CROSS
-34" 29' ABOVE GROUND ON SPRUCE.

DISPOSAL AREA CROSS SECTION



Scale:
Vertical: 1 inch = 5 FL.
Horizontal: 1 inch = 5 FL.



PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Precinct: 5000

Street Subdivision Lot #: Crescent Ave

PROPERTY OWNERS NAME

Last: De Simone First: Christopher

Applicant Name:

Mailing Address of Owner/Applicant (if different): Box 14 A Cumb. Me.

PORTLAND PERMIT # 3,535 TOWN COPY

Date Permit Issued: 11/24/89 \$ 133.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1122

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: _____ Date Approved: NOV 15 1989

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type Of Structure To Be Served:</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>Plumbing To Be Installed By:</p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input checked="" type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # _____</p>
--	--	--

Hook-Up & Piping Relocation - Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
<p>HOOK-UP: to public sewer. In those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebibb / Silcock	1	Bathub (and Shower)
		Floor Drain	1	Shower (Separate)
<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Unnal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
<p>Number of Hook-Ups & Relocations</p>		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
<p>Hook-Up & Relocation Fee</p>		Other: _____	1	Water Heater
		Fixtures (Subtotal) Col. 1, 2	9	Fixtures (Subtotal) Column 1
			9	Fixtures (Subtotal) Column 2
			9	Total Fixtures
			\$ 97.	Fixture Fee
			\$ 10.	Hook-Up & Relocation Fee
			\$ 35.	Total Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE