

HERMIT # 11-112-492 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form
 Owner: Mark Fuller - 799-0651
 Address: 29 Adebart St., S. P. 04106
 LOCATION OF CONSTRUCTION 104-I-62, 72 Eastern Ave. Long
 CONTRACTOR: same SUBCONTRACTORS: Island
 ADDRESS: _____

For Official Use Only	
Date: <u>March 8, 1988</u>	Subdivision: <u>Yes / No</u>
In'side Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____
Fee: <u>270.00</u>	Public _____ Private _____

Est. Construction Cost: 50,000.00 Type of Use: Sim. Fam. Summer Cottage
 Plat Use: vacant lot
 Building Dimensions: L-36 W-20 Sq. Ft. 600 Stories: 1 1/2 Lot Size: 21,000 S.F.
 Is Proposed Use: Summer Cottage Season: X Condominium _____ Apartment _____
 Conversion Explain: Construct Summer Cottage, as per plan.
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Build: Only
 # Of Dwelling Units: _____ # Of New Dwelling Units: _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size: _____
 3. Type Ceilings: _____
 4. Insulation Type: _____ Size: _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size: _____ Span: _____
 2. Sheathing Type: _____ Size: MAR 17 1988
 3. Roof Covering Type: _____
 4. Other: _____

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

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

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

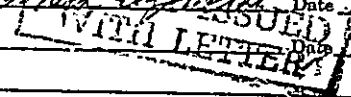
Plumbing:
 1. Approva. of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers: _____
 2. No. of Flushes: _____
 1. No. of Lavatories: _____
 5. No. of Other Fixtures: _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

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

Zoning:
 District: D-2 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 _____ S. of Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain): _____
 Date Approved: OK W.F. Turner March 16, 1988

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

Permit Received By: Joyce M. Binaldi
 Signature of Applicant: Mark Fuller Date: Mar 8, 1988
 Signature of CEO: _____
 Inspection Dates: _____





APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date March 22, 1989, 19
 Receipt and Permit number 00754

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: Long Island Eastern Ave. Lot #70
 OWNER'S NAME: Mark Fuller ADDRESS: 29 Adelbert St. So. PtId.

OUTLETS: 104-1-62 + 70 FEES

Receptacles 27 Switches 10 Plugmold _____ ft. TOTAL 37 5.00

FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL 0 3.00
 Strip Fluorescent _____ ft.

SERVICES:
 Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of)
 Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING:
 Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING:
 Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____

Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of)
 Ranges 1 Water Heaters 1
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans 2 Others (denote) _____
 TOTAL 4 6.00

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 _____
 Repair after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b)
 TOTAL AMOUNT DUE: 14.00

INSPECTION:
 Will be ready on _____, 19__; or Will Call _____
 CONTRACTOR'S NAME: Mark Fuller
 ADDRESS: 29 Adelbert St. So. PtId.
 TEL: _____
 MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: Mark Fuller
 LIMITED LICENSE NO.: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date March 22, 1989, 19
 Receipt and Permit number 00755

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: Long Island Eastern Ave Lot #68
OWNER'S NAME: Mark Fuller **ADDRESS:** 29 Adelbert St. So Ptld

OUTLETS:	Receptacles <u>27X</u>	Switches <u>10</u>	Plugmold _____	ft. TOTAL <u>37</u>	<u>5.00</u>
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL <u>6</u>		<u>3.00</u>
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead _____	Underground _____	Temporary _____	TOTAL amperes _____	
METERS: (number of)	_____				
MOTORS: (number of)	_____				
	Fractional _____	_____			
	1 HP or over _____	_____			
RESIDENTIAL HEATING:	_____				
	Oil or Gas (number of units) _____	_____			
	Electric (number of rooms) _____	_____			
COMMERCIAL OR INDUSTRIAL HEATING:	_____				
	Oil or Gas (by a main boiler) _____	_____			
	Oil or Gas (by separate units) _____	_____			
	Electric Under 20 kws _____	Over 20 kws _____	_____		
APPLIANCES: (number of)	_____				
	Ranges <u>1</u>	Water Heaters <u>1</u>	_____		
	Cook Tops _____	Disposals _____	_____		
	Wall Ovens _____	Dishwashers _____	_____		
	Dryers _____	Compactors _____	_____		
	Fans <u>2</u>	Others (describe) _____	_____		
TOTAL:	<u>4</u>	_____			<u>6.00</u>
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 _____	_____			
	Circuits, 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:
 Service was pulled by M.Z. Tim Napolitano
TOTAL AMOUNT DUE: 14.00

INSPECTION: Will be ready on March 24, 1989, 1989; or Will Call _____
CONTRACTOR'S NAME: Mark Fuller
ADDRESS: 29 Adelbert St. So. Ptld.
TELEPHONE: _____
MASTER LICENSE NO.: _____ **SIGNATURE OF CONTRACTOR:** Mark Fuller
LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS -

INSPECTIONS: Service _____ by _____
 Service called in _____
 Closing-in _____ by _____

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

Permit Application Register Page No. 519

Final Inspection By Inspector [Signature]
 Date of Permit 3/23/89
 Owner Muchley & Co.
 Location 1041 W. 1st St. St. Paul, MN
 Permit Number 001155

DATE:	REMARKS:
6/3/89	Handwired smoke detector needed adjustment to bedrooms second floor
	Panel needs to be mounted to show current controlled
	Interception of needs to be bonded to service equipment enclosure

FOR REMOVAL OF A STOP ORDER (88-10) ...
 INSPECTION: _____
 WILL BE MADE BY _____
 CONTRACTOR NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 LICENSE NO. _____
 SIGNATURE OF CONTRACTOR _____
 DATE _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date September 6, 1988
 Receipt and Permit number 29532

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: Lot #2 62, Eastern Avenue, Long Island
 OWNER'S NAME: Fuller ADDRESS: XXXXX Adelbert St., S. Portland

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____ FEES

FIXTURES: (number of) _____
 Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead Underground _____ Temporary _____ TOTAL amperes _____ 3.00

METERS: (number of) _____

MOTORS: (number of) _____
 Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) _____
 Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____
 TOTAL _____

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

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

INSPECTION: Will be ready on _____, 19__; or Will Call
 CONTRACTOR'S NAME: T. AN. Napolitano
 ADDRESS: PO Box 1301, S. Portland,
 TEL: 759-0536
 MASTER LICENSE NO.: 7765 SIGNATURE OF CONTRACTOR: T. Napolitano
 LIMITED LICENSE NO.: _____

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

INSPECTIONS: Service 100 amp by Revan

Service called in _____

Closing-in 10/7/88 by Revan
spot/heavy

PROGRESS INSPECTIONS: _____

1st Call
ELECTRICAL INSTALLATIONS
Permit Number 2-9532
Location 144th St
Owner Hillman
Date of Permit 9/11/88
Final Inspection 10/7/88
By Inspector [Signature]
Permit Application Register Page No. 43

DATE:	REMARKS:

CODE
COMPLIANCE
COMPLETED
DATE: 10/2/88

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
 Processing Form

Applicant: Mark Fuller Date: March 8, 1988
 Address of Proposed Site: 104-I-62, 79 Eastern Ave., Long Island, ME
 Mailing Address: 29 Adelbert St., South Portland, ME 04106
 Summer Cottage: 104-I-62, 79
 Proposed Use of Site: IR-2 Site Identifier(s) from Assessors Maps
 Acreage of Site: 27,000 S.F. / 600 S.F. Ground Floor Coverage
 Proposed Number of Floors: 1 1/2 Story
 Total Floor Area: 1200 S.F.

Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () 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	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																REASONS SPECIFIED BELOW
DISAPPROVED																

REASONS: _____

(Attach Separate Sheet if Necessary)

Robert J. Roy 3/14/88
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant: Mark Fuller
 29 Adebart St., South Portland, ME 04106
 Mailing Address: Summer Cottage
 Proposed Use of Site: _____
21,000 S.F. / 600 S.F.
 Acreage of Site / Ground Floor Coverage

Date: March 8, 1988
 Address of Proposed Site: 104-I-62, 70 Eastern Ave., Long Island, ME
 Site Identifier(s) from Assessors Maps: 104-I-62, 70
 IR-2
 zoning of 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 1/2 Story
 Total Floor Area: 1200 S.F.

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

	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	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	
COMPLIES																			
COMPLIES CONDITIONALLY																			CONDITIONS SPECIFIED BELOW
DOES NOT COMPLY																			REASONS SPECIFIED BELOW

REASONS:

25' front yard setback is required from Right of Way, making side yard less than 20 feet.

Warren J. Turner March 16, 1988
 SIGNATURE OF REVIEWING STAFF, DATE

BUILDING DEPARTMENT—ORIGINAL

PERMIT # 1100 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Mark Fuller - 799-0651
 Address: 29 Adelbert St., S. P. 04106
 LOCATION OF CONSTRUCTION 10A-T-62, 70 YETMAN Eastern Ave., Irving
 CONTRACTOR: 55100 SUBCONTRACTORS: Island
 ADDRESS _____

Est. Construction Cost: 50,000.00 Type of Use: Sin. Fam. Summer Cottage

Past Use: vacant lot

Building Dimensions L 30 W 20 Sq. Ft. 500 # Stories: 1 1/2 Lot Size: 21,000 R.F.

Is Proposed Use: Other Seasonal X Condominium _____ Apartment _____

Conversion - Explain Construct Summer Cottage, as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

1. Type of Soil: Sand and clay, etc.
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 _____

For Official Use Only	
Date: <u>March 8 1988</u>	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Fire Limits _____	Name _____
Blgd Code _____	Lot _____
Time Ltr _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value Structure _____	Ownership: _____ Public _____ Private _____
Fec. <u>271.00</u>	

Ceiling:

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

Roof:

1. Truss 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 00, 01's
3. No. of Flushes _____
4. No. of Lavatories 00, 02
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: 1A-2 Street Frontage Req. _____ Provided _____

Review Required:

Required Setbacks: Front _____ Back _____ Side _____

Zoning Board Approval: Yes No Date: _____

Planning Board Approval: Yes No Date: _____

Conventional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other: _____ (Explain) _____

Date Approved: 3/8/88

Permit Received By: Joyce M. Binardi

Signature of Applicant: Mark A. Fuller Date: Mar 8 1988

Signature of CEO: _____ Date: _____

Inspection Dates: _____

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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PLOT PLAN

N
↑

FEES (Breakdown From Front)

Base Fee \$ 270.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ 50.00
Other Fees \$ _____
(Explain) _____
Ins. Fee \$ _____

Type

Inspection Record

Date

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

COMMENTS
6-24-88 - Tables, posts, back-structure OK
4-21-88 - OK
12-88 - closed in, w/ P/O's
4-23-89 - OK
7-25-89 - OK for OK

Signature of Applicant

Walter A. Miller

Date

March 8, 1988



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 104-1-62 Eastern Avenue, Long Island

Issued to Mark Fuller

Date of Issue July 25, 1989

This is to certify that the building, premises, or part thereof, at the above location, built or altered or changed as to use under Building Permit No. 88/72, 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 Summer Cottage

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

7-25-89

(Date)

Inspector

Inspector of Buildings

Notice: This certificate states only the use of building or premises, and right to be transferred from owner to owner when in any change of hands. Copy will be furnished to owner & leave for the office.

Applicant: Mark Fuller Date: March 16, 1988
Address: Eastern Ave. Long Island
Assessors No : 104-I-62

CHECK LIST AGAINST ZONING ORDINANCE

Date -
Zone Location - IR-2
Interior or corner lot - Interior lot
Use - Single Family
Sewage Disposal - Septic Disposal
Rear Yards - 25'
Side Yards - 20' and 20'
Front Yards - 25'
Projections - None
Height - 1/2 story
Lot Area - 21,000 sq ft.
Building Area - 600 sq ft.
Area per Family - 20,000 sq ft.
Width of Lot - 182'
Lot Frontage - Access via 12' right of way or footpath
Off-street Parking -
Loading Bays -

Site Plan -

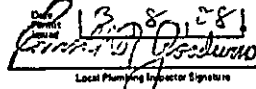
Shoreland Zoning -

Flood Plains -

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS	
Town Or Plantation	PORTLAND LO'IG ISLAND
Street	EASTERN AVENUE
Subdivision Lot #	TAX MAP 104 BLOCK I LOTS 62, 76
PROPERTY OWNERS NAME	
FULLER	MARK
Last:	First:
Applicant Name	MARK FULLER
Mailing Address of Owner/Applicant (if Different)	29 ADELBERT STREET SOUTH PORTLAND, MAINE 04106

PORTLAND	PERMIT # 2,782	TOWN COPY
		\$ 140 FEE Double Fee Charged L.R.I. # 1123
Local Plumbing Inspector Signature		

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"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BCO 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 _____	TYPE OF WATER SUPPLY DRILLED WELL
SIZE OF PROPERTY: 30,000 SF ZONING: IR2		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC SIZE: 1000 GALS	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET - 45
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: C DEPTH TO LIMITING FACTOR: 23	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW: 405 (GALLONS DAY)

SITE EVALUATOR STATEMENT * USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION * SITE EVALUATION WAIVED BY LOCAL OPTION

On SEPTEMBER 6, 1987 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. Godwin 0003/4814 2/8/88
 Site Evaluator or Professional Engineer's Signature SE # / PE # Date

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



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

March 17, 1988

RE: 104-I-62 Eastern Ave., Long Island

Mr. Mark Fuller
29 Adelbert St.
South Portland, Maine 04106

Dear Sir:

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

Site Plan Requirements

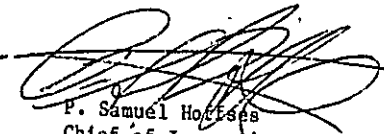
Public Works Approved 3/14/88 Mr. R. Roy
Inspection Services Approved 3/16/88 Mr. W. Turner

Building Code Requirements

1. Your foundation piers must be a minimum of 8" sono tubes placed on footing and anchored together no more than 8' o.c. —
2. Exterior walls shall be 2" X 4", 16" o.c.
3. Please read and implement items 4 and 5 on the attached building permit report.

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

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

BUILDING PERMIT REPORT

DATE: 17/MAY/85
ADDRESS: ~~29 Astor~~ 104 -I-62 Eastern Ave. Longtsh-
REAS. FOR PERMIT: Summer cottage

BUILDING OWNER: Mark Fuller

CONTRACTOR: 11

PERMIT APPLICANT 11

APPROVED: 4-5 ~~DENIED~~

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) 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.
- 3.) 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.
- X 4.) 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).
- X 5.) 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.

- 6.) 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.
- 7.) 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.
- 8.) 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. Samuel Hoffes
Chief, Inspection Services

/ksc
11/9/87



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date September 6, 1988
 Receipt and Permit number _____

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: Lot 32 62, Eastern Avenue, Long Island

OWNER'S NAME: Fuller ADDRESS: 344 Adelbert St., S. Portland

OUTLETS: 104 I - 5/8 in Recept 102 FEES _____

Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____

FIXTURES: (number of) _____

Incandescent _____ Fluorescent _____ (not strip) TOTAL _____

Strip Fluorescent _____ ft. _____

SERVICES: _____

Overhead Underground _____ Temporary _____ TOTAL amperes 100 .. 3.00

METERS: (number of) _____

MOTORS: (number of) _____

Fractional _____

1 HP or over _____

RESIDENTIAL HEATING: _____

Oil or Gas (number of units) _____

Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: _____

Oil or Gas (by a main boiler) _____

Oil or Gas (by separate units) _____

Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES (number of) _____

Ranges _____ Water Heaters _____

Cook Tops _____ Disposals _____

Wall Ovens _____ Dishwashers _____

Dryers _____ 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 minimum

INSPECTION: _____

Will be ready on _____, 19____; or Will Call _____

CONTRACTOR'S NAME: T. AN. NAPOLIANO

ADDRESS: PO BOX 2301, S. PORTLAND,

TEL: 759-0536

MASTER LICENSE NO: 1765 SIGNATURE OF CONTRACTOR: _____

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 March 22, 1989, 19__
 Receipt and Permit number _____

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: Long Island Eastern Ave Lot #68

OWNER'S NAME: Mark Fuller ADDRESS: 29 Adelbert St. Sc Fld

OUTLETS: 1031-1-62

Receptacles 27 Switches 10 Plugmold _____ ft. TOTAL 38 37..... 5.00

FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL 6 3.00
 Strip 21 _____ ft.

SERVICES:
 Over _____ ground _____ Temporary _____ TOTAL amperes _____ ..

METERS: (number of) _____

MOTORS: (number of)
 Fraction: _____
 1 HP or _____

RESIDENTIAL INSTALLING

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 _____ 1 Water Heaters _____ 1

Cook Tops _____ Disposals _____

Wall Ovens _____ Dishwashers _____

Dryers _____ Compactors _____

Fans _____ 2 Others (denote) _____

TOTAL 4 6.00

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 DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) TOTAL AMOUNT DUE: 14.00

Service was pulled by M.E. Tim Napolitano

INSPECTION: Will be ready on _____, 19__; or Will Call _____

CONTRACTOR'S NAME: March 24, 1989 Mark Fuller

ADDRESS: 29 Adelbert St. Sc. Fld.

TELEPHONE: _____

MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: Mark Fuller

LIMITED LICENSE NO.: _____

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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 104-1-62 70, Eastern Ave, Long Island

Issued to Mark Fuller

Date of Issue June 28, 1991

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. 88/0223, 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: Entire

This certificate supersedes
certificate issued:

Approved:

7-23-91

(Date)

Inspector

[Handwritten Signature]
Inspector of Buildings

Note: 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 lessee for one dollar.

PERMIT # 809221 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Mark Fuller - 799-0651

Address: 29 Adelbert St., S.P. 04106

LOCATION OF CONSTRUCTION: 04-1-62 70 Eastern Ave. Long Island

CONTRACTOR: S&S SUBCONTRACTOR: _____

ADDRESS: _____

Est. Construction Cost: 50,000.00 Type of Use: Summer Cottage

Past Use: Warehouse

Building Dimensions: 20' x 20' x 10' Stories: 1 Lot Size: 21,000 S.P.

Is Proposed Use: Seasonal Condominium _____ Apartment _____

Conversion - Explain: Construct Summer Cottage, as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

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: _____

Floors:

1. Sills must be anchored.
2. G _____
3. Ledge Connections: _____ Size: _____
4. Joist Size: _____ Spacing 16" O.C.
5. Ceiling Type: _____ Size: _____
6. Floor Finishing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. of Windows _____
3. No. of Doors _____
4. Header Size _____ Spacing _____
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 Size _____ Spacing _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date: <u>March 8, 1988</u>	Submittal: Yes / No _____
Inside Fire Limits: _____	Name: _____
Block: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: _____	Permit Expiration: _____
Value: _____	Ownership: _____
Fee: <u>70.00</u>	Public _____ Private _____

Ceiling:

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

Roof:

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

Chimneys:

- Type: NA Number of Fire Places: NA

Heating:

- Type of Heat: NA

Electrical:

- Service Entrance Size: 100A Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required NO TEST No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories 00.00
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: NA
2. Pool Size: _____ Sq. Ft. Poolage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

- District: RA-12 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: March 17, 1988

Permit Received By: JOYCE M. RINALDI

Signature of Applicant: Mark Fuller Date: March 1, 1988

Signature of CEO: _____ Date: _____

Inspection Dates: _____

PLOT PLAN

N
▲

FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ 270.00			
Subdivision Fee \$			
Site Plan Review Fee \$ 50.00			
Other Fees \$			
(Explain)			
Late Fee \$			

COMMENTS 6-24-88 - Timber, posts, and structure OK,
 WIP/OK. OK
 12-2-88. Post checked. WIP/OK. OK
 6-23-89 - OK for CO OK
 9-29-89 - SP - construction
 6-28-91 - OK for CO OK

Signature of Applicant Mark D. Miller Date Mar. 8, 1988



CITY OF PORTLAND, MAINE

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

DEPARTMENT

DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

March 17, 1988

RE: 104-I-70 Eastern Ave., Long Island

Mr. Mark Fuller
29 Adelbert St.
South Portland, Maine 04106

Dear Sir:

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

Site Plan Requirements

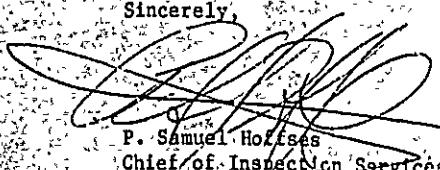
Public Works Approved - 3/14/88 Mr. R. Roy
Inspection Services Approved 3/16/88 Mr. W. Turner

Building Code Requirements

1. Your foundation piers must be a minimum of 8" sonotubes placed on footing and anchored together no more than 8' o.c.
2. Exterior walls shall be 2" X 4", 16" o.c.
3. Please read and implement items 4 and 5 on the attached building permit report.

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

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

BUILDING PERMIT REPORT

DATE: 17/mar/88

ADDRESS: 104 E 70 Eastern Ave Long Island

REASON FOR PERMIT: Summer Cottage

BUILDING OWNER: Mark Fuller

CONTRACTOR: 11

PERMIT APPLICANT 11

APPROVED: 4-5 DENIED -

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) 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.
- 3.) 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.
- *4.) 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).
- *5.) 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).

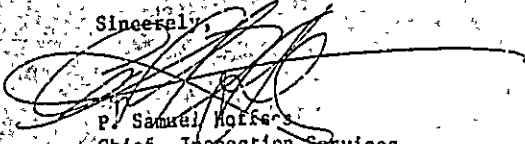
In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

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.

- 6.) 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.
- 7.) 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.
- 8.) 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. Samuel Hoffa
Chief, Inspection Services

/ksc
11/9/87

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Mark Fuller

Date March 8, 1988

Mailing Address 29 Adelbert St., South Portland, ME 04106

Address of Proposed Site 104-I-70 Eastern Ave., Long Island, ME

Proposed Use of Site Summer Cottage

Site Identifier(s) from Assessors Maps 104-I-70

Acreege of Site / Ground Floor Coverage 21' 000 S.F. / 600 S.F.

Zoning of Proposed Site TR-2

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

Proposed Number of Floors 1 1/2 Story

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

Total Floor Area 1200 S.F.

Planning Board Action Required: () Yes () No

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. 21)	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:

25' front yard required in TR-2 Zone

Art. W. J. Turner March 16/1988

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Mark Fuller

Applicant
29 Adebert St., South Portland, ME 04106
Mailing Address

Summer Cottage
Proposed Use of Site
21,000 S.F. / 600 S.F.

Acres of Site / Gross Floor Coverage

March 8, 1988

Date

104-I-70 Eastern Ave., Long Island, ME

Address of Proposed Site

104-T-70

Site Identifier(s) from Assessors Maps

IR-2

Zoning of 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 1/2 Story

Total Floor Area 1200 S. F.

Other Comments:

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	OTHER
APPROVED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROVED CONDITIONALLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISAPPROVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

(Attach Separate Sheet if Necessary)

25 front yard required in IR-2 Zone

Robert L. Roy 3/14/88

SIGNATURE OF REVIEWING STAFF / DATE

PUBLIC WORKS DEPARTMENT COPY

March 10 1988

Applicant: *Mark Fuller*

Date: *March 16, 1988*

Address: *Eastern Ave, Long Island*

Assessors No.: *104-I-70*

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - *1-R-2 Zone*

Interior or corner lot - *Fronts on Eastern Ave.*

Use - *Single Family Seasonal Dwelling*

Sewage Disposal - *Septic Disposal*

Rear Yards - *44'*

Side Yards - *42' and 100'*

Front Yards - *22'* *25' required at front*

Projections -

Height - *1 1/2 story*

Lot Area - *21,000 #*

Building Area - *600 #*

Area per Family - *20,000 #*

Width of Lot -

Lot Frontage - *152.5'*

Off street Parking - *O.K.*

Loading Bays - *NA*

Site Plan - *O.K. per Public Works*

Shoreland Zoning - *No*

Flood Plains - *No*

RE-6-14-90/SB



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

104-I-62

Date March 22, 1989, 19__
Receipt and Permit number _____

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: Long Island Eastern Ave. Lot #70
OWNER'S NAME: Mark Fuller ADDRESS: 29 Adelbert St. So. Pctd.

OUTLETS:		FEE\$
Receptacles <u>27</u> Switches <u>10</u> Plugmold _____ ft. TOTAL <u>37</u>		<u>5.00</u>
FIXTURES: (number of)		
Incandescent _____ Fluorescent _____ (not strip) TOTAL <u>6</u>		<u>3.00</u>
Strip Fluorescent _____ ft.		
SERVICES:		
Overhead _____ Underground _____ Temporary _____ TOTAL ampere _____		
METERS: (number of) _____		
MOTORS: (number of)		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws _____ Over 20 kws _____		
APPLIANCES: (number of)		
Ranges _____	Water Heaters _____	
Cook Tops _____	Disposals _____	
Wall Ovens _____	Dishwashers _____	
Dryers _____	Compact _____	
Fans _____	Others (det.) _____	
TOTAL <u>4</u>		
MISCELLANEOUS: (number of)		<u>6.00</u>
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 amp _____		
Circus, Fairs, etc. _____		
Alterations to wires _____		
Repairs after fire _____		
Emergency Lights, battery _____		
Emergency Generators _____		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE:	
	TOTAL AMOUNT DUE:	<u>14.00</u>

INSPECTION: Will be ready on _____, 19__ or Will Call _____
CONTRACTOR'S NAME: Mark Fuller
ADDRESS: 29 Adelbert St. So. Pctd.
TEL: _____
MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: _____
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 September 5, 1988
 Receipt and Permit number _____

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: Lot 70, Lister Avenue, Long Island

OWNER'S NAME: Fuller ADDRESS: Adelbert St., S. Portland

OUTLETS:	FEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	_____
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	_____
Strip Fluorescent _____ ft. _____	_____
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u>	<u>3.00</u>
METERS: (number of) _____	_____
MOTORS: (number of)	
Fractional _____	_____
1 HP or over _____	_____
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	_____
Electric (number of rooms) _____	_____
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	_____
Oil or Gas (by separate units) _____	_____
Electric Under 20 kws _____ Over 20 kws _____	_____
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	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/Alarm Arms Residential _____	_____
Commercial _____	_____
Heavy Duty Outlets, 220 Vol. (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: 5.00

INSPECTION: Will be ready on _____ 19__ or Will Call
 CONTRACTOR'S NAME: T. A. NAPOLITANO
 ADDRESS: PO BOX 2301, S. Portland
 TEL: 799-0538
 MASTER LICENSE NO.: 7765 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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

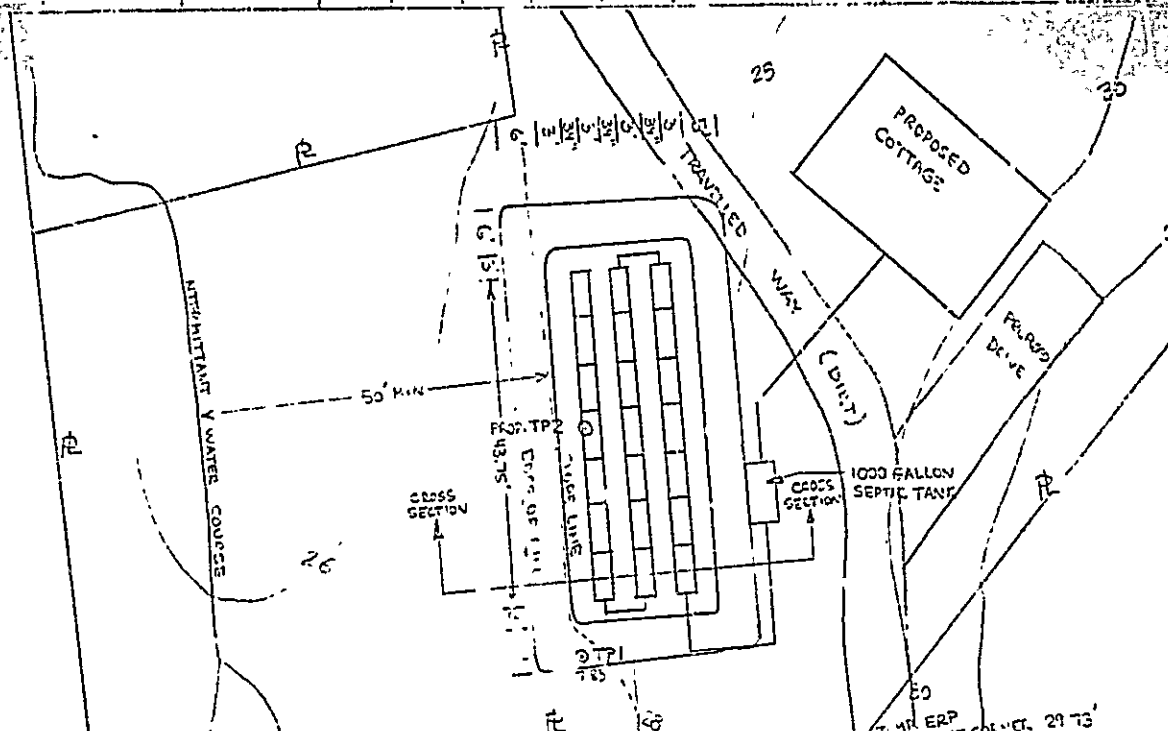
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation: **PORTLAND, LONG ISLAND, EASTERN AVENUE** Street, Road, Subdivision: **104-1-62-70**

Division of **Engineering** Owners Name: **MARK FULLER**

SUBSURFACE WASTEWATER DISPOSAL PLAN

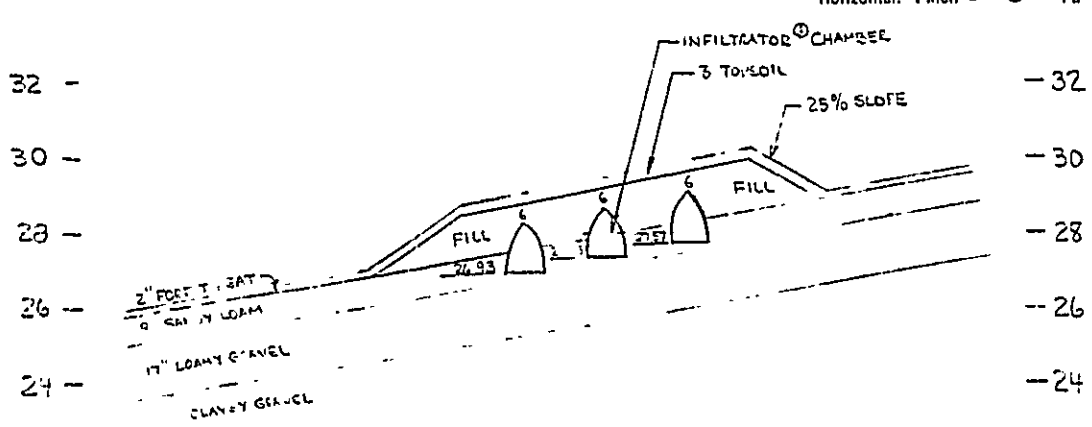
Scale: 1" = 20' FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>15</u>	Reference Elevation is <u>33.0</u>	PK IN POLE 133 @
Depth of Fill (Downslope) <u>15</u>	Bottom of Disposal Area <u>27.57</u>	ISLAND AVENUE
	Top of Distribution Lines or Chambers <u>28.72</u>	

DISPOSAL AREA CROSS SECTION

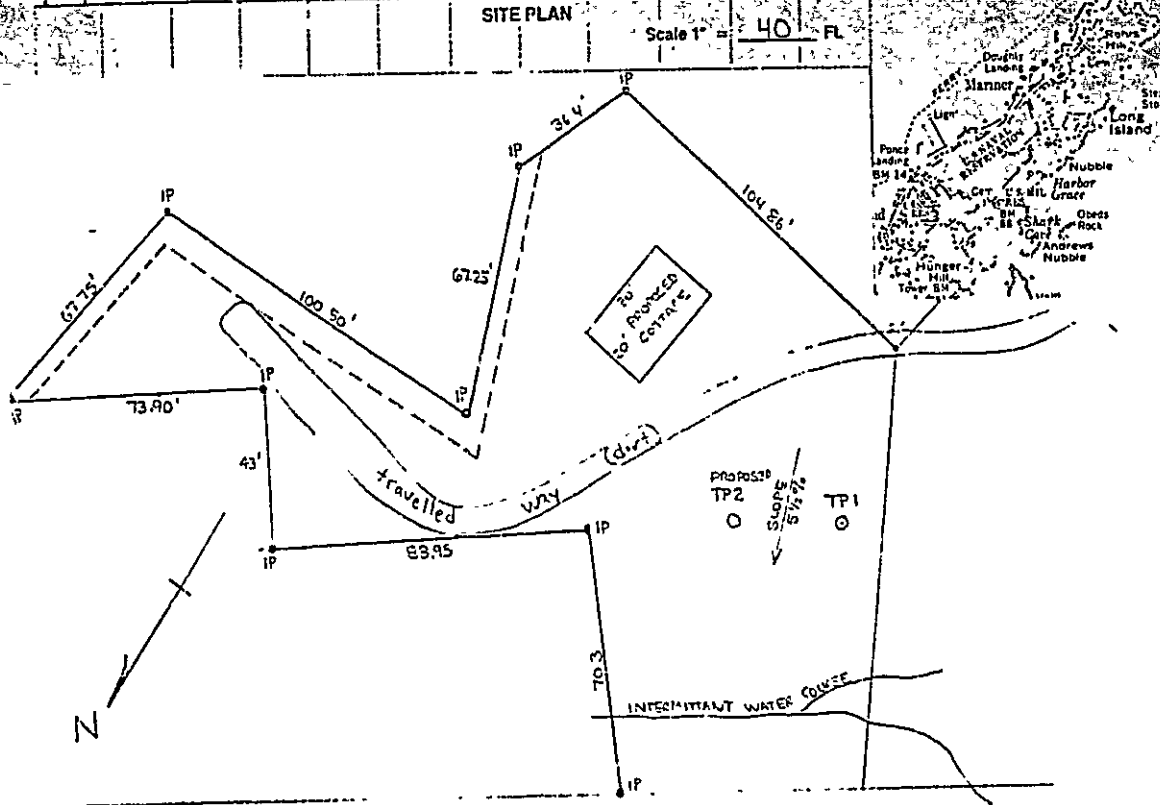
Scale:
Vertical: 1 inch = 4 FL
Horizontal: 1 inch = 10 FL



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

0003/4814
SE #1 PE #

2/8/88
Date



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
2' FOREST PEAT * Depth of Organic Horizon Above Mineral Soil				* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-6" SANDY LOAM		DARK BROWN					
6-10" LOAMY GRAVEL	LOOSE	BROWN	NONE				
10-15" LOAMY GRAVEL		RED BROWN					
15-20" CLAYEY GRAVEL	MODERATELY FRAGILE	GRAY BROWN	FEW				
20-30" CLAYEY GRAVEL	FRAGILE	GRAY	NONE				
30-40" CLAYEY GRAVEL							
40-50" CLAYEY GRAVEL							
50-60" CLAYEY GRAVEL							
60-70" CLAYEY GRAVEL							
70-80" CLAYEY GRAVEL							
80-90" CLAYEY GRAVEL							
90-100" CLAYEY GRAVEL							

Soil Profile: 4	Classification: C	Slope: 5 1/2 %	Limiting Factor: 23	<input checked="" type="checkbox"/> Groundwater	<input type="checkbox"/> Residual Layer	<input type="checkbox"/> Bedrock
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William B. Johnson 0003/4814 **2/8/88**
 Site Evaluator or Professional Engineer's Signature SE # PE # Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 299-3826

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND LONG ISLAND**

Street: **EASTERN AVENUE**
Subdivision Lot #: **TAX MAP 104 BLOCK I LOTS 62, 63**

PROPERTY OWNERS NAME

FULLER MARK

Last: **FULLER** First: **MARK**

Applicant Name: **MARK FULLER**

Mailing Address of Owner/Applicant (if Different): **29 ADELBERT STREET SOUTH PORTLAND, MAINE 04106**

PORTLAND PERMIT # **2,782** TOWN COPY

William B. Goodwin
Local Plumbing Inspector Signature

FEE: **14.00** (Double Fee Charged)

L.P.I. # **11213**

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 **NOV 1 1987**

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input 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>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</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>INDIVIDUALLY INSTALLED COMPONENTS:</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>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>DRILLED WELL</p>
<p>SIZE OF PROPERTY</p> <p>30,000 ± SF</p>	<p>701' X 170'</p> <p>IR 2</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</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: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input 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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECCROS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME TOILET - 45</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 23</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" 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>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525 Sq Ft</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW 405 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT * USED IN FILTRATOR POLYETHYLENE CHAMBER IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On **SEPTEMBER 6, 1987** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

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

0003/4814 SE # / PE #

11/8/87 Date