

PERMIT # 11-1023 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-70 Eastern Ave., Long Island

CONTRACTOR: same SUBCONTRACTORS: _____

ADDRESS: _____

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

Past Use: Vacant lot

Building Dimensions: 30' W x 20' S Sq. Ft. 600 # Stories: 1 1/2 Lot Size: 21,000 S.F.

Is Proposed Use: Cottage Seasonal _____ Condominium _____ Apartment _____

Conversion - Existing: 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: _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____
5. Bridging Type: _____ Spacing 16" O.C.
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 / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>270.00</u>	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size NA Spacing NA
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: 7-7"

Roof: _____ MAR 17 1988

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: 100 Amp 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 G-ner Fixtures _____

Swimming Pools: _____

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

Zoning: _____

District: IR II 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: OK - My issues March 16, 1988

Permit Received By: Anthony M. Rinaldi

Signature of Applicant: Mark Fuller Date: Mar 8, 1988

Signature of CEO: _____ Date: _____

Inspection Dates: _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering
(207) 263-3826

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND LONG ISLAND**

Street: **EASTERN AVENUE**

Subdivision Lot #: **TAX MAP 104 BLOCK I LOTS 42, 70**

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, ME 04106**

PORTLAND PERMIT # **2,783** TOWN COPY

Fee: **\$1,400** (Double Fee Charged)

L.P.I. # **1123**

Date Issued: **3/8/88**

Local Plumbing Inspector Signature: *[Signature]*

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is 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: *[Signature]* Date Approved: **3/8/88**

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM

2. REPLACEMENT SYSTEM

3. EXPANDED SYSTEM

4. SEASONAL CONVERSION

5. EXPERIMENTAL SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

1. BED 2. CHAMBER 3. TRENCH 4. OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____ SPECIFY _____

INSTALLATION IS COMPLETE SYSTEM

1. NON ENGINEERED SYSTEM

2. PRIMITIVE SYSTEM (Includes Alternative Toilet)

3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)

5. HOLDING TANK

6. ALTERNATIVE TOILET (ONLY)

7. NON-ENGINEERED DISPOSAL AREA (ONLY)

8. ENGINEERED DISPOSAL AREA (ONLY)

9. SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

DRILLED WELL

SIZE OF PROPERTY 30,000±SF **ZONING** IR 2

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile

2. AEROBIC

SIZE: **1000** GALS

WATER CONSERVATION

1. NONE

2. LOW VOLUME TOILET

3. SEPARATED LAUNDRY SYSTEM

4. ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

1. NOT REQUIRED

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

3. REQUIRED

DOSE: _____ GALS

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

3 BEDROOM CONSERVATIVE - 450

LOW VOLUME - 45 TOILET

DESIGN FLOW: 405 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **4** CONDITION: **C**

DEPTH TO LIMITING FACTOR: **22**

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL

2. MEDIUM

3. MEDIUM-LARGE

4. LARGE

5. EXTRALARGE

DISPCAL AREA TYPE/SIZE

1. BED _____ Sq. Ft.

2. CHAMBER **525** Sq. Ft.

REGULAR H 20

3. TRENCH _____ Linear Ft.

4. OTHER _____

SITE EVALUATOR STATEMENT - USED 21 INDICATORS POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

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 0003/4814 **2/8/88**

Site Evaluator or Professional Engineer's Signature SE# / PE# Date

Local Plumbing Inspector Signature & Local Site Evaluation Waiver under a Local Order

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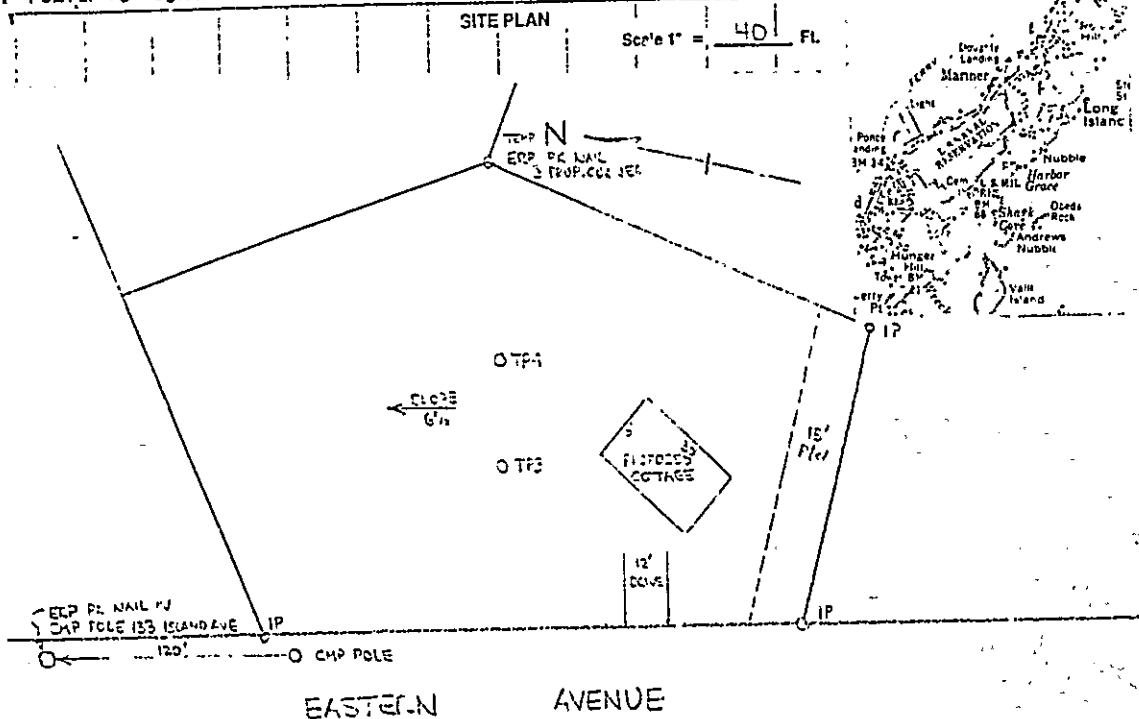
Town, City, Plantation

FORTLAND LONG ISLAND

Street, Road, Subdivision
EASTERN AVE 104-J-62,70

Owners Name

MARK FULLER



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation holes Shown Above)			
Observation Hole <u>3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>4</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
<u>FOREST PEAT</u> Depth of Organic Horizon Above Mineral Soil		<u>FOREST PEAT</u> Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0 SANDY LOAM		DARK BROWN	
5 LOAMY SAND	LOOSE	GRAY BROWN	NONE
10 LOAMY GRAVEL		RED BROWN	
15			COMMON
20			
25 CLAY	FIRM	GRAY	NONE
30			
35			
40			
45			
50			
Soil <u>4</u>	Classification <u>C</u>	Slope <u>1/1</u>	Limiting Factor <u>22</u>
Soil <u>4</u>	Classification <u>C</u>	Slope <u>1/1</u>	Limiting Factor <u>22</u>

William B. Goodwin 0033/4814
Soil Evaluator or Professional Engineer's Signature

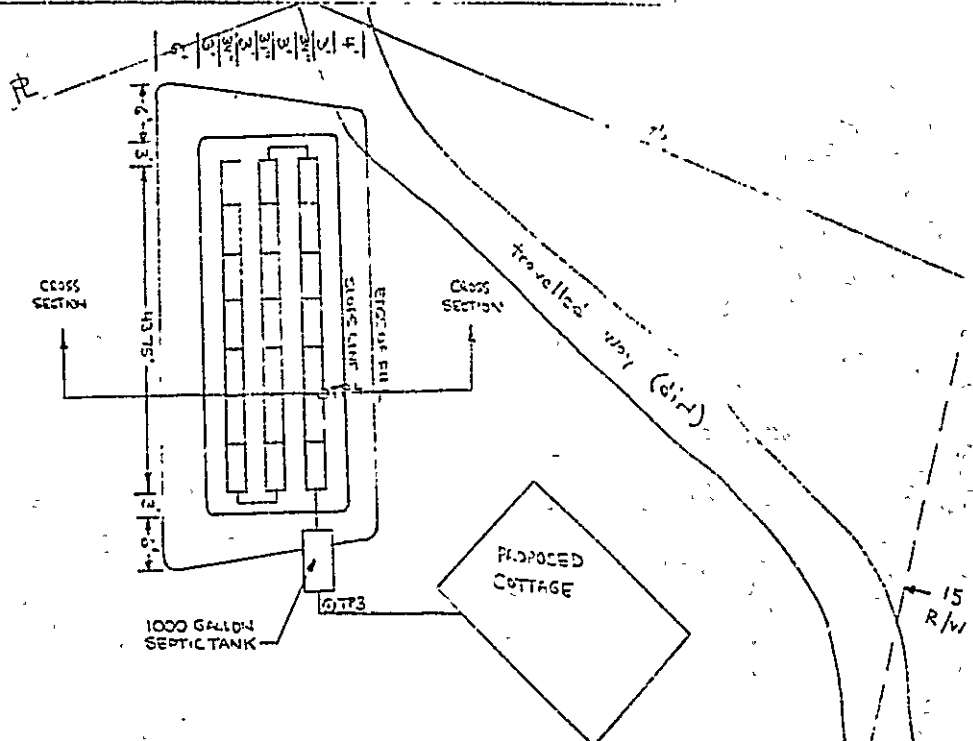
2/8/88
Date

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Town, City, or Platation: **ROCKLAND LONG ISLAND** Street, Road, Subdivision: **EASTERN AVE 104-I-62,70** Owners Name: **MARK FULLER**

SUBSURFACE WASTEWATER DISPOSAL PLAN

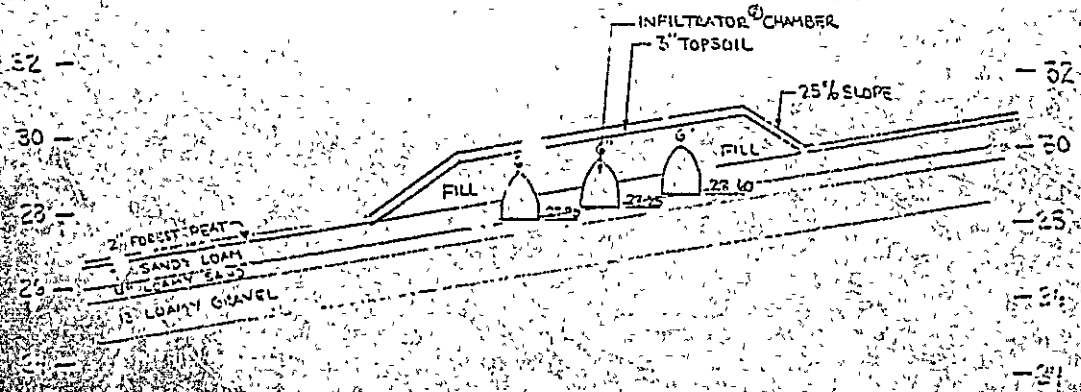
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	14'	Reference Elevation Is	33.0	PK IN POLE 135 @ ISLAND AVENUE	
Depth of Fill (Downslope)	14'	Bottom of Disposal Area	28.6		
		Top of Distribution Lines or Chambers	29.85		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 Inch = 4 Ft.
Horizontal: 1 Inch = 10 Ft.



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

0003/4814
SE/PE

2/8/88

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PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town or Plantation: Portland Me
Street Subdivision Lot # # 68 Eastern Ave. L.I.

PROPERTY OWNERS NAME

Last Fuller First Mark

Applicant Name Mark Fuller

Mailing Address of Owner/Applicant (If Different) 29 Webster St. SP

Caution: Permit Required
Plumbing shall not be installed until a Permit is attached here by

PORTLAND PERMIT # 3,092 TOWN COPY

Date Permit Issued 09/27/88 \$ 121 FEE Double Fee Charged

L.P.I. # _____

Arnold J. Gosselin

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

Mark Fuller
Signature of Owner/Applicant Date 9/27/88

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

AA
Local Plumbing Inspector Signature Date Approved JUN 23 1989

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
	1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system		Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspldtr		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other:	1	Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$	7	Fixtures (Subtotal) Column 1
\$	7	Fixtures (Subtotal) Column 2
\$		Total Fixtures
\$		Fixture Fee
\$		Hook-Up & Relocation Fee
\$	21	Total Fee (Total)

TOWN COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date September 6, 1988
 Receipt and Permit number 29531

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, Eastern 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 _____	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 _____	Comfactors _____
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.A. NAPOLITANO
 ADDRESS: PO BOX 2301, S. Portland
 TEL: 799-0538
 MASTER LICENSE NO.: 7765 SIGNATURE OF CONTRACTOR: *T.A. Napolitano*
 LIMITED LICENSE NO.: _____

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

INSPECTIONS: Service 100 amp by Rina
Service called in 12/7/88
Closing-in _____ by _____

PROGRESS INSPECTIONS: 12/7/88 | _____ | _____
_____ | _____ | _____
_____ | _____ | _____
_____ | _____ | _____
_____ | _____ | _____

ELECTRICAL INSTALLATIONS
Permit Number 12-3553
Location 12103 Cedar
Owner Weller
Date of Permit 12/1/88
Final Inspection 12/7/88
By Inspector J.P. [Signature]
Permit Application Register Page No. 123

D/IE:	REMARKS:

CODE COMPLIANCE COMPLETED
DATE 12/7/88