

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3328

TOWN OR INSTALLATION: Southwest ME

STREET: 10 West Island Rd

PROPERTY OWNERS NAME: John & Mary

PORTLAND PERMIT # 2,974 TOWN COPY

Date Permit Issued: 12.13.88 FEE: \$200

Local Plumbing Inspector Signature: _____ L.P.I. # _____

Applicant Name: John & Mary

Address of Owner/Applicant: 10 West Island Rd

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: John & Mary Date: _____

Caution: Inspection Required!

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Code.

Local Plumbing Inspector Signature: _____ Date: JUL 2 1988

<p>THIS APPLICATION IS FOR:</p> <p>1. <input 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 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 with State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED SYSTEM (+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><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: <u>1960</u></p> <p>THE FAILING SYSTEM IS:</p> <p><input type="checkbox"/> BED <input type="checkbox"/> TRENCH</p> <p><input type="checkbox"/> SUMMER <input type="checkbox"/> OTHER</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p><input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER</p>	<p>TYPE OF WATER SUPPLY:</p> <p>1. <input type="checkbox"/> PUBLIC</p> <p>2. <input type="checkbox"/> PRIVATE</p> <p>3. <input type="checkbox"/> OTHER</p>

<p>TREATMENT TANK:</p> <p><input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p><input type="checkbox"/> AEROBIC</p> <p>SIZE: _____ GALS</p>	<p>WATER RESERVATION:</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p><input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING:</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.):</p> <p>DESIGN FLOW: _____ (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES:</p> <p>PROFILE: _____ CONDITION: _____</p> <p>DESIGN FACTOR: _____</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES:</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input 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 type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p>3. <input type="checkbox"/> REGULAR _____ H-20 _____</p> <p>4. <input type="checkbox"/> TRENCH _____</p> <p>5. <input type="checkbox"/> OTHER _____</p>	

EVALUATOR STATEMENT:

I have conducted a site evaluation for this project and certify that the data reported is accurate. The design is in accordance with the Subsurface Wastewater Disposal Code.

Signature: _____ Date: _____

B



FILL IN AND SIGN WITH INK

100

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED AUG 11 1987 City Of Portland

Portland, Maine, August 6, 1987

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location New Island Ave. Beaks Isl Use of Building. single family No. Stories 2 New Building Existing " Name and address of owner of appliance Warren Majors same Installer's name and address Coleman Mulhern Island Avenue, P.I. 04108 Telephone 766-2508

General Description of Work

To install boiler replacement

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no Kind of fuel? No. 2 Minimum distance to burnable material, from top of appliance or casing top of furnace 36" From top of smoke pipe 24" From front of appliance 8' From sides or back of appliance 8' Size of chimney flue 7" Other connections to same flue no If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Burnham B16 Labelled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner cement Size of vent pipe 1 1/2" Location of oil storage basement Number and capacity of tanks 1 275 gals Low water shut off yes Make McDonald Miller No. 101 Will all tanks be more than five feet from any flame? yes How many tanks enclosed? 0 Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? Height of Legs, if any If so, how protected? Distance to combustible material from top of appliance? Skirting at bottom of appliance? From sides and back From top of smoke pipe From front of appliance Other connections to same flue Size of chimney flue If so, how vented? Forced or gravity? Is hood to be provided? Rated maximum demand per hour If gas fired, how vented?

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? \$15.00

APPROVED:

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

INSPECTION

FILE

APPLICANT'S SIGNATURE OF INSTALLER ASSESSOR'S COPY

Signature of Installer Coleman Mulhern Lic # 02634

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION
 ZONING LOCATION FR 2 PORTLAND, MAINE 5/15/86

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

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

LOCATION New Island Ave. Peaks Island 04108 Fire District #1 , #2

1. Owner's name and address Ralph W. Ashmore Telephone 665-2765

2. Lessee's name and address Telephone

3. Contractor's name and address owner Telephone

..... No. of sheets

Proposed use of building single No. families

Last use single No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$.600.00 Appeal Fees 25.00

FIELD INSPECTOR—Mr. Base Fee

@ 775-5451

.....

.....

.....

TOTAL \$

Attach 10' by 16' deck to side/front of dwelling with stairs

as per plans

send to #1

Permit of Special Conditions
PERMIT ISSUED
WITH LETTER

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?

Is a connection to be made to public sewer? If not, what is proposed for sewage?

Has a septic tank notice been sent? Form notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing Lumber—Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max. or centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE

BUILDING INSPECTION PLAN EXAMINER

ZONING: O. Williams May 17, 1986

BUILDING CODE:

Fire Dept.

Health Dept.

Others:

MISCELLANEOUS

Will work require disturbing of any tree on a public street?

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant Susanna Adams Phone #

Type Name of above Susanna Adams for Ashmore 1 2 3 4

PERMIT ISSUED
WITH LETTER

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

ELECTRICAL PERMIT

City of Portland, Me.



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 City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date July 19, 1976

LOCATION: New Island Avenue, Peaks Island

Permit # 6671

OWNER: Ralph Ashmore

ADDRESS _____

OUTLETS,		TOTAL EACH FEE						
70	Receptacles (number of)	10	Switches	2	Smoke Detector	82	.20	16.40
8	incandescent	2	fluorescent			10	.20	2.00
	fluorescent strip						.20	
	SERVICES							
X	Overhead			200	TTL AMPSTO	800	15.00	15.00
	Underground					800	15.00	
	TEMPORARY SERV.							
	Overhead				AMPS OVER	800	25.00	
	Underground					800	25.00	
1	METERS (number of)					1	1.00	1.00
	MOTORS (number of)						2.00	
4	RESID/COM Electric units					4	1.00	4.00
	HEATING oil/gas units						5.00	
1	APPLIANCES Ranges		Cook Tops		Wall Ovens		2.00	
	Water heaters	1	Fans		Dryers	2	2.00	4.00
	Disposals Dishwasher		Compactors		Others (denote)		2.00	
	MISC. (number of) Air Cond/Win						3.00	
	Air Cond cent						10.00	
	Signs						5.00	
	Pools						10.00	
	Alarms/res						5.00	
	Alarms/com						15.00	
	Heavy Duty						2.00	
	Outlets							
	Circus/Car..						25.00	
	Alterations						5.00	
	Fire Repairs						15.00	
	E Lights						1.00	
	E Generators						20.00	
	Panels						4.00	
	TRANSFORMER 0-25 Kva						5.00	
	25-200 Kva						8.00	
	Over 200 Kva						10.00	
	MINIMUM FEE/COMMERCIAL	35.00			TOTAL AMOUNT DUE			42.40
	INSPECTION:	Will be ready _____			MINIMUM FEE	25.00		
					or will call	XX		

CONTRACTORS NAME Charles Tuomi

ADDRESS RR 1, Box 79, Harrison, ME 04040

TELEPHONE 583-4728

MASTER LICENSE No. 6671

LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

Charles Tuomi



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 8/30/93
 Receipt and Permit number 7448

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: New Island Ave - Peaks Island
 OWNER'S NAME: Phillip Luce ADDRESS: _____

OUTLETS:	FEES
Receptacles <u>20</u> Switches <u>4</u> Plugmold _____ ft. TOTAL <u>24</u>	<u>4.80</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (strip) TOTAL _____	
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes <u>100</u>	<u>15.00</u>
METERS: (number of) _____	<u>1.00</u>
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. _____	
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 ADDITION WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE
 FOR REMOVAL OR A "STOP ORDER" (204-16.b)
 TOTAL AMOUNT DUE. 20.80

INSPECTION: _____
 Will be ready on _____; or Will Call _____
 CONTRACTOR'S NAME: Es. v. l. Co.
 ADDRESS: El - Peaks Is
 TEL: 766 2482
 MASTER LICENSE NO. 7448 SIGNATURE OF CONTRACTOR: Phillip Luce
 LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS

Permit Number 7448

Location Philo's Restaurant

Owner Phillip Lucas

Date of Permit 8-25-53

Final Inspection 8-25-53

By Inspector Steve R. [Signature]

Permit Application Request Form No. 100-1-1

INSPECTIONS: Service 8-25-53 by [Signature]

Service called in 8:00 AM

Closing-in [Signature] by [Signature]

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

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PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 283-3826

PROPERTY ADDRESS
Town Or Plantation: Peaks Island
Street Subdivision Lot #: New Island Ave. Ert.
PROPERTY OWNERS NAME
Last: Morse First: Tom
Last: Strout First: Barbara
Applicant Name: Erk E. Thomson
Mailing Address of Owner/Applicant (if different): 92 Glenhaven West Portland Me. 04102

PORTLAND PERMIT # 4130 STATE COPY
Date: 3/18/91 FEE Charged: 0.00
L.P.I. # 011241
Chief Plumbing Inspector

Owner/Applicant Statement:
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.
Erk E. Thomson 3/8/91
Signature of Owner/Applicant Date

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
[Signature] 3/16/91
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>02697</u>

Hook-Up & Piping Location Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and is required by the local Sanitary District.	0.1	Hosebibb / Sillcock	0.1	Bathtub (and Shower)
		Four Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	0.2	Wash Basin
HOOK-UP to an existing subsurface wastewater disposal system		Indirect Waste	0.2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
0.1 PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			6	Total Fixtures
				Fixtures Fee
				Hook-Up & Relocation Fee
			\$ 18.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

B

PERMIT # 40 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Jeannette Jacobs & Kaiper Wilson

Address: New Island Avenue, Peaks Island 766-2828

LOCATION OF CONSTRUCTION New Island Avenue, Peaks Island

CONTRACTOR: Peak Construction SUBCONTRACTORS: _____

ADDRESS: P.O. Box 3 Peaks Island 04108 766-3348

Est. Construction Cost: 8800 Type of Use: single family

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain exterior renovations: install 2 swingset doors,

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE and build a 8' x 20'

Residential Buildings Only: _____ (by enclosing porch)

Of Dwelling Units _____ # Of New Dwelling Units _____

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

Floor:
1. Sill 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 Size _____ 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 Size _____ Spacing _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date: <u>1/4/88</u>	Subdivision: Yes <input type="checkbox"/> No <input type="checkbox"/>
Include Fire Limits	Map: _____
Block Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>8,800</u>	Permit Expiration: _____
Value Structure: _____	Ownership: _____
Fee: <u>65.00</u>	Public: _____
	Private: _____

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

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

Chimneys: Type: _____ Number of Fire Places _____

Hearth: 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 Sinks _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pool:
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 _____

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 Approved (Explain) _____

Permit Received By: Karoli Cote

Signature of Applicant: Ted Kaynor Date _____

Signature of CEO: Ted Kaynor Date 1/4/88

Inspection Dates: _____