

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3526

PROPERTY ADDRESS	
Town Or Plantation	PORTLAND PEAKS ISLAND
Street	SEASHORE AVE W.A. #7 BLOC LOT
Subdivision Lot #	
PROPERTY OWNERS NAME	
REED	RICHARD
Last:	First
Applicant Name:	RICHARD REEL
Mailing Address of Owner/Applicant (If Different)	P.O. BOX 33 PEAKS ISLAND, MAINE 0410

PORTLAND PERMIT # 603 TOWN COPY

DATE: 8/16/94 \$ \_\_\_\_\_ FEE

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

*Richard Reed*

<p><b>Owner/Applicant Statement</b></p> <p>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.</p> <p><i>Richard Reed</i> 15 AUG 1994 Signature of Owner/Applicant Date</p>	<p><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p> <p><i>Richard Reed</i> Local Plumbing Inspector Signature</p> <p>AUG 25 1994</p>
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PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM - 840-00</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><b>THIS APPLICATION REQUIRES:</b></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><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS</b></p> <p>1. <input type="checkbox"/> BCD 3. <input type="checkbox"/> OTHER</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>WELL</p>
<p><b>SIZE OF PROPERTY</b> 55,000 S.F.</p> <p><b>ZONING</b> RESIDENTIAL</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p><b>WATER CONSERVATION</b></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><b>PUMPING</b></p> <p>1. <input checked="" 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><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS ETC.)</b></p> <p>4 BEDROOMS 480</p> <p>MODERATE</p> <p>SEPARATE LAUNDRY SYSTEM 20% - 96</p> <p>LOW VOLUME TOILET 10% - 42</p> <p>DESIGN FLOW 336 (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE 4 CONDITION C</p> <p>DEPTH TO LIMITING FACTOR 4:</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></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><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED 900 Sq Ft</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq Ft</p> <p><input 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>	

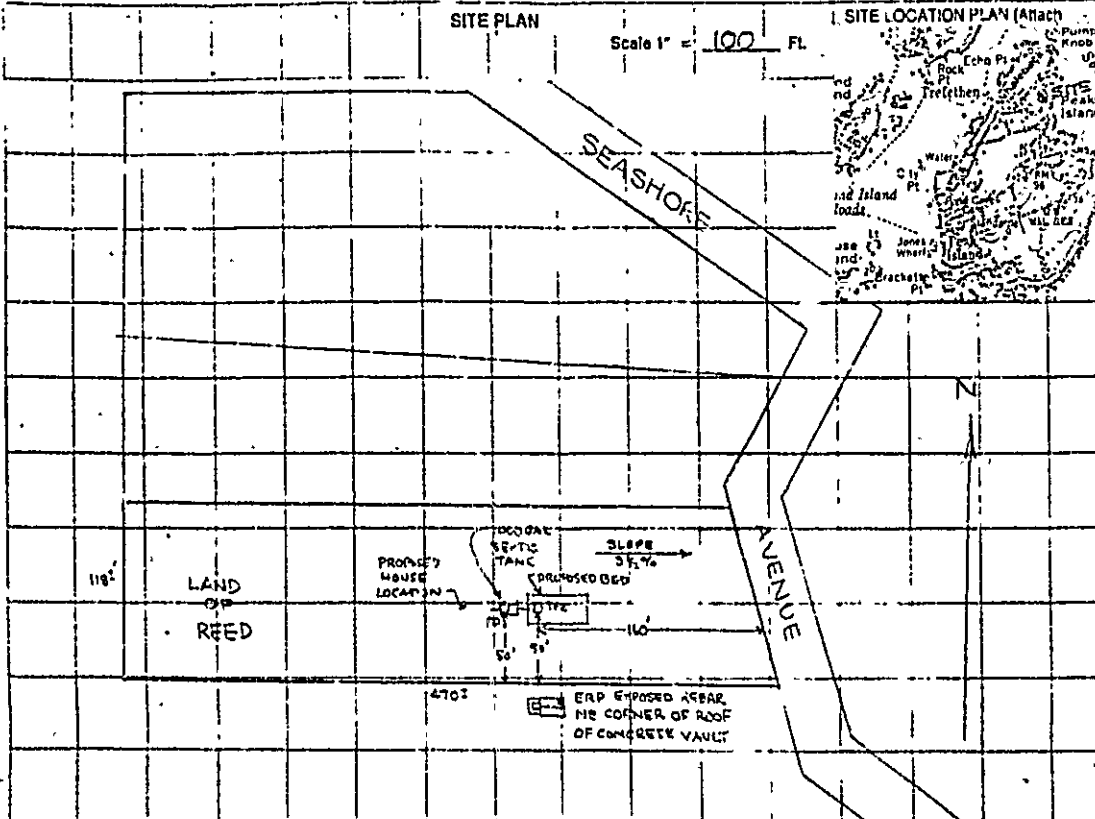
**STATE EVALUATOR STATEMENT**

On 10/29/94 (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. Johnson* 0003/4814 8/15/94  
Site Evaluator or Professional Engineer's Signature SE # PE # Date

Page 1 of 3

City, Plantation: PORTLAND PEAKS ISLAND Street, Road, Subdivision: SEASHORE AVE MAP 29 BLOCK LOT Owners Name: RICHARD REED



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

Observation Hole 3  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	GRAVELLY LOAM		DARK BROWN	
6-10		LOOSE		
10-20	GRAVEL		GRAY BROWN	NONE
20-40		SLIGHTLY FRAGILE	YELLOW BROWN	FEW
40-50				MANY

Soil Profile: <u>4</u>	Classification: <u>C</u>	Slope: <u>3 1/2 %</u>	Limiting Factor: <u>34</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Removable Layer <input type="checkbox"/> Surface
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Observation Hole 2  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	GRAVELLY LOAM		DARK BROWN	
6-10		LOOSE		
10-20	GRAVEL		GRAY BROWN	NONE
20-40			YELLOW BROWN	
40-50	STRATIFIED SILT SANDS, GRAVEL	SLIGHTLY FRAGILE	YELLOW BROWN WITH GRAY LAYERS	FEW
50-55				MANY

Soil Profile: <u>4</u>	Classification: <u>C</u>	Slope: <u>3 1/2 %</u>	Limiting Factor: <u>41</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Removable Layer <input type="checkbox"/> Surface
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*William B. Jenkins* 0003/4814 8/15/84  
 PE's Evaluator or Professional Engineer's Signature Date  
 BE# / PE#

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Division of Health Engineering

Town, City, Precinct

Street, Road, Subdivision

Owners Name

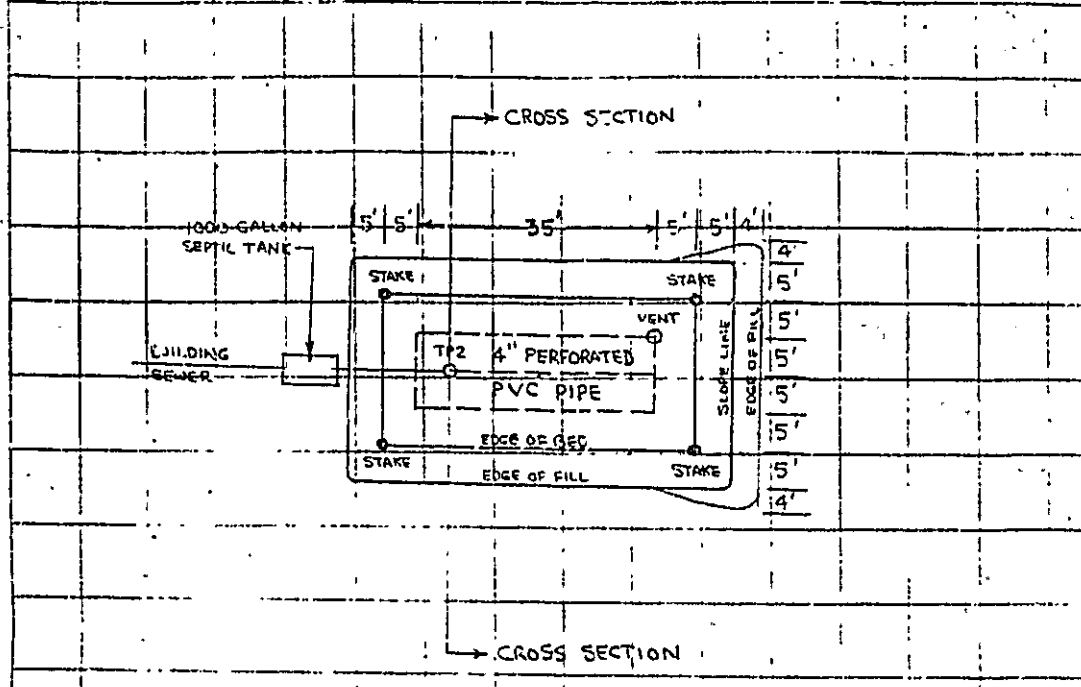
PORTLAND PEAK ISLAND

SEASHORE AVE MAP 67 BLOCK LOT

RICHARD REED

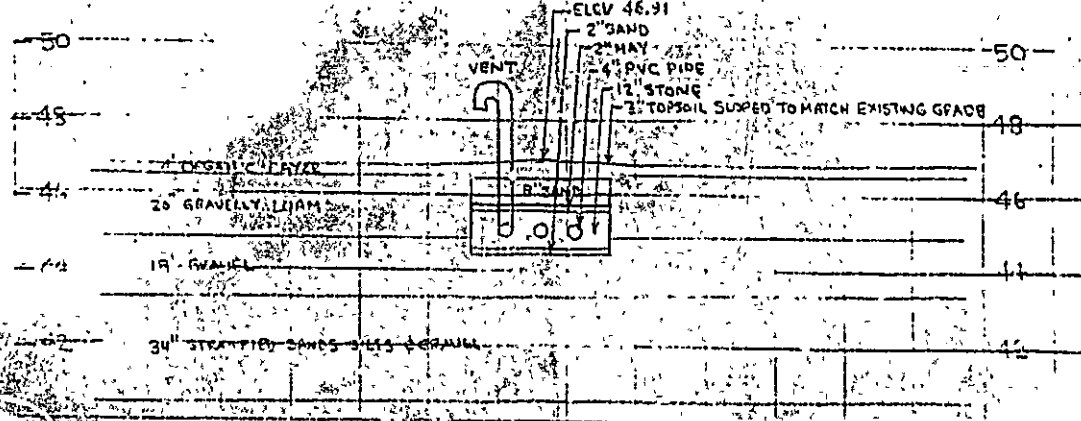
**SUBSURFACE WASTEWATER DISPOSAL PLAN**


Scale 1" = 20'



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 0'	Reference Elevation is 50.00	EXPOSED REGAR ON ROOF IN N.E. CORNER OF CONCRETE VAULT
Depth of Fill (Downslope) 10'	Bottom of Disposal Area 44.46	
	Top of Distribution Lines or Chambers 45.54	

DISPOSAL AREA CROSS SECTION	Scale:
	Vertical: 1 inch = 4'
	Horizontal: 1 inch = 20'




0003/4814
8/15/84
Page 3 of 4  
IHE-200 R6



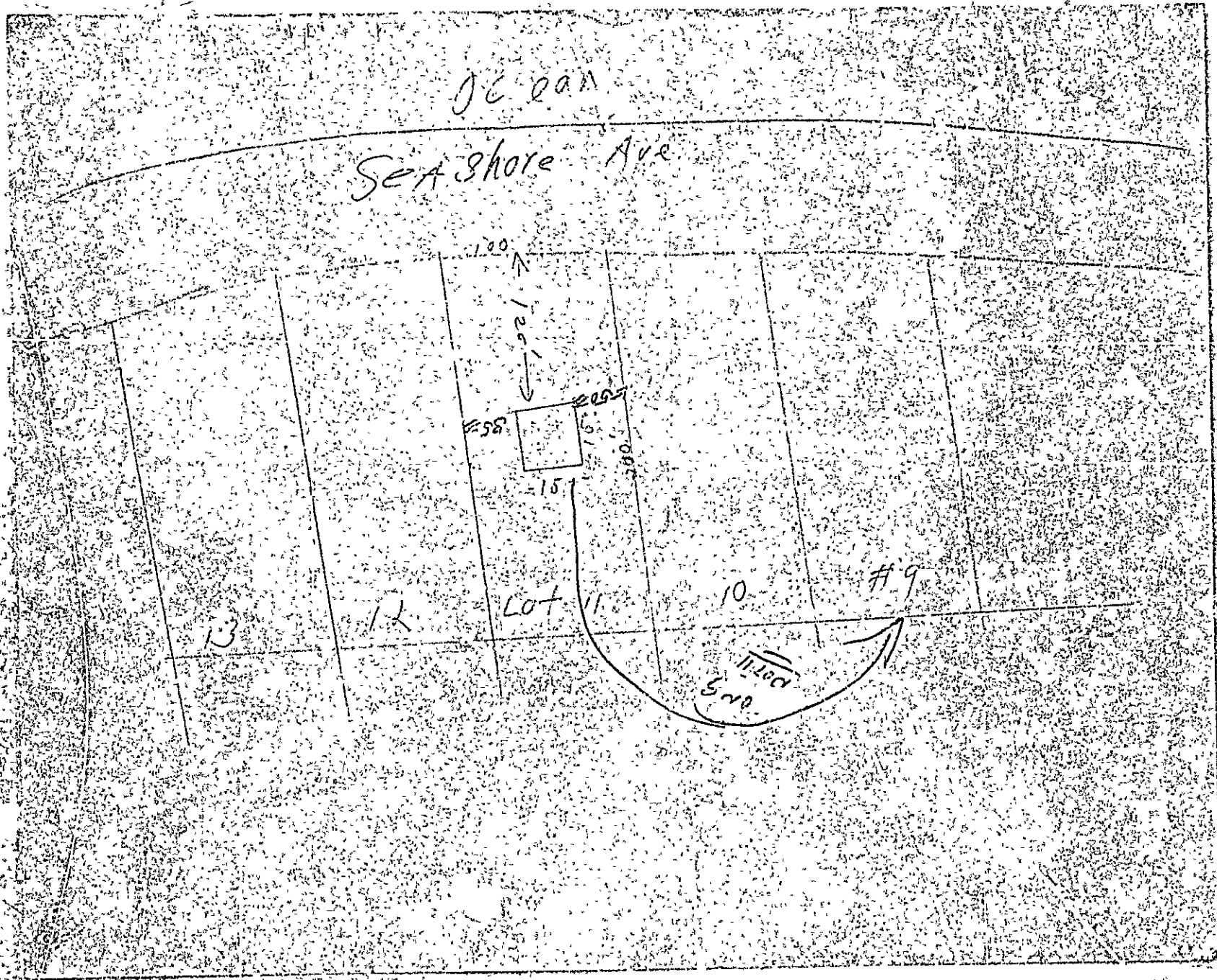
1819. Section No. 1  
 Parks Island

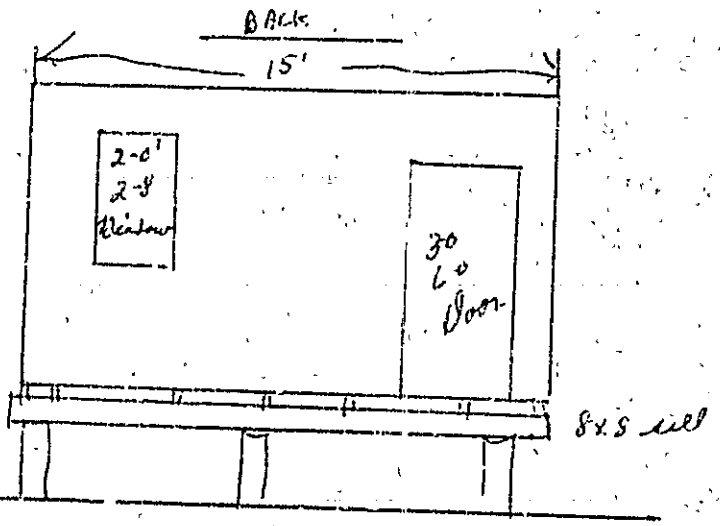
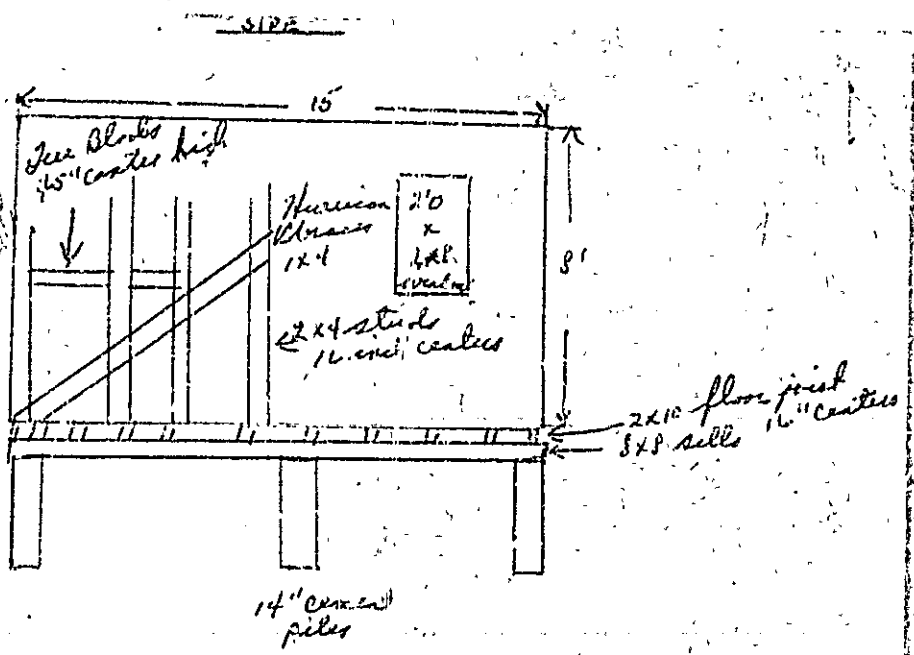
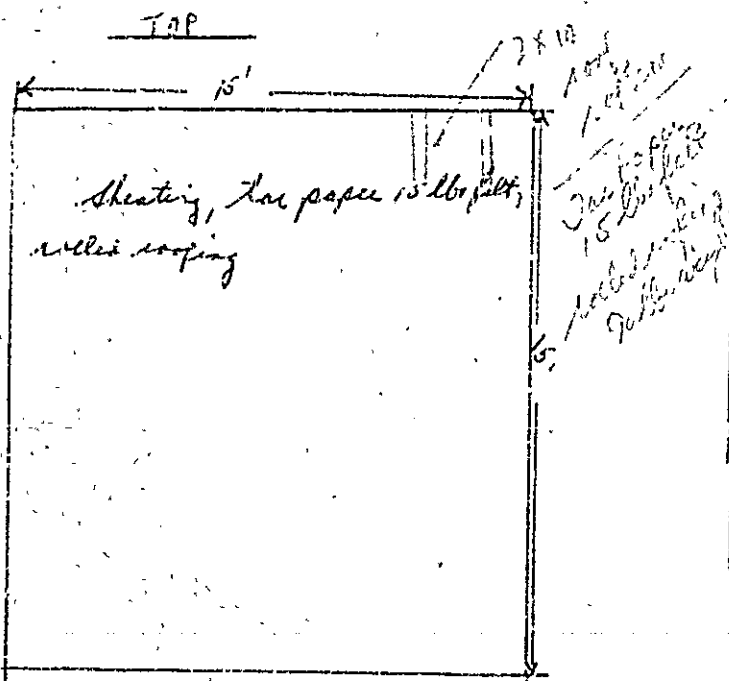
7667 875

+9  
 (N 37  
 11)

Ocean

Seashore Ave





1/4" = 1'



R3 RESIDENCE ZONING

PERMIT ISSUED

APPLICATION FOR PERMIT

AUG 9 1972

CITY of PORTLAND

Class of Building or Type of Structure Third Class

Portland, Maine, August 8, 1972

To the INSPECTOR OF BUILDINGS PORTLAND, MAINE

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

Location Lot #9 Seashore Ave., Peaks Island Within Fire Limits? Dist. No.
Owner name and address Richard Grant, 22 Beech St., Norwood, Mass Telephone
Lessee's name and address Telephone
Contractor's name and address Walter Senon, Pleasant Ave., Peaks Island Telephone
Architect Specifications Plans yes No. of sheets 2
Proposed use of building Existing Cottage No. families 1
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot Fee \$ 6.00
Estimated cost \$ 1500

General Description of New Work

To construct 1-story frame cottage 15'x15'

It is understood that this permit does not include installation of heating ... which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED TO Grant - 22 Beech Rd, Peaks Isl.

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work? yes
Is connection to be made to public sewer? If not, what is proposed for sewerage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate 8' Height average grade to highest point of roof 8'
Size, front 15' depth 15' No. stories 1 solid or filled land? 80' x 14' earth or rock? ledge
Material of foundation existing Thickness, top bottom cellar
Kind of roof flat Rise per foot Roof covering asphalt roofing
No. of chimneys no Material of chimneys of lining Kind of heat stove fuel
Framing Lumber-Kinds spruce Dressed or full size? dressed Corner posts 4x6 Sills 8x8
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2x10, 2nd, 3rd, roof 2x10
On centers: 1st floor 16", 2nd, 3rd, roof 16"
Maximum span: 1st floor 7'6", 2nd, 3rd, roof 15'
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?

Miscellaneous

Will work require disturbing of any tree on a public street? no
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

APPROVED:

O.K. C.O. 8/9/72

Richard Grant

Richard O. Grant

CS 301

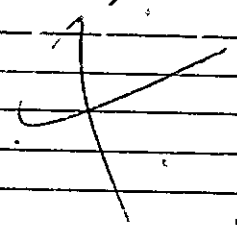
INSPECTION COPY

Signature of owner R3:



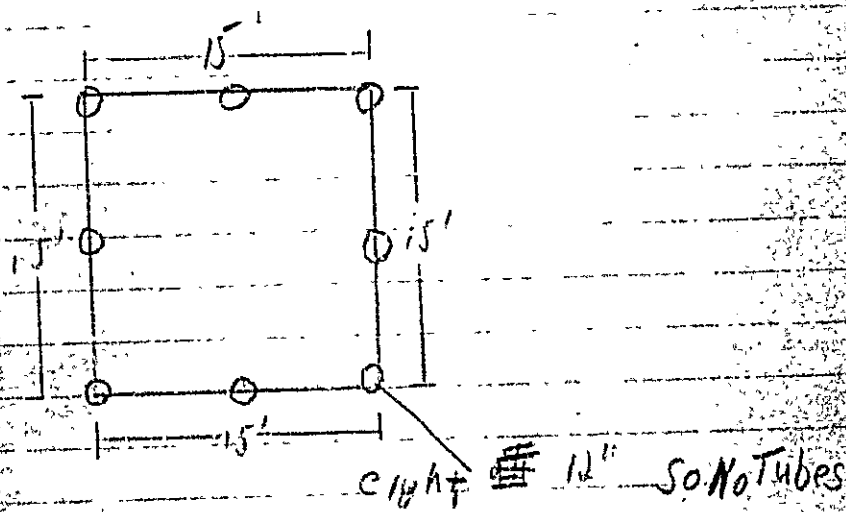
Permit No. 72/ 944  
Location West of Seaside Ave, P.O.  
Owner Richard Egan, Jr.  
Date of permit 8/9/75  
Notifi. closing-in \_\_\_\_\_  
In-pn. closing-in \_\_\_\_\_  
Final Notif. \_\_\_\_\_  
Final Inspr. \_\_\_\_\_  
Cert. of Occupancy issued \_\_\_\_\_  
Sinking Due Notice NELSON  
Form Check Notice \_\_\_\_\_

NOTES

5-21-73  
New plans  
& " permit  




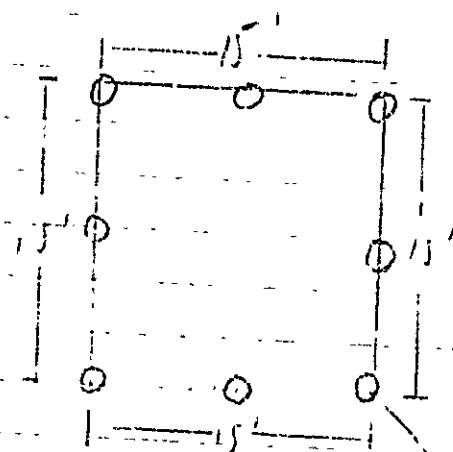
130' From Street  
15' from Side Line



3' x 8' sills

Richard Grant

Lot 9, Peaks Island



Light 12" SonoTubes

6" x 6" sills

Richard Grant

Lot #1 Peaks Island

CITY OF PORTLAND, MAINE  
DEPARTMENT OF BUILDING INSPECTION

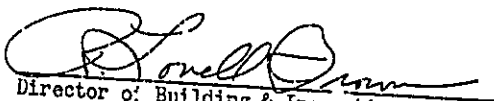
NOTICE RELATING TO SEWAGE DISPOSAL

x means copy sent to the parties  
Date July 27, 1972  
Location Seashore Ave., Peaks Island Description New cottage  
Owner and Address Richard Mr. & Mrs. Grant  
Contractor and Address \_\_\_\_\_  
Actual Area of Lot \_\_\_\_\_ Sq. Ft. Zone R-3 Residential Zone  
Area required by Zoning Ord. if sewer were available \_\_\_\_\_

Where septic tank systems are required for sewage disposal, the Zoning Ordinance provides that the least allowable area of the lot shall be determined by the rate of percolation of the soil, this being the capacity of the soil to allow liquids to pass through as determined by tests. The Building Code directs that, where a septic tank is to be used, a building permit shall not be issued unless the proposed method of sewage disposal has been approved by the Director of Health.

Since application for the above permit indicates that connection to a sewer is not possible, it is necessary for the owner or his agent to file a site plan with the Health Department, to explain the method of sewage disposal proposed, and to make arrangements for a percolation test to be made under supervision of that department.

After the rate of percolation has been determined, the Director of Health will notify this department of the area of lot required on the basis of the results of the test. If the lot area required by the tests is equal to or less than the actual area of the lot and not less than the minimum lot area required in the zone in which the property is located for cases where connection to a sewer is available, the building permit can be issued; otherwise the permit cannot be issued unless authorization is secured from the Board of Appeals.

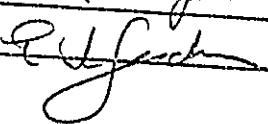
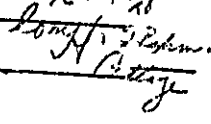
  
Director of Building & Inspections

\*\*\*\*\*  
2 copies to Health Director

(This space for Health Department use)

Inspector of Buildings

Rate of Percolation is 31 minutes. On this basis area required by Zoning Ordinance is \_\_\_\_\_ sq. feet.

Comments in event zoning appeal is filed Must have absorption tank 120 ft  
 

R3 RESIDENCE ZONA

PERMIT ISSUED



APPLICATION FOR PERMIT

Class of Building or Type of Structure

Portland, Maine, July 28, 1972

JUL 31 1972

895

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location Lot 14 Seashore Ave - Peaks Island Within Fire Limits? Dist No. Owner's name and address Richard Grant, 22 Beech St., Norwood, Mass. Telephone Lessee's name and address Contractor's name and address David Brown, 194 East St., Walpole, Mass. Telephone Architect Specifications Plans No. of sheets Proposed use of building Cottage No families Last use No. families Material No. stories Heat Style of roof Roofing Other buildings on same lot Estimated cost \$ Fee \$ 5.00

General Description of New Work

To excavate and construct foundation only for cottage 15'x15'

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED TO Richard Grant owner - Sargent Rd, Peaks Island

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work? Is connection to be made to public sewer? If not, what is proposed for sewage? Has 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 on centers Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet. Joists and rafters: 1st floor 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?

APPROVED:

C. K. C. R. 7/28/72

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? yes

Richard Grant

INSPECTION COPY

Signature of owner

Richard Grant

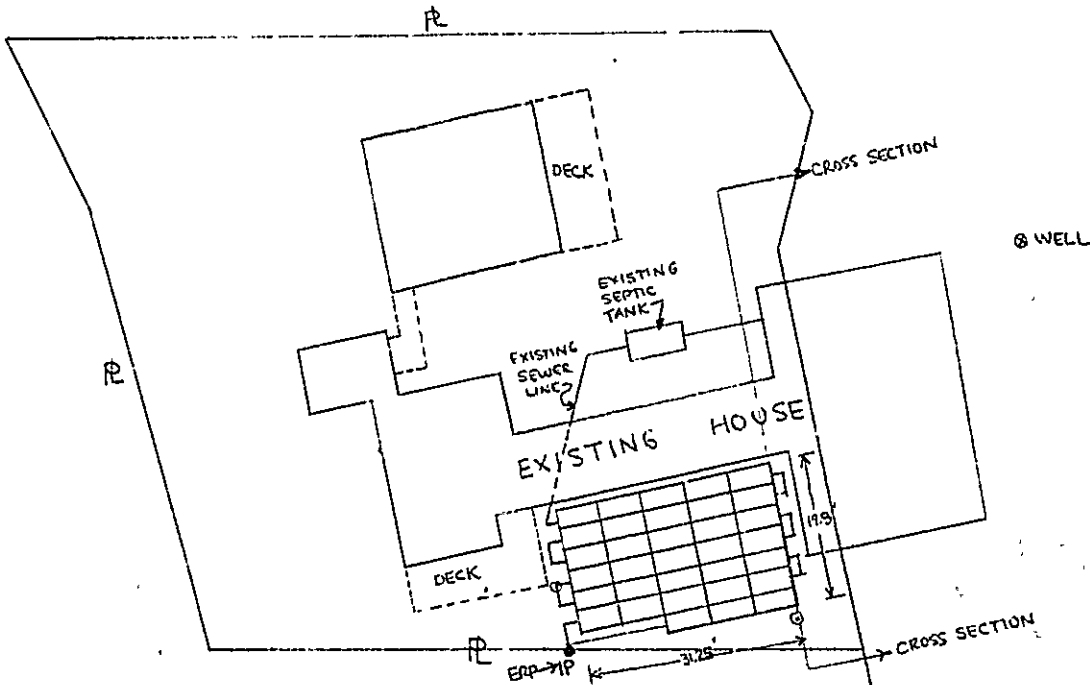
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE 85-S-12,13,14** Owners Name: **THEODORE WAPREN**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

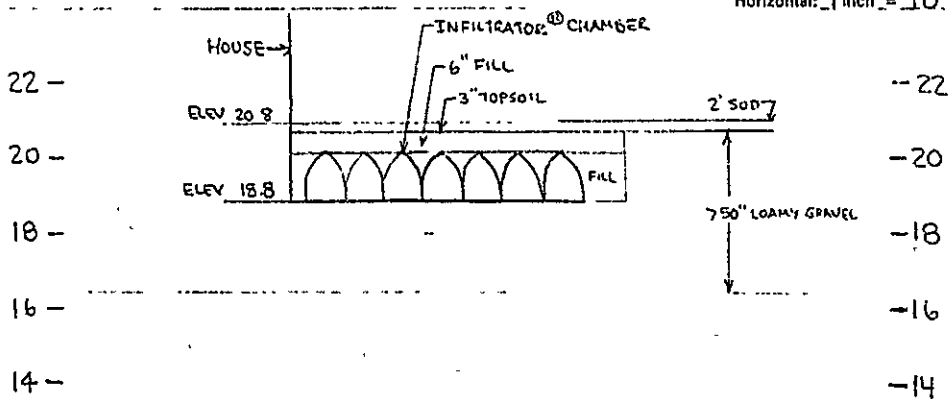
Scale 1" = 20 ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	0'	Reference Elevation Is	20.00	TOP OF IRON @ NORTHWEST CORNER LOT 14	
Depth of Fill (Downslope)	0'	Bottom of Disposal Area	18.8		
		Top of Distribution Lines or Chambers	20.05		

**DISPOSAL AREA CROSS SECTION**

Scale:  
Vertical: 1 inch = 4 ft.  
Horizontal: 1 inch = 10 ft.



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

0003/4714  
SE 6/PE #

9/11/87  
Date

Page 3 of 3  
HHE-200 Rev. 4/83

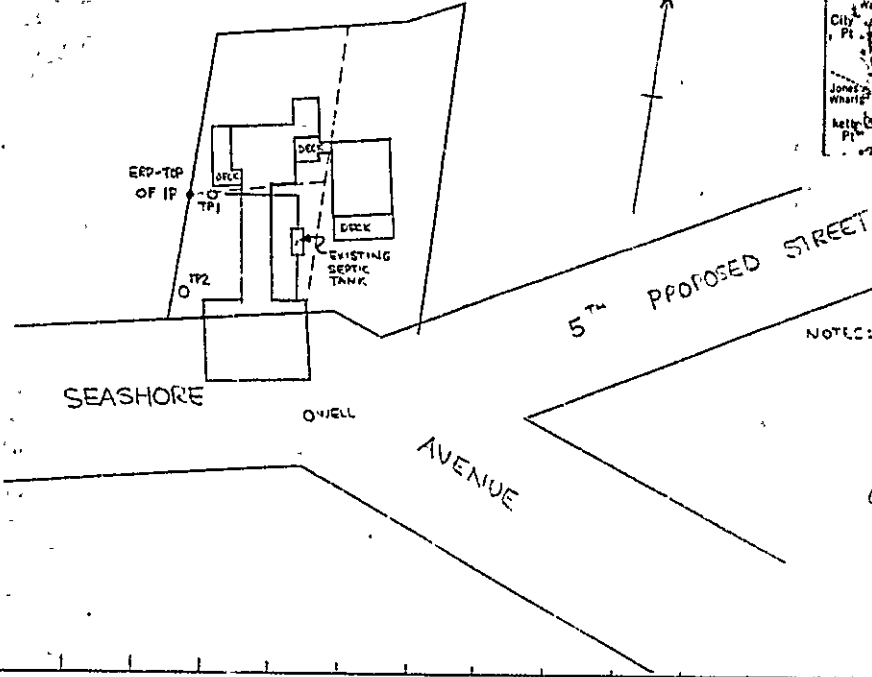
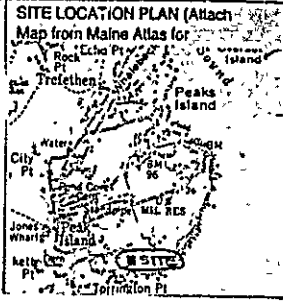
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE 85-S-12,13,14** Owners Name: **THEODORE WARREN**

## SITE PLAN

Scale 1" = 50' PL



- NOTE: ① LOCATE EXISTING PIPE FROM TANK TO THE INTO NEW SYSTEM NEAR TEST PIT 1  
 ② ONLY FRONT PORTION OF HOUSE IS ON A FOUNDATION  
 ③ REMOVE CONTAMINATED SOIL AND REPLACE WITH CLEAN FILL BEFORE INSTALLING NEW SYSTEM

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

Observation Hole 1  Test Pit  Boring  
 2" SOD \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6			RED BROWN	
6-10				
10-15				
15-20	LOAMY GRAVEL	LOOSE	YELLOW BROWN	NONE EVIDENT
20-30				
30-40				
40-50				

Soil Profile: <u>4</u>	Classification: <u>B</u>	Slope: <u>0</u> %	Limiting Factor: <u>&gt;50</u>	<input type="checkbox"/> Ground Water
	<u>Condition</u>			<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole 2  Test Pit  Boring  
 2" SOD \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6			RED BROWN	
6-10				
10-15				
15-20	LOAMY GRAVEL	LOOSE	YELLOW BROWN	NONE EVIDENT
20-30				
30-40				
40-50				

Soil Profile: <u>4</u>	Classification: <u>B</u>	Slope: <u>0</u> %	Limiting Factor: <u>&gt;50</u>	<input type="checkbox"/> Ground Water
	<u>Condition</u>			<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

William P. Jordan 0003/4814 9/11/87  
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3825

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND PEAKS ISLAND

Street: SEASHORE AVENUE

Subdivision/Lot #: TRYPAD 25 BLOCKS LOTS 12,13,14

**PROPERTY OWNERS NAME**

WARREN THEODORE

Last: THEODORE First: WARREN

Applicant Name: THEODORE WARREN

Mailing Address of Owner/Applicant (if different): SEASHORE AVE PEAKS ISLAND MAINE 04108

PORTLAND PERMIT # 2,645 TOWN COPY

Date: 11/30/87 \$40.00 FEE  Double Fee Charged

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

*Frederick B. Jorden*

**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.

*Frederick B. Jorden* 9/11/87

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.

*Frederick B. Jorden* DEC 11 1987

Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
  - Requires only Local Plumbing Inspector Approval
  - Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED: 1970+

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

SIZE OF PROPERTY: 8250 SF ZONING: I R 2

**TYPE OF WATER SUPPLY:** WELL

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

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: 1000 GALS

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

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

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

3 BEDROOM CONSERVATIVE

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 4 CONDITION: C

DEPTH TO LIMITING FACTOR: > 50

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq Ft.
- CHAMBER 600" Sq Ft.
  - REGULAR  11 20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER \_\_\_\_\_

DESIGN FLOW: 450 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT** \* USED 33 NFILT 1101 POLYETHYLENE CHAMBERS IN CLUSTER CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

On August 9 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.

*Frederick B. Jorden* 0003/4814 9/11/87

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

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



# Replacement System Variance Request

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

OCT 15 1987

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Conversion Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4811).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

### GENERAL INFORMATION

Town of PORTLAND

Town Code

Permit No. 21645 E

Date Permit Issued 11/30/87  
month/day/yr.

Property Owner's Name: THEODORE WARREN Tel. No. 766-2840

System's Location: SEASHORE AVE  
Street

PEAKS ISLAND MAINE 04108  
Town Zip

Property Owner's Address: SAME  
(If different from above) Street

Town State Zip

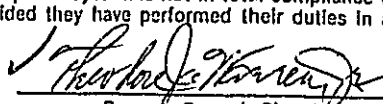
### Specific Instructions to the:

**LPI:** If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature)

**Site Evaluator:** If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

**Property Owner:** It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

  
Property Owner's Signature

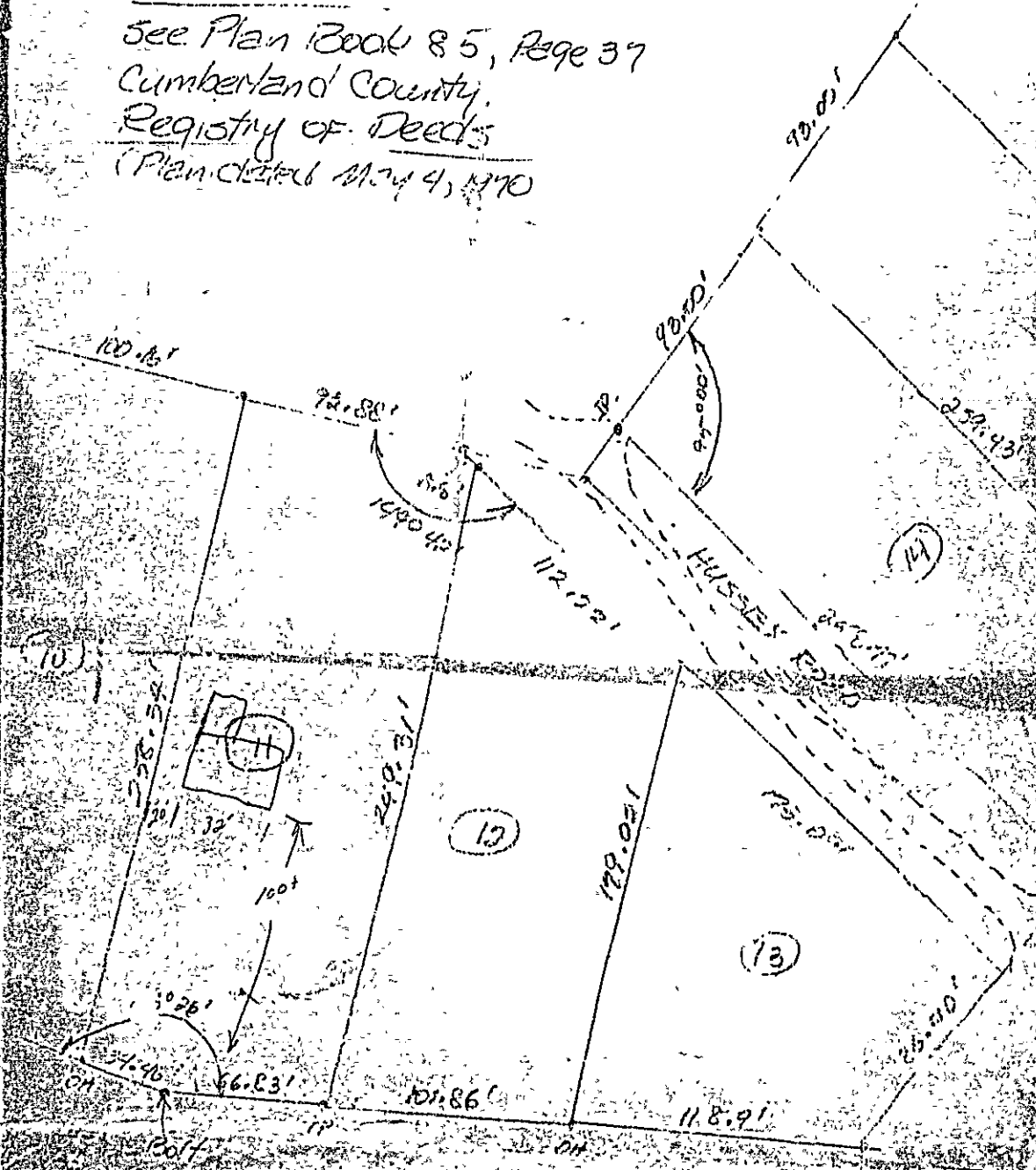
11/2/87  
Date

(8)

Or - 1-207-766-2676

Lot #11  
Oceanside Project  
Peaks Island, ME.  
North Gate Subdivision

See Plan Book 85, Page 37  
Cumberland County,  
Registry of Deeds  
(Plan dated May 4, 1970)



**RECEIVED**

JUL - 1 - 1987

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

High Water Mark

**I. GENERAL INFORMATION**  
 Location/address of construction Seashore Avenue, Peaks Island Lot #11  
 1. Owner's name Richard Dougherty Tel:             
 Address same  
 2. Lessee's name            Tel:             
 Address             
 3. Contractor's name McTigue Construction Tel: 766-2676  
 Address Emarket Avenue, Peaks Island  
 4. Is this a legally recorded lot? yes X no           

JUL 6 1987  
 City Of Portland

**II. DESCRIPTION OF WORK:**

to put ~~addition~~ on 2nd story addition as per plans  
 send permit to #3 04108

**PERMIT ISSUED  
 WITH LETTER**

**III. BUILDING DIMENSIONS:** length 32 width 20 square footage 640 height 30 #stories 2  
**IV. ZONE** R-2 Street frontage            Zoning board approval  yes  date             
 Setbacks: front            back            side            side            Planning board approval  yes  date             
**V. REVIEW REQUIRED:** variance            other            Number of off-street parking spaces:  
 site plan            subdivision            shore            floodplain mgmt            enclosed            outdoors             
**VI. FEES:**  
 base fee            other fees             
 subdivision fee            late fee             
 site plan review fee            TOTAL \$145.00

**PERMIT ISSUED  
 WITH LETTER**

**VII. DETAILS OF WORK**

1. WATER SUPPLY: <input checked="" type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size # smoke detectors	8. CHIMNEY: # flues material # fireplaces
2. SEWER: <input type="checkbox"/> public <input checked="" type="checkbox"/> private, type septic	9. FRAMING: floor joists size max. on center ceiling joists rafters studs	11. BEDROOM WINDOWS height width sill height egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
3. HEAT: type fuel	10. If 1-story building w/masonry walls wall thickness height	
4. FOUNDATION: type thickness footing		
5. ROOF: type pitch covering load		
6. PLUMBING: SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input type="checkbox"/>		
VIII. OFFICE USE: TAX <u>89</u> LOT # <u>F-13</u> VALUE/STRUCTURE <u>          </u> PERMIT EXPIRATION <u>          </u>		IX. NEW OR PHASED SUBDIVISION REFERENCE Name <u>          </u> Lot <u>          </u> Block <u>          </u>
CODE: <u>          </u> If other, explain <u>          </u>	Seasonal Condominium Apartment	
X. PROPOSED USE: <u>101 - single family</u>		
XI. PAST USE: <u>          </u>		
XII. OWNERSHIP: PUBLIC <input checked="" type="checkbox"/> PRIVATE <input type="checkbox"/>		
XIII. EST. CONSTRUCTION COST: <u>25,000</u>	XIV. GR. SQ. FT. OF LOT <u>          </u> BUILDING <u>          </u>	

**COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE**

XV. RESIDENTIAL BUILDINGS ONLY:			XVI. # RESIDENTIAL UNITS:	
# NEW DWELLING UNITS WITH:			# NEW DWELLINGS	
# EXISTING DWELLING UNITS WITH:			# EXISTING DWELLINGS	
			TOTAL RESIDENTIAL UNITS	

APPROVALS BY: DATE  
 INSPECTING INSPECTION, PLAN EXAMINER  
 SIGNING:            July 2, 1987  
 SEPT           

MISCELLANEOUS  
 Will work require disturbing of any trees on a public street?  
 Will there be in charge of the above work a person competent to see that the State City requirements pertaining thereto are observed?

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

XVII. SIGNATURE OF APPLICANT            PHONE #             
 TYPE NAME OF ABOVE Robert McTigue for Richard Dougherty 2 3 4

Legend: Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

**PERMIT ISSUED  
 WITH LETTER**

*ADA 10*

PERMIT # 2919 CITY OF Portland BUILDING PERMIT APPLICATION

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

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

Owner: Robert Spear

Address: Hadlocks Cove, Peaks Island 766-4427

LOCATION OF CONSTRUCTION: Seashore Avenue, Peaks Island

CONTRACTOR: Owner SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Est. Construction Cost: 20,000 Type of Use: single family

Past Use: Vacant

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

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain: Construct single family dwelling, new, as per plan

COMPLET: 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: \_\_\_\_\_ 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 \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_ Span(s) \_\_\_\_\_
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 \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Material: \_\_\_\_\_

For Official Use Only	
Date: <u>12/31/87</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Lot _____
Blgd Code _____	Block _____
Time Limit _____	Permit Expiration: _____
Estimated Cost: <u>20,000</u>	Ownership: _____ Public _____ Private _____
Value/Structure _____	
Fee: <u>120</u>	

- Ceiling:
1. Ceiling Joists Size: \_\_\_\_\_
  2. Ceiling Straplug Size \_\_\_\_\_ Spacing \_\_\_\_\_
  3. Type Ceilings: \_\_\_\_\_
  4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
  5. Ceiling Height: \_\_\_\_\_

- Roof:
1. Truss or Rafter Size \_\_\_\_\_
  2. Sheathing Type \_\_\_\_\_
  3. Roof Covering Type \_\_\_\_\_
  4. Other: \_\_\_\_\_

Chimneys: Type: \_\_\_\_\_ Number of Fin. Places \_\_\_\_\_

Heating: Type of Heat: \_\_\_\_\_

Electrical: Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

- Swimming Pools:
1. Type: \_\_\_\_\_
  2. Pool Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_
  3. Must conform to National Electrical Code and State Law

Zoning: District \_\_\_\_\_ Street Frontage Req \_\_\_\_\_ Provided \_\_\_\_\_

Review Required: Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shore and Floodplain Mgmt \_\_\_\_\_ Special Exception \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Date Approved \_\_\_\_\_

Permit Received By: Kandi Cote

Signature of Applicant: Robert R. Spear Date: \_\_\_\_\_

Signature of CEO: Robert Spear Date: 12/31/87

Inspection Dates: \_\_\_\_\_

PERMIT ISSUED  
 WITH LETTER



6 PERMIT # 198

CITY OF Portland BUILDING PERMIT APPLICATION

MAP #

LOT #

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

Owner: Frank Butler  
Address: Seashore Avenue, Peaks Island, ME 04108

LOCATION OF CONSTRUCTION: Seashore Avenue, Peaks Island

CONTRACTOR: W.D. Crandall, Inc SUBCONTRACTORS:

ADDRESS: Luther Street, Peaks Island, ME 04108 766-2273

Est. Construction Cost: 3,000 Type of Use: Single family

Past Use:

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

Is Proposed Use: Seasonal Condominium Apartment

Conversion - Explain Construct dormer to existing dwelling as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only

# Of Dwelling Units # Of New Dwelling Unit

Foundations:

- 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. Lolly Column Spacing: Size:
4. Joists Size: Spacing 16" O.C.
5. Bridging Type: Size:
6. Floor Sheathing Type: Size:
7. Other Material:

Exterior Walls:

- 1. Studding Size Spacing
2. No. windows
3. No. Doors
4. Header Sizes Span(s)
5. Bracing: Yes No
6. Corner Posts Size
7. Insulation Ty 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(r)
3. Wall Covering Type
4. Fire Wall if required
5. Other Materials

For Official Use Only
Date 3/7/88
Subscription Yes / No
Inside Fire Limits
Bldg. Code
Time Limit
Estimate/ Cost 4,000
Value/Structure
For 35

Ceiling:
1. Ceiling Joists Size:
2. Ceiling Strapping Size Spacing
3. Type Ceilings:
4. Insulation Type Size
5. Ceiling Height: W.B. 14 1988

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

Chimneys:
Type: Number of Fire Places
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 Flushed
4. No. of Lavatories
5. No. of Other Fixtures

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

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

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

Permit Received By Lynne Benoit

Signature of Applicant Walter Crandall Date 3/7/88

Signature of CEO Walter Crandall Date

Inspection Dates

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation: Portland  
Street: Peaks St  
Subdivision Lot #: Sea Shore Ave

**PROPERTY OWNERS NAME**

Last: Jones First: Heather

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (if Different): Same

PORTLAND PERMIT # 2,455 TOWN COPY

18487 \$ 20  Double Fee Charge

Amelia Jones L.P.I. # \_\_\_\_\_

**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.

Heather A. Jones Date: 8/2/87

Signature of Owner/Applicant

**Caution: Inspection Required**

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

Amelia Jones Date: AUG 6 1987

Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1 <input type="checkbox"/> NEW SYSTEM</p> <p>2 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3 <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4 <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5 <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1 <input type="checkbox"/> NO FEE 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><b>INSTALLATION IS COMPLETE SYSTEM</b></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 (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4 <input checked="" type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5 <input type="checkbox"/> HOLDING TANK</p> <p>6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7 <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM, YEAR FAILING SYSTEM INSTALLED _____</b></p> <p><b>THE FAILING SYSTEM IS:</b></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><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1 <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p>
<p>SIZE OF PROPERTY _____ ZONING _____</p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PARCELS)**

<p><b>TREATMENT TANK</b></p> <p>1 <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2 <input type="checkbox"/> AEROBIC</p> <p>SIZE: _____ GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1 <input type="checkbox"/> NONE</p> <p>2 <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3 <input type="checkbox"/> SEPARATED LAUNDRY SYS</p> <p>4 <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></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><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: _____ CONDITION: _____</p> <p>DEPTH TO LIMITING FACTOR: _____</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p><input type="checkbox"/> SMALL</p> <p><input type="checkbox"/> MEDIUM</p> <p><input type="checkbox"/> MEDIUM-LARGE</p> <p><input type="checkbox"/> LARGE</p> <p><input type="checkbox"/> EXTRA-LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1 <input type="checkbox"/> BED _____ Sq Ft</p> <p>2 <input type="checkbox"/> CHAMBER _____ Sq Ft</p> <p><input 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><b>DESIGN FLOW: _____ (GALLONS/DAY)</b></p>

**SITE EVALUATOR STATEMENT**

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

SITE EVALUATION WAIVED BY LOCAL OPTION

Site Evaluator or Professional Engineer's Signature: \_\_\_\_\_ SE # \_\_\_\_\_ Date: \_\_\_\_\_

Local Plumbing Inspector Signature: \_\_\_\_\_ or a Local Option \_\_\_\_\_

Page 1 of 3  
HHE-200 Rev. 4/81

**TOWN COPY**

PERMIT #            **PORTLAND BUILDING PERMIT APPLICATION** DATE 6/30/87

**I. GENERAL INFORMATION**  
 Location/address of construction Peaks Island - Seabrook Ave. & Hussey Rd.  
 1. Owner's name Betty Beane Tel.             
 Address Beane  
 2. Lessee's name            Tel.             
 Address             
 3. Contractor's name H. D. C. [unclear] Inc. Tel. 766-2273  
 Address 1400 [unclear] 1st Street Peaks Island 04108  
 4. Is this a legally recorded lot? yes            no           

859  
 PERMIT ISSUED  
 JUN 30 1987

**II. DESCRIPTION OF WORK:**  
to put on 1 story addition as per plans  
send permit to #3

**III. BUILDING DIMENSIONS** length            width            sq. footage            height            #stories             
**IV. ZONE** Street frontage            Zoning board approval no  yes  date             
 Setbacks: front            back            side            side            Planning board approval no  yes  date             
**V. REVIEW REQUIRED:** variance            other             
 site plan            subdivision            shore            floodplain mgmt            Number of off-street parking spaces: enclosed            outdoors             
**VI. FEES:** base fee            other fees             
 subdivision fee            late fee             
 site plan review fee            TOTAL 153.00

**VII. DETAILS OF WORK**  
 1. WATER SUPPLY:  public  private  
 2. SEWER:  public  private, type             
 3. HEAT: type            fuel             
 4. FOUNDATION: type            thickness            footing             
 5. ROOF: type            pitch            covering            load             
 6. PLUMBING: SPRINKLER SYSTEM? yes  no   
 7. ELECTRICAL: service entrance size            # smoke detectors             
 8. CHIMNEY: # flues            material            # fireplaces             
 9. FRAMING: floor joists            ceiling joists            she            max. on center             
 studs            rafters            wall studs             
 10. If 1-story building w/masonry walls: wall thickness            height             
 11. BEDROOM WINDOWS height            width            all height egress window? yes  no

**VIII. OFFICE USE:** TAX MAP #            LOT #            VALUE/STRUCTURE            PERMIT EXPIRATION             
**IX. NEW OR PHASED SUBDIVISION REFERENCE:** Name            Lot            Block           

CODE            if other, explain             
 X. PROPOSED USE: addition to house Seasonal  Condominium  Apartment

**XI. PAST USE:**             
**XII. OWNERSHIP:** PUBLIC  PRIVATE

**XIII. EST. CONSTRUCTION COST:** 25,000 **XIV. GR. SQ. FT. OF LOT BUILDING:**           

**XV. RESIDENTIAL BUILDINGS ONLY: COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE**  
 # NEW DWELLING UNITS WITH: 1-BDRM 2 2-BDRMS 2 3-BDRMS 2  
 # EXISTING DWELLING UNITS WITH:             
**XVII. # RESIDENTIAL UNITS:** # NEW DWELLINGS 6 # EXISTING DWELLINGS            TOTAL RESIDENTIAL UNITS 6

**APPROVALS BY:** DATE:             
 BUILDING INSPECTION PLAN EXAMINER             
 ZONING             
 C.E.C.             
 FIRE DEPT.             
**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?           

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

District No.            XVII. SIGNATURE OF APPLICANT Betty Beane PHONE #             
 TYPE NAME OF ABOVE H. D. C. [unclear] for Betty Beane

White - GPCOG, Green - Applicant, Yellow - Assessor, Pink - Office File, Gold - Field Inspector





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

Date May 20 1993  
 Receipt and Permit number 3850

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: Seashore Peaks Island  
 OWNER'S NAME: Joseph Unichio ADDRESS: \_\_\_\_\_

OUTLETS:		FEEES
Receptacles _____	Switches _____	1 mg. old _____ ft. TOTAL <u>200</u> .....
		40.00
FIXTURES: (number of)		
Incand. cent <u>40</u>	Flourescent <u>7</u> (not strip) TOTAL <u>47</u> .....	9.40
Strip Flourescent <u>21</u> ft. ....		3.00
SERVICES:		
Overhead _____	Underground <u>X</u> Temporary _____	TOTAL amperes <u>200</u> ..
		15.00
METERS: (number of) _____		1.00
MOTORS: (number of)		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws _____	Over 20 kw _____	
APPLIANCES: (number of)		
Ranges _____	Water Heaters _____	
Cook Tops _____	Disposals _____	
Wall Ovens _____	Dishwashers _____	
Dryers _____	Compactors _____	
Fans _____	Others (denote) _____	
TOTAL _____		16.00
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 other than _____		
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	84.40

INSPECTION: Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call X  
 CONTRACTOR'S NAME: Darrel S. Plummer  
 ADDRESS: 205 Rochester St. Westbrook 04092  
 TEL.: 854-9543  
 MASTER LICENSE NO.: MSC0013850 SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

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

Permit No. 721/895

Location Lot H9 Seaside Ave. Pacific

Owner Richard Grant

Date of permit 7/3/1972

Notif. closing in

Inspr. closing in

Final Notif.

Final Inspr.

Cert. of Occupancy issued

Working Copy Notice MSL

Form Check Notice

NOTES

8-15-72 Completed  
for a new roof gear  
RP

