

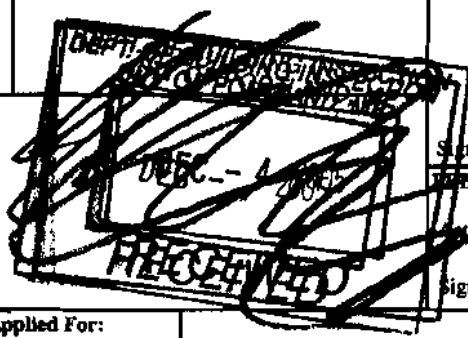
**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-1658	Issue Date:	CEB: 083A B001001
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Location of Construction: 0 Meadow Ave - Great Diamond	Owner Name: McAndrew Robert R Etal Jts	Owner Address: 451 Deming St	Phone:
Business Name:	Contractor Name: Leddy Houser Assoc	Contractor Address: 429 Preble St Portland	Phone: 207 870903
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: IR2

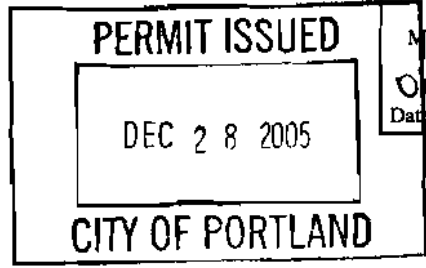
Past Use: Vacant Land	Proposed Use: Single Family foundation only	Permit Fee: \$381.00	Cost of Work: \$40,000.00	CEO District: 1
<p>FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>INSPECTION: Use Group: 23 Type: 5B FOUNDATION ONLY 12/28/05</p>		<p>Signature: _____ Date: _____</p>		



Proposed Project Description: Single Family foundation only	<p>Signature: _____ Date: _____</p> <p>CELESTRIAN ACTIVITIES DISTRICT (P.A.D.)</p> <p>Approved: <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <input type="checkbox"/></p>		
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Permit Taken By: dmartin	Date Applied For: 10/31/2005	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input checked="" type="checkbox"/> Shoreland <i>building with beyond 75'</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone <i>no</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan <i>2005-0250</i></p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/></p> <p><i>OK w/ conditions</i></p> <p>Date: <i>12/27/05</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>ABR</i></p> <p>Date: _____</p>
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**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

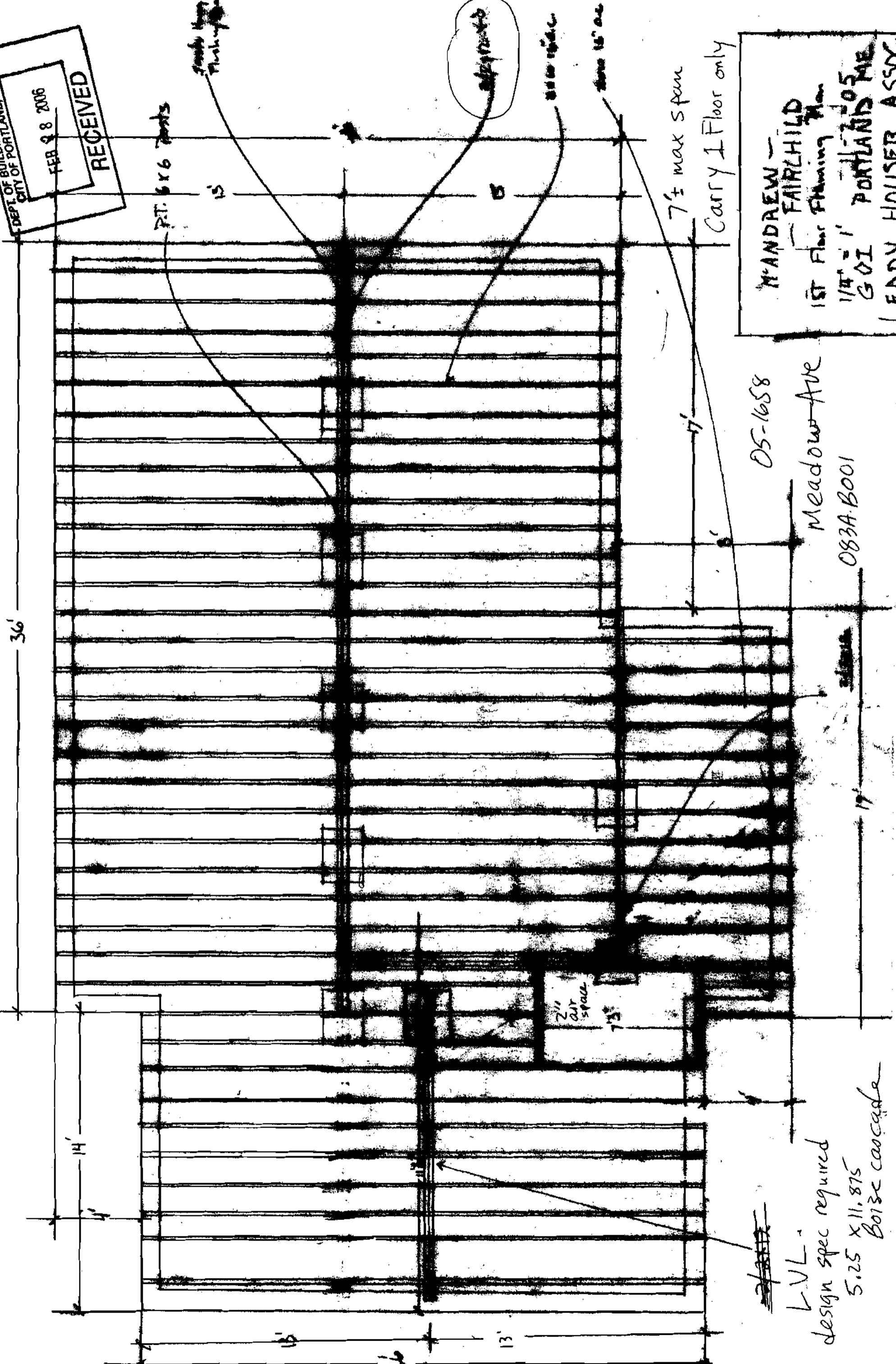
SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

2/28/06 Backfill insp - w/stone, fabric, drain & tar. Anchor bolts embedded in concrete in block walls. Front wall still needs bolts. OK to backfill JMB

Paul Leddy will bring in plans to Frame & cap foundation.  
2/28/06 Pete Houser brought 1st Floor Framing plan in to cap foundation. OK to proceed. JMB

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
FEB 9 8 2006  
RECEIVED



M. ANDREW FAIRCHILD  
1st Floor Framing Plan  
1/4" = 1'  
GOI PORTLAND'S MAE  
LEANN HOUSER ASSOC.

05-1658  
Meadow Ave  
083A-B001

~~2x12~~  
LVL  
design spec required  
5.25 x 11.875  
Boise cascade

7'± max span  
Carry 1 Floor only

approx

new joist

new 16' oc

Joist height  
flush with floor

PT. 6x6 Joists

15

15

36'

14'

4'

15

13'

2" air space

F.L.

19'

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 05-1658	<b>Date Applied For:</b> 10/31/2005	<b>CBL:</b> 083A B001001
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<b>Location of Construction:</b> 0 Meadow Ave	<b>Owner Name:</b> Mcandrew Robert R Etal Jts	<b>Owner Address:</b> 451 Deming St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Ledy Houser Assoc	<b>Contractor Address:</b> 429 Preble St Portland	<b>Phone</b> (207) 767-0903
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Single Family	

<b>Proposed Use:</b> Single Family foundation only	<b>Proposed Project Description:</b> Single Family foundation only
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 12/27/2005
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<ol style="list-style-type: none"> <li>1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.</li> <li>2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</li> <li>3) Separate permits shall be required for future decks, sheds, pools, and/or garages.</li> <li>4) This permit is being approved for a foundation only. A separate permit is required to build the house.</li> </ol>			

<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b> Residential Plan Revie	<b>Approval Date:</b>
<b>Note:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>		

<b>Comments:</b>
11/22/2005-amachado: Talked with Paul or Peter @ Ledy Houser Associates. We need stamped Boundary Survey to process application. He said Northeast Civil Solutions was working on it and would get it to us.
12/23/2005-amachado: Peter brought in a stamped site plan. No projections are shown on plan except proposed deck. Need to know if there will be any steps etc. Left message with Ledy Hauser.
12/27/2005-mjn: Need: Anchor Bolts, Footing and foundation dimensions, perimeter drain shown in the inside only??? Sonor tube dimensionsn depth and anchorage. Left message with Ledy Hauser.

**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM  
Zoning Copy**

2005-0250

Application I. D. Number

11/21/2005

Application Date

Meadow Ave Lot 11-12

Project Name/Description

**Marge Schmuckal**

**Mcandrew Robert R Etal Jts**

Applicant

451 Darning St , South Windsor , CT 06074

Applicant's Mailing Address

Leddy Houser

Consultant/Agent

Agent Ph: (207)787-0903

Agent Fax:

Applicant or Agent Daytime Telephone, Fax

Meadow Ave, Portland, Maine

Address of Proposed Site

063A B001001

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):  New Building  Building Addition  Change Of Use  Residential  Office  Retail  
 Manufacturing  Warehouse/Distribution  Parking Lot  Other (specify) \_\_\_\_\_

1452 foundation only

22230

Proposed Building square Feet or # of Units

Acreage of Site

Zoning

**Check Review Required:**

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Site Plan<br>(major/minor) | <input type="checkbox"/> Subdivision<br># of lots _____ | <input type="checkbox"/> PAD Review            | <input type="checkbox"/> 14-403 Streets Review   |
| <input type="checkbox"/> Flood Hazard                          | <input type="checkbox"/> Shoreland                      | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional<br>Use (ZBA/PB)    | <input type="checkbox"/> Zoning Variance                | <input type="checkbox"/> Other _____           |  |

Fees Paid: Site Pla \$50.00 Subdivision \_\_\_\_\_ Engineer Review \$250.00 Date 11/21/2005

**Zoning Approval Status:**

Reviewer \_\_\_\_\_

- Approved  Approved w/Conditions  
See Attached  Denied

Approval Date \_\_\_\_\_ Approval Expiration \_\_\_\_\_ Extension to \_\_\_\_\_  Additional Sheets  
Attached

Condition Compliance \_\_\_\_\_  
signature date

Performance Guarantee  Required\*  Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

- |   |                |  |                 |
|---|----------------|--|-----------------|
| <input type="checkbox"/> Performance Guarantee Accepted     | _____          | _____  | _____           |
|   | date           | amount   | expiration date |
| <input type="checkbox"/> Inspection Fee Paid                | _____          | _____  |                 |
|   | date           | amount   |                 |
| <input type="checkbox"/> Building Permit Issue              | _____          |  |                 |
|   | date           |  |                 |
| <input type="checkbox"/> Performance Guarantee Reduced      | _____          | _____  | _____           |
|   | date           | remaining balance                                  | signature       |
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____          | <input type="checkbox"/> Conditions (See Attached) | _____           |
|   | date           |  | expiration date |
| <input type="checkbox"/> Final Inspection                   | _____          | _____  |                 |
|   | date           | signature  |                 |
| <input type="checkbox"/> Certificate Of Occupancy           | _____          |  |                 |
|   | date           |  |                 |
| <input type="checkbox"/> Performance Guarantee Released     | _____          | _____  |                 |
|   | date           | signature  |                 |
| <input type="checkbox"/> Defect Guarantee Submitted         | _____          | _____  | _____           |
|   | submitted date | amount   | expiration date |
| <input type="checkbox"/> Defect Guarantee Released          | _____          | _____  |                 |
|   | date           | signature  |                 |



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10, SHS  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND, GREAT DIAMOND	Date Permit Required: <u>10/20/05</u> Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>06190</u>	PERMIT # <u>9683</u> TOWN COPY <input type="checkbox"/> Double Fee Charged
Street or Road	PROCTOR ROAD		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	MCANDREW ROBERT & JULIE		
Mailing Address of	LEDDY, KAUSER ASSOCIATES 429 PREBLE STREET SOUTH PORTLAND, ME 04106		
Daytime Tel. #			
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner/Applicant _____		Local Plumbing Inspector Signature _____	
Date _____		(1st) Date Approved _____	
		(2nd) Date Approved _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & all toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System/2000gpd 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>PROPOSED TYPE OF WATER SUPPLY</b>
22,000 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
<b>SHORELAND ZONING</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1000</u> gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>1536</u> sq. ft. <input type="checkbox"/> lin. ft. <u>32 ELJEN IN-DRAIN UNITS</u>	1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	340 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>PUMPING</b>	
PROFILE: <u>7</u> / <u>C</u> / <u>1</u> AT Observation Hole - <u>TP 1</u> Depth: <u>6</u> " OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.5 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	4 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

**SITE EVALUATOR STATEMENT**

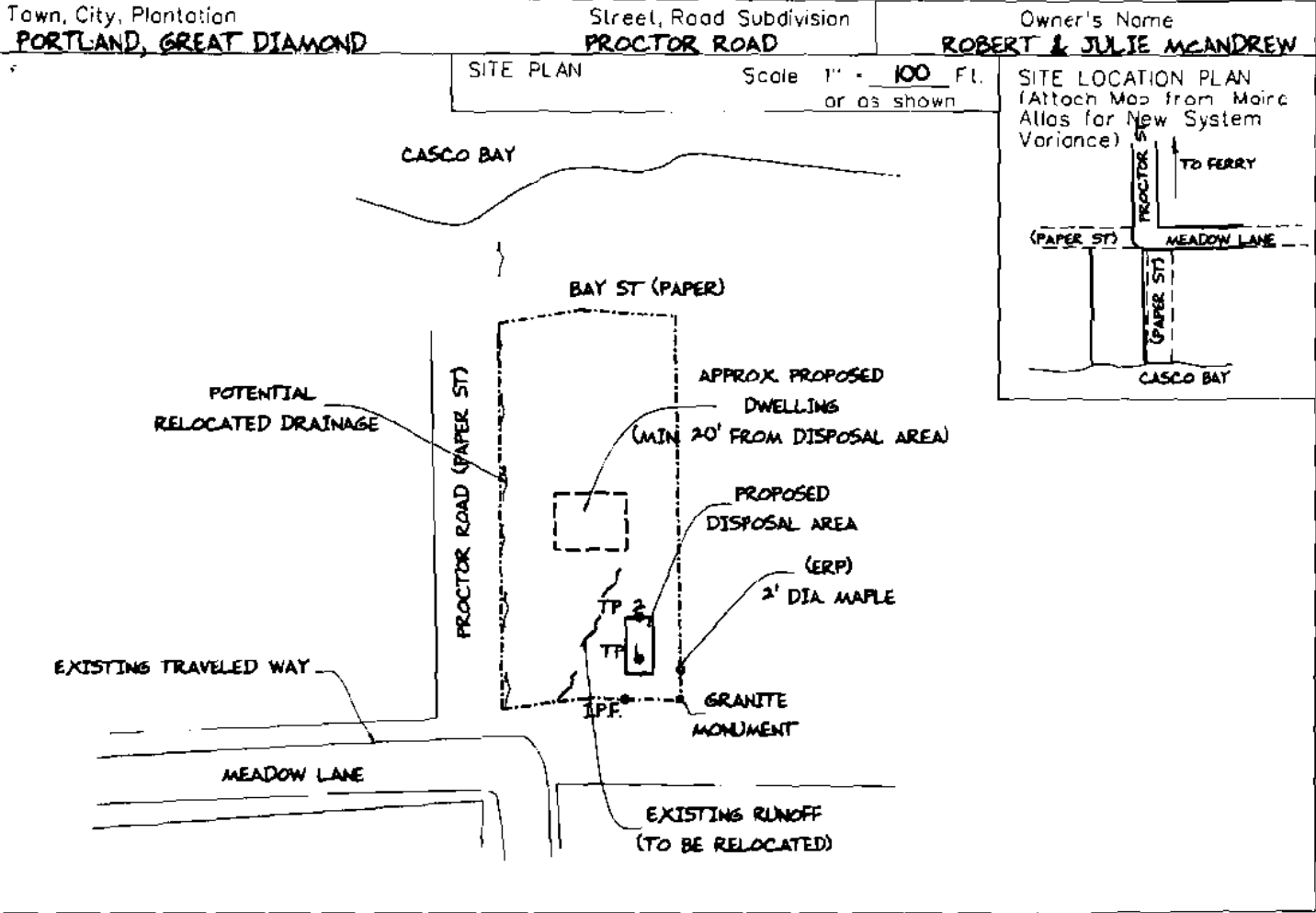
I certify that on 10/20/05 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: Albert Frick SE # 63 Date: 10/20/2005

ALBERT FRICK (207) 839-5563 AFAC@MAINEERR.COM  
 Site Evaluator Name Printed Telephone Number E-mail Address  
 ALBERT FRICK ASSOCIATES - BSA COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563  
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator HHE-200 Rev. 8/01

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10 SHS  
 (207) 287-5672 FAX (207) 287-4172



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

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND		DARK BROWN	
10	FINE SAND	FRIABLE	LIGHT BROWN	
20	SILTY CLAY	FIRM	OLIVE	COMMON, DISTINCT
30	LIMIT OF EXCAVATION			
40				
50				

Soil Classification: **7** Profile, **C** Condition  
 Slope: **16%** Limiting Factor  
 Ground Water Restrictive Layer  
 Bedrock  
 Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK BROWN	
10	GRAVELLY LOAMY SAND	FRIABLE	LIGHT BROWN	
20				FEW, FAINT
30	SILTY CLAY	FIRM	OLIVE	COMMON, DISTINCT
40	LIMIT OF EXCAVATION			
50				

Soil Classification: **7** Profile, **C** Condition  
 Slope: **20%** Limiting Factor  
 Ground Water Restrictive Layer  
 Bedrock  
 Pit Depth

*Albert Frick*  
 Site Evaluator Signature

63  
 SE

10/20/2005  
 Date



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10 SHS  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**PORTLAND, GREAT DIAMOND**

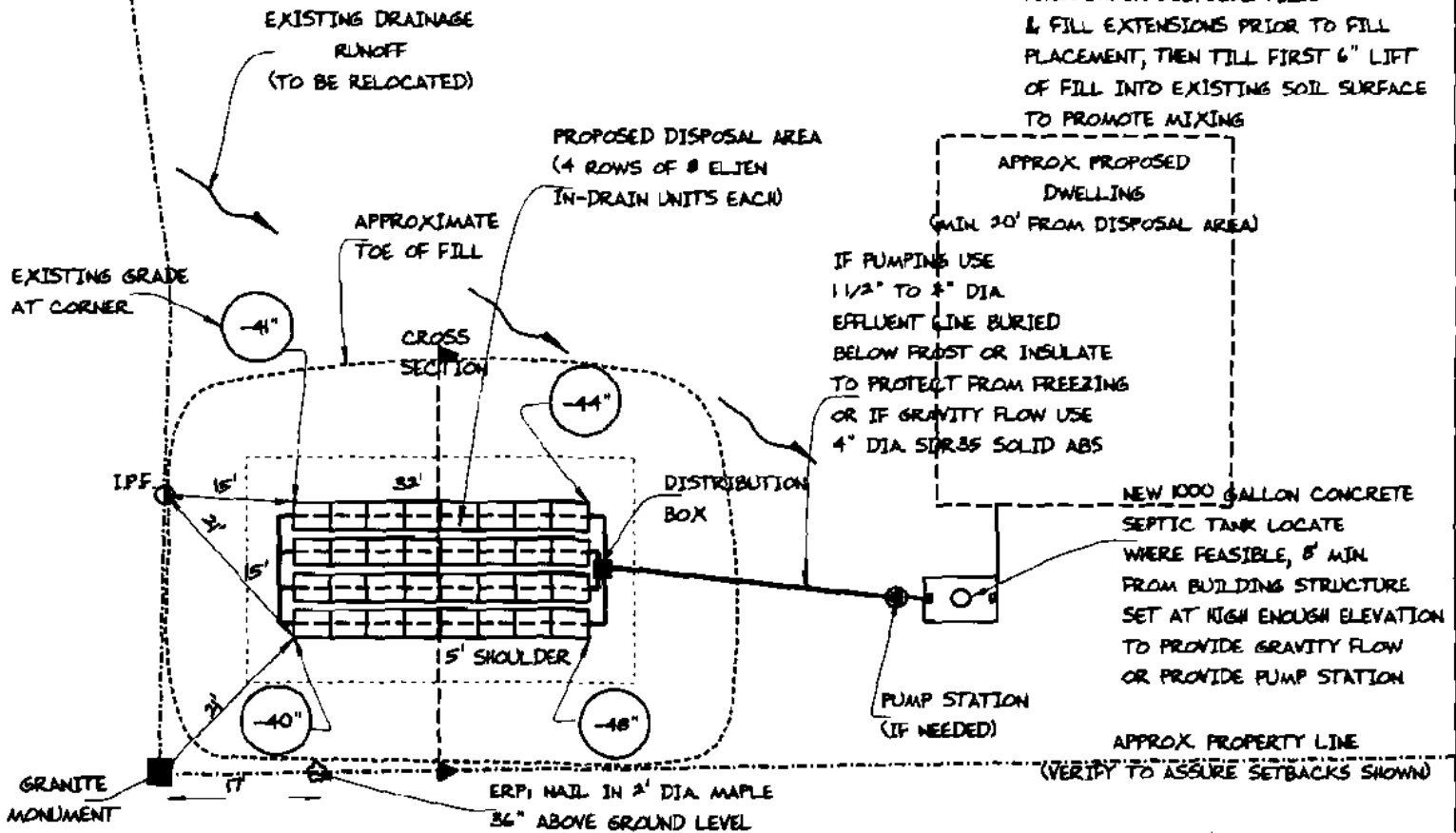
Street, Road, Subdivision  
**PROCTOR ROAD**

Owner's Name  
**ROBERT & JULIE McANDREW**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

NOTE: THOROUGHLY ROTOTILL ENTIRE AREA UNDER DISPOSAL FIELD & FILL EXTENSIONS PRIOR TO FILL PLACEMENT, THEN TILL FIRST 6" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING



### FILL REQUIREMENTS

Depth of Fill (Upslope) : 26" - 29"  
Depth of Fill (Downslope) : 25" - 33"  
DEPTH AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation  
Top of Distribution Pipe or Proprietary Device  
Bottom of Disposal Area

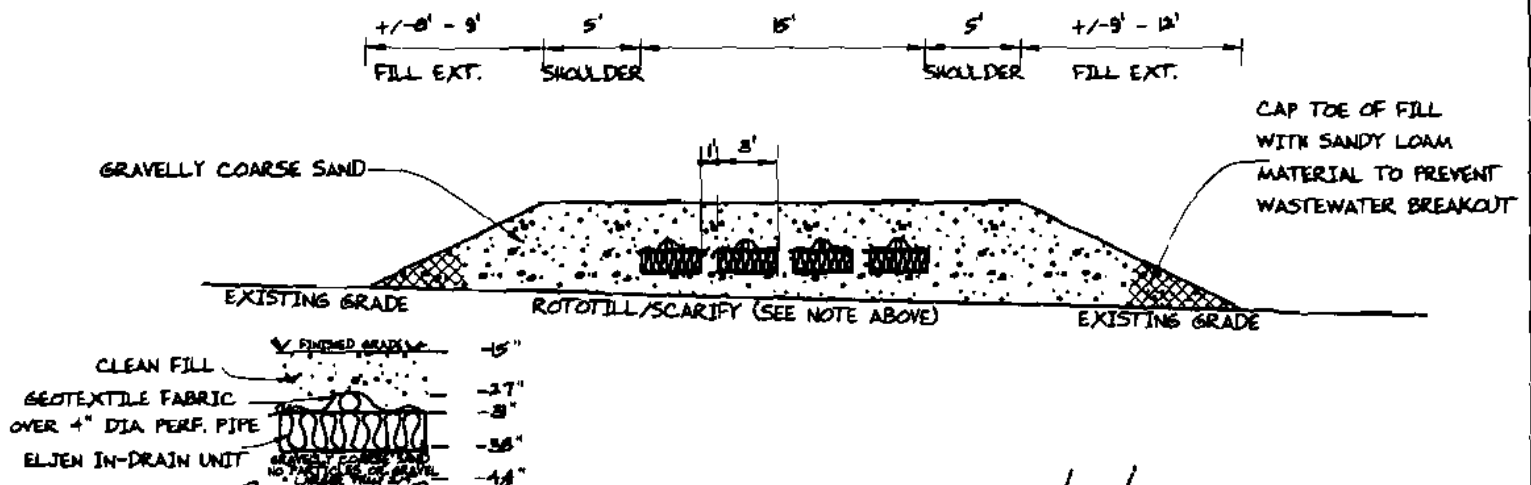
SEE  
DETAIL  
BELOW

### ELEVATION REFERENCE POINT

Location & Description 2" DIA MAPLE NAIL 36" ABOVE BASE  
Reference Elevation is: 0.0' or -----

### DISPOSAL AREA CROSS SECTION

SCALE:  
VERTICAL: 1" = 5' FT  
HORIZONTAL: 1" = 10' FT



*Albert Frick*  
Site Evaluator Signature

63  
SE

10/20/2005  
Date



**Albert Frick Associates, Inc.**

**Soil Scientists & Site Evaluators**

95A County Road Gorham, Maine 04058

(207) 839-5563

PORTLAND, GREAT DIAMOND

PROCTOR ROAD

ROBERT & JULIE McANDREW

TOWN

LOCATION

APPLICANT'S NAME

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations. Prior to the commencement of construction/installation, the local plumbing inspector or Code Enforcement Officer shall inform the owner/applicant and Albert Frick Associates, Inc. of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information. Well locations on abutting properties but not readily visible above grade should be confirmed by the owner/applicant prior to system installation to assure minimum setbacks.

4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter shall be connected in series to the proposed septic tank.

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment units) and controlled or hazardous substances shall not be disposed of in this system. Additives such as yeast or enzymes are discouraged, since they have not been proven to extend system life.

6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than every three years. All septic tank, pump stations and additional treatment tanks shall be installed to prevent ground water and surface water infiltration.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND, GREAT DIAMOND

PROCTOR ROAD

ROBERT & JULIE McANDREW

TOWN

LOCATION

APPLICANT'S NAME

7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu. ft.) x 7.48 cu. ft. (gallons per cu. ft.) divided by the # of days in period).

8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.

9) When a gravity system is proposed: BEFORE CONSTRUCTION/INSTALLATION BEGINS, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirement. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station, by sealing/grouting all seams and connections, and by placement of a riser and lid at or above grade. An alarm device warning of a pump failure shall be installed. Also, when pumping is required of a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.

10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage or differential setting). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off proprietary devices. Divert the surface water away from the disposal area by ditching or shallow landscape swales.

11) Unless noted otherwise, fill shall be gravelly coarse sand, which contains no more than 5% fines (silt and clay).

12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.

13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion. Alternatively, bark or permanent landscape mulch may be used to cover system, Woody trees or shrubs are not permitted on the disposal area or fill extensions.



**Albert Frick Associates, Inc.**  
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5565



# CITY OF PORTLAND, MAINE

Department of Building Inspections

Oct 31 2005

Received from

Loddy Houser Assoc

Location of Work

Yardow Ave

Cost of Construction

\$ 40,000

Permit Fee

\$ 681.00

Building (U)

Plumbing (U)

Electrical (U)

Site Plan (U)

Other

CBL:

83 HB 001

Check #:

7631

Total Collected

\$ 681

## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

*S. Smith*  
WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy



**CITY OF PORTLAND, MAINE**  
 Department of Building Inspections

Jan 3 2006

Inspector Luddy Houser

Address Meadow Ave GD

Inspection \$ \_\_\_\_\_

Fee \$ 110

Plumbing (15) \_\_\_\_\_ Electrical (12) \_\_\_\_\_ Site Plan (172) \_\_\_\_\_

Owner SCS/ABC

Permit # 113001

Total Collected \$ 110.00

**THIS IS NOT A PERMIT**

Work is to be started until PERMIT CARD is actually posted from the business. Acceptance of fee is no guarantee that permit will be issued. PRESERVE THIS RECEIPT. In case permit cannot be issued the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

Yellow - Applicant's Copy  
 Yellow - Office Copy  
 Pink - Permit Copy

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-1658	Date Applied For: 10/31/2005	CBL: 083A B001001
-----------------------	---------------------------------	----------------------

Location of Construction: 0 Meadow Ave	Owner Name: Mcandrew Robert R Etal Jts	Owner Address: 451 Deming St	Phone:
Business Name:	Contractor Name: Leddy Houser Assoc	Contractor Address: 429 Preble St Portland	Phone (207) 767-0903
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	

Proposed Use: Single Family foundation only	Proposed Project Description: Single Family foundation only
--	--

Dept: Zoning      Status: Approved with Conditions      Reviewer: Ann Machado      Approval Date: 12/27/2005

Note: Ok to Issue:

- 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 3) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 4) This permit is being approved for a foundation only. A separate permit is required to build the house.

Dept: Building      Status: Approved with Conditions      Reviewer: Mike Nugent      Approval Date: 12/28/2005

Note: Ok to Issue:

- 1) Prior to pouring footings, the excavated area must be reviewed by inspections staff and if the bearing capacity of the clay is in question, an engineer must redesign the footings/foundation.

Dept: DRC      Status: Approved with Conditions      Reviewer: Jay Reynolds      Approval Date: 12/27/2005

Note: Ok to Issue:

- 1) A blasting permit shall be obtained from the Portland Fire Department, if needed.
- 2) All Site Work will conform to the City of Portland ordinance on Shoreland Regulations (Division 26).
- 3) The Development Review Coordinator reserves the right to require additional lot grading or other drainage improvements as necessary due to field conditions.
- 4) All Site work (final grading, landscaping, loam and seed) must be completed prior to issuance of a certificate of occupancy.

Dept: Planning      Status: Not Applicable      Reviewer: Jay Reynolds      Approval Date: 12/27/2005

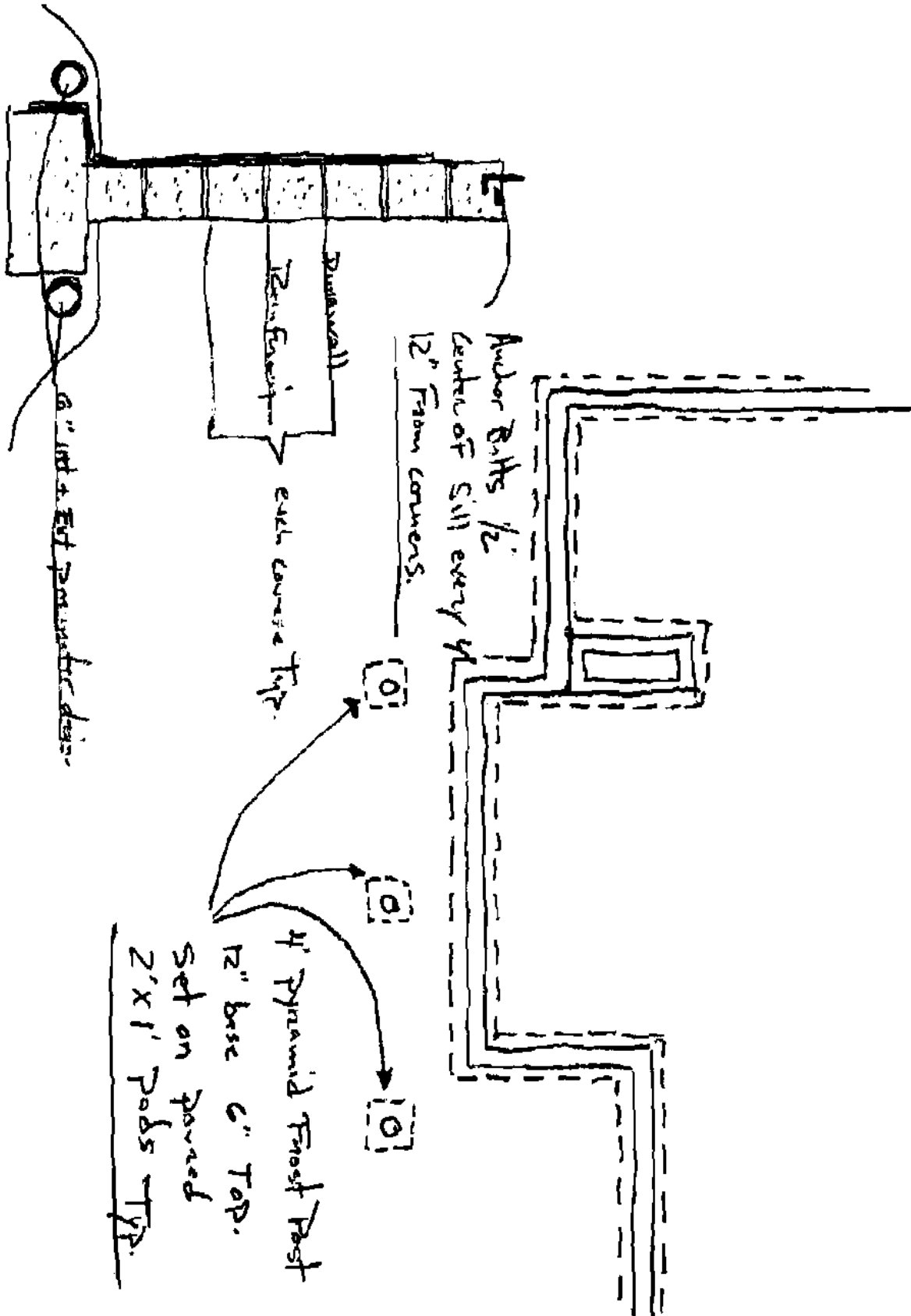
Note: Ok to Issue:

**Comments:**

11/22/2005-amachado: Talked with Paul or Peter @ Leddy Houser Associates. We need stamped Boundary Survey to process application. He said Northeast Civil Solutions was working on it and would get it to us.

12/23/2005-amachado: Peter brought in a stamped site plan. No projections are shown on plan except proposed deck. Need to know if there will be any steps etc. Left message with Leddy Hauser.

12/27/2005-mjn: Need: Anchor Bolts, Footing and foundation dimensions, perimeter drain shown in the inside only??? Sonor tube dimensionsn depth and anchorage. Left message with Leddy Hauser.





LEDDY HOUSER  
ASSOCIATES

CUSTOM HOMEBUILDING AND RENOVATION  
www.leddyhouser.com

Date: 12/28/05

Fax #: 750-8090

Attention: Mike Nugent

# of pages: 2 inc. cover

Message:

Mike,

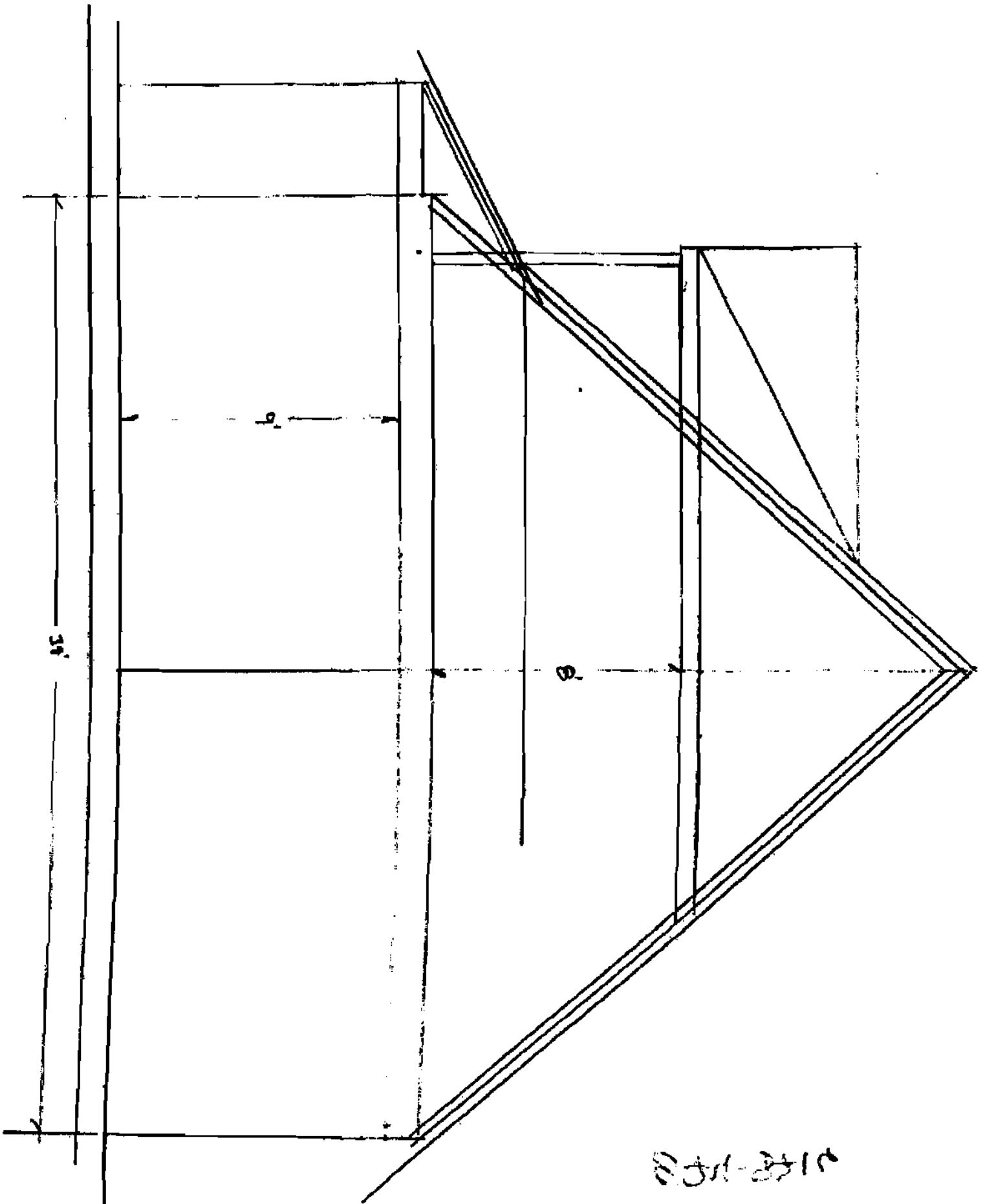
Here is an addendum to  
your Foundation Plan for McAndrews  
on Great Diamond Isl. It shows  
the exterior elevation detail and it  
will be tied into the interior with  
a board cut. We show Duralast steel  
Joists and an 8x16 C.M.U. column.  
Also show one 1/2" or 5/8" Anchor bolts  
to secure the 2x6 p.r. sill to the  
top of the wall, and we propose to  
use 4" Pyramid Frost Posts (T.P.) for our  
Deck supports.

*[Handwritten signature]*  
Paul Bradley

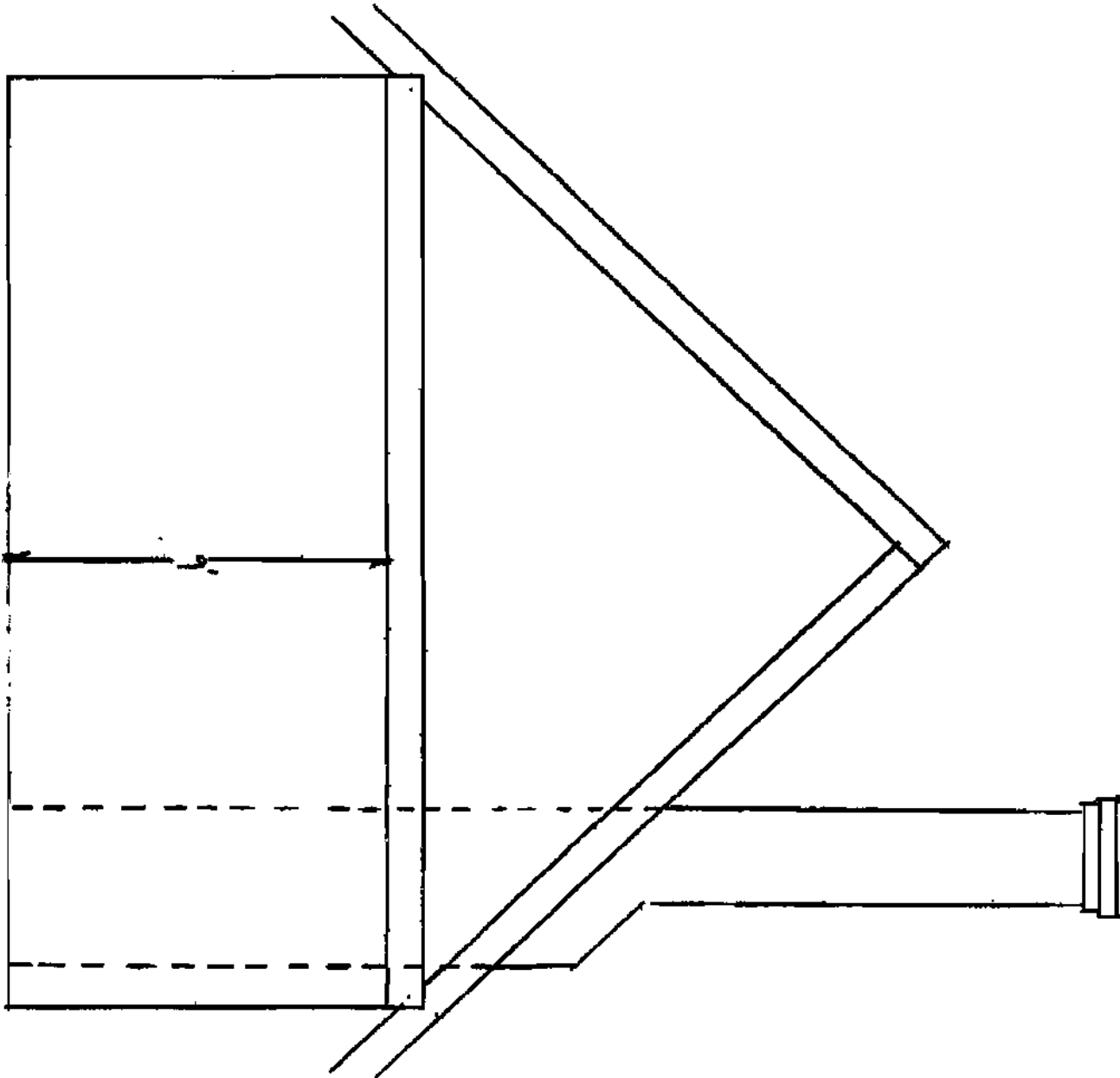
Phone: (207) 767-0903

Fax: (207) 767-0961



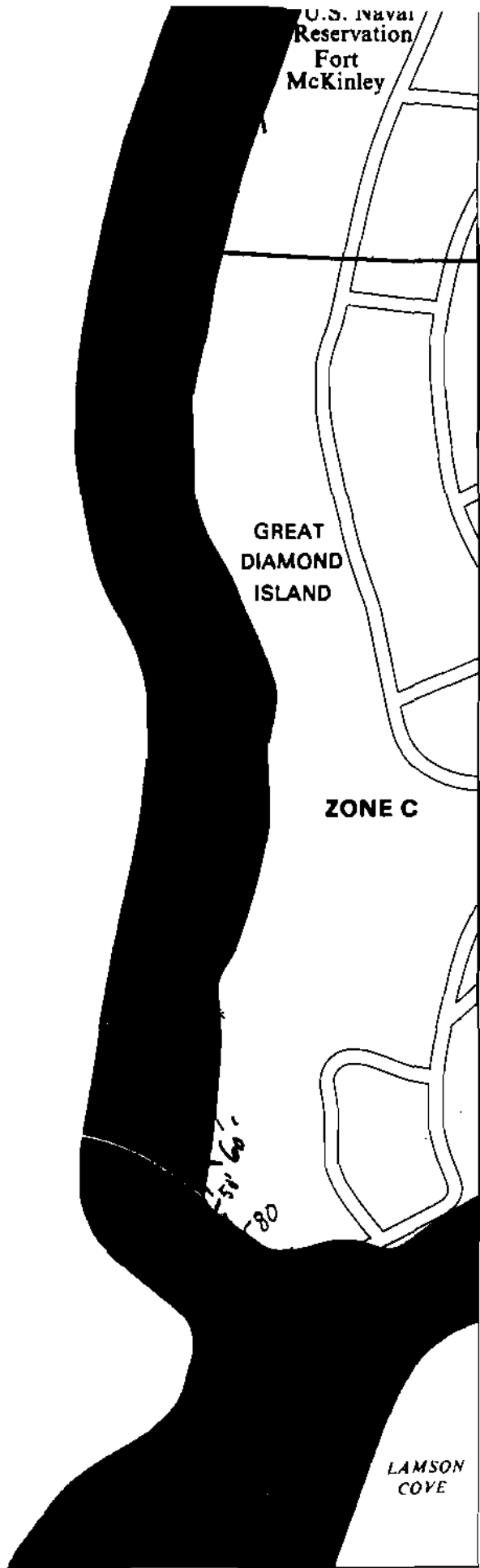


801-3510



reduce by 25%  
reduce by 50%

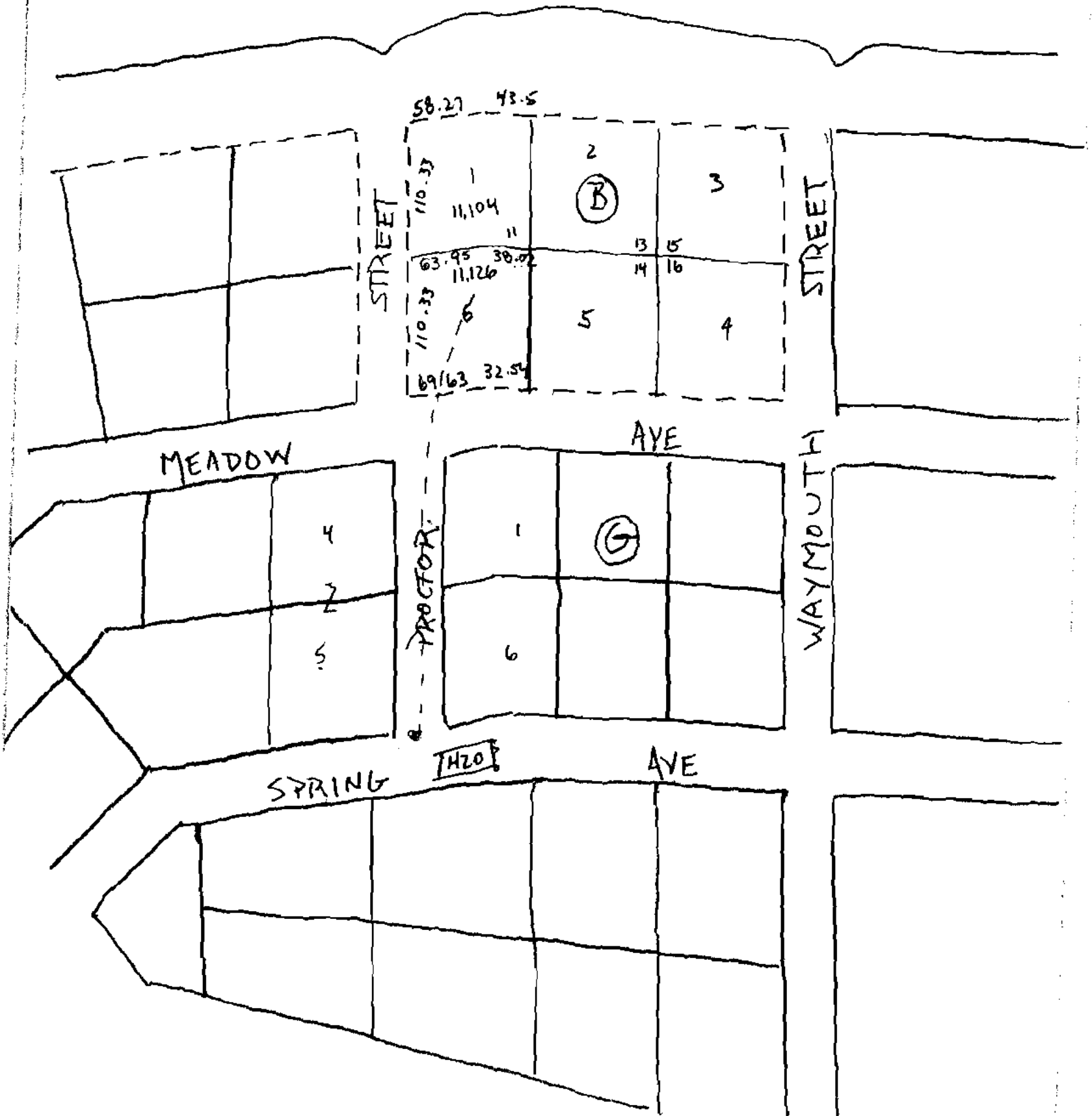
BAY



To  
cont  
Prog

No 83 A

LOI



**From:** Jay Reynolds  
**To:** Single Family Signoff  
**Date:** 12/27/05 11:00:21 AM  
**Subject:** Meadow Ave., CBI 083AB001001

Approvals with conditions have been entered in urban insight for this application.

Jay Reynolds  
Development Review Coordinator  
City of Portland Planning Division  
(207) 874-8632  
jayr@portlandmaine.gov



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>Lot 11+12 Meadow Ave.</u>		
Total Square Footage of Proposed Structure <u>1452' 1st Floor/Foundation</u>	Square Footage of Lot <u>22,230.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>83</u> Block# <u>AB</u> Lot# <u>11+12</u>	Owner: <u>Rob McAndrew</u>	Telephone: <u>(860) 644-8223</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Leddy Houser Associates</u> <u>429 Noble St.</u> <u>South Portland ME 04106</u>	Cost Of Work: \$ <u>40,000.</u> Fee: \$ <u>381.300</u> C of O Fee: \$ <u>681</u>
Current Specific use: <u>undeveloped lot</u>	Proposed Specific use: <u>Residential House lot</u>	
Project description: <u>Install Foundation, plans for House are in progress yet are minimal for weather is getting smaller. We propose to Install Foundation in Nov. and apply for Building House permit by December 05. (1/2 Story Cape)</u>		
Contractor's name, address & telephone: <u>Leddy Houser Assoc.</u> <u>(207) 767-0903</u> <u>429 Noble St. South Portland Maine 04106</u>		
Who should we contact when the permit is ready: <u>Same (Paul or Peter)</u>		
Mailing address: _____ Phone: _____		

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

OCT 31 2005

RECEIVED

Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>[Signature]</u>	Date: <u>Oct. 31, 2005</u>
--	----------------------------

This is not a permit; you may not commence ANY work until the permit is issued.

# ELECTRICAL PERMIT

## City of Portland, Me.

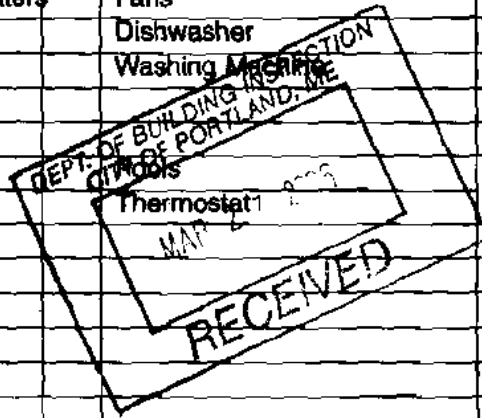


To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

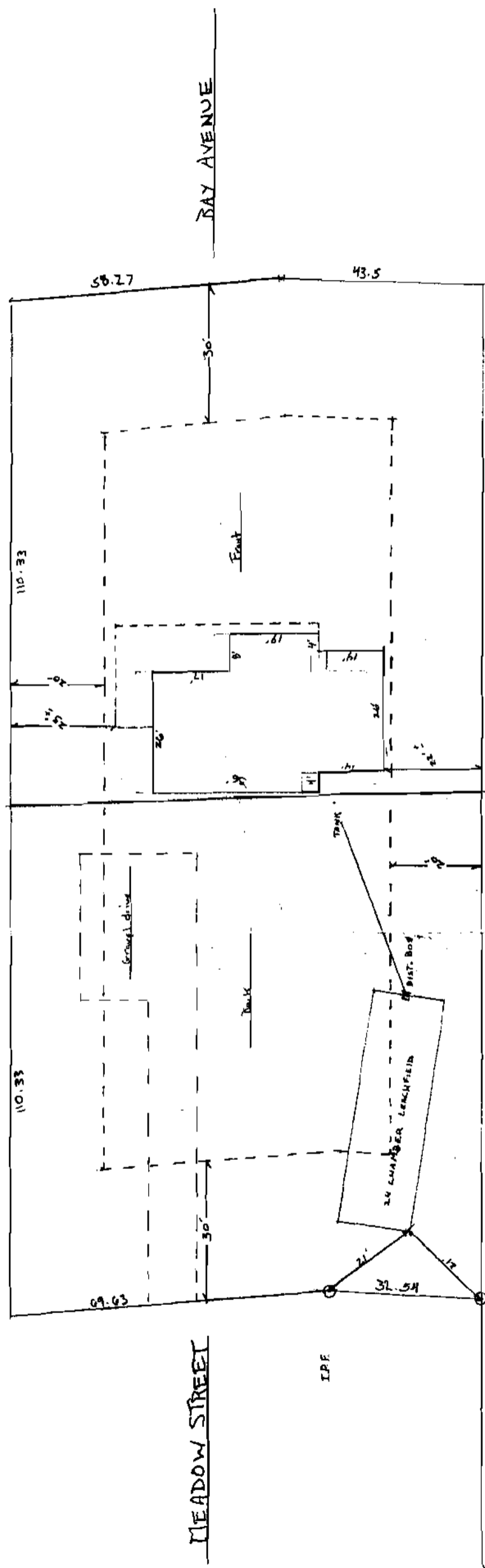
Date 3/27/06  
 Permit # 2006-4253  
 CBL# 83AB1

LOCATION: GREAT DIAMOND ISLAND METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # 115720 OWNER ROBERT MC ANDREWS  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

						TOTAL EACH FEE		
OUTLETS	<input checked="" type="checkbox"/>	Receptacles	<input checked="" type="checkbox"/>	Switches	<input checked="" type="checkbox"/>	Smoke Detector	.20	
FIXTURES	<input checked="" type="checkbox"/>	Incandescent		Fluorescent		Strips	.20	
SERVICES		Overhead	<input checked="" type="checkbox"/>	Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS	1	(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot	<input checked="" type="checkbox"/>	Water heaters		Fans	2.00	
		Dryers	<input checked="" type="checkbox"/>	Disposals		Dishwasher	2.00	
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
	MISC. (number of)		Air Cond/win					3.00
			Air Cond/cent					10.00
		HVAC		EMS		Thermostat	5.00	
		Signs					10.00	
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	
	Alterations					5.00		
	Fire Repairs					15.00		
	E Lights					1.00		
	E Generators					20.00		
PANELS		Service		Remote		Main	4.00	
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
TOTAL AMOUNT DUE								
MINIMUM FEE/COMMERCIAL 45.00						MINIMUM FEE	35.00	

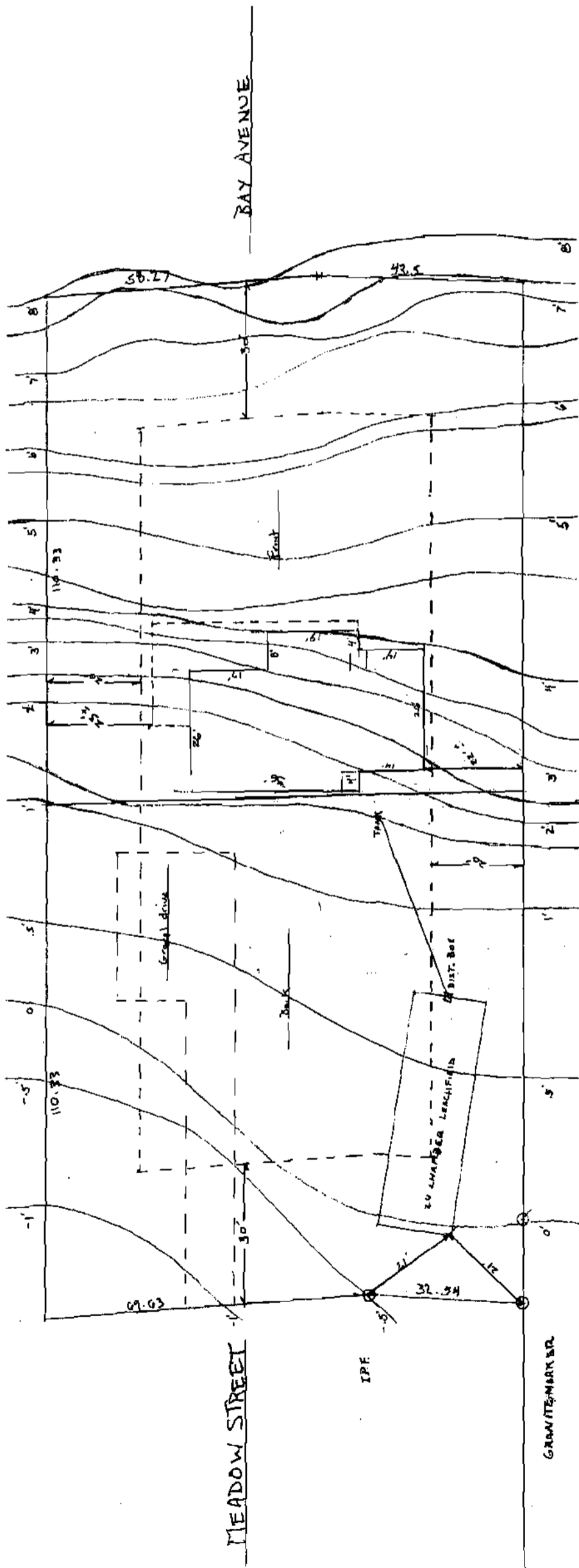


CONTRACTORS NAME MJR ELECTRIC INC MASTER LIC. # MS600 17429  
 ADDRESS 49 HAVERLY'S WAY PORTLAND LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 878-5864, 415-2957  
 SIGNATURE OF CONTRACTOR MATT J. Fry  
 White Copy - Office • Yellow Copy - Applicant



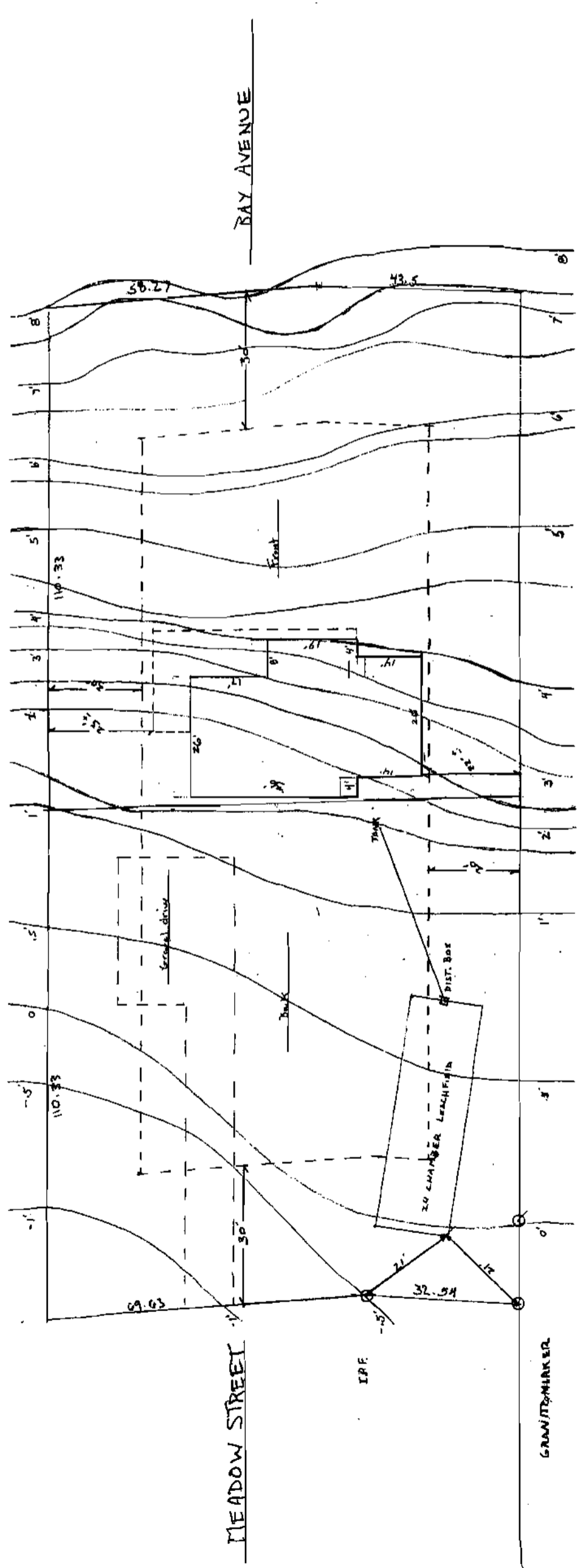
M <sup>c</sup> ANDREW/FAIRCHILD	
SCALE 1/4" = 20'	DATE 10/12/05
DESIGNED BY	DRAWING NUMBER 102
SITE PLAN GRI	
LEDDY HOUSER	





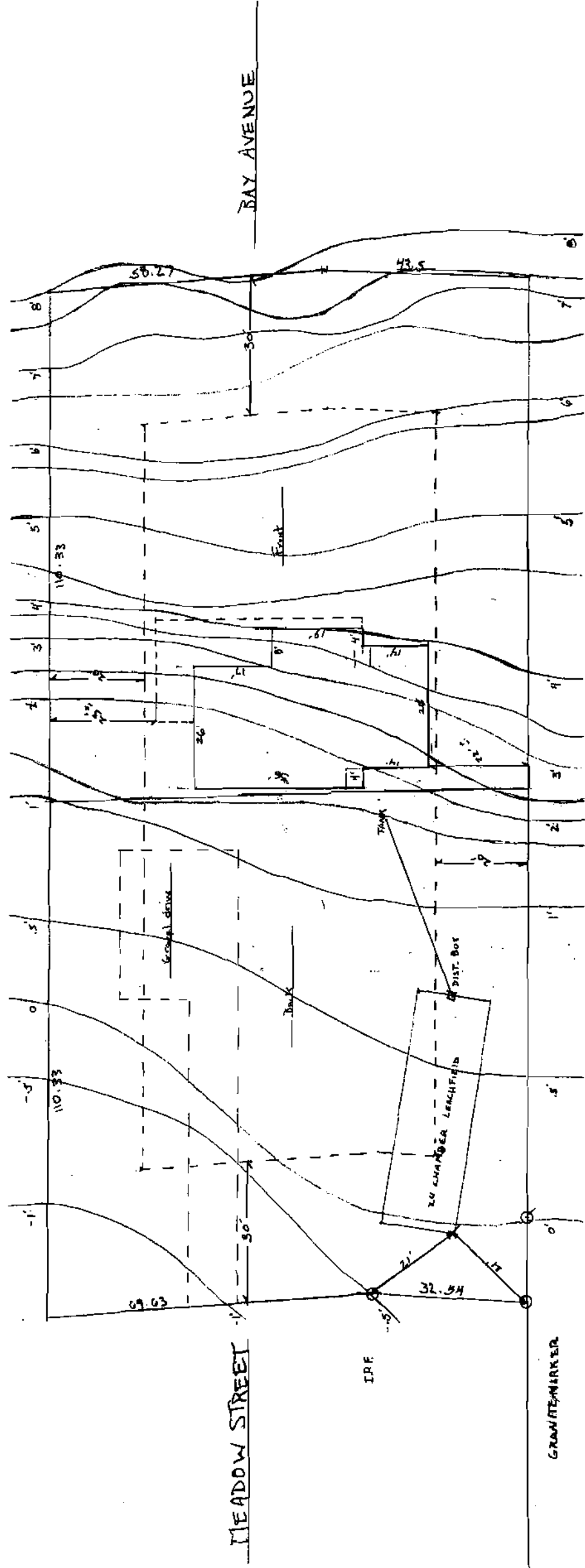
MANDREW/FAIRCHILD	
SCALE 1/4" = 20'	DATE 10/12/05
DESIGNED BY P.K.L.	REVISED
SITE PLAN GRI	
LEDDY HOUSER	102

Site Grading Plan



M'ANDREW/FAIRCHILD	
SCALE 1/4" = 20'	DRAWN BY P.K.L.
DATE 10/12/05	REVISED
SITE PLAN GDT	
LEDDY HOUSER	LOT NUMBER 102

Site Grading Plan

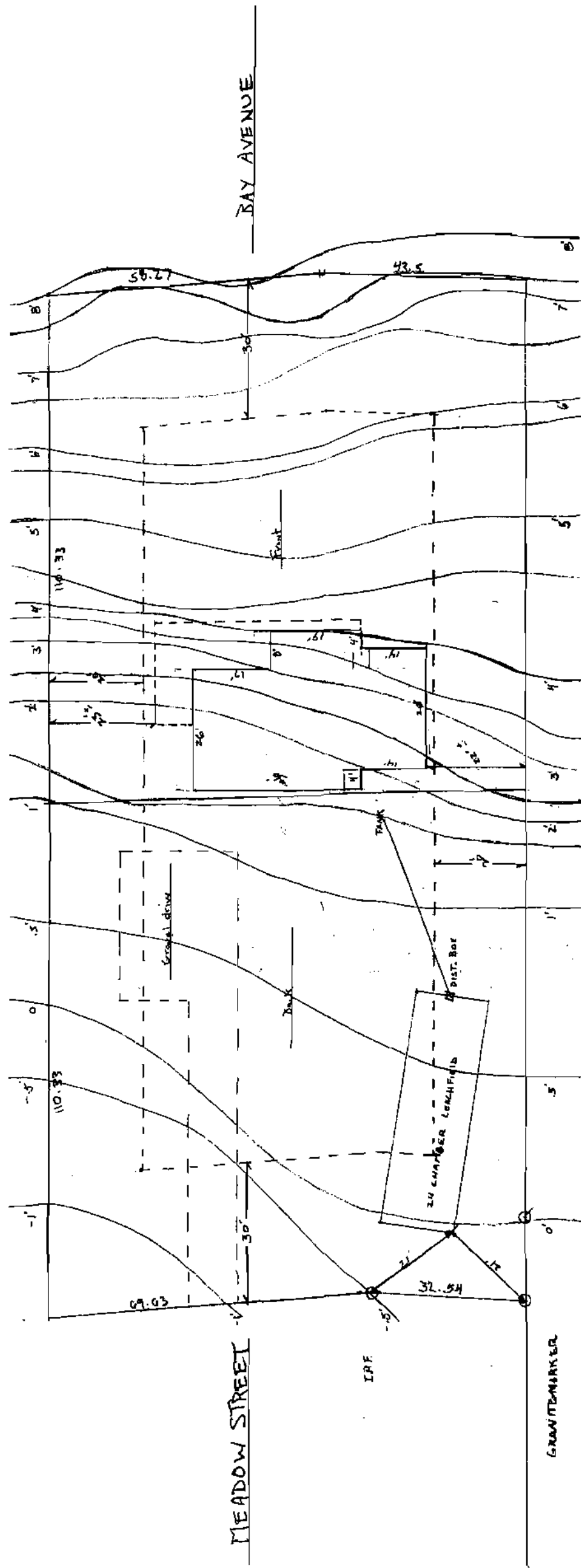


M'ANDREW/FAIRCHILD  
 SCALE: 1/4" = 20'  
 DATE: 10/2/05  
 DRAWING NO.: 102

SITE PLAN GRI

LEDDY HOUSER

Site Grading Plan



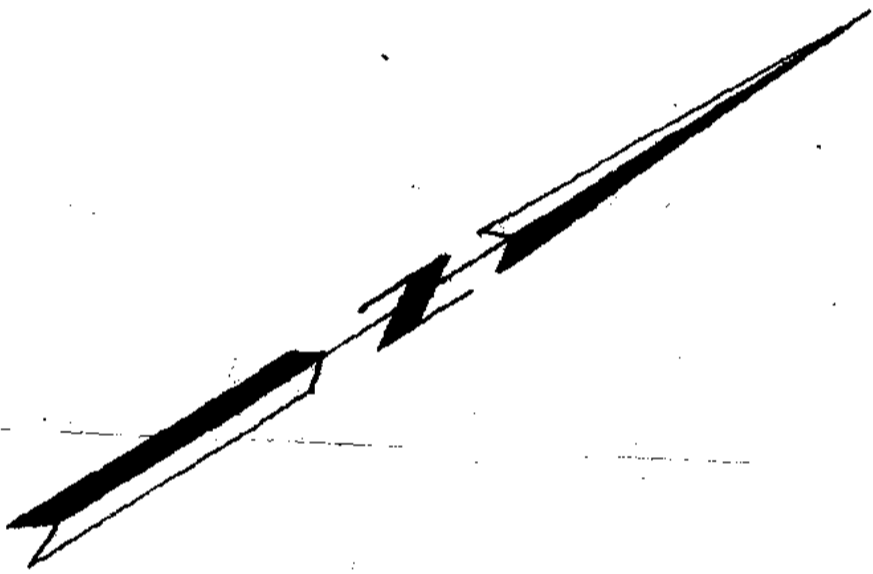
RAY AVENUE

MEADOW STREET

GRANITMARKER

M'ANDREW/FAIRCHILD	
SCALE 1/4" = 20'	DATE 10/12/05
REVISIONS	PKL
SITE PLAN GVI	
LEDDY HOUSER	
DRAWING NUMBER	102

Site Grading Plan



22, 28

Flood MAP #  
02617

