

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 070549

Please Read Application And Notes, If Any, Attached

This is to certify that PARKER WALTER G JR & MARY MEGHAN CASEY JTS propose

has permission to 20' x 40' Cape w/ deck

AT 35 WINDING WAY

085 P004001

PERMIT ISSUED
JUN 22 2007
CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

6/22/07 *Cheryl M*
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0549	Issue Date: <i>6/27/07</i>	CBL: 085 P004001
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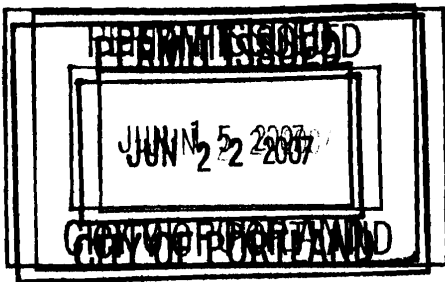
Location of Construction: 35 WINDING WAY, <i>Pearls Island</i>	Owner Name: PARKER WALTER G JR & MAR	Owner Address: 1 SOUTH ST	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: <i>IR2</i>

Past Use: Vacant Land	Proposed Use: Single Family: 20' x 40' Cape w/ deck	Permit Fee: \$975.00	Cost of Work: \$88,000.00	CEO District: 2
Proposed Project Description: 20' x 40' Cape w/ deck		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R-3</i> Type: <i>5B</i> <i>IRC-2003</i>	
		Signature: <i>6/14/07 CLM</i>		
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: dmartin	Date Applied For: 05/15/2007	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <i>N/A</i>	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland <i>N/A</i>	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone <i>panel 15-2000</i>	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input checked="" type="checkbox"/> Site Plan <i>2007-0082</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied <i>ABZ</i>
Date: <i>6/14/07 ABZ</i>	Date: _____	Date: _____



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 _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 35 WINDING WAY

CBL 085 P004001

Issued to PARKER WALTER G JR & MARY MEGHAN CASEY JTS/Date of Issue 12/17/2007

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 07-0549, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family, Type 5b, Use Group R-3, IRC 2003

Limiting Conditions:

Temporary Certificate of Occupancy Until 01 June 07 in which time all Site work is to be completed.

This certificate supersedes
certificate issued

Approved:

12/17/07 *[Signature]*

(Date) Inspector

[Signature]

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

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 8/21/07
 Permit # 2007-4612
 CBL# 85-P-4

LOCATION: 35 WINDING WAY (PF) METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER WaiteL Parcel
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	40	Receptacles	20	Switches	6	Smoke Detector	.20	13.20	
FIXTURES	15	Incandescent		Fluorescent	2	Strips	.20	3.40	
SERVICES	1	Overhead		Underground		TTL AMPS <800	15.00	15	
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
							25.00		
METERS	1	(number of)					1.00	1	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING		oil/gas units		Interior		Exterior	5.00		
APPLIANCES	1	Ranges		Cook Tops		Wall Ovens	2.00	2	
		Insta-Hot		Water heaters	3	Fans	2.00	6	
	1	Dryers		Disposals	1	Dishwasher	2.00	4	
		Compactors		Spa	1	Washing Machine	2.00	2	
		Others (denote)					2.00		
MISC. (number of)		Air Cond/win					3.00		
		Air Cond/cent				Pools	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	1	Main	4.00	4	
TRANSFORMER		0-25 Kva					5.00		
		25-200 Kva					8.00		
		Over 200 Kva					10.00		
							TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 55.00							MINIMUM FEE	45.00	47.20

CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 Centennial St Peaks, IS1 LIMITED LIC. # _____
 TELEPHONE 766 2780 6536320

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

PORTLAND PERMIT # 10379 TOWN COPY

Date Permit Issued: 8/28/07 \$ 170.00 If Double Fee Charged

Jeanie Bourke L.P.I. # 0732
Local Plumbing Inspector Signature

175227

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 Inspectors to deny a Permit.

Caution: Inspection Required

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

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</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>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # _____</p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<p style="text-align: center; font-size: 1.5em;">OR</p> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
		Drinking Fountain		Wash Basin
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<p style="text-align: center; font-size: 1.5em;">OR</p> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

07-6027

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION >> Caution: Permit Required - Attach in Space Below <<
City, Town, or Plantation: PORTLAND, PEAKS ISLAND
Street or Road: 35 WINDING WAY
Subdivision, Lot: 085 P 004

OWNER/APPLICANT INFORMATION
Home (last, first, MI): PARKER WALTER Owner
Mailing Address of: 1 SOUTH STREET YARMOUTH, ME 04096
Daytime Tel.: 232-7499
Municipal Tax Map: 85 Lot: P4 Lot: 43 39' 13" N Lon: 70 11' 25" W

Owner or Applicant Statement
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.
Signature of Owner/Applicant: W Parker Jr Date: 8-28-07
Local Plumbing Inspector Signature: [Signature] Date Approved: 8/30/07 - Bed and Bath

PERMIT INFORMATION

TYPE OF APPLICATION: 1. First Time System (checked)
THIS APPLICATION REQUIRES: 1. No Rule Variance (checked)
DISPOSAL SYSTEM COMPONENTS: 1. Complete Non-Engineered System (checked)
SIZE OF PROPERTY: 16 +/- acres (checked)
SHORELAND ZONING: No (checked)
DISPOSAL SYSTEM TO SERVE: 1. Single Family Dwelling Unit, No. of Bedrooms: 2 (checked)
TYPE OF WATER SUPPLY: 4. Public (checked)

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

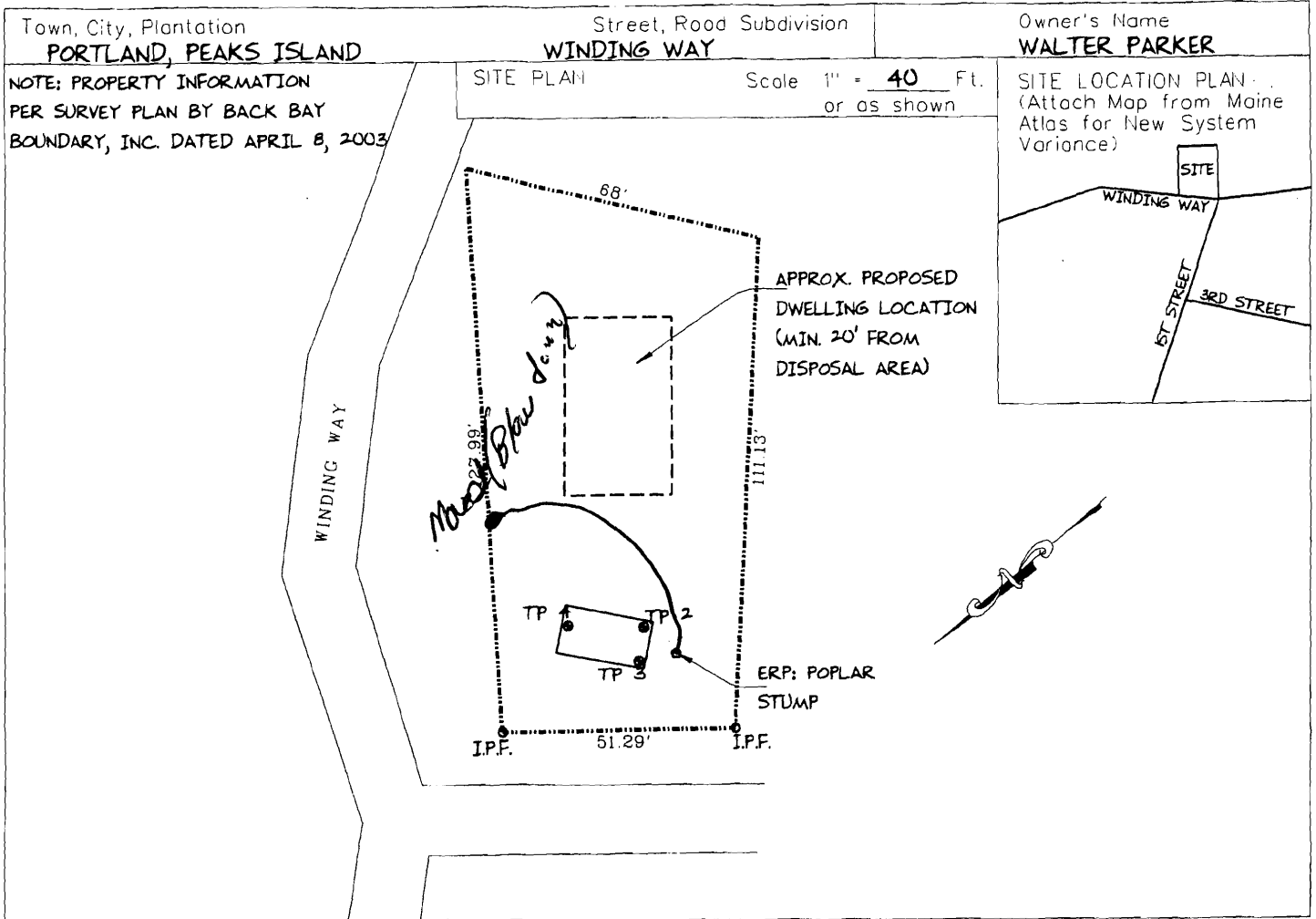
TREATMENT TANK: 1. Concrete (IF NECESSARY) (checked)
DISPOSAL FIELD TYPE & SIZE: 1. Stone Bed (checked), 15 ELJEN IN-DRAIN UNITS
GARBAGE DISPOSAL UNIT: 1. No (checked)
DESIGN FLOW: 180 gallons per day
SOIL DATA & DESIGN CLASS: PROFILE 2, CONDITION A, DESIGN 1
EFFLUENTEJECTOR PUMP: 1. Not required (checked)

SITE EVALUATOR STATEMENT

I certify that on 7/6/05 (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 21).
Site Evaluator Signature: Albert Frick SE * Date: 7/23/2006

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 2 Test Pit BH Boring
 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			DARK BROWN	
10	GRAVELLY SANDY LOAM	FRIABLE	DARK YELLOWISH BROWN	NONE EVIDENT
20	STONY LOAMY SAND & SAND			
30	FRACTURED BEDROCK			
40				
50				

Soil Classification: **2 A**
 Profile: **2** Condition: **A**
 Limiting Factor: **27"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole TP 3 Test Pit BH Boring
 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			DARK BROWN	
10	GRAVELLY SANDY LOAM	FRIABLE	DARK YELLOWISH BROWN	NONE EVIDENT
20	CHANNERY LOAMY SAND			
30	FRACTURED BEDROCK			
40				
50				

Soil Classification: **2 A**
 Profile: **2** Condition: **A**
 Limiting Factor: **30"**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Erick
 Site Evaluator Signature

163
 SE

7/23/2006
 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, PEAKS ISLAND

Street, Road, Subdivision
WINDING WAY

Owner's Name
WALTER PARKER

SCALE 1" = 20' FT.

SUBSURFACE WASTEWATER DISPOSAL PLAN

NEW 1000 GALLON CONCRETE SEPTIC TANK LOCATE WHERE FEASIBLE, 8' MIN. FROM BUILDING STRUCTURE SET AT HIGH ENOUGH ELEVATION TO PROVIDE GRAVITY FLOW OR INSTALL PUMP STATION PROVIDE RISERS AND COVERS TO GRADE FOR SEPTIC TANK TO PROVIDE ACCESS ASSURE WATERTIGHTNESS

APPROX. PROPOSED DWELLING LOCATION (MIN. 20' FROM DISPOSAL AREA)

PUMP STATION (IF NEEDED)

IF PUMPING USE 1 1/2" TO 2" DIA. EFFLUENT LINE BURIED BELOW FROST OR INSULATE TO PROTECT FROM FREEZING OR IF GRAVITY FLOW USE 4" DIA. SDR35 SOLID ABS

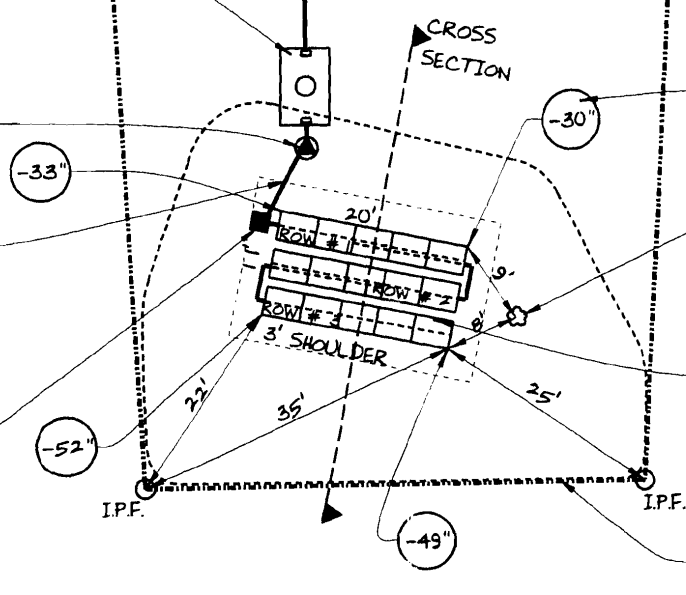
DISTRIBUTION BOX

EXISTING GRADE AT CORNER.

ERP: POPLAR STUMP

PROPOSED DISPOSAL AREA (3 ROWS OF 5 ELJEN IN-DRAIN UNITS)

APPROXIMATE TOE OF FILL



FILL REQUIREMENTS

Depth of Fill (Upslope) : 20" - 23"
 Depth of Fill (Downslope) : 19" - 22"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

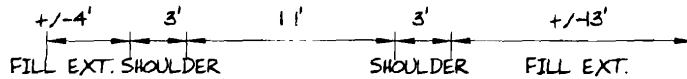
Finished Grade Elevation
 Top of Proprietary Device
 Bottom of Disposal Area

ELEVATION REFERENCE POINT

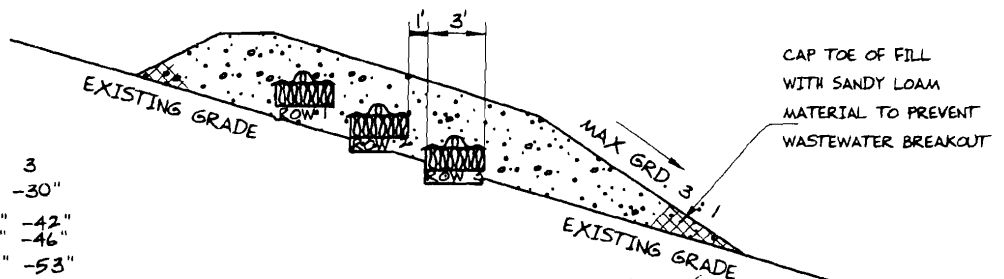
SEE DETAIL BELOW Location & Description NAIL 39" ABOVE BASE OF FLAGGED POPLAR STUMP Reference Elevation is: 0.0" or -----

DISPOSAL AREA CROSS SECTION

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



GRAVELLY COARSE SAND



	DEPTH BELOW ERP	ROW 1	ROW 2	ROW 3
FINISHED GRADE	-10"	-20"	-30"	
CLEAN FILL		-22"	-32"	-42"
GEOTEXTILE FABRIC		-26"	-36"	-46"
OVER 4" DIA. PERF. PIPE		-33"	-43"	-53"
ELJEN IN-DRAIN UNIT		-39"	-49"	-58"

Albert Frick
 Site Evaluator Signature

163
 SE *

7/23/2006
 Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

PORTLAND, PEAKS ISLAND	WINDING WAY	WALTER PARKER
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 inspected and

PORTLAND, PEAKS ISLAND TOWN	WINDING WAY LOCATION	WALTER PARKER APPLICANT'S NAME
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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.

