

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 02-0820	Issue Date: - 4 2002	CBL: 092 A001001
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Location of Construction: 548 Island Ave <i>PI</i>	Owner Name: Stevenson Monica L	Owner Address: 1501 Beacon St #1701	Phone: 207-766-2010
Business Name: n/a	Contractor Name: Weinschenk, Ric Builders	Contractor Address: 33 Island Avenue Portland	Phone: 2078283900
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Single Family	Zone: <i>I-B</i>

Past Use: Single Family	Proposed Use: Single Family / Demo existing 40' x 30' one story house; Build new 56' x 52' two story home w/ 14' x 20' attached garage and 56 linear foot seck w/1/2 circle circumfrence.	Permit Fee: \$1,876.00	Cost of Work: \$254,000.00	CEO District: 3
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Proposed Project Description: Demo existing house & rebuild new 56' x 52' house with garage and deck.	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>10/3/02</i>
Signature:	Signature: <i>[Signature]</i>	

Permit Taken By: gg	Date Applied For: 07/22/2002	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <i>N/A per section 49</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>panels zone C</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>#2002-0162</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> <i>ok with conditions</i> Date: <i>NS 8/15/02</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date:	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		DATE	PHONE

02 0820

All Purpose 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.

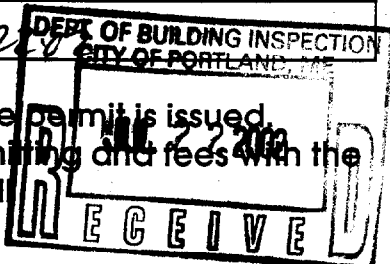
Location/Address of Construction: <u>548 ISLAND AVE, PEAKS ISLAND</u>		
Total Square Footage of Proposed Structure <u>3632 ft² inc. garage</u>	Square Footage of Lot <u>165,897 ft²</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>092</u> Block# <u>A</u> Lot# <u>001</u>	Owner: <u>MONICA L STEVENSON</u> <u>1501 BEACON ST Apt 1701</u> <u>Brookline, Ma 02446</u>	Telephone: <u>1-617-566-2623</u> <u>1-207-766-2010</u>
Lessee/Buyer's Name (If Applicable) <u>/</u>	Applicant name, address & telephone: <u>same</u>	Cost Of <u>254,000 RW</u> Work: \$ <u>246,000.-</u> Fee: \$
Current use: <u>Residence</u>	<i>need reduced fee - OR DEMO SITE</i>	
If the location is currently vacant, what was prior use:	<u>56' linear foot back w/ 1/2 circle driveway</u>	
Approximately how long has it been vacant:	<u>40' x 30' house lot</u>	
Proposed use: Project description:	<u>Replacing existing building with new single family 2 stories, 56x52 w/ attached car 14' x 20'</u>	
Contractor's name, address & telephone:	<u>Self as general, others to be determined</u>	
Who should we contact when the permit is ready:	<u>Monica Stevenson</u>	
Mailing address:	<u>1501 Beacon St Apt 1701 Brookline, Ma 02446</u>	
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>1-207-766-2010</u>		<u>1-617-566-2623</u>

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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> <u>Cottage Design Co.</u>	Date: <u>7-27-09</u>	DEPT OF BUILDING INSPECTION CITY OF PORTLAND, ME
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	PORTLAND Date Permit Issued: <u>10/24/02</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	8220 TOWN COPY <input type="checkbox"/> If Double Fee Charged
Street or Road	548 ISLAND AVENUE		L.P.I. # <u>0640</u>
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	STEVENSON MONICA		
Mailing Address of	150 BEACON STREET, # 170 BROOKLINE, MA 02446		
Daytime Tel. #			
Owner or Applicant Statement		Caution: Inspections Required	
I state 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 _____ Date _____		Local Plumbing Inspector Signature _____ (Date) Date Approved _____	

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)
1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non exempted 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 (2000 gpd+) 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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
10,000 +- sq. ft. <input checked="" type="checkbox"/> acres <input type="checkbox"/>	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 _____	1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other: _____
SHORELAND ZONING		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
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"/> R-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>960</u> sq. ft. <input type="checkbox"/> lin. ft. <u>20 ELTEN IN-DRAIN UNITS</u> <u>90° FEED</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"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	360 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling units) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - 4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	PUMPING	
PROFILE <u>5</u> / <u>B</u> / <u>2</u> CONDITION _____ DESIGN _____ All Observation Hole - <u>TP1</u> Depth _____ " Elevation <u>-34"</u> OF MOST LIMITING SOIL FACTOR _____	1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 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: DDC: _____ Gallons _____	

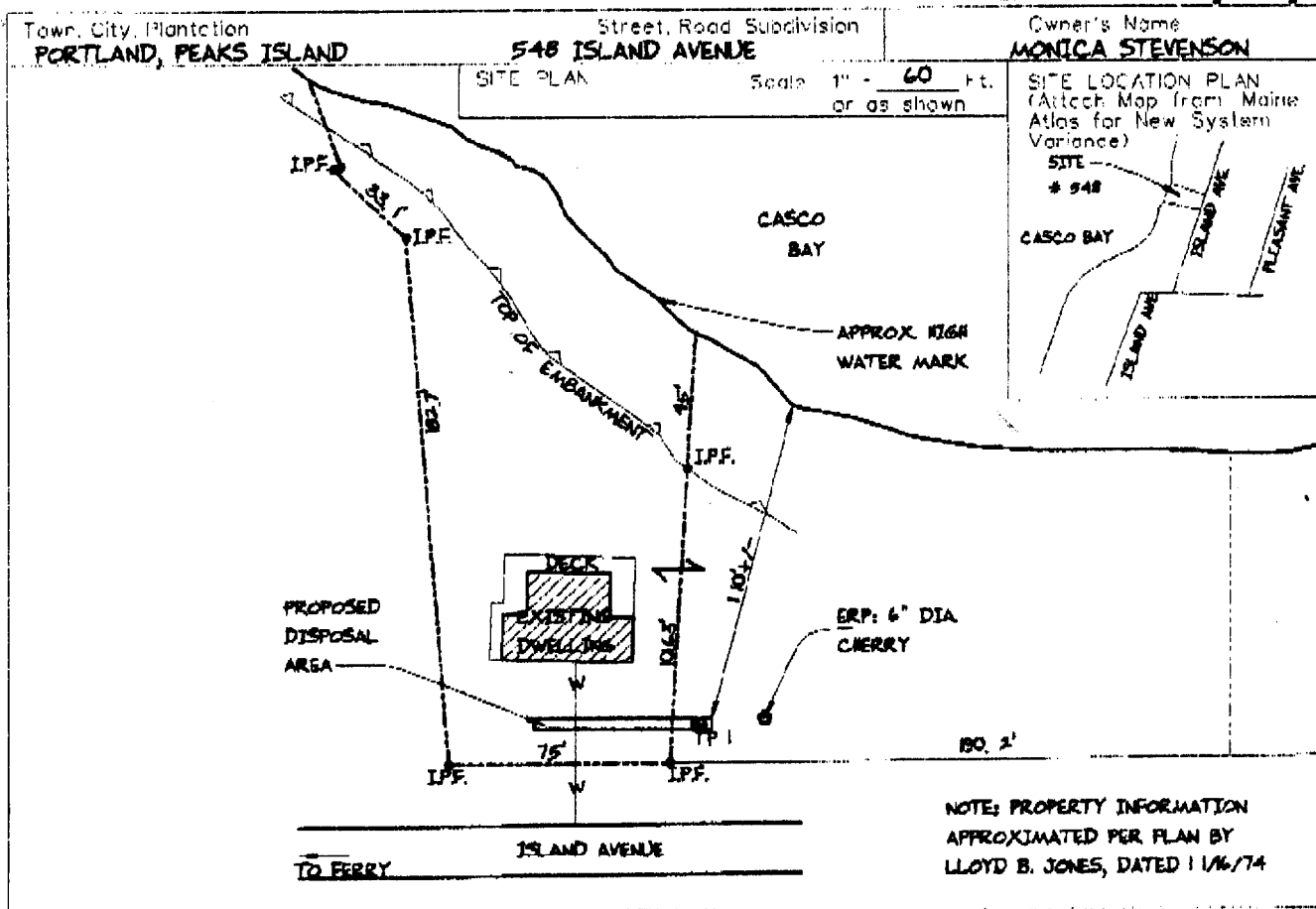
SITE EVALUATOR STATEMENT

I certify that on 10/27/02 (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).

Albert Frick Site Evaluator Signature 10/8 SE • 8/28/2002 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



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

Observation Hole TP1 Test Pit Boring
 Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY		DARK BROWN	
	LOAM			
10	GRAVELLY LOAMY SAND	FRITABLE	DARK YELLOWISH BROWN	
20				
30	SAND	SOMEWHAT FIRM		
40		FIRM		FEW FAINT
50	LIMIT OF EXCAVATION			

Soil Classification: S Profile C Condition 30

Limiting Factor: 30

Ground Water Restrictive Layer
 Bedrock
 Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: Profile Condition

Limiting Factor:

Ground Water Restrictive Layer
 Bedrock
 Pit Depth

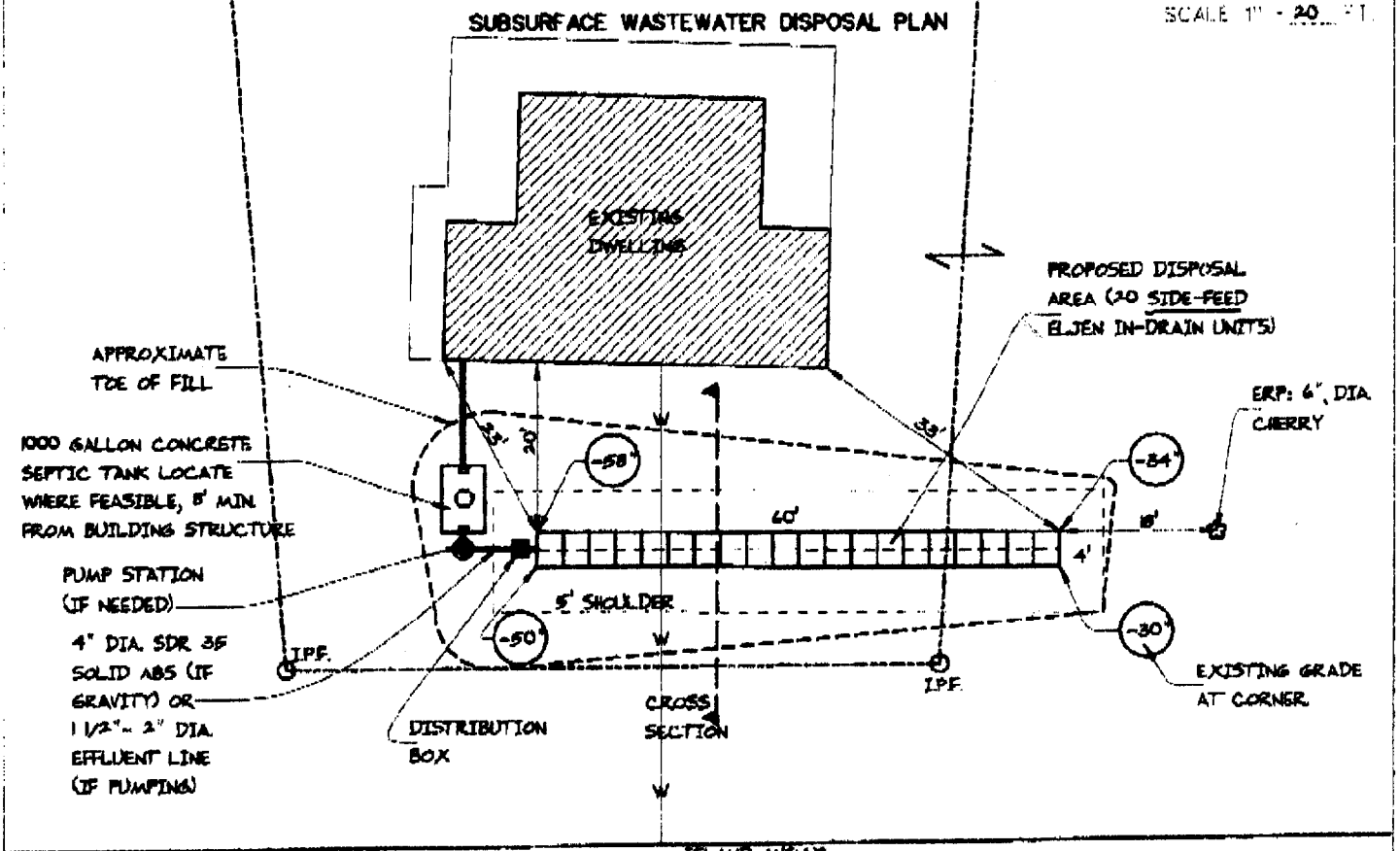
Albert Frick
 Site Evaluator Signature

8/28/2002
 Date

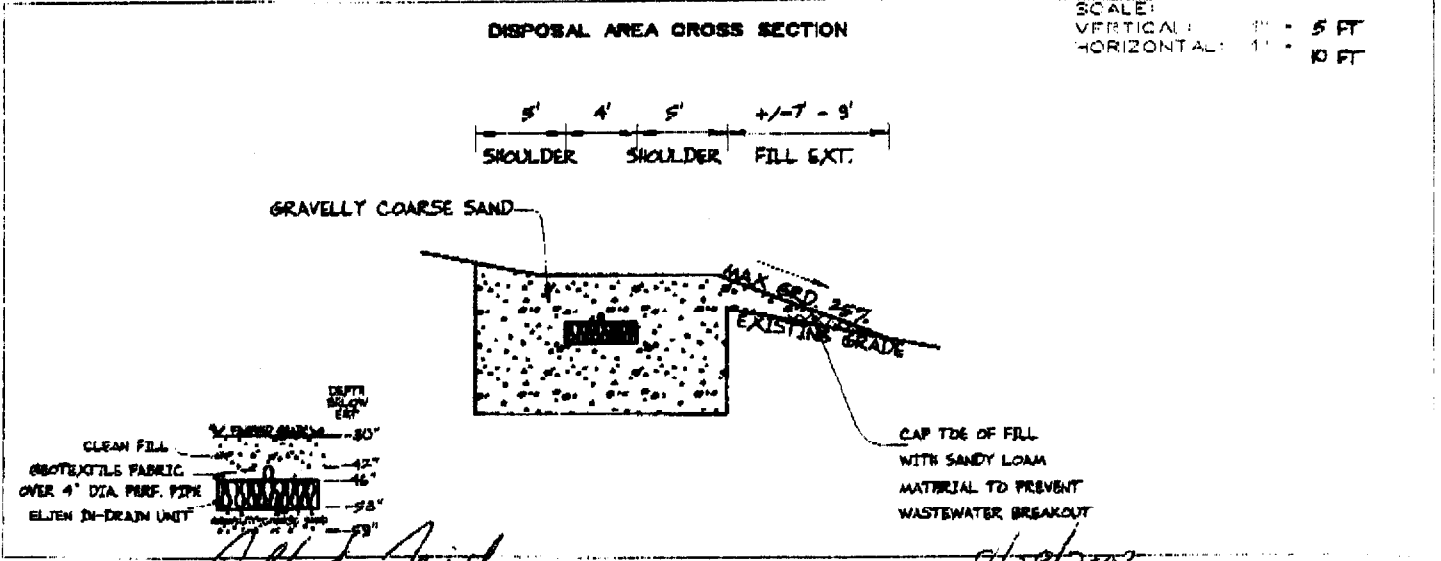
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plan, etc. PORTLAND, PEAKS ISLAND	Street, Road, Subdivision 548 ISLAND AVENUE	Owner's Name MONICA STEVENSON
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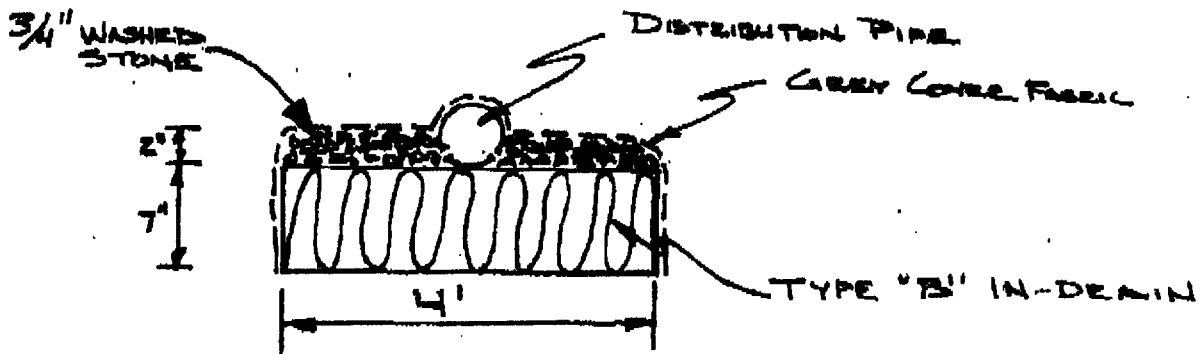


FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Slope) ± 0" - 20"	Finished Grade Elevation	Location & Description NAIL 25" ABOVE
Depth of Fill (Dowels) ± 4" - 28"	Top of Proprietary Device	BASE OF 6" DIA. CHERRY
	Bottom of Disposal Area	Reference Elevation 00"



Albert Frick
 K-3
 8/28/2002

SUGGESTED DISTRIBUTION METHOD FOR TYPE "B" IN-DEANS TURNED 90°



DETAIL
N.T.S.

NOTES FOR ELSEN COOP:

1. TURNING TYPE "B" IN-DEANS AS SHOWN ABOVE SHALL ONLY BE DONE AS A LAST RESORT AND BE DONE ON A CASE CASE BASIS.
2. ELSEN COOP. DOES NOT ENCOURAGE THIS TYPE LAYOUT SINCE IT MAY GET CONFUSING WITH ITS SUGGESTED LAYOUTS.

5/9/00


Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

<u>Portland, Peaks Island</u>	<u>548 Island Avenue</u>	<u>Stevenson</u>
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 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.

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 should 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) and controlled or hazardous substances shall not be disposed of in this system.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

<u>Portland Rocks Island</u>	<u>548 Island Avenue</u>	<u>Sterenton</u>
TOWN	LOCATION	APPLICANT'S NAME

- 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 once every three years.
- 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.) + # 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 requirements. 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. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to 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 thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow 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.



Albert Frick Associates, Inc.
 Soil Scientists & Site Evaluators
 95A County Road - Garham, Maine 04037
 (207) 839-5563

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

2002-0162

Application I. D. Number

07/22/2002

Application Date

548 Island Ave. Peaks Island

Project Name/Description

Stevenson Monica L

Applicant

1501 Beacon St # 1701 , Brookline , MA 02446

Applicant's Mailing Address

Ric Weinschenk Builders

Consultant/Agent

Agent Ph: 828-3900 Agent Fax: 775-7703

Applicant or Agent Daytime Telephone, Fax

548 - 548 Island Ave, Portland, Maine

Address of Proposed Site

092 A001001

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) _____

3,632 sq. ft. 65,897 sq. ft.

Proposed Building square Feet or # of Units Acreage of Site Zoning

Check Review Required:

- Site Plan (major/minor) Subdivision # of lots _____ PAD Review 14-403 Streets Review
- Flood Hazard Shoreland Historic Preservation DEP Local Certification
- Zoning Conditional Use (ZBA/PB) Zoning Variance Other _____

Fees Paid: Site Plan \$50.00 Subdivision _____ Engineer Review \$250.00 Date 07/25/2002

DRC Approval Status:

Approved Denied *extra site design attached*

Approval Expiration 09/25/2003 Extension to _____ Additional Sheets Attached

Condition Compliance Jay Reynolds 09/25/2002
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	

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

2002-0162

Application I. D. Number

07/22/2002

Application Date

548 Island Ave. Peaks Island

Project Name/Description

Stevenson Monica L

Applicant

1501 Beacon St # 1701 , Brookline , MA 02446

Applicant's Mailing Address

Ric Weinschenk Builders

Consultant/Agent

Agent Ph: 828-3900

Agent Fax: 775-7703

Applicant or Agent Daytime Telephone, Fax

548 - 548 Island Ave, Portland, Maine

Address of Proposed Site

092 A001001

Assessor's Reference: Chart-Block-Lot

Approval Conditions of DRC

- 1 All damage to sidewalk, curb, street, or public utilities shall be repaired to City of Portland standards prior to issuance of a Certificate of Occupancy.
- 2 Two (2) City of Portland approved species and size trees must be planted on your street frontage prior to issuance of a Certificate of Occupancy.
- 3 Your new street address is now 548 Island Avenue, the number must be displayed on the street frontage of your house prior to issuance of a Certificate of Occupancy.
- 4 The Development Review Coordinator (874-8632) must be notified five (5) working days prior to date required for final site inspection. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. Please schedule any property closing with these requirements in mind.
- 5 As-built record information for sewer and stormwater service connections must be submitted to Public Works Engineering Section (55 Portland Street) and approved prior to issuance of a Certificate of Occupancy.
- 6 The site contractor shall establish finish grades at the foundation, bulkhead and basement windows to be in conformance with the first floor elevation (FFE) and sill elevation (SE) set by the building contractor to provide for positive drainage away from entire footprint of building.
- 7 The Development Review Coordinator reserves the right to require additional lot grading or other drainage improvements as necessary due to field conditions.

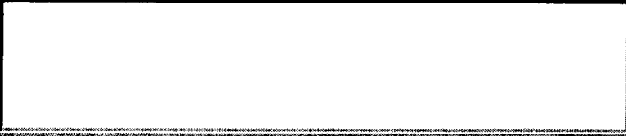
2-0820

Building

Approved with Conditions

Mike Nugent

10/03/2002



Mike Nugent

10/03/2002

Must Comply with previous conditions of approval issued by Marge Schmuckal, Zoning, and Planning.

07/25/2002

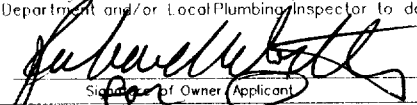
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10/03/2002

mjn

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Building 207, 100 High Street, Portland, ME 04102
 (207) 287-3872 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	<p>The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.</p>
Street or Road	548 ISLAND AVENUE	
Subdivision, Lot *		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)	STEVENSON MONICA	Owner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/>
Mailing Address of	1501 BEACON STREET, # 1701	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	BROOKLINE, MA 02446	
Daytime Tel. *	Municipal Tax Map *	Lot *
Owner or Applicant Statement		Caution: Inspections Required
I state 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
_____ Date		_____ (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 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	DISPOSAL SYSTEM COMPONENT(S) 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 (2000 gpd) 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
SIZE OF PROPERTY 18,000 +- <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 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 _____	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 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	DISPOSAL FIELD TYPE & SIZE 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>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>20 ELJEN IN-DRAIN UNITS</u> <u>(90° FEED)</u> DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 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	GARBAGE DISPOSAL UNIT 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"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW 360 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 4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>S</u> / CONDITION <u>B</u> / DESIGN <u>2</u> AT Observation Hole # <u>TP1</u> Depth _____ " Elevation <u>-34</u> " OF MOST LIMITING SOIL FACTOR		PUMPING 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	

9/6/01

SITE EVALUATOR STATEMENT

I certify that on 10/2/01 (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).

Albert Frick

Site Evaluator Signature

163
SE *

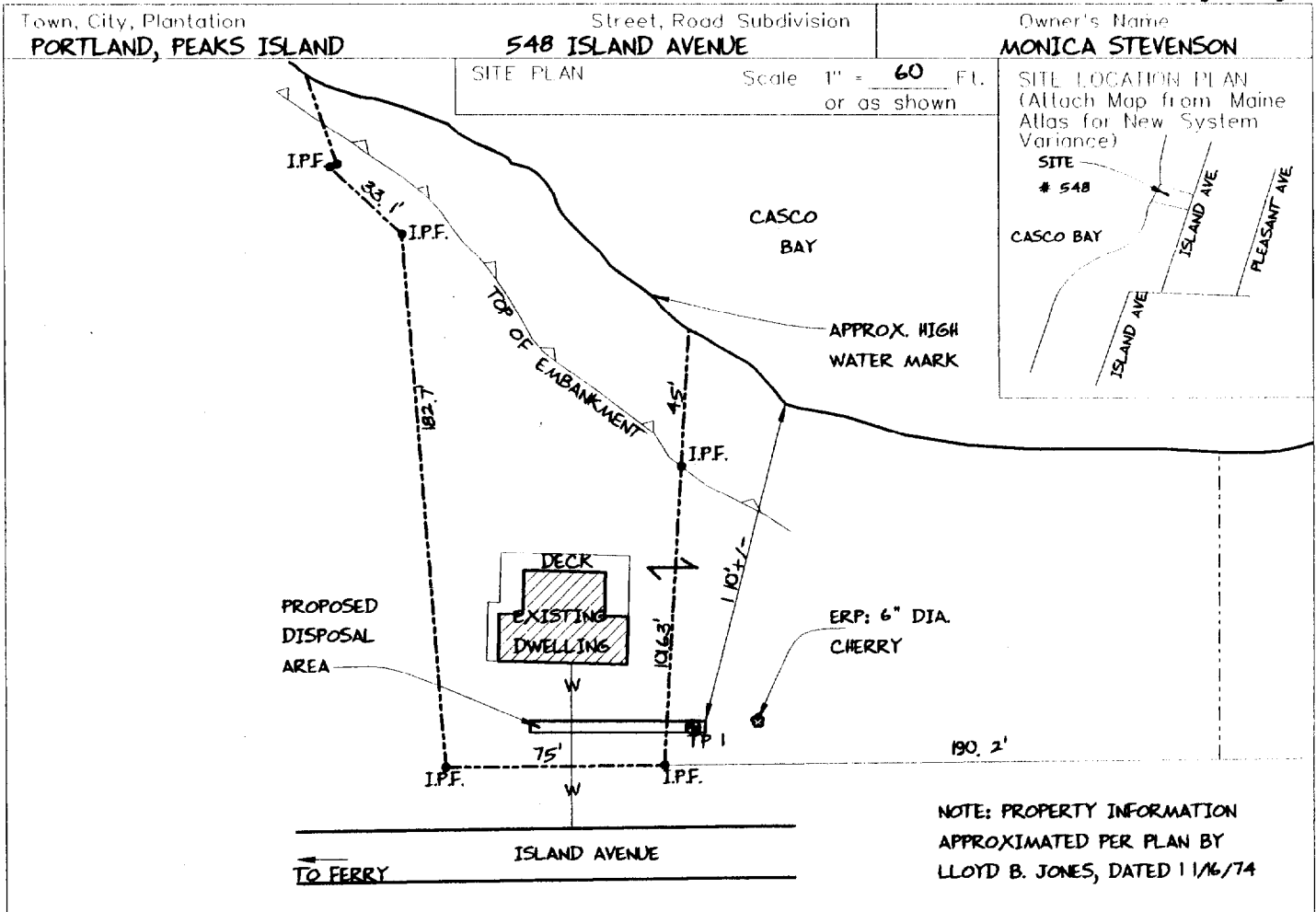
8/28/2002

Date

Page 1 of 3
HHE-200 Rev. 1/99

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



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	SANDY LOAM		DARK BROWN	
10	GRAVELLY LOAMY SAND	FRIABLE	DARK YELLOWISH BROWN	
20	SAND	SOMEWHAT FIRM		
30		FIRM		FEW FAINT
50	LIMIT OF EXCAVATION			

Soil Classification: **S** Profile, **C** Condition
Slope: _____
Limiting Factor: **30**
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole _____ Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: _____ Profile, _____ Condition
Slope: _____
Limiting Factor: _____
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
Site Evaluator Signature

163
SE

8/28/2002
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

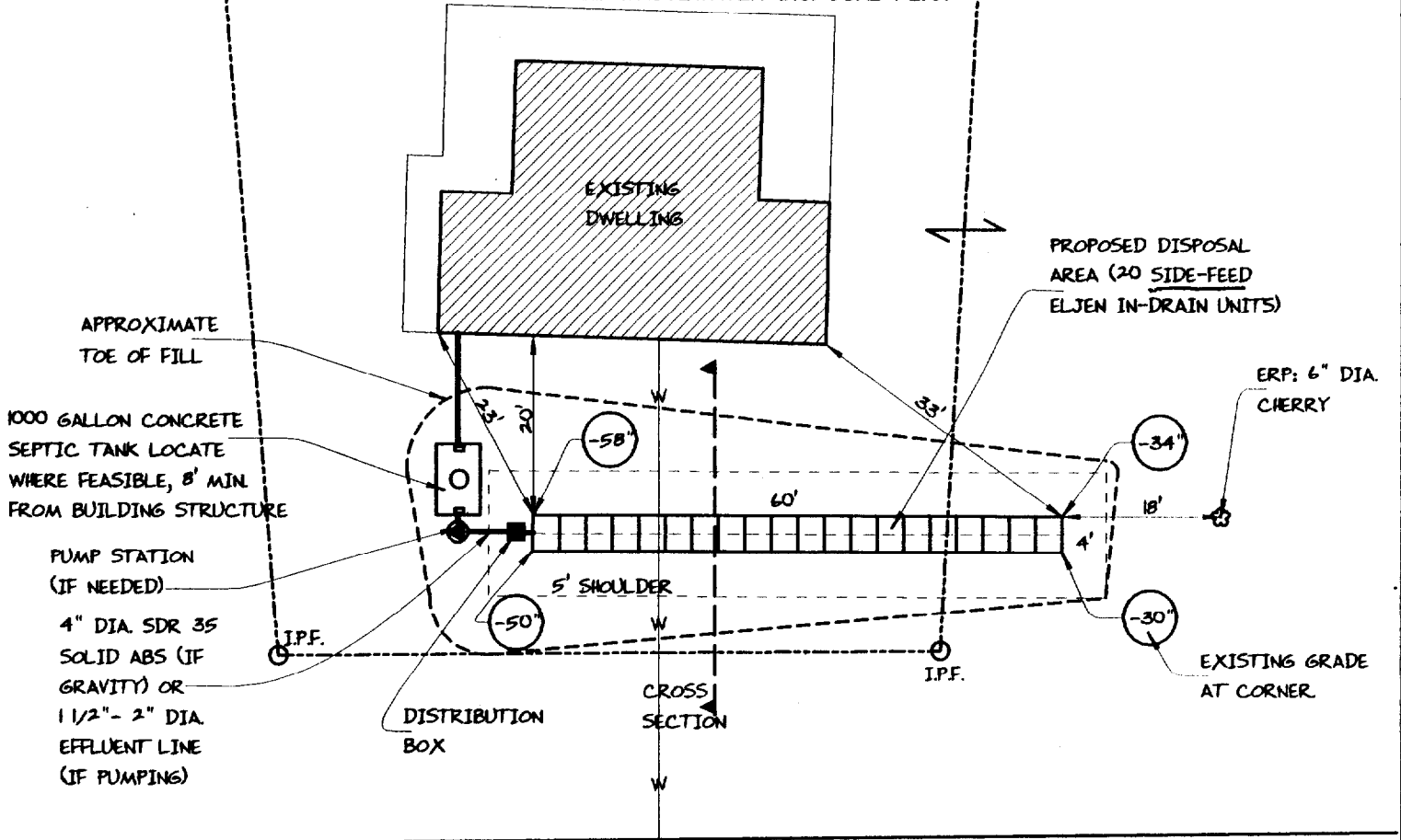
Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road, Subdivision
548 ISLAND AVENUE

Owner's Name
MONICA STEVENSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 0" - 20"
Depth of Fill (Downslope) : 4" - 28"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of ~~Proprietary Device~~
Bottom of Disposal Area

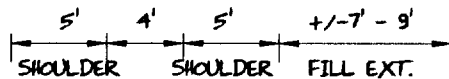
ELEVATION REFERENCE POINT

Location & Description NAIL 28" ABOVE
BASE OF 6" DIA CHERRY
Reference Elevation (00")

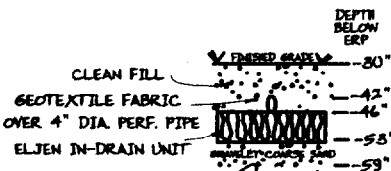
SEE
DETAIL
BELOW

DISPOSAL AREA CROSS SECTION

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



GRAVELLY COARSE SAND



CAP TOE OF FILL
WITH SANDY LOAM
MATERIAL TO PREVENT
WASTEWATER BREAKOUT

Albert Frick
Site Evaluator Signature

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SE *

8/28/2002
Date

Page 3 of 3
HHE-200 Rev. 7/97



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

Portland, Peaks Island
TOWN

548 Island Avenue
LOCATION

Stevenson
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 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.

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 should 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) and controlled or hazardous substances shall not be disposed of in this system.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

Portland Peaks Island 548 Island Avenue Stevenson
TOWN LOCATION APPLICANT'S NAME

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 once every three years.

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.) + # 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 requirements. 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. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to 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 thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.

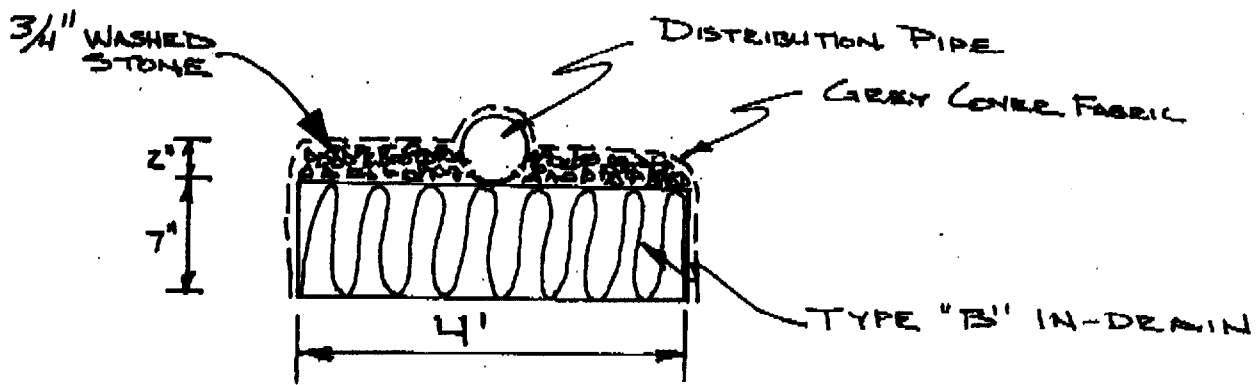
11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay).

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.



SUGGESTED DISTRIBUTION METHOD FOR
TYPE "B" IN-DRAINS TURNED 90°



DETAIL
N.T.S.

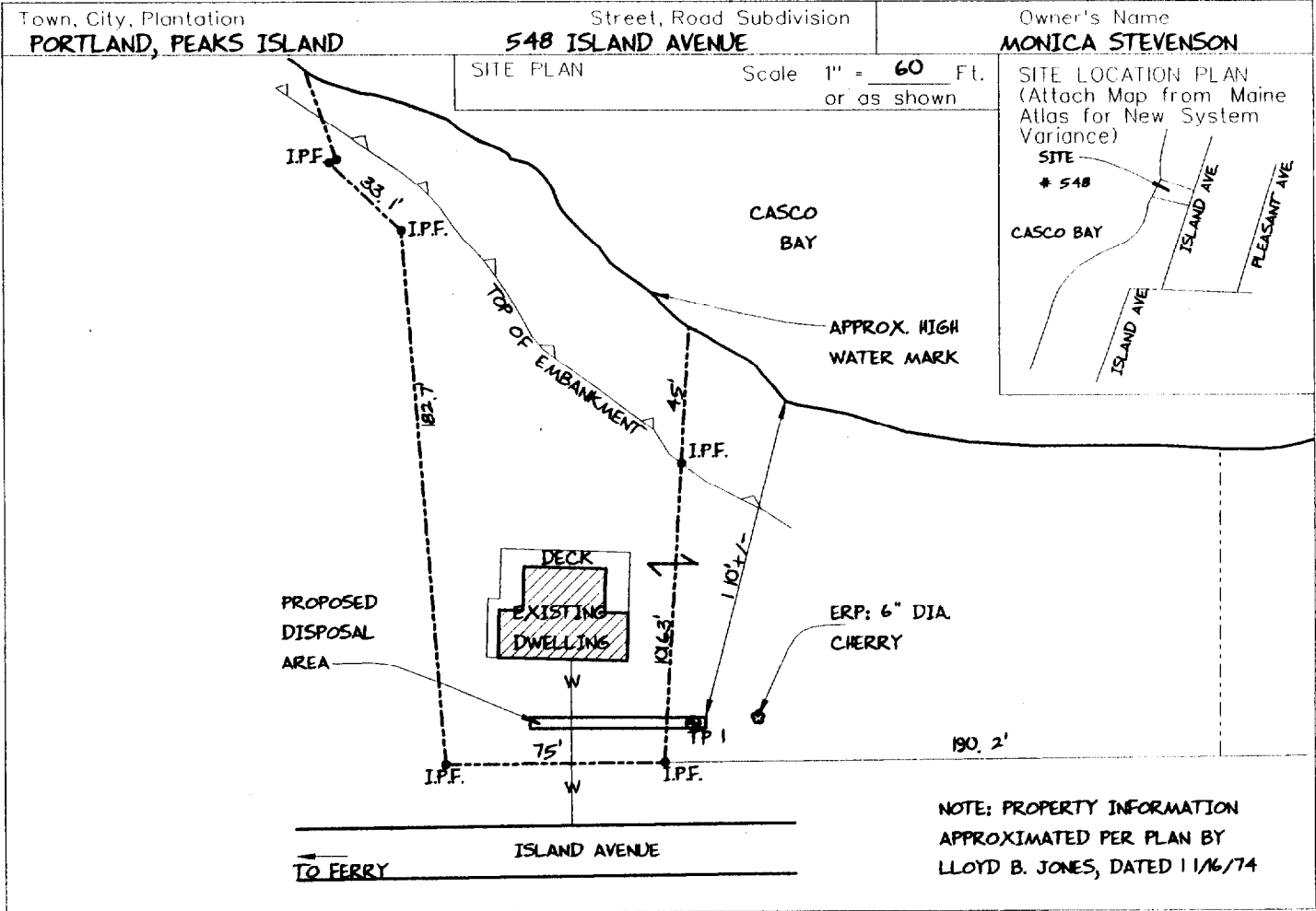
NOTES PER ELJEN CORP:

1. TURNING TYPE "B" IN-DRAINS AS SHOWN ABOVE SHALL ONLY BE DONE AS A LAST RESORT AND BE DONE ON A CASE CASE BASIS.
2. ELJEN CORP. DOES NOT ENCOURAGE THIS TYPE LAYOUT SINCE IT MAY GET CONFUSING WITH ITS SUGGESTED LAYOUT.

5/9/00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



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

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

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10	GRAVELLY LOAMY SAND	FRIABLE	DARK YELLOWISH BROWN	
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30		FIRM		FEW FAINT
50	LIMIT OF EXCAVATION			

Soil Classification: S Profile, C Condition
 Slope: _____
 Limiting Factor: 30"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Observation Hole _____ Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil _____

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0				
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Soil Classification: _____ Profile, _____ Condition
 Slope: _____
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 Ground Water
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 Bedrock
 Pit Depth

Albert Frick
 Site Evaluator Signature

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 SE *

8/28/2002
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

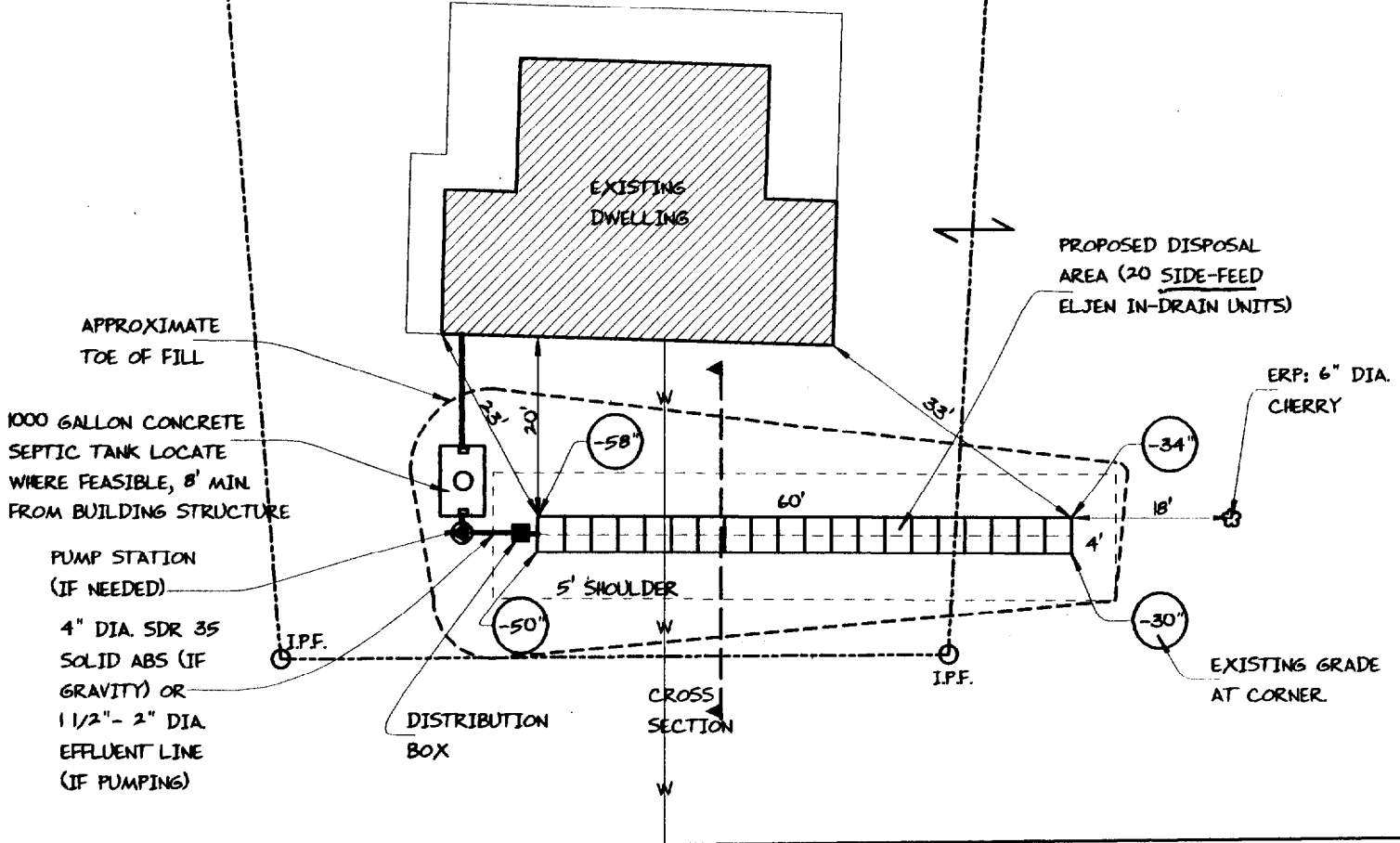
PORTLAND, PEAKS ISLAND

548 ISLAND AVENUE

MONICA STEVENSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) ± 0" - 20"
Depth of Fill (Downslope) ± 4" - 28"

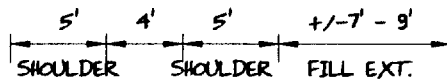
Finished Grade Elevation
Top of ~~Proprietary Device~~
Bottom of Disposal Area

SEE
DETAIL
BELOW

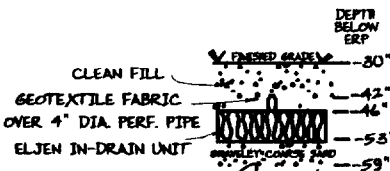
Location & Description NAIL 28" ABOVE
BASE OF 6" DIA. CHERRY
Reference Elevation 00"

DISPOSAL AREA CROSS SECTION

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



GRAVELLY COARSE SAND



CAP TOE OF FILL
WITH SANDY LOAM
MATERIAL TO PREVENT
WASTEWATER BREAKOUT

Albert Frick
Site Evaluator Signature

163
SE

8/28/2002
Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

Portland, Peaks Island
TOWN

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LOCATION

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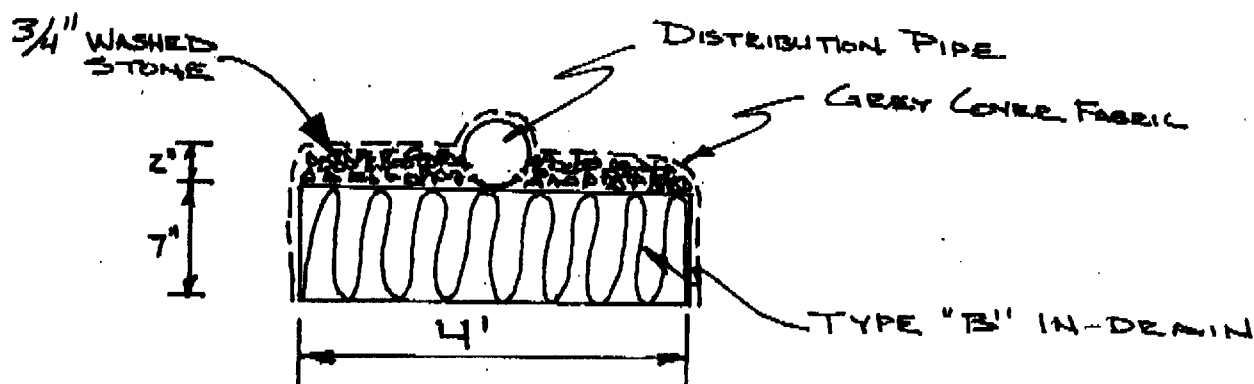
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SUGGESTED DISTRIBUTION METHOD FOR
TYPE "B" IN-DEAINS TURNED 90°



DETAIL
N.T.S.

NOTES PER ELJEN CORP:

1. TURNING TYPE "B" IN-DEAINS AS SHOWN ABOVE SHALL ONLY BE DONE AS A LAST RESORT AND BE DONE ON A CASE CASE BASIS.
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5/9/00

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number	1 of 1
Parcel ID	092 A001001
Location	548 ISLAND AVE
Land Use	SINGLE FAMILY
 Owner Address	 STEVENSON MONICA L 1501 BEACON ST # 1701 BROOKLINE MA 02446
 Book/Page	 16816/091
Legal	92-A-1 ISLAND AVE PEAKS ISLAND 31650 SF

Valuation Information

Land	Building	Total
\$116,130	\$51,560	\$167,690

Property Information

Year Built 1972	Style Ranch	Story Height 1	Sq. Ft. 1000	Total Acres 0.727	
Bedrooms 2	Full Baths 1	Half Baths 1	Total Rooms 5	Attic None	Basement Crawl

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
-------------	-----------------	-------------------	-------------	--------------	------------------

Sales Information

Date	Type	Price	Book/Page
-------------	-------------	--------------	------------------

Picture and Sketch

<u>Picture</u>	<u>Sketch</u>
----------------	---------------

[Click here](#) to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-mailed.



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

2002-0162
Application I. D. Number
07/22/2002
Application Date

Stevenson Monica L
Applicant
1501 Beacon St # 1701 , Brookline , MA 02446
Applicant's Mailing Address
Ric Weinschenk Builders
Consultant/Agent
Agent Ph: 828-3900 Agent Fax: 775-7703
Applicant or Agent Daytime Telephone, Fax

Project Name/Description
548 - 548 Island Ave, Portland, Maine
Address of Proposed Site
092 A001001
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) _____

3,632 sq. ft **65,897 sq. ft.**
Proposed Building square Feet or # of Units Acreage of Site Zoning

Check Review Required:

Site Plan (major/minor) Subdivision # of lots _____ PAD Review 14-403 Streets Review
 Flood Hazard Shoreland Historic Preservation DEP Local Certification
 Zoning Conditional Use (ZBA/PB) Zoning Variance Other _____

Fees Paid: Site Plan **\$50.00** Subdivision _____ Engineer Review **\$250.00** Date **07/25/2002**

Insp Approval Status: Reviewer _____

Approved Approved w/Conditions See Attached Denied

Approval Date _____ Approval Expiration _____ Extension to _____ Additional Sheets Attached

Condition Compliance _____ signature _____ date _____

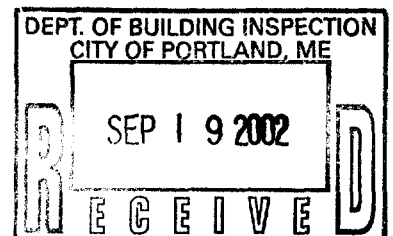
Performance Guarantee Required* Not Required

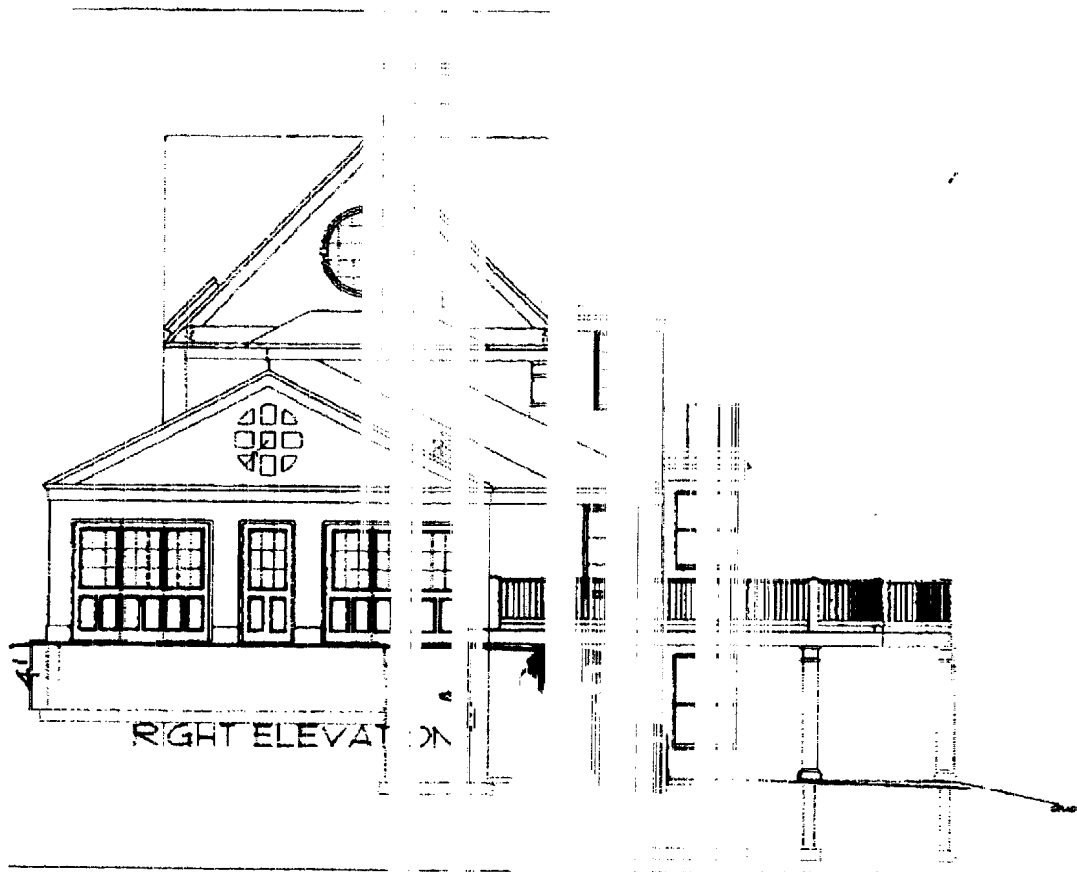
* No building permit may be issued until a performance guarantee has been submitted as indicated below

<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	

rcvd 9/16/02
via
voice mail

Hi, Miss Littell, this is Monica Stevens. I'm calling from Peaks Island. It's my understanding from Mike Nugent that my application for a permit to build a house on Peaks Island has been referred to you for I'm not quite sure what kind of review but for some type of review and I was calling to ask you to get back to me. Ric Weinschenk Designers did the design for me and delivered the application and everything. However, if the permit is to me and it is paid for by me and I don't know who is going to do the building but I would like to have my permit or find out what the problems are with the application. My number is 766-2010. Thank you.





NOTE: GARAGE FOUNDATION N.W.

PROPOSED COTTAGE for the MONICA L. STEVENSON LAN	
548 BK. AND AVENUE PEAKS ISLAND	The Cottage Design Company, LLC 33 ISLAND AVENUE, PEAKS ISLAND, MAINE 04860 (800) 332-6149
43002 DATE 9.13.07	As an applicant
1/8" = 1' FOOT SCALE	© Cottage Design Co. 1999. All rights reserved. Printed in United States of America.
ELEVATIONS SHEET	These plans have been prepared to meet the professional standards and practice. Applicant, Owner, and contractor are responsible for all construction details, including but not limited to, but not limited to, all necessary permits, and shall ensure the plans are complete for all dimensions and other details, and shall ensure the plans are clear and that all critical dimensions are highlighted in red ink.

BACK BAY BOUNDARY, INC.

TRANSMITTAL

Send to: The City of Portland	From: Robert T. Greenlaw, PLS
Attention: Mr. Nugent	Date: 09-16-2002
Office Location: 389 Congress St	Project: Monica L. Stevenson
Fax Number:	548 Island Av. Peaks Island, ME

- Urgent
- Reply ASAP
- Please comment
- Please Review
- For your Information

Total pages, including cover:3

Comments:

Please accept the attached Elevation Certificate new certificate when construction is complete complete one for you.

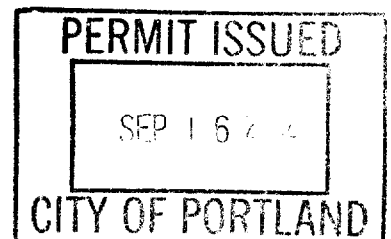
Regards,



Robert T. Greenlaw, PLS

Cc: Monica Stevenson
Ric. Weinschenk

mike — *9/16/02*
I guess you required
This - This is not
A zoning requirement
Down what you
want — *mike*



65 Newbury Street Portland, Maine 04101 207-774-2855 Fax 207-761-2010

Email Backbayboundary@cs.com

www.Backbayboundary.com

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME Monica L. Stevenson			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 548 Island Ave			Company NAIC Number	
CITY Peaks Island, Portland	STATE ME	ZIP CODE 04108		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Map 92- Block A- Lot 001				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##"##" or ##.#####) 43°-40-09 070-11-25		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: City

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Portland #230051		B2. COUNTY NAME Cumberland		B3. STATE ME	
B4. MAP AND PANEL NUMBER 15	B5. SUFFIX B	B6. FIRM INDEX DATE 12/08/1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE 07-17-1986	B8. FLOOD ZONE(S) A2	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) g

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

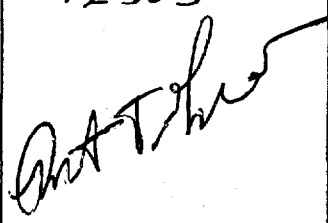
C2. Building Diagram Number 3 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD 1929 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

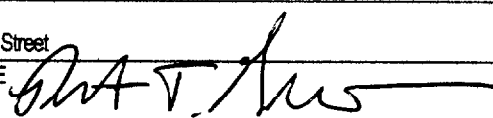
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	33. 17 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	na. ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	na. ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	na. ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	33. 17 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	32. 0 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	38. 0 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade na	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h na sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

#2303

 09-16-2002

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Robert T. Greenlaw, PLS	LICENSE NUMBER 2303		
TITLE Professional Land Surveyor	COMPANY NAME Back Bay Boundary, Inc.		
ADDRESS 65 Newbury Street	CITY Portland	STATE ME	ZIP CODE 04101
SIGNATURE 	DATE 09-16-2002	TELEPHONE 207-774-2855	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 548 Island Ave			Policy Number
CITY Peaks Island, Portland	STATE ME	ZIP CODE 04108	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

The proposed cottage for this site will occupy the same location as the existing structure.
It will maintain the same finished floor elevation for the lowest floor as the existing structure.

The current lowest finished floor elevation is 33.17 feet

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

____ ft.(m) Datum: ____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

____ ft.(m) Datum: ____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

SEI **SHELLEY ENGINEERING, INC.**
STRUCTURAL CONSULTANTS

September 16, 2002
SEI Job # 2002-548

Mr. Ric Weinschenk
Cottage Design Company
33 Island Avenue
Peaks Island, ME 04108


Reference: Curved Beam Analysis - Stevenson Residence

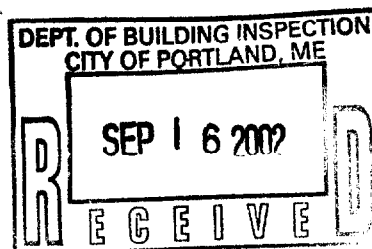
Dear Mr. Weinschenk:

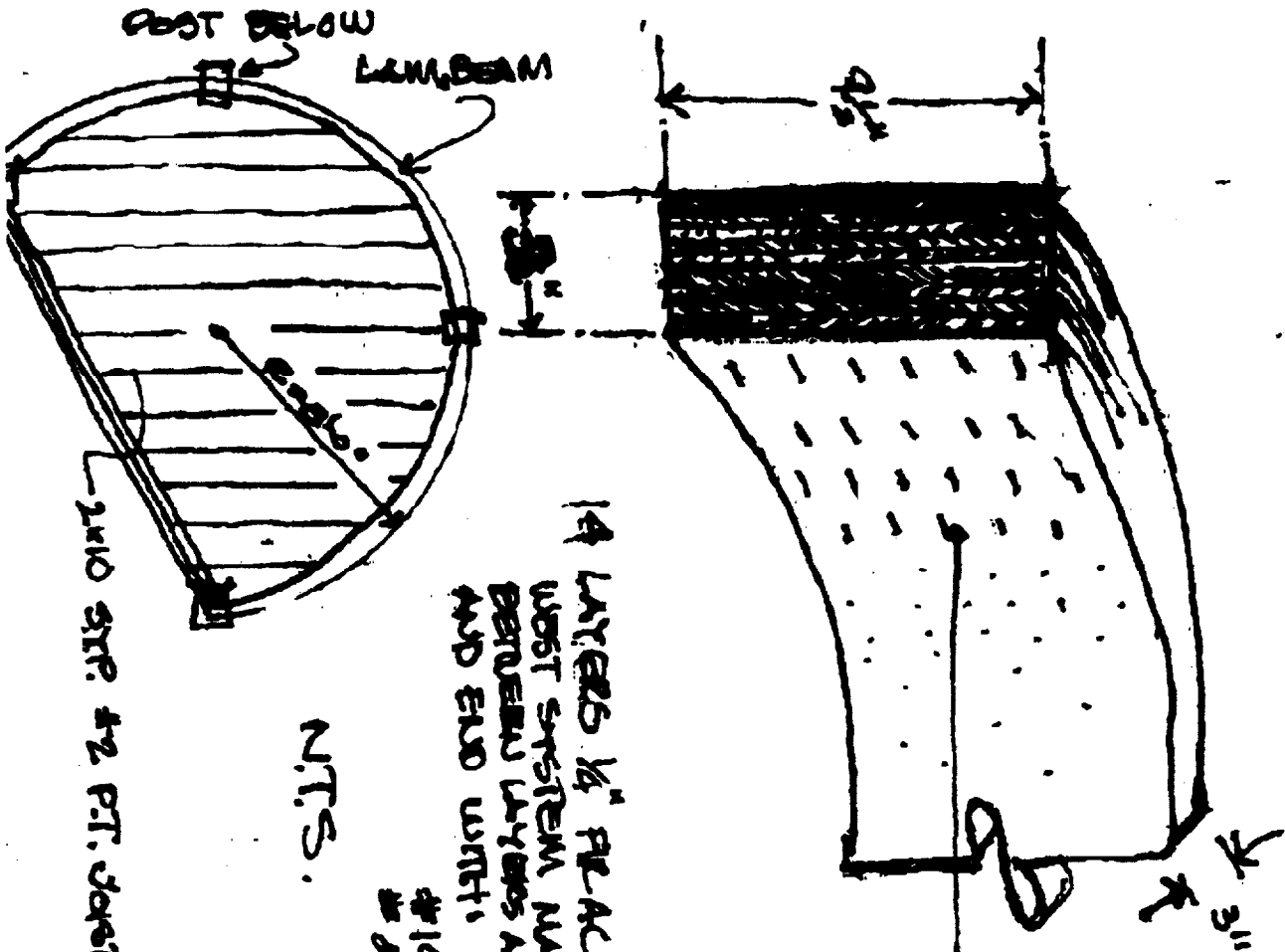
Per your request, we have analyzed the curved wood beam to be used in the construction of the deck at the Stevenson residence. The beam will consist of 14 layers of 1/4" plywood fastened together with marine epoxy and galvanized wire staples, as indicated on the enclosed sketch.

We have found that the proposed beam will be adequate to support the necessary design loads as specified in the BOCA National Building Code, 1999 edition. If you have any questions or require any further assistance, please do not hesitate to call.

Sincerely,
Shelley Engineering, Inc.


Timothy G. Shelley, P.E.





14 LAYERS 1/2" PLYWOOD GLUED WITH
 MOST SYSTEM NAUJAE E POX
 BETWEEN LAYERS AND CAR 4 EXTERIOR SIDES
 AND END WITH:

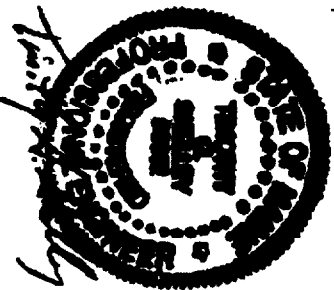
#105 POKIN
 #008 HARDWARE

NITS.

2X10 STR. #2 P.T. JOISTS @ 16" O.C. (TYP)

STRIPLE 5 AND 6 PER ROW 8" O.C.
 WITH 1/2" GROUT 1/2" X 1/2" GROUT
 ADVANTISED AND GROUTS

DETAIL FOR LAM POKIN
 @ GREYSEAU PPS.
 PEARS ISLAND



DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 SEP 16 2002
 RECEIVED

COTTAGE DESIGN COMPANY

DESIGNERS OF FINE AND UNUSUAL HOMES AND NEIGHBORHOODS
32 ISLAND AVENUE, PEAKS ISLAND, MAINE 04108
(207) 766-3900 FAX (207) 766-2999

FAX COVER SHEET

TO: Mike Karpal

FROM: Pat Wussell

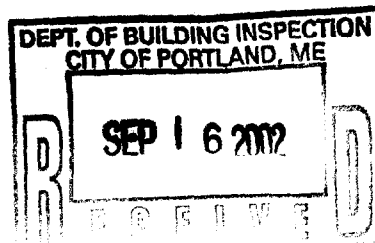
DATE: 16 Sept 02

RE:

of Pages: 3 (including cover)

Mike - Here is Shelley Engineering
letter vis a vis the curved beams.
Hope you have a good vacation

R



COTTAGE DESIGN COMPANY

DESIGNERS OF FINE AND UNUSUAL HOMES AND NEIGHBORHOODS
20 ISLAND AVENUE PEASE ISLAND, MAINE 04108
(207) 766-8900 FAX (207) 766-1222

COVER SHEET

TO: Mike Nugent

FROM: Ric Weinschenk

DATE: 9.13.02

RE: Height of Garage wall

of Pages: 2 (including cover)

•
•
•
•
•
•
•
•

389 Congress St. Rm 315
Portland, ME 04101
Phone: (207)874-8700
Fax: (207)874-8716

facsimile transmittal

To: Ric Weinschenk **From:** Mike Nugent

Fax: 766-2999 **Date:** September 13, 2002

Phone: **Pages:** 1

Re: 548 Island Ave.

- Urgent For Review Please Comment Please Reply Please Recycle

- 1) Jay Reynolds advises that an amended site plan has not been submitted for review. He stated that he informed you of this on 8/23/02.
- 2) Footing depth for garage?
- 3) What brand of manufactured wood product are you using in the circular deck assemblies?
- 4)

• • • • •

(Table 602.3(1) & (2))		
Private Garage (Section 309 and Section 407 1999 BOCA)	Protected from house with metal mesh 1/2 goup	1 new fire resistance 5/8 each side of common walls out ceiling
Egress Windows (Section 310)	LOWER LEVEL BEDROOM DOOR TO TRUNK WINDOW 24" clear opening vertical 24" " " horizontal	MASTER & GUEST BEDROOMS 36" WIDE DOOR 80" tall
Roof Covering (Chapter 9)	1/2" OSB / 15 FIELT 30 yv . 275# asphalt shingles	

Second Floor Joist Species Dimensions and Spacing (Table 503.3.1(1) & Table 503.3.2(1))	See plan 1/2" wood joists @ 16" oc.	See plans
Attic or additional Floor Joist Species Dimensions and Spacing (Table 802.4.2 or 503.3.1(1) & Table 503.3.2(1))	2x8 @ 16" oc.	See plans
Stairway Treads & Risers (Section 314)	treads 11" (all) risers 7 5/8" (all)	See plans
Stairway Width (Section 314)	all greater than 36" clear varies	See plans
Stairway Headroom Guardrails and Handrail (Section 314)	all in excess of 80" vehicle varies	See plans
Guardrails and Handrail (Section 315)	handrail on stairs 36" above heads deck rails @ 36" above finish flooring	See plans See plans
Roof Rafter: Pitch, Span, Spacing & Dimension (Table 802.3.2(7))	varies however all Rafters are 2x8	
Sheathing; Floor, Wall and roof (Table 503.2.1(1))	Floor 3/4" concrete 1/2" wall & roof sheathing	
Fastener Schedule	Per mfy recodator.	

Soil type/Presumptive Load Value (Table 401.4.1)

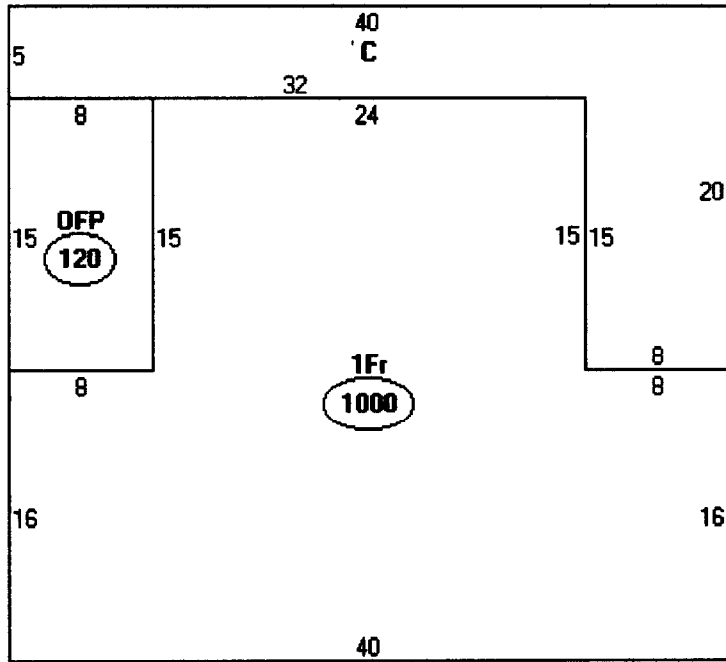
Component	Plan Reviewer	Inspection/Date/Findings
Footing Dimensions/Depth (Table 403.1.1 & 403.1.1(1), Section 403.1.2)	8x10s have width greater than 18" below grade in all cases 12" thick base on base plate	see plans
Foundation Drainage Dampproofing (Section 406)	4" pvc pipe in crushed stone Foundation coating on concrete below grade	see plans
Crawls Space ONLY Ventilation Section 409.1		
Anchor Bolts/Straps (Section 403.1.4)	anchor straps @ 6'-oc. and 1 per corner	
Lally Column Type, Spacing and footing sizes (Table 502.3.4(2))		
Built-Up Wood Center Girder Dimension/Type (Table 502.3.4(2))		
Sill/Band Joist Type & Dimensions	2x11 2x16 P.I. Band joist	
First Floor Joist Species Dimensions and Spacing (Table 503.3.1(1) & Table 503.3.2(1))	9 1/2" wood 1's @ 16" o.c.	

Memorandum

To: Ric Weinschenk
CC:
From: Mike Nugent/Manager of Inspection Services
Date: 08/27/2002
Re: 548 Island Ave.

I have done a partial review of the building plans and need the following:

- 1) Details shown need to complete to the extent that building code compliance can be demonstrated. the details shown lack that level of information.
- 2) The 12" x 12" footing detail is confusing, please explain ✓
- 3) Foundation Dampproofing not shown ✓
- 4) Anchor bolts, not shown on main house foundation detail, spacing and type ✓
- 5) Headers for all exterior walls, interior bearing wall openings are not shown.
- 6) The Specific brand of "wood I" joists to be used *OP*.
- 7) The Beams in the upper floor system are confusing, do they cross? if so how are they affixed to one another? ✓
- 8) The roof detail above the lower level is omitted on the roof framing detail ✓
- 9) ½ sheathing---Want kind? *OSB*.
- 10) Floor sheathing not shown. *ADVANTEC*.
- 11) Fastener schedule not provided
- 12) Fire separation of garage not shown ✓
- 13) Fire door not specified ✓
- 14) egress windows not shown ✓
- 15) ~~What kind of "office"~~
- 16) roof covering not shown *ASPHALT & #15 FELT*.
- 17) attic access not shown ✓
- 18) Need complete rubble stone fire place detail that includes **all** elements construction with dimensions.
- 19) Guard details not shown ✓
- 20) winder step dimensions not shown ✓
- 21) Interior handrail details not shown ✓
- 22) Deck/porch stair framing details not shown
- 23) Is the oil fired furnace to be vented into the stone chimney?
- 24) What is the sill height of the door from the garage to the adjacent living space and how is this accomplished.
- 25) Sill not specified ✓



Descriptor/Area

- A: 1Fr
1000 sqft
- B: OFF
120 sqft
- C: WD
320 sqft

EXISTING
HOUSE

389 Congress St.Rm 315
Portland, ME 04101
Phone: (207)874-8700
Fax: (207)874-8716

.....

facsimile transmittal

To: Ric Weinschenck **From:** Mike Nugent
Fax: 766-2999 **Date:** August 20, 2002
Phone: 766-2900 **Pages:** 1
Re: 548 Island Ave. (092 A001) **CC:**

Urgent For Review Please Comment Please Reply Please Recycle

.....

A preliminary review of the above project revealed the following deficiencies :

- 1) The HHE 200 form provided by Albert Frick is unacceptable, as the variances sought have been denied. Also it appears on the site plan that the structure is too close to the leach field.
- 2) The plans lack adequate structural details to establish Code compliance. Attached is a copy of the checklist used for review.
- 3) Prior to the issuance of the demo permit , an inspection must occur with a CEO, Jay Reynolds and representative from your surveying company to establish existing grade for the purpose of documenting Building Height, which will be verified by you surveyor when the roof framing is in place.

.....

RIC WEINSCHENK/BUILDERS, Inc.

33 ISLAND AVE., PEAKS ISLAND, MAINE 04108

(207)766-2900

Fax: (207) 766-2999

FAX

To: Mike Wugent
From: Ric Weinschenk
DATE:
Pages 1 thru
RE: Stevenson Plans -

Mike attached are notes from your check list to hopefully aid in your plan review. I believe all the information is in the plans or at least most of what you need. The basement walls are supporting the joists above. The beams on the main floor support the floor joists for the second floor. The walls on the upper floor support the roof in areas where spans exceed 12 feet. I am available to answer any questions you may have @ 766-2900 or my cell 232-2349.

Thank you for your assistance

Ric

Fastening Schedule

<u>Building Element</u>	<u>Nail or Staple Size & Type</u>	<u>Number and Location</u>
Floor joists to sill or girder	8d common	3 toe nail
Wood subflooring	6d common <i>or</i> 6d annular or spiral thread	6" o.c. direct edges and 12" o.c. intermediate
Wall construction		
Stud sole to cap plate	16d common	2 direct nail
Double studs	10d common	12" o.c. direct
Double cap plate	10d common	16" o.c. direct nail
Cap plate laps	10d common	2 direct nail
Continuous header, two pieces	16d common	16" o.c. direct
Roof and Ceiling Construction		
Ceiling joists to plate	16d common	3 toe nail
Ceiling joists (parallel to rafter)	10d common	3 direct nail
Roof rafter to plate	8d common	3 toe nail
Roof rafter to ridge	16d common	2 toe nail or direct nail
Jack rafter to hip	10d common	3 toe nail or 2 direct nail
Wall and roof sheathing		
Particleboard wall sheathing	6d common	6" o.c. direct edges and 12" o.c. intermediate



Moulding Patterns Pine

SOLD IN FULL BUNDLES ONLY



Moulding Patterns Pine

SOLD IN FULL BUNDLES ONLY



		CLEAR STRIP (S4S)
WM239	985	3/4" x 3/4"
	8614	1 1/16" x 1 3/4"
		CLOSET POLE
	8911	1 1/16"
WM233	8912	1 5/16"
	8913	1 5/8"
		CORNER BEAD (OUTSIDE)
	8200	1 1/16" x 1 1/16"
	8200 8'	1 1/16" x 1 1/16"
WM204	8238	1 5/16" x 1 5/16"
WM206	8240	3/4" x 3/4"
WM206	8240 8'	3/4" x 3/4"
		CORNER (INSIDE)
WM999	8440	5/16" x 1"
		CORNICE °
	8622 ★	9/16" x 1 3/4"
	8623 ★	9/16" x 3 1/4"
	8624 ★	9/16" x 2 1/4"
		COVE °
WM85	8024 ★	9/16" x 1 3/4"
	8025 ★	1 1/16" x 2 1/4"
	8026 ★	1 1/16" x 2 3/4"
		CROWN °
WM57	8000 ★	9/16" x 3 1/4"
	8002 ★	9/16" x 3 5/8"
	8003 ★	9/16" x 2 3/4"
	8004 ★	1 1/16" x 5 1/4"
	8005 ★	1 1/16" x 4 5/8"
	8006 ★	1 1/16" x 4 1/4"
LWM49	8009 ★	9/16" x 3 5/8"
LWM49	8009 FJP	9/16" x 3 5/8"
WM52	8010 ★	9/16" x 2 3/4"
WM52	8010 FJP	9/16" x 2 3/4"
WM47	8013 ★	1 1/16" x 4 5/8"
WM47	8013 FJP	1 1/16" x 4 5/8"
	8027 FJP	1 1/16" x 5 1/4"
	8047	1 1/16" x 2 1/2"

		DENTIL
	839 8'	7/16" x 2"
		DRIP CAP
WM196	923 FJP	1 1/16" x 1 3/4"
		EXTENSION JAMB
WM239	985	5 1/4" Wall 3/4" x 3/4"
		FOR ANDERSEN PERMA-SHIELD NARROWLINE AND BROSCO AWNING UNITS
	987	(6 9/16" Wall) 1 1/16" x 2"
	987FJP	(6 9/16" Wall) 1 1/16" x 2"
		FOR ANDERSEN PERMA-SHIELD NARROWLINE AND BROSCO AWNING UNITS
	988	(6 9/16" Wall) 2" Face
		1 1/16" x 2 3/16"
		FOR ANDERSEN TILT-WASH UNITS
	989	(6 9/16" Wall) 3 19/32" Face
		1 1/16" x 3 27/32"
	989FJP	(6 9/16" Wall) 3 19/32" Face
		1 1/16" x 3 27/32"
		FOR ANDERSEN PERMA-SHIELD CASEMENT AND AWNING UNITS
	990	(6 9/16" Wall) 2 15/16" Face
		1 1/16" x 3 3/32"
		FOR ANDERSEN WOOD CASEMENT UNITS
		FENCE CAP
	8276	1 1/8" x 1 3/4"
		(3/4" Dado)
		GLASS BEAD
	8672	3/8" x 7/8"
	8590	3/8" x 1/2"
		HALF ROUND
WM124	8070	1/4" x 1/2"
WM123	8076	5/16" x 5/8"
WM122	8077	3/8" x 1 1/16"
WM120	8078	1/2" x 1"
	8079	5/8" x 1 1/4"
	8080	1 1/16" x 1 5/8"

		HANDRAIL
WM231	75 ★ †	1 1/2" x 1 1/16"
LWM240		1 1/4" x 2 1/4"
		LATTICE
LWM268	8280	1/4" x 1 1/8"
LWM267	8281	1/4" x 1 5/16"
LWM265	8282	1/4" x 1 3/4"
	8628	3/8" x 2 1/4"
		NOSING
	8144	1 1/16" x 1 3/4"
	8575	3/8" x 1/2"
		PANEL / PANEL STOCK
	8636	5/8" x 2 1/4"
	8638	3/8" x 1 3/4"
	8628	3/8" x 2 1/4"
	612	7/16" x 2 1/2"
	613	7/16" x 3 1/2"
	8035	1 1/16" x 1 1/8"
WM978	8138	3/8" x 1 3/4"
	8161	3/8" x 1"
	8451	7/16" x 1 1/8"
WM147	8570	1/2" x 9/16"

		PARTING BEAD
WM254	8432	1/2" x 3/4"
WM254	8432 6'	1/2" x 3/4"
	8436	3/8" x 3/4"
	8436 6'	3/8" x 3/4"
		PICTURE
WM273	8263	1 1/16" x 1 3/4"
	8288	1 1/16" x 1 3/8"
		PILASTERS (Finger-Joint & Primed)
	S-14 8'	1 1/8" x 5 1/2"
	S-15 8'	1 1/8" x 7 1/4"
		QUARTER ROUND
WM110	8057	1/4" x 1/4"
WM109	8058	3/8" x 3/8"
WM108	8063	1/2" x 1/2"
WM107	8064	5/8" x 3/8"
WM105	8065	3/4" x 3/4"
	8066	7/8" x 7/8"
WM104	8067	1 1/16" x 1 3/8"
		SCOTIA
WM100	8052	1 1/16" x 1 1/16"
	8059	1/2" x 7/8"
	8059B	1/2" x 1/2"
WM95	8060	1 1/16" x 7/8"
WM94	8061	1 1/16" x 1 1/16"
WM96	8062	5/8" x 3/4"
		SCREEN MOULDING
	8139	5/16" x 5/8"
	8140	3/8" x 3/4"
WM142	8610	1/4" x 3/4"
WM144	8611	1/4" x 3/4"
		SCREEN STOCK
	8767	1 1/16" x 1 3/4"
	8770	1 1/16" x 1 3/4"

NOTES: Illustrations are not shown at actual size. ★ Available 10' or longer.
° For approximate ceiling and wall coverage refer to page 449.
† Available in Fir or Pine.



Application ID Number: 2-0820

Department: Zoning

Status: Approved with Conditions

Reviewer: Marge Schmuckal

Comments: 548 Island Ave, Peaks Island

Approval Date: 08/15/2002

Given On Date: 07/30/2002

OK to Issue Permit Name: Marge Schmuckal Date: 08/15/2002 Date 2:

Conditions Section:

This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

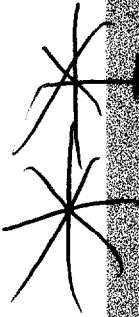
This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.

Separate permits shall be required for future decks, sheds, pools, and/or garages.

Because the left side setback is right on the required 10' setback line and that the building height is close to the maximum height limitations to predevelopment grade, you will be required to provide this office with professional certifications as to the setback placements and building heights at the appropriate times during construction.

It is also noted that per our conversation, the pre-development grade on the rear of the property IS NOT CHANGING during construction. Only the street side pre-development grade will be changed and built up. If there is ANY change to the proposed fill plan, THIS OFFICE SHALL BE NOTIFIED FOR APPROVALS PRIOR TO CHANGING OR INSTALLING THAT FILL.

Create Date: 07/25/2002 By: gg Update Date: 08/15/2002 By: mes





CITY OF PORTLAND

The Demolition Call List must be submitted with a Building Permit Application

Property location: 548 Island Ave Chart/Block/Lot 092 A 001

The call list below must be submitted with the building permit application. Please note any "commercial use" demolition will need additional approvals.

When making the submission please include a plot plan showing the location of the structure that is being removed along with a photograph. You may not remove or disconnect any type of lines (private or public) until you have received an *approved building permit*. If the building does not have one of the below utilities please put "does not apply". All Departments in bold must be notified under all circumstances.

City Approvals

<u>Department</u>	<u>Number</u>	<u>Contact</u>	<u>Date/Who you spoke with</u>
Public Works Sewer	874-8833	Todd Merkel	<u>Does Not Apply - left voice mail 7-22</u>
Public Works Traffic (if structure is being moved to another location)	874-8437	Gary Dobson	<u>does not apply</u>
Public Works Sealed Drain Permit	874-8822	Carol Merritt	<u>does not apply - septic - spoke w her 7-22</u>
Historical Preservation	874-8726 8722	Deb Andrews / Bill Ni	<u>voice mail both 7-22 - Bill called ok 7-22</u>
Fire Dispatch	874-8576	Dispatcher on Duty	<u>Dispatcher Williams 7-22</u>

Utility Approvals

Dig Safe (must receive 72 hours notice before digging can begin)	1-888-344-7233	Customer Service	<u>Mokelle 7-22 # 2002 3000831</u>
Asbestos	1-207-287-2651	Ed Antz	<u>voice mail 7-22</u>

I have contacted all the necessary companies and departments as indicated above
Signature [Handwritten Signature] Date: 7-22-02



389 Congress St.Rm 315
Portland, ME 04101
Phone: (207)874-8700
Fax: (207)874-8716

facsimile transmittal

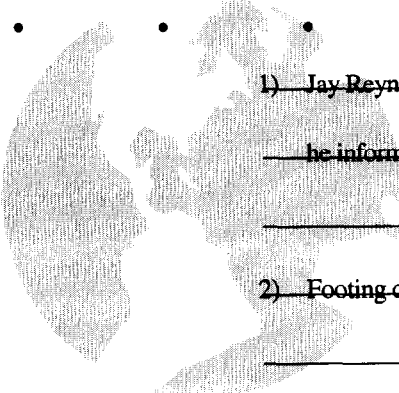
To: Ric Weinschenk **From:** Mike Nugent

Fax: 766-2999 **Date:** September 13, 2002

Phone: _____ **Pages:** 1

Re: 548 Island Ave.

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle



1) Jay Reynolds advises that an amended site plan has not been submitted for review. He stated that he informed you of this on 8/23/02.

2) Footing depth for garage?

3) What brand of manufactured wood product are you using in the circular deck assemblies?

4)



Soil type/Presumptive Load Value (Table 401.4.1) <u>3000 - GHE 200 - SANDY LOAM</u>		
Component	Plan Reviewer	Inspection/Date/Findings
STRUCTURAL Footing Dimensions/Depth (Table 403.1.1 & 403.1.1(1), Section 403.1.2)	8x16" 8 1 FULL ?? GARAGE DEPTH 20	
Foundation Drainage Dampproofing (Section 406)	PVC/STONE/FABRIC	
Ventilation (Section 409.1) Crawls Space ONLY	N/A	
AnchorBolts/Straps (Section 403.1.4)	$\frac{1}{2}$ " 6' OC. 12" FROM CORNERS	
Lally Column Type, Spacing and footing sizes (Table 502.3.4(2))	NONE.	
Built-Up Wood Center Girder Dimension/Type (Table 502.3.4(2))	POST & BEAM TYPE	
Sill/Band Joist Type & Dimesions	5x6" P.T.	
First Floor Joist Species Dimensions and Spacing (Table 503.3.1(1) & Table 503.3.2(1))	9 $\frac{1}{2}$ " WOOD "I" JOISTS, 16-OC,	
Second Floor Joist Species Dimensions and Spacing Table(503.3.1(1) & Table 503.3.2(1))	SAME.	

BEAM ^{SECTION} PLAN BEAMS ABOVE WINDOWS NO
 HEADERS
 AN INTO FLOOR OF CHIMNEY?

Attic or additional Floor Joist Species Dimensions and Spacing (Table 802.4.2 or 503.3.1(1) & Table 503.3.2(1))		
Roof Rafter; Pitch, Span, Spacing & Dimension (Table 802.3.2(7))	2" x 8" MAX SPAN 10' 16-OC	
Sheathing; Floor, Wall and roof (Table 503.2.1(1))	WALLS 1/2" OSB ROOF	
Fastener Schedule (Table 602.3(1) & (2))		
Private Garage Section 309 and Section 407 1999 BOCA) Living Space ? (Above or beside)	ABOVE	
Fire separation	1 HR ON AN WALLS CEILING	
Fire rating of doors to living space Door Sill elevation (407.5 BOCA)	1 3/4 SOLID W/ 4" SILL	
Egress Windows (Section 310)	YES	
Roof Covering (Chapter 9)	ASPHALTY	
Safety Glazing (Section 308)		
Attic Access (BOCA 1211.1)	YES.	
Draft Stopping around chimney	EXTERIOR CHIMNEY	

Header Schedule		
Type of Heating System		
Stairs Number of Stairways 1 (3) Interior 3 Q Exterior 2 Treads and Risers (Section 314) $7\frac{3}{4}^{\text{R}}$ + $11\frac{1}{2}^{\text{R}}$ Width 3'6" Headroom Guardrails and Handrails (Section 315)		
Smoke Detectors Location and type/Interconnected		
Plan Reviewer Signature		

See Chimney Summary Checklist

CIRCULAR LULS ?

System 100 -
Variance 20 -

Share fee 10 -

0002601D

REPLACEMENT SYSTEM VARIANCE REQUEST

PERMIT DENIED

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request on HHE-200 and may approve the Request if all of the following requirements can be met, and the variances requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION Town of PORTLAND (PEAKS ISLAND)

Permit No. _____ Date Permit Issued _____

Property Owner's Name: MONICA STEVENSON Tel. No.: _____

System's Location: 548 ISLAND AVENUE

Property Owner's Address: 1501 BEACON STREET, # 1701

(if different from above) BROOKLINE, MA. 02446

SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (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, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If 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.

PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Monica Stevenson
SIGNATURE OF OWNER

7.10.02
DATE

LOCAL PLUMBING INSPECTOR

I, _____, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

(a. Approve, disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant. --OR--

(b. find that one or more of the requested variances exceeds my approval authority as LPI. I (Recommend, do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: THERE IS NO EVIDENCE THAT THE SYSTEM CANNOT BE INSTALLED IN A COMPLIANT LOCATION

Jim Chung
LPI SIGNATURE

8/2/02
DATE

PERMIT DENIED

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:		
	SOILS								
Soil Profile	Ground Water Table			to 7"				inches	
Soil Condition	Restrictive Layer			to 7"				inches	
from HHE-200	Bedrock			to 12"				inches	
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks	
	From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]		
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft			
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]			
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]			
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft	60'	50±'	
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft			
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft			
Edge of fill extension -- Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]			
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A			
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft			
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft			
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]			
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft			

OTHER

1. Fill extension Grade - to 3:1

2. _____

3. _____

- Footnotes:
- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
 - b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
 - c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
 - d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

Albert Frick

 SITE EVALUATOR'S SIGNATURE

11/13/2001

 DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does (does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

 SIGNATURE OF THE DEPARTMENT

 DATE

Applicant: Ric Wanschak Builders Date: 8/15/02

Address: 548 ISLAND AVE, PT. C.B.L.: 92-A-001

CHECK-LIST AGAINST ZONING ORDINANCE

Date - Existing # 02-0820

Zone Location - IB - IR-2 Abutt

Interior or corner lot -

Proposed Use/Work - Demolish single family & rebuild single family w/ one CAR GARAGE ATTACHED

Sewage Disposal - Private System

Lot Street Frontage - 40' min - 186.59' shown

Front Yard - 20' required - 27' scaled

Rear Yard - 10' required - 40' to drop of 6

check →

Side Yard - 10' req - 10' & 116' scaled & shown

Projections - Retr Decks - front porch

Width of Lot - 40' required - 186.59' shown

Feed Ver. 77

Height - 25' MAX - 32' measured to lowest grade

Lot Area - 31,650 sq ft given - IR-2 for lot size 20,000 sq ft min req

Lot Coverage/Impervious Surface - 50% MAX = 15,825 sq ft MAX

Area per Family - 20,000 sq ft min

Off-street Parking - ~~25' req~~ - 2 req. - 1 car garage shown 2 space outside shown

Loading Bays - N/A

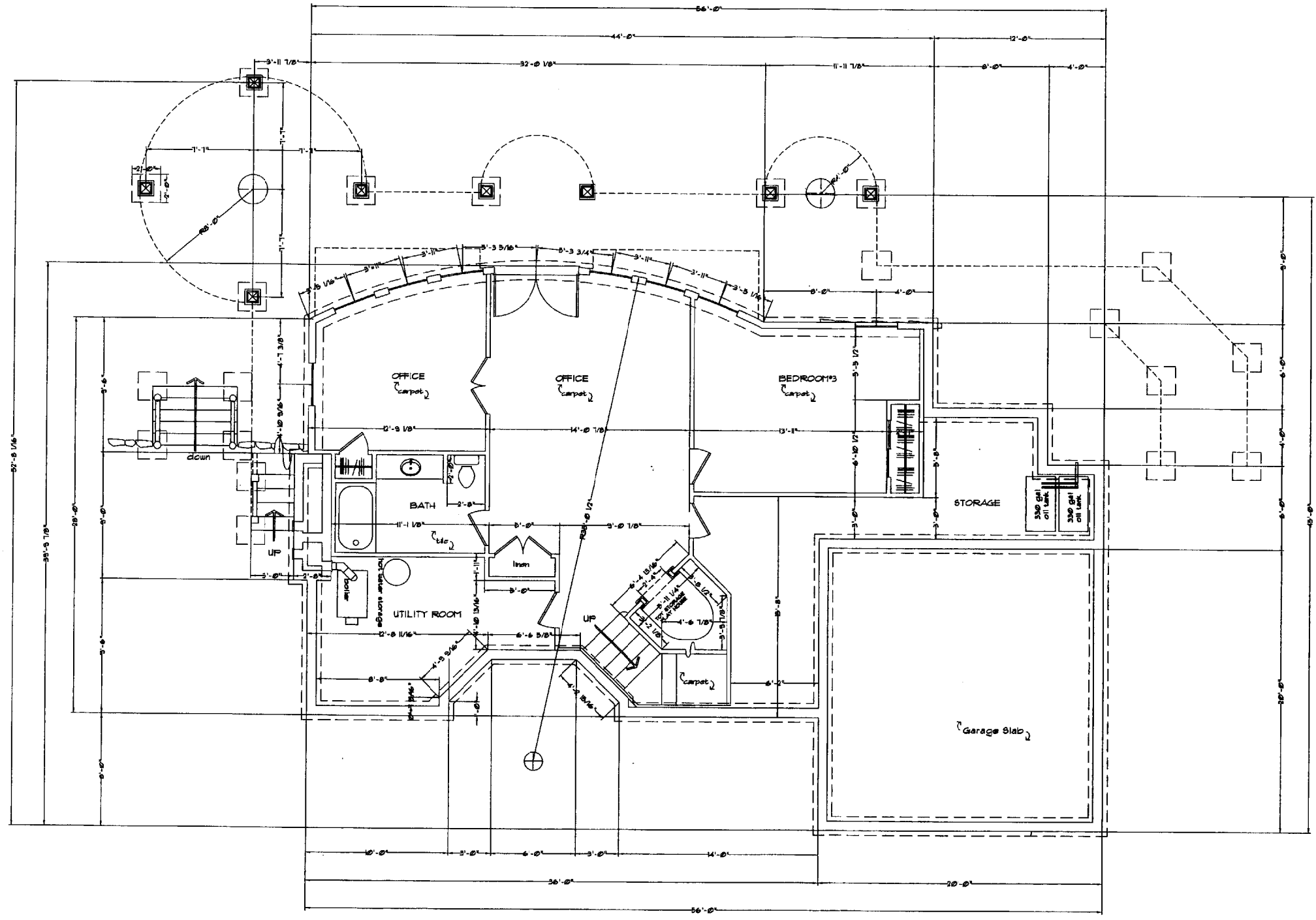
Site Plan - Minor/Minor

Shoreland Zoning/Stream Protection - IB Zone Exempted from Normal Shoreland Setback Requirements 14-449

Flood Plains - Panel 15 - Zone C

36 x 56 = 2016
5 x 36 = 180
IR-2 = 201
34 x 8 = 272
6 x 14.25 = 85.5
2483 sq ft

OK call about predevelopment grade → 8/15/02 predevelopment grade is NOT changing in the future



GROUND FLOOR PLAN

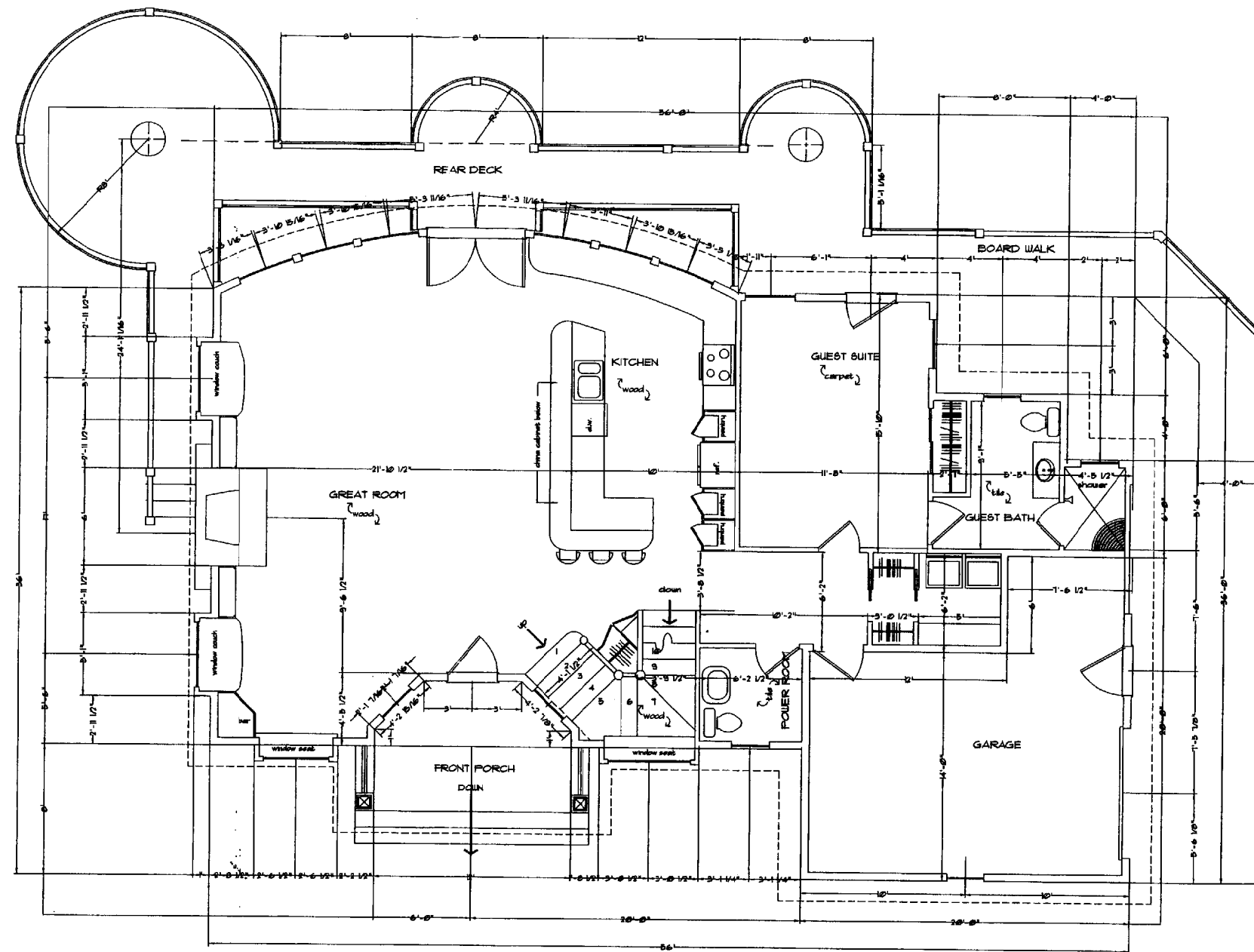
992#

PROPOSED COTTAGE for the MONICA L. STEVENSON LAND	
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SCALE	© Cottage Design Co. 1999. All rights. Printed in United States of America
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Codes govern over drawings
Dimensions govern over scale.
Verify all mechanical requirements, before framing.
Verify topographic and subsurface conditions, and adapt foundation plans accordingly.

Roof Loads = 42#/sq'
Floor Loads = 40#/sq' all other
= 50#/sq' for bedrooms



MAINE FLOOR PLAN

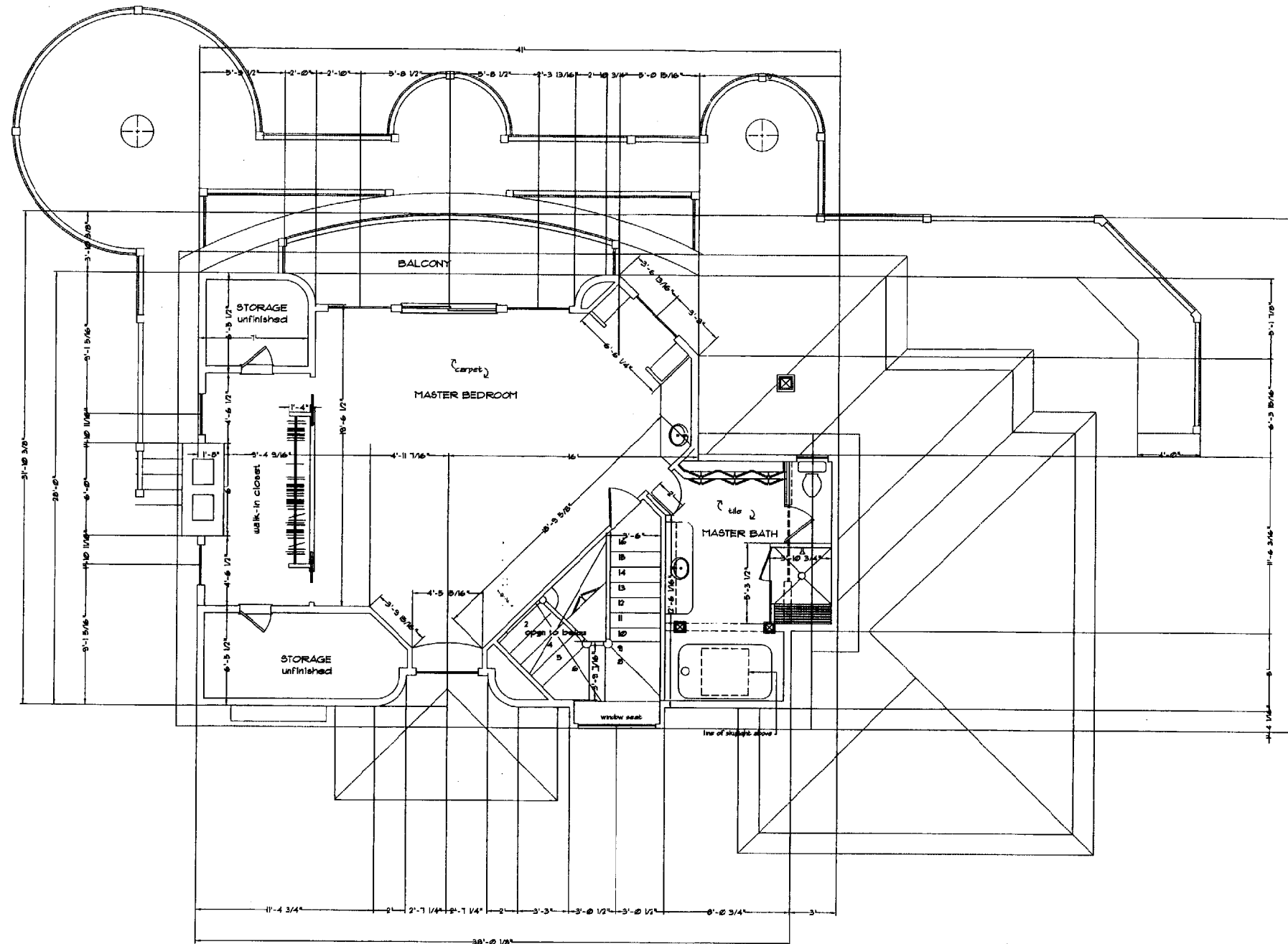
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SCALE	
MAINE FLOOR SHEET	

1561#
Garage = 346#

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SECOND FLOOR PLAN

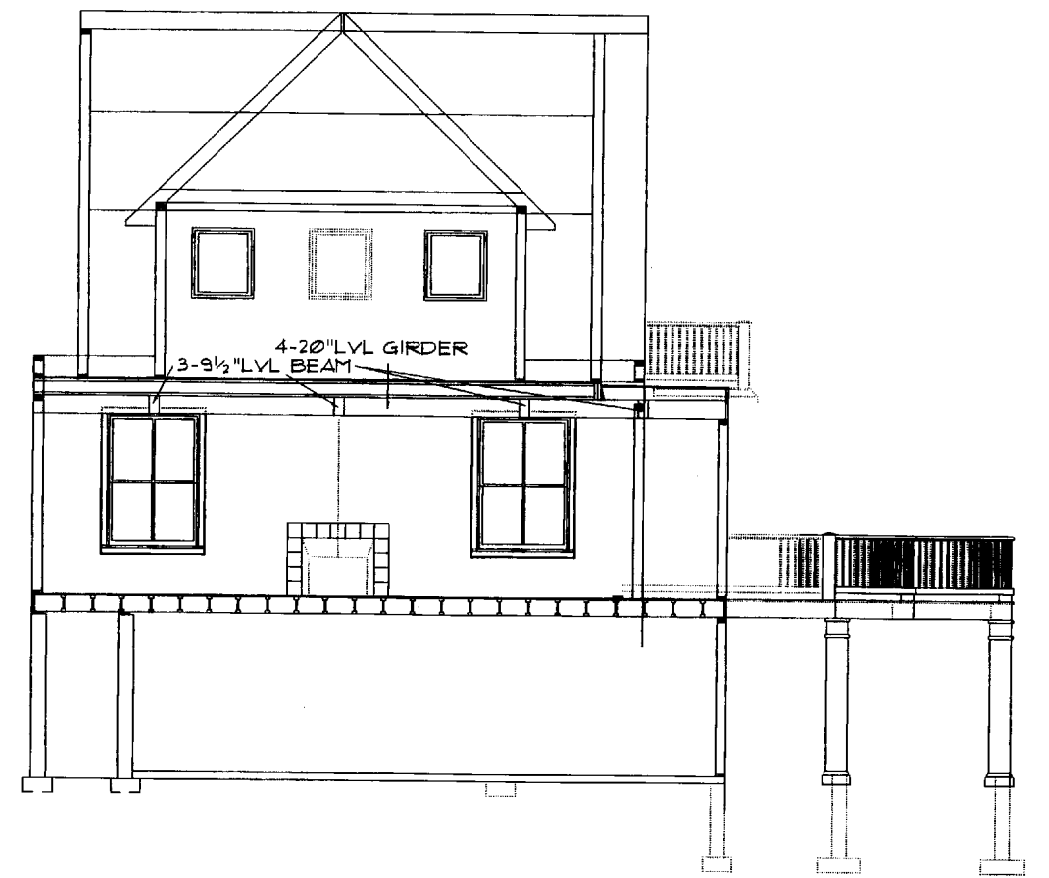
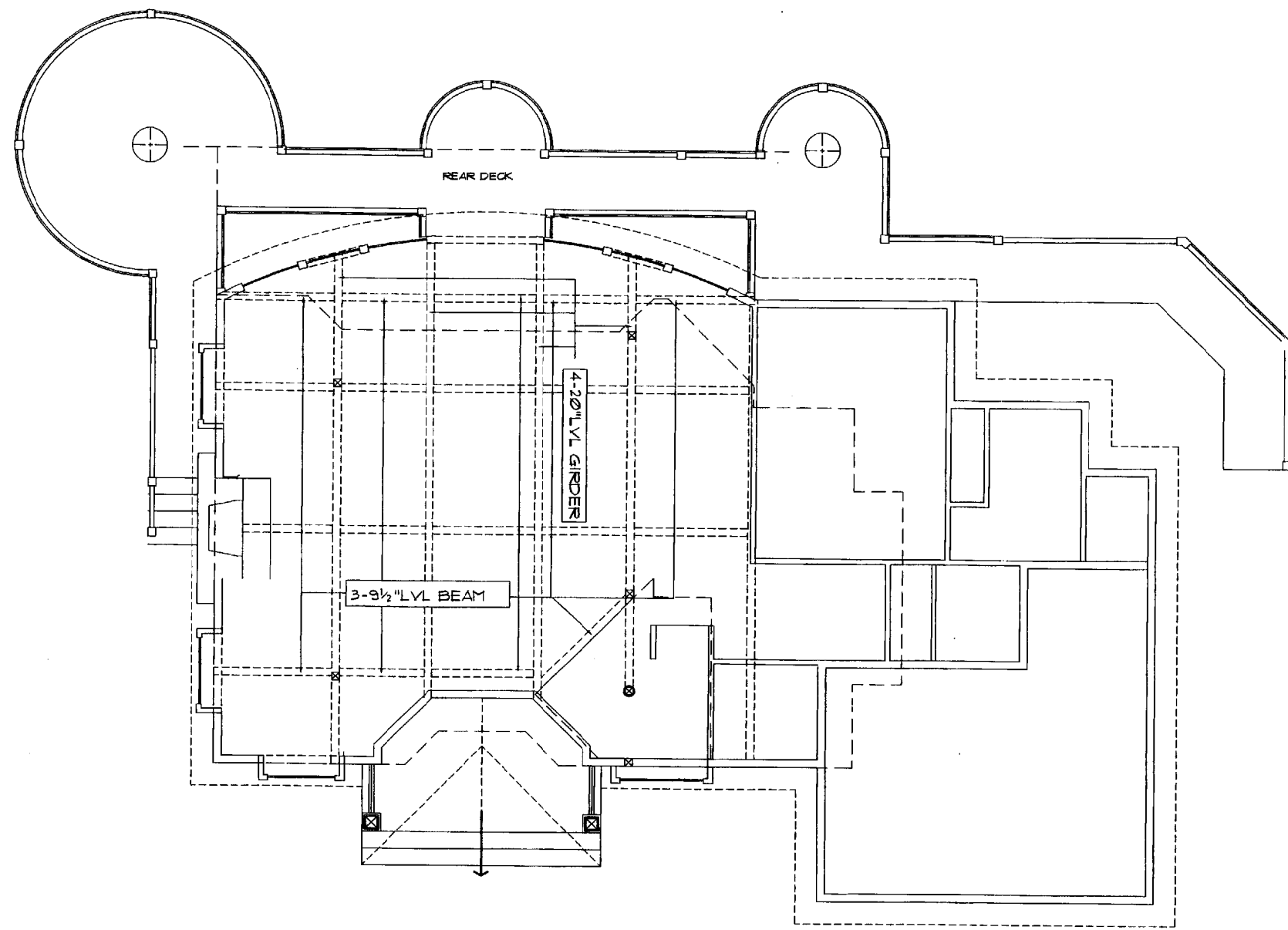
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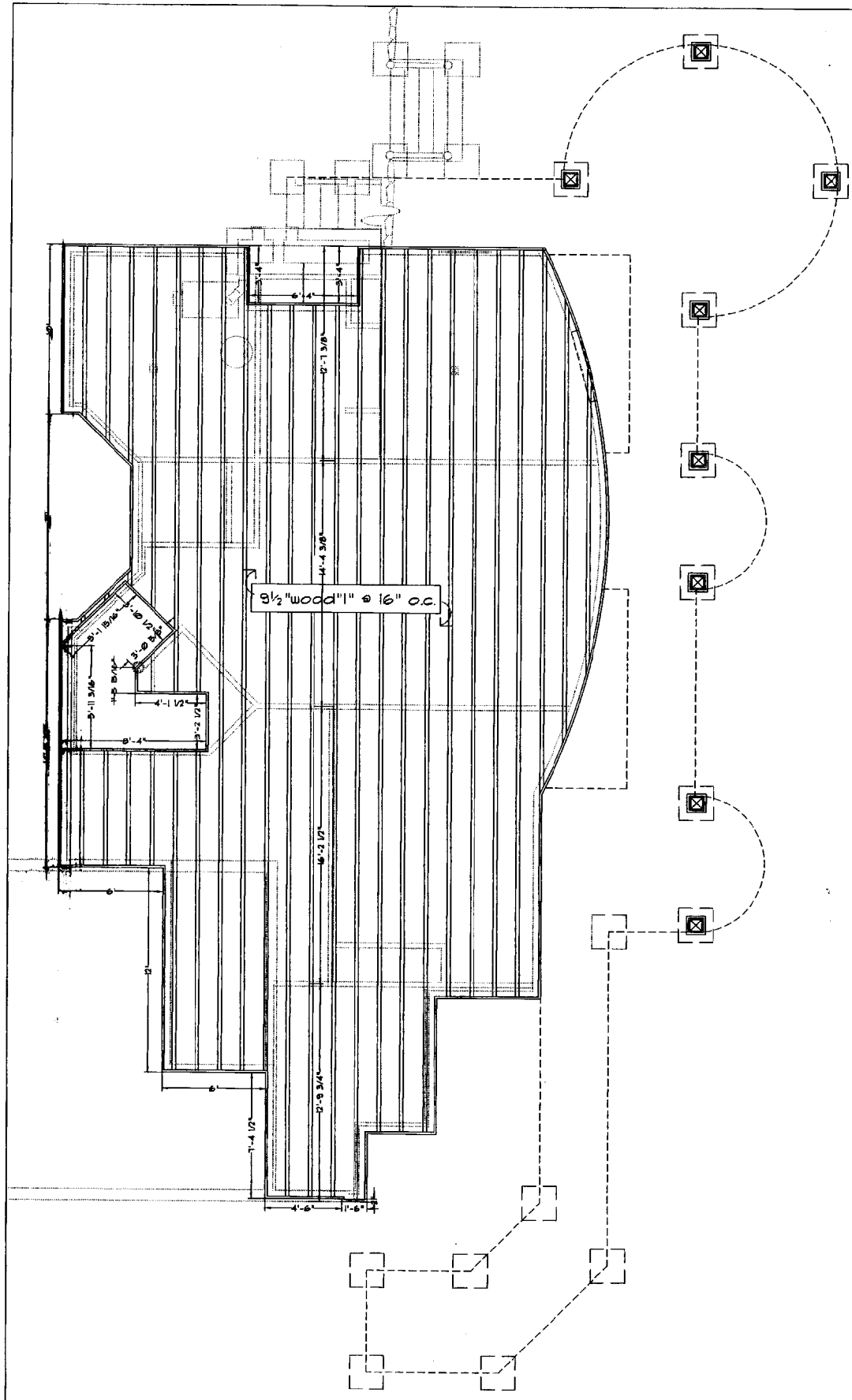
MAINE FLOOR CEILING BEAM PLAN

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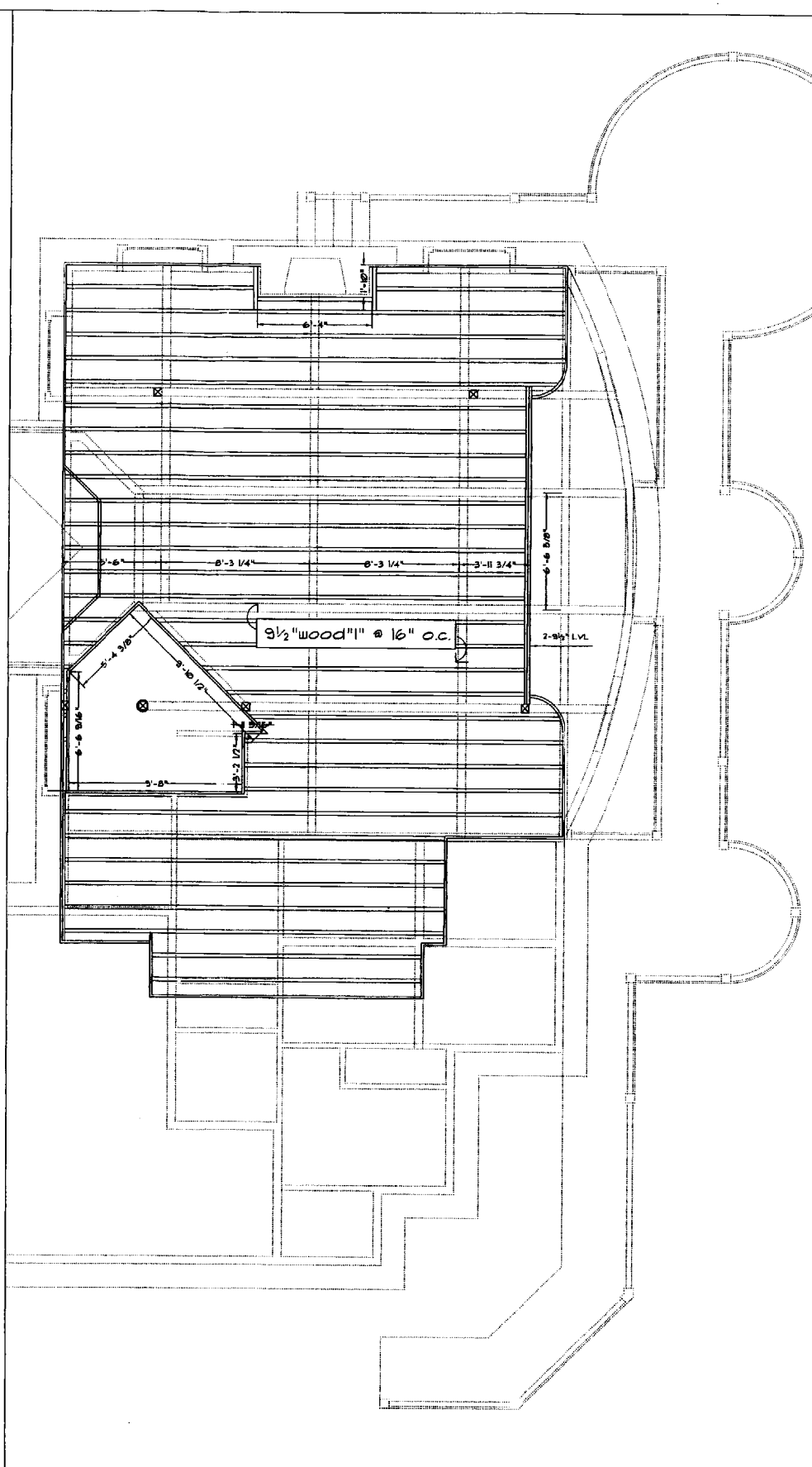
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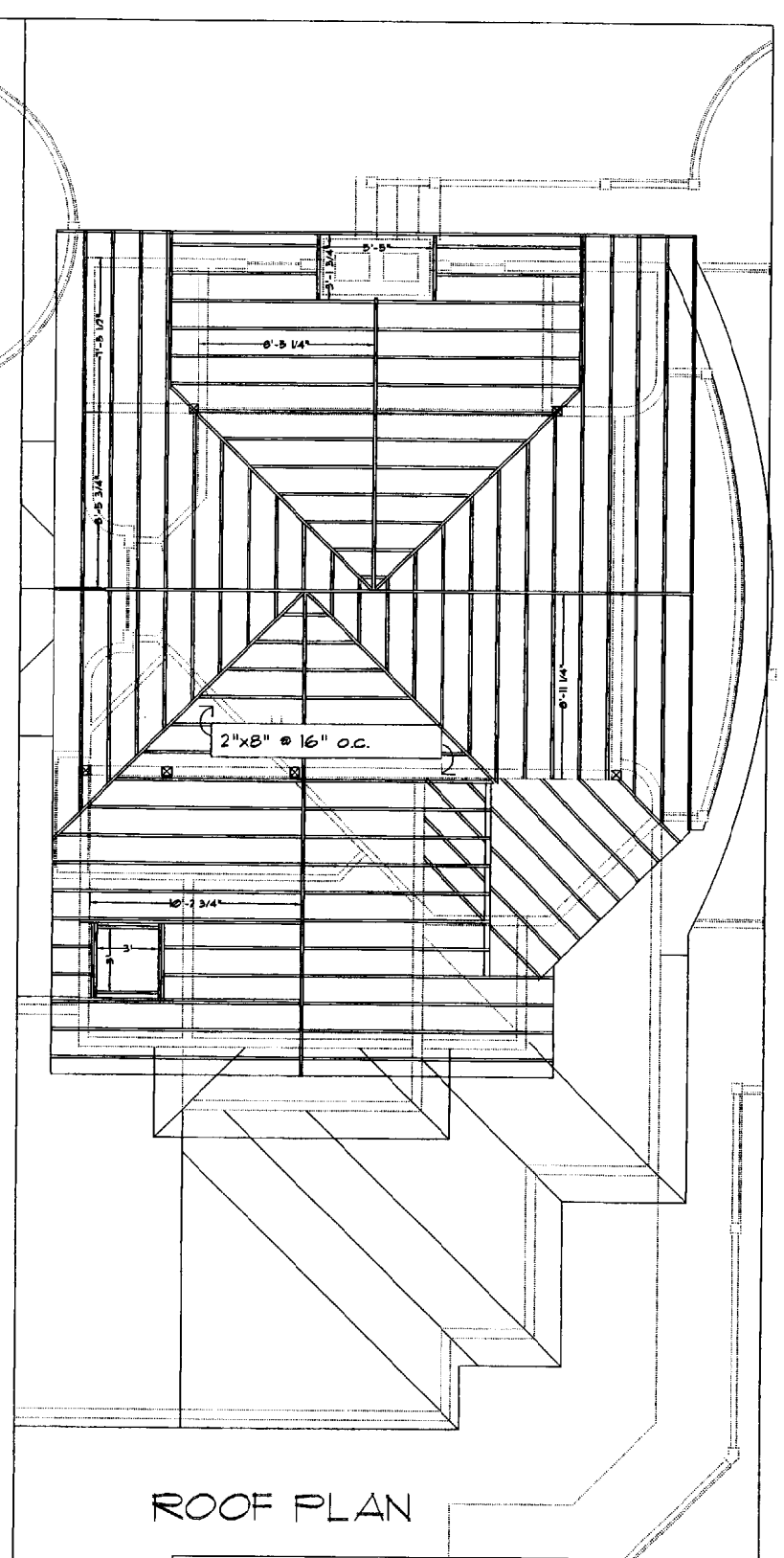
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GROUND FLOOR FRAME PLAN



UPPER FLOOR FRAME PLAN



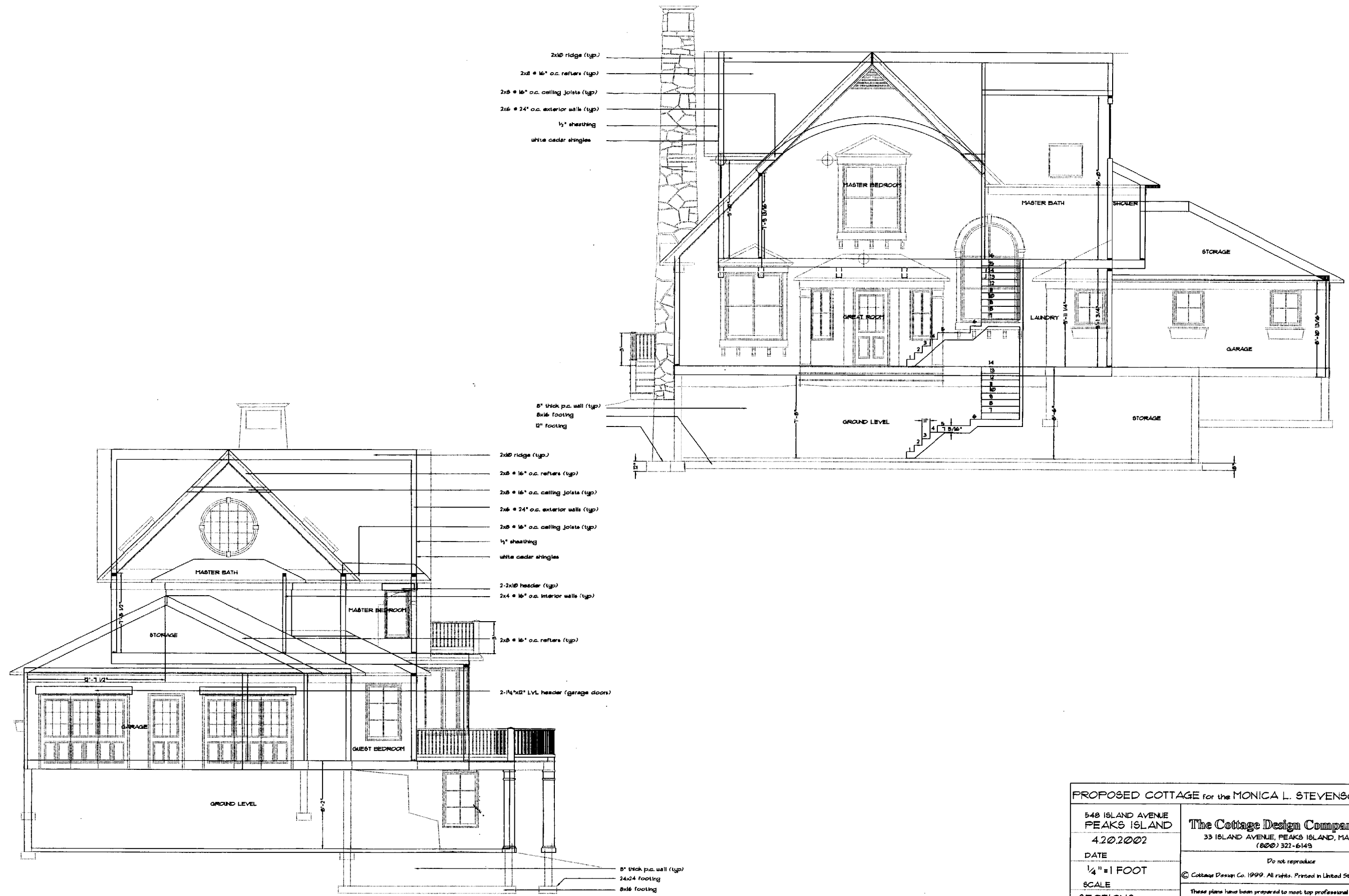
ROOF PLAN

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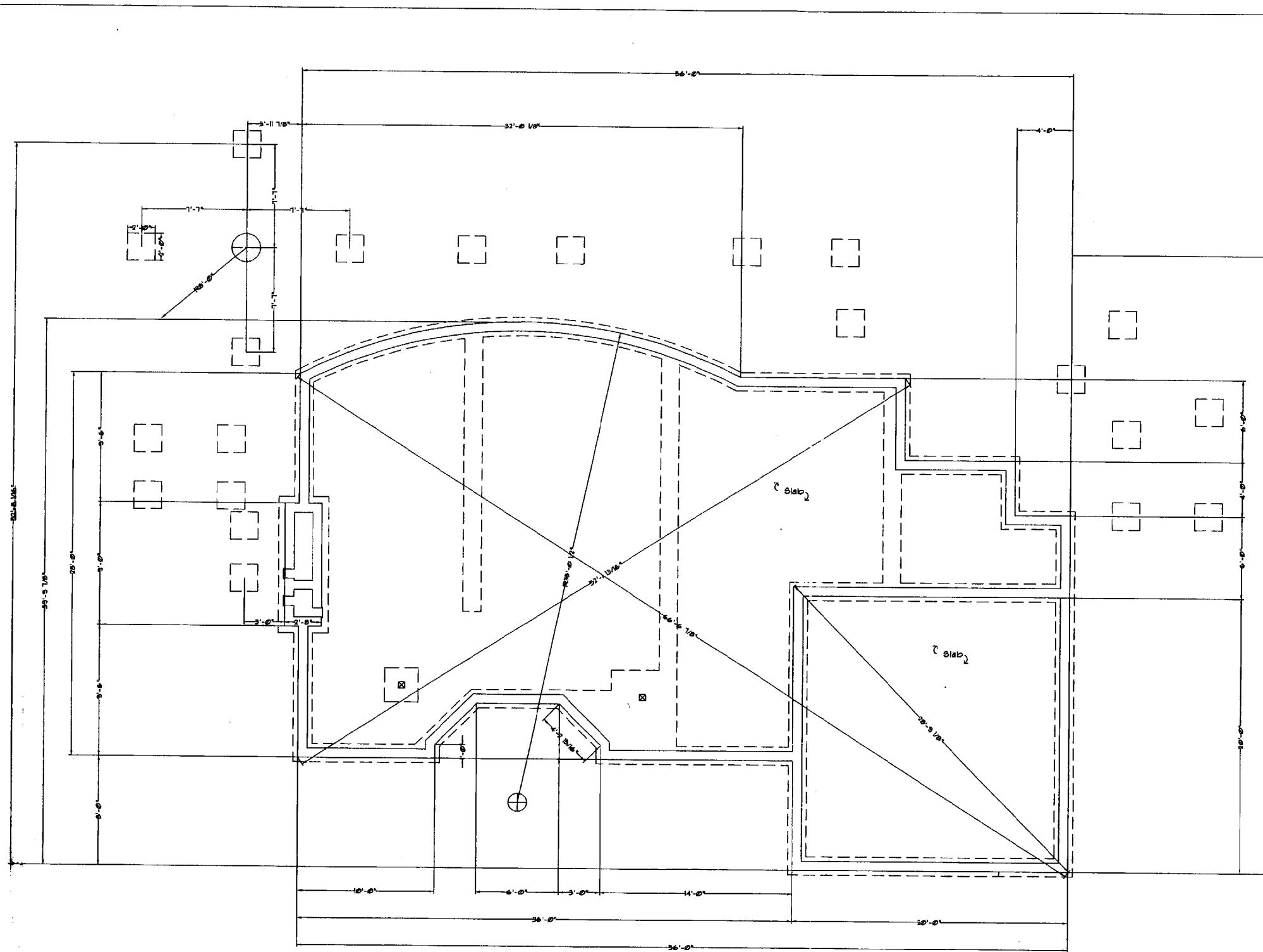


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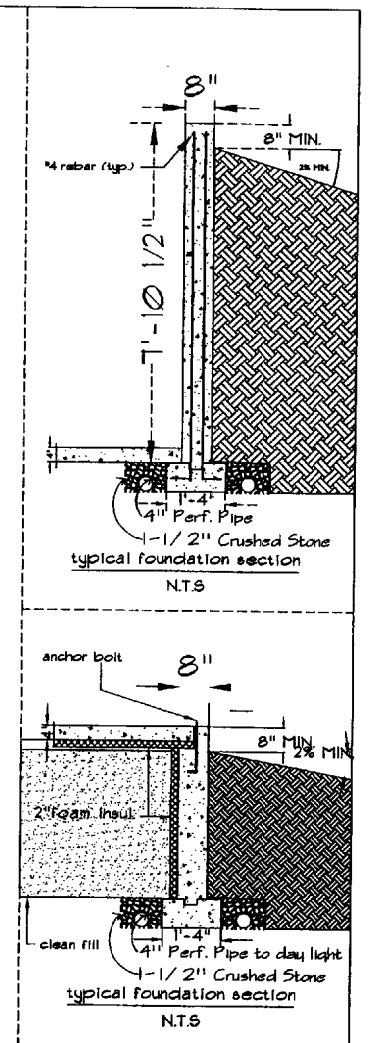
Codes govern over drawings
 Dimensions govern over scale.
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 Vary topographic and subsurface conditions, and adapt foundation plans accordingly.

Roof Loads = 42^{psf} / sq'
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SECTIONS	
SHEET	



FOUNDATION PLAN



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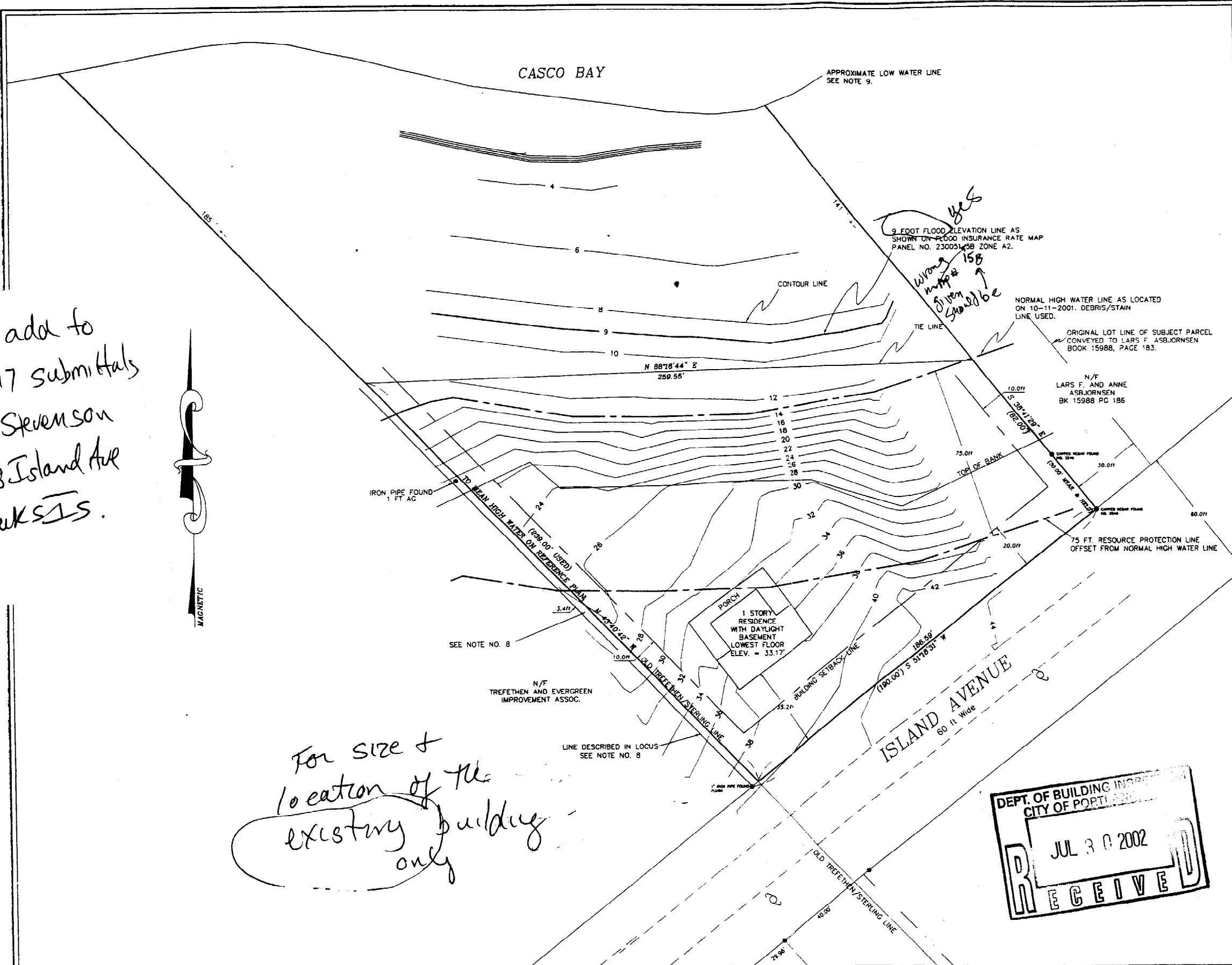
Codes govern over drawings.
Dimensions govern over scale.
Verify all mechanical requirements, before framing.
Verify topographic and subsurface conditions, and adapt foundation plans accordingly.

Roof Loads = 42# / sq'
Floor Loads = 40# / sq' all other
= 50# / sq' for bedrooms

PROPOSED COTTAGE for the MONICA L. STEVENSON LAND	
548 ISLAND AVENUE PEAKS ISLAND 4.20.2002	The Cottage Design Company, LLC 33 ISLAND AVENUE, PEAKS ISLAND, MAINE 04108 (800) 322-6149
DATE 1/4" = 1 FOOT SCALE	Do not reproduce © Cottage Design Co. 1999. All rights. Printed in United States of America
FOUNDATION SHEET	These plans have been prepared to meet top professional standards and practices. However, local variations may require changes. Likewise, building code requirements vary with location and change from time to time. Before starting construction, your contractor should check and be responsible for all dimensions and other details, and should review the plans to ensure they meet current governmental requirements in your area.

Gail- add to 11X17 submittals for Stevenson 548 Island Ave Peaks IS.

For size & location of the existing building only



GENERAL NOTES:

1. RECORD OWNER OF PARCEL: MONICA L. STEVENSON AS DESCRIBED IN BOOK 16816 PAGE 91 RECORDED IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS.
2. THIS PLAN IS THE RESULT OF A FIELD SURVEY PERFORMED IN THE MONTH OF OCTOBER 2001 BY BACK BAY BOUNDARY, INC. UTILIZING THE FOLLOWING EQUIPMENT: LIETZ SOKKISHA SET 4 TOTAL STATION, LIETZ SDR 24 DATA COLLECTOR.
3. SURVEYED PARCEL MAY BE FOUND ON THE CITY OF PORTLAND PROPERTY MAP 92 BLOCK A, LOT 1 IN THE ASSESSING DEPARTMENT AT PORTLAND CITY HALL.
4. AREA OF SURVEYED PARCEL = APPROXIMATELY 65,897 SQUARE FEET OR 1.51 ACRES. THIS INCLUDES THE AREA BETWEEN THE MEAN HIGH-WATER AND LOW-WATER LINES.
5. BEARINGS ARE BASED ON A MAGNETIC OBSERVATION TAKEN IN THE FIELD AT THE TIME OF THIS SURVEY.
6. ALL DOCUMENTS REVIEWED AND CONSIDERED A PART OF THIS SURVEY ARE OF PUBLIC RECORD. THERE MAY EXIST OTHER DOCUMENTS THAT ARE NOT PART OF PUBLIC RECORD WHICH COULD AFFECT THE RESULTS OF THIS SURVEY.
7. REFERENCE IS MADE TO THE FOLLOWING PLANS:
 - a) STANDARD BOUNDARY SURVEY FOR WILLIAM T. LOWRY BY OWEN HASKELL, INC. DATED FEB 18, 1999 AND RECORDED IN SAID REGISTRY IN PLAN BOOK 200 PAGE 181.
 - b) STANDARD BOUNDARY SURVEY FOR RIC WEINSCHENK BY BACK BAY BOUNDARY, INC. DATED 8-16-2001 (UNRECORDED).
 - c) MAP OF THE JOSIAH STERLING ESTATE FROM THE SURVEYS BY J. B. JONES DATED 1902 FROM THE CITY OF PORTLAND FILE DRAWER 8, PAGE 7
 - d) PLAN SHOWING LINES BETWEEN TREFETHEN AND STERLING, PEAKS ISLAND BY C. H. HOWE C. E. DATED AUGUST 9, 1875 AND RECORDED IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS IN PLAN BOOK 3 PAGE 59.
8. THE SOUTHWESTERLY BOUNDARY LINE SHOWN ON THIS PLAN WAS ESTABLISHED FROM ACTUAL FIELD MONUMENTATION FOUND AND PLAN REFERENCES 7a,b,c AND d ABOVE. IT IS CONSIDERED TO BE THE TREFETHEN STERLING LINE. THERE IS AN APPARENT DISCREPANCY BETWEEN THE REFERENCE DEED AND MONUMENTATION FOUND.
9. THE LOW-WATER LINE SHOWN ON THIS PLAN WAS DERIVED FROM AERIAL PHOTOGRAPHY SUPPLIED TO BACK BAY BOUNDARY, INC. BY THE CITY OF PORTLAND. THIS LINE SHOULD BE USED AS A REFERENCE ONLY. THE PRECISE LOW-WATER LOCATION CAN ONLY BE DETERMINED BY ADDITIONAL LOCATION.

ZONING: IR-B, ISLAND BUSINESS ZONE

MINIMUM FRONT SETBACK OF PRINCIPAL OR ACCESSORY STRUCTURES = 20 FEET.*
 MINIMUM REAR SETBACK OF PRINCIPAL OR ACCESSORY STRUCTURES = 10 FEET.
 MINIMUM SIDE SETBACK OF PRINCIPAL OR ACCESSORY STRUCTURES = 10 FEET.

* EXCEPT THAT A FRONT YARD NEED NOT EXCEED THE AVERAGE DEPTH OF FRONT YARDS ON EITHER SIDE OF THE LOT.

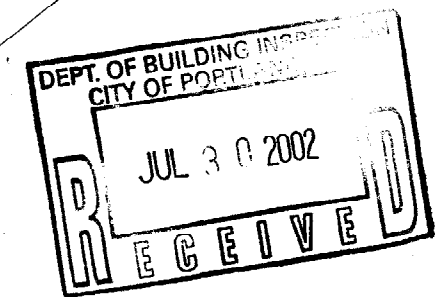
FLOOD NOTE:

THE SURVEYED PARCEL FALLS WITH THE A2 AND C ZONES AS DELINEATED ON THE FLOOD INSURANCE RATE MAP COMMUNITY-PANEL NO. 230051 0015 B PANEL 15 OF 17 WHICH BEARS AN EFFECTIVE DATE OF JULY 17, 1986

ELEVATION NOTE: ELEVATIONS ARE BASED UPON A WATER SURFACE OBSERVATION TAKEN IN THE FIELD ON OCTOBER 11, 2001 AT 11:45 AM ELEVATION = 2.67 DATUM IS BASED UPON NGVD 1929 MEAN SEA LEVEL = 0.00 FEET.

LEGEND:

- Capped 5/8" Rebar To Be Set With Registration Number 2303. (50.00') Distance from reference Plan or deed.
- Iron Pipe or Solid Pin Found N/F Now Or Formerly
- ◊ Survey Instrument Point A.G. Above Grade
- Abutter Line B.G. Below Grade
- Property Line IR Property Line
- Street Line — u — Overhead Utility
- Direction of Bearing — Utility Pole
- Edge of traveled way



REVISIONS:

REVISION 2: 02-12-2002	ADDED LOW-WATER LINE & NOTE #9, EXTENDED PROPERTY LINES TO SAID LOW-WATER AND CHANGED ZONING NOTE TO REFLECT CORRECT ZONE I-B.
REVISION 1: 02-08-2002	ADDED EXCEPTION c) TO CERTIFICATE, REVISED AREA.

LOCATION: 548 ISLAND AVENUE PEAKS ISLAND MAINE

CERTIFICATION:

I HEREBY CERTIFY THAT THIS SURVEY CONFORMS TO THE MAINE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS' STANDARDS OF PRACTICE AS ADOPTED APRIL 01, 2001 WITH THE FOLLOWING EXCEPTIONS:

- a) NO WRITTEN REPORT
- b) NO NEW DESCRIPTION
- c) NO NEW PROPERTY CORNERS SET AT THIS TIME.

ROBERT T. GREENLAW P.L.S.
 PRESIDENT BACK BAY BOUNDARY, INC. NO.2303 DATE: 02-12-2002

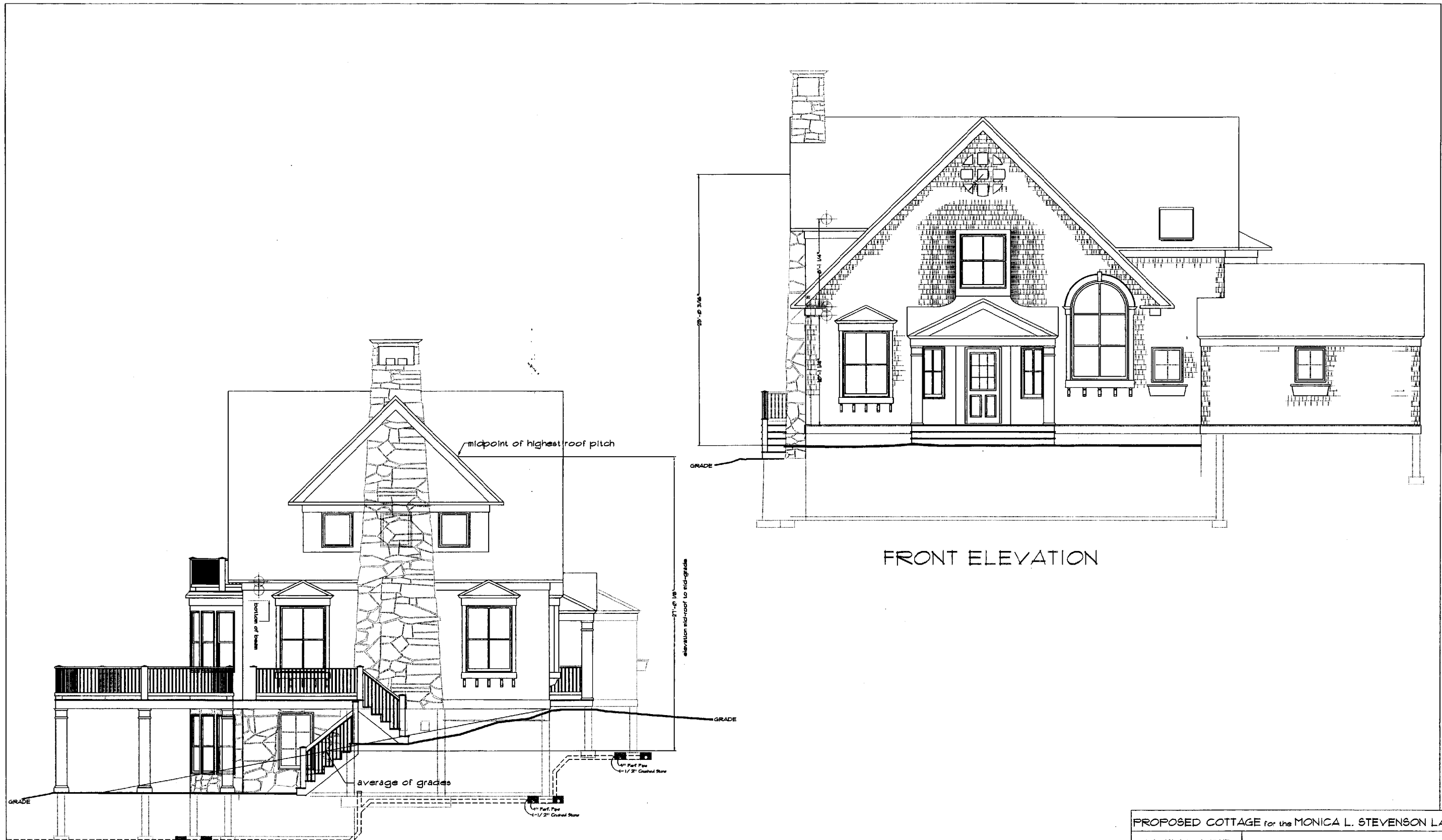
GRAPHIC SCALE
 0' 20' 40' 60'
 1" = 20'

BOUNDARY SURVEY/SITE PLAN
 AT 548 ISLAND AVENUE PEAKS ISLAND

FOR: **MONICA L. STEVENSON**

PREPARED BY:
BACK BAY BOUNDARY, INC.
 LAND SURVEYING
 65 NEWBURY STREET
 PORTLAND, MAINE
 207-774-2855 FAX 207-761-2010

DRAWN BY: SBB
 CHECKED BY: RTG
 SCALE: 1" = 20'
 DATE: 12-13-2001
 JOB NUMBER: 200168
 SHEET: 1 OF 1
 DRAWER: 2001 NO: 68



FRONT ELEVATION

LEFT ELEVATION

PROPOSED COTTAGE for the MONICA L. STEVENSON LAND	
548 ISLAND AVENUE PEAKS ISLAND	The Cottage Design Company, LLC 33 ISLAND AVENUE, PEAKS ISLAND, MAINE 04108 (800) 322-6145
4.20.2002	Do not reproduce
DATE	© Cottage Design Co. 1999. All rights. Printed in United States of America
1/4" = 1 FOOT	These plans have been prepared to meet top professional standards and practices. However, local variations may require changes. Likewise, building code requirements vary with location and change from time to time. Before starting construction, your contractor should check and be responsible for all dimensions and other details, and should review the plans to ensure they meet current governmental requirements in your area.
SCALE	
ELEVATIONS	
SHEET	

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= 30# / sq' for bedrooms



REAR ELEVATION

RIGHT ELEVATION

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BASE MAP AND EXISTING TOPO BY:
BACK BAY BOUNDARY, INC.
 LAND SURVEYING
 65 NEWBURY STREET PORTLAND, MAINE 207-774-2855
 SEE PLAN DATED 12/12/2001
 IR-B
 F-B
 ISLAND BUSINESS ZONE

9 FOOT FLOOD ELEVATION LINE AS SHOWN ON FLOOD INSURANCE RATE MAP PANEL NO. 230051 15B ZONE A2.

NORMAL HIGH WATER LINE AS LOCATED ON 10-11-2001. DEBRIS/STAIN LINE USED.

25 FT. SET BACK FROM NORMAL HIGH WATER LINE

N/F
 LARS F. AND ANNE
 ASBJORNSEN
 BK 15988 PG 186

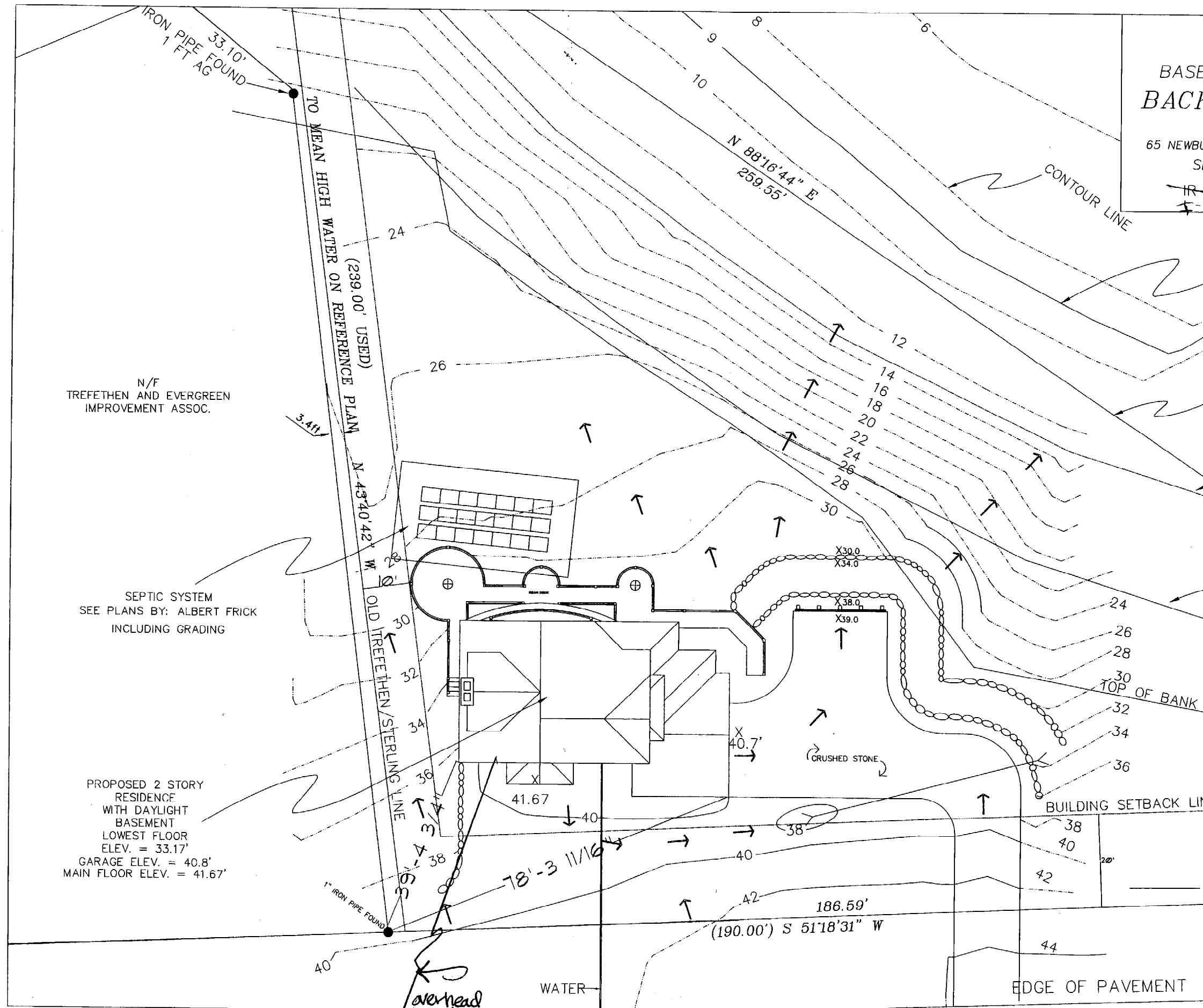
SITE PLAN

AT 548 ISLAND AVENUE PEAKS ISLAND

a new residence for:

MONICA STEVENSON
 and
JOHN FREEMAN

THE COTTAGE DESIGN COMPANY
 33 ISLAND AVENUE
 PEAKS ISLAND, MAINE 04108
 207-768-2900
 DRAWN BY: RW
 SCALE: 1" = 10'
 DATE: 6.28.02
 SHEET: 1 OF 1



N/F
 TREFETHEN AND EVERGREEN
 IMPROVEMENT ASSOC.

SEPTIC SYSTEM
 SEE PLANS BY: ALBERT FRICK
 INCLUDING GRADING

PROPOSED 2 STORY
 RESIDENCE
 WITH DAYLIGHT
 BASEMENT
 LOWEST FLOOR
 ELEV. = 33.17'
 GARAGE ELEV. = 40.8'
 MAIN FLOOR ELEV. = 41.67'

overhead
 Electric

WATER

EDGE OF PAVEMENT

TO MEAN HIGH WATER ON REFERENCE PLAN
 (239.00' USED)
 N 43°20'42" W

OLD TREFETHEN/STERLING LINE

N 88°16'44" E
 259.55'

CONTOUR LINE

TIE LINE

TOP OF BANK

BUILDING SETBACK LINE

S 38°41'29" E
 (82.00')
 (30.00' MEAS. & HEAD)

CAPPED REBAR FOUND
 NO. 2248

IRON PIPE FOUND
 33.10'
 1 FT AG

1" IRON PIPE FOUND

78'-3 11/16"

186.59'
 (190.00') S 51°18'31" W



CRUSHED STONE

X30.0
 X34.0

X38.0
 X39.0

X40.7'

41.67

40

38

40

42

44

36

34

32

30

28

26

24

22

20

18

16

14

12

10

8

6

4

2

0