



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 548 Island Ave

CBL 092 A001001

Issued to Stevenson Monica L /Weinschenk, Ric Builders

Date of Issue 11/17/2003

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 02-0820 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family Dwelling (R3 Use)  
Type 5B Construction

**Limiting Conditions:**

This certificate supersedes  
certificate issued

Approved:

*11/17/03*  
.....  
(Date)                      *[Signature]*  
Inspector

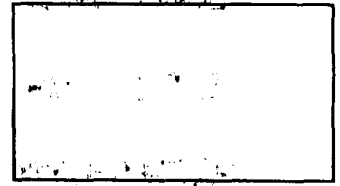
*[Signature]*  
.....  
Inspector of Buildings

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



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



03-0416  
092 A 001

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 548 Island Ave, Peaks Island Use of Building Single Family Date 4.20.03  
Name and address of owner of appliance Monica L. Stevenson

Installer's name and address Salevsky & Son's Pl & Htg Inc.  
P.O. Box 242 Cape Cottage Pt. Cape Elizabeth Me. 04107 Telephone 883-8069

### Location of appliance:

- Basement
- Attic
- Floor
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: H. B. Smith

U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

### The Type of License of Installer:

- Master Plumber # 2309
- Solid Fuel # \_\_\_\_\_
- Oil # 2710
- Gas # 3605
- Other \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
Factory built \_\_\_\_\_
- Metal  
Factory Built U.L. Listing # \_\_\_\_\_
- Direct Vent  
Type \_\_\_\_\_ UL# \_\_\_\_\_

### Type of Fuel Tank

- Oil
- Gas

Size of Tank 330

Number of Tanks (2) Two

Distance from Tank to Center of Flame 50 feet.

30.00

### Approved

### Approved with Conditions

Fire: \_\_\_\_\_  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_

See attached letter or requirement

Signature of Installer Charlie Salevsky President

CK 5643  
4/28/03

White - Inspection    Yellow - File    Pink - Applicant's    Gold - Assessor's Copy

11/5/03

O/K

AR

11/25/02 Setback inspection on site w/ R. Weisberg and A.J. Altes.  
Strings AND pins ARE IN PLACE. MEASURED FROM FORMS. OK. to  
BACKFILL JM

12-11-02 w/ Tammy AM went to site using bay to  
cover drain file + some straps being used instead  
of anchor bolts.

PM went back w/ Public Safety officer to stop job  
felt installed ok to backfill. mm

1/13/03 - w/ M. Wynn - Monday preparing the permit, made  
frames - and about 30% - "New Corp" "College Res" -  
Isolation over floor - 854-5465, is monitoring  
will need reports from both agencies. I will  
check

2/3/03 J. Adams and A. Altes ~~at~~ inspection this date.  
call to owner re: elevation survey. am

3/18/03 Inspection of progress w/ Jodine photos of site for Jay R.  
Spoke w/ Rick Wortley about window dimension being a min. of 6"  
at narrowest point - he thought 4" - will need to adjust. Also check  
Round top window at stair landing for Tempered seal - could not read. JB

3/24/03 See submittal from Back Bay Boundary verifying the  
Height of the structure JB

3/24/03 Spoke w/ John Freeman (husband) about progress and submitting  
all changes and special inspections to our office for record prior  
to C.O. - prefer ASAP - He agreed. JB

4/1/03 See submittal on Tempered Glass around egress JB

11/5/03 C of O. ok A. Altes Tillman.

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

# Fax Memorandum

**To:** Mike Nugent **From:** Tim Shelley  
**874-8716** **Pages:** 1  
**Company:** City of Portland **Date:** 4/28/03  
**Re:** Stevenson Residence **CC:**

Urgent       For Review       Please Comment       Please Reply       For Your Use

**Comments:**

Mike:

I recently spoke with Ric Weinschenk regarding the Stevenson Residence, at 548 Island Ave., Peaks Island, Maine.

He stated that you are looking for final confirmation on the structure. Our firm provided Mr. Weinschenk with complete framing plans for this residence. Although the plans were complete, they did not show every connection, etc.

Mr. Paul Griesbach provided construction review services to the Stevenson's on this project, and requested that I come out to inspect the framing. I found the framing to be in basic conformance with my plans, and where there were slight deviations to accommodate in-field conditions, these modifications were adequate. We also inspected in-field connectors of LVLs to LVLs, etc., and in all cases found these connections to be adequate.

If you have any questions, please do not hesitate to contact me.

Sincerely,

\_\_\_\_\_  
Timothy G. Shelley, P.E.

*From*

90 BRIDGE STREET    WESTBROOK, MAINE 04092    PHONE (207) 854-5465    FAX (207) 854-8706

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

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Mr. Ric Weinschenk  
46 Torrington Point  
Peaks Island, Maine 04108

November 6, 2003  
SEI Job No. 2002-548  
Pg. 1 of 1

**Subject:** Inspection of the Monica Stevenson Residence located at 548 Island Ave., Peaks Island, Maine.

**Attention:** Mr. Ric Weinschenk

Ric:

Per your request, I made a site visit on October 28, 2003 to the residence located at 548 Island Ave. My inspection found the residence to substantially and reasonably comply with all applicable building code requirements.

Please do not hesitate to contact me should you have any questions.

Sincerely,

---

Timothy G. Shelley, P.E.

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) 9'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	<u>33.17</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>na</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>na</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>na</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>33.17</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>32.0</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>38.0</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>na</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>na</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

#2303

*Robert T. Greenlaw*

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 <i>Robert T. Greenlaw</i>	DATE 09-16-2002	TELEPHONE 207-774-2855	

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 548 Isalnd 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

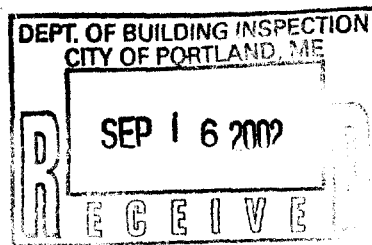
Dear Mr. Weinschenk:

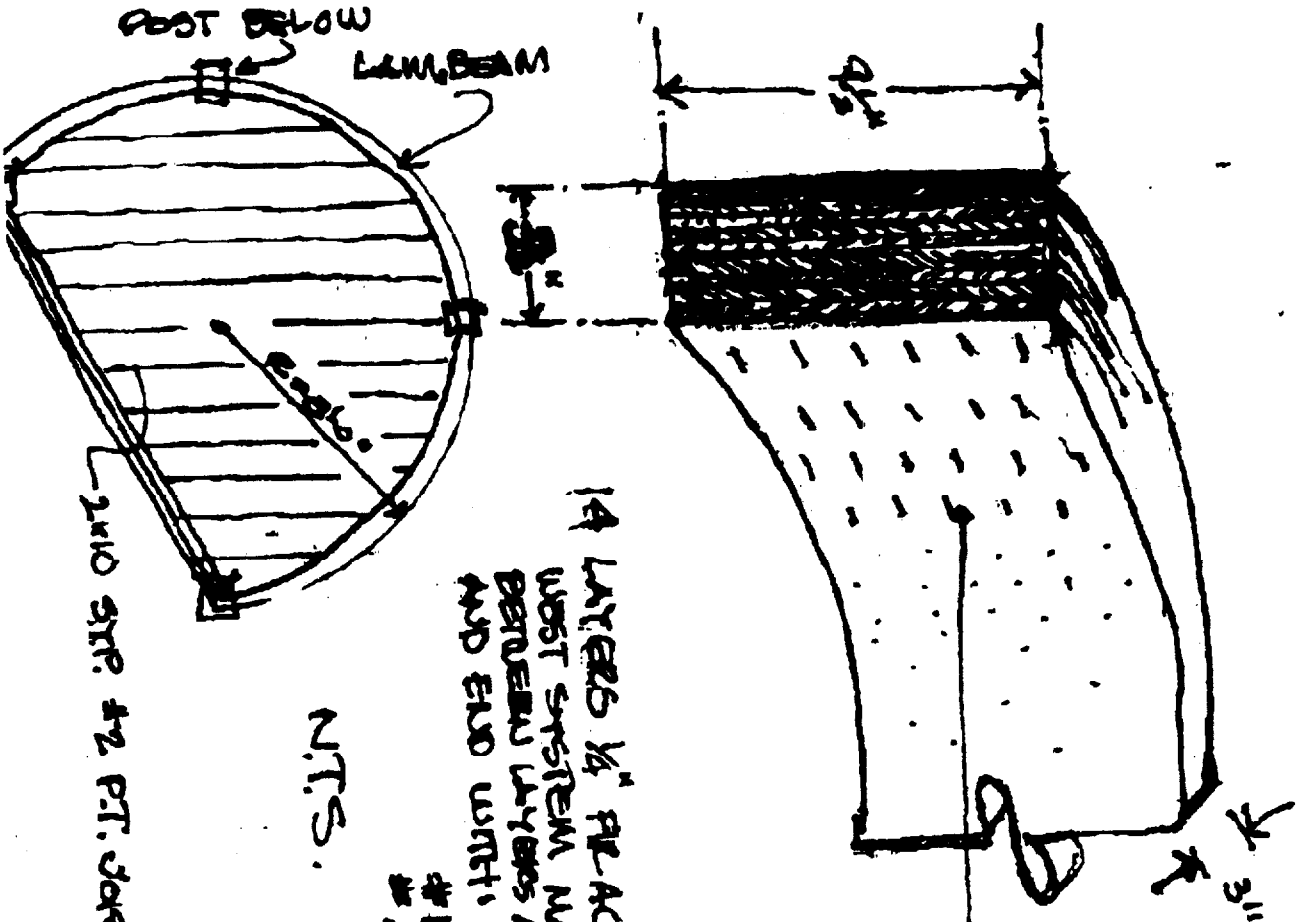
Per your request, we have analyzed the curved wood beam to be used in the construction of the deck at the Stevenson residence. The beam will consist of 14 layers of 1/4" plywood fastened together with marine epoxy and galvanized wire staples, as indicated on the enclosed sketch.

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.





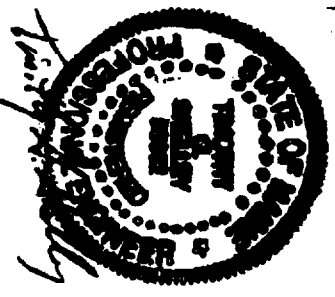
DETAIL FOR LAMB BEAM  
 @ GREVENSON ERS.  
 PEAKS ISLAND

14 LAYERS 1/2" PLAC PLYWOOD GLUED WITH  
 MOST SYSTEM ADHESIVE & POX  
 BETWEEN LAYERS AND CARB V EXTERIOR SIDES  
 AND END WRTT.

NT'S.

#105 BEAM  
 #208 HARDNER

2ND STR. #2 PT. JOISTS @ 16" o.c. CYP



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

## Fastening Schedule

<b>Building Element</b>	<b>Nail or Staple Size &amp; Type</b>	<b>Number and Location</b>
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
<b>Wall construction</b>		
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
<b>Roof and Ceiling Construction</b>		
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
<b>Wall and roof sheathing</b>		
Particleboard wall sheathing	6d common	6" o.c. direct edges and 12" o.c. intermediate

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.

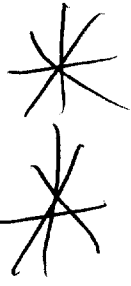
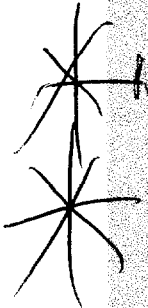
This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.

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



System 100 -  
Variance 20 -

Share fee 10 -

0002 6010

### 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.

<b>GENERAL INFORMATION</b>		Town of <u>PORTLAND (PEAKS ISLAND)</u>
Permit No. _____		Date Permit Issued _____
Property Owner's Name: <u>MONICA STEVENSON</u>		Tel. No.: _____
System's Location: <u>548 ISLAND AVENUE</u>		
Property Owner's Address: <u>1501 BEACON STREET, # 1701</u>		
(if different from above) <u>BROOKLINE, MA. 02446</u>		

#### 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 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

(Signature)  
LPI SIGNATURE

8/2/02  
DATE

PERMIT DENIED

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
<b>SOILS</b>								
Soil Profile	Ground Water Table			to 7"				inches
Soil Condition	Restrictive Layer			to 7"				inches
from IIIIE-200	Bedrock			to 12"				inches
<b>SETBACK DISTANCES (in feet)</b>								
<b>From</b>	<b>Less than 1000 gpd</b>	<b>1000 to 2000 gpd</b>	<b>Over 2000 gpd</b>	<b>Less than 1000 gpd</b>	<b>1000 to 2000 gpd</b>	<b>Over 2000 gpd</b>	<b>To</b>	<b>To</b>
Wells with water usage of 2000 or more gpd or public water supply wells	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

Inspection Services  
Michael J. Nugent  
Manager

Housing & Neighborhood Services  
Mark Adelson  
Director



**CITY OF PORTLAND**  
**STOP WORK NOTICE**

December 11, 2002

Ric Weinschenk Builders  
33 Island Avenue  
Peaks Island, Maine 04105

RE: 548 Island Avenue  
CBL: 092-A-001

**HAND DELIVER**

Dear Mr. Weinschenk:

An evaluation of the property at 548 Island Avenue revealed that the property fails to comply with Section 111.3 of the 1999 BOCA Building Code of the City of Portland. Section 111.3 states that "*All work shall conform to the approved application and the approved construction documents for which the permit has been issued and any approved amendments to the approved application or the approved construction documents*".

An inspection performed on December 11, 2002 found that you have deviated from the approved plan. The filtration fabric specified over the drain tile was not installed and anchor straps were installed rather than anchor bolts.

This is a **STOP WORK ORDER** pursuant to Section 111.3 of the 1999 BOCA Building Code. All construction activity at the above referenced property must **STOP** immediately.

Construction may begin after the amendment to your building permit application has been issued and this order has been lifted. Failure to comply will result in this office referring the matter to the City of Portland Corporation Counsel for legal action and possible civil penalties, as provided for in Section 1-15 of the Code and in Title 30-A M.R.S.A. Ss 4452. This constitutes an appealable decision pursuant to Section 1-16. (2) Of the City of Portland Code of Ordinances. Please feel free to contact me at 874-8703, if you wish to discuss the matter or have any questions.

Sincerely,

Marland Wing  
Code Enforcement Officer

cc: Monica Stevenson

**DEPARTMENT DIRECTOR**  
Lee D. Urban



**DIVISION DIRECTORS**  
Mark B. Adelson  
Housing & Neighborhood Services

Alexander Q. Jaegerman  
Planning

John N. Lufkin  
Economic Development

**DEPARTMENT OF PLANNING AND DEVELOPMENT**

12/13/2002

To: Ric Wortley  
From: Mike Nugent

Re: Anchor Bolts

Based on the information provided by your engineer and the Power fasteners are acceptable provided that they are installed and spaced in accordance with the manufacturer's specs for this application.. The Stop work order is released as of this date.



02-17823

092 A 001

**City Of Portland  
Inspection Services  
RETURN OF SERVICE**

On the <sup>12<sup>th</sup></sup> ~~11<sup>th</sup>~~ day of Dec, 2002, I made service of the STOP WORK ORDER  
upon, Ric Weinschenk, at 548 Island Ave

X

By delivering a copy in hand.

\_\_\_\_\_ By leaving copies at the individual's dwelling house or usual place  
of abode with a person of suitable age or discretion who resides  
therein and whose name is \_\_\_\_\_

\_\_\_\_\_ By delivering a copy to an agent authorized to receive service of  
process, and whose name is \_\_\_\_\_

\_\_\_\_\_ By (describe other manner of service) \_\_\_\_\_

DATED: 12-11-02

Signature of Person Making Service

Michael Wang  
Code Enforcement Officer

I have received the above referenced documents

Person Receiving Service

[Signature]

\_\_\_\_\_ Refused to sign  
\_\_\_\_\_ Unable to sign

548 Island Ave  
92-A-1

**The Cottage Design Company LLC**  
33 ISLAND AVENUE, PEAKS ISLAND, MAINE 04108  
PHONE: (207)766-2900 FAX: (207)766-2999

**December 27,2002**

**Ms. Linda Conti**  
**Assistant Attorney General**  
**Dept. of the Attorney General**  
**6 State House Station**  
**Augusta, Maine 04333-0006**

**RE: State of Maine v. Ric Weinschenk/Builders, Inc.. et al.**  
**Docket No. CV-00-244**

**Dear Ms. Conti:**

**Although the Injunction and Order dated December 23, 2002 is inapplicable to a pending residential project, enclosed are copies of plans, specifications and the contract. Should you have any questions, please call.**

Sincerely,



**Ric Weinschenk**

**CC. Penny Lettel**  
**Enclosures**

Conti 12/27/02

G. STEVEN ROWE  
ATTORNEY GENERAL



Telephone: (207) 626-8800  
TDD: (207) 626-8865

STATE OF MAINE  
OFFICE OF THE ATTORNEY GENERAL  
6 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0006  
December 31, 2002

REGIONAL OFFICES:

84 HANLOW ST., 2ND FLOOR  
BANGOR, MAINE 04401  
TEL: (207) 941-3070  
FAX: (207) 941-3075

44 OAK STREET, 4TH FLOOR  
PORTLAND, MAINE 04101-3014  
TEL: (207) 822-0260  
FAX: (207) 822-0259  
TDD: (877) 428-8800

128 SWEDEN ST., STE. 2  
CARIBOU, MAINE 04736  
TEL: (207) 496-3792  
FAX: (207) 496-3291

David M. Hirshon, Esq.  
Tompkins, Clough, Hirshon & Langer, PA  
3 Canal Plaza  
P.O. Box 15060  
Portland, Maine 04112-5060

548 Island Ave  
72-A-1

Re: *State of Maine v. Ric Weinschenk et al.*

Dear David:

This will confirm that the injunction issued in this case is not stayed automatically pending appeal, and that I view the injunction as being effective on the date that it was issued, December 23, 2002 and therefore applicable to all residential construction projects that are currently ongoing.

I understand that Ric Weinschenk is currently building a house on Peaks Island. He has indicated in a letter, a copy of which is enclosed, that he believes that the injunction does not apply to that house. Notwithstanding his view that the injunction does not apply, he has provided me with copies of the contract as well as the plans and specifications which have been stamped by Shelley Engineering, Inc. I will be reviewing the documents that he provided to determine whether he is in compliance with the injunction.

In his letter, he asks that I direct my questions to him. I will continue to direct my inquiries to you and Mr. Tinkle unless you tell me otherwise. Can you tell me whether Timothy Shelley PE will be certifying that the Stevenson home is built in compliance with paragraph A of the injunction?

Thank you for your cooperation in this matter.

Sincerely,

Linda J. Conti  
Assistant Attorney General

Enclosure  
LJC/ajb

cc: Penny Littel, Esq.

# COTTAGE DESIGN COMPANY

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

## FAX COVER SHEET

TO: Mike Nugent

FROM: Rick Worthe

DATE: 3/28/03

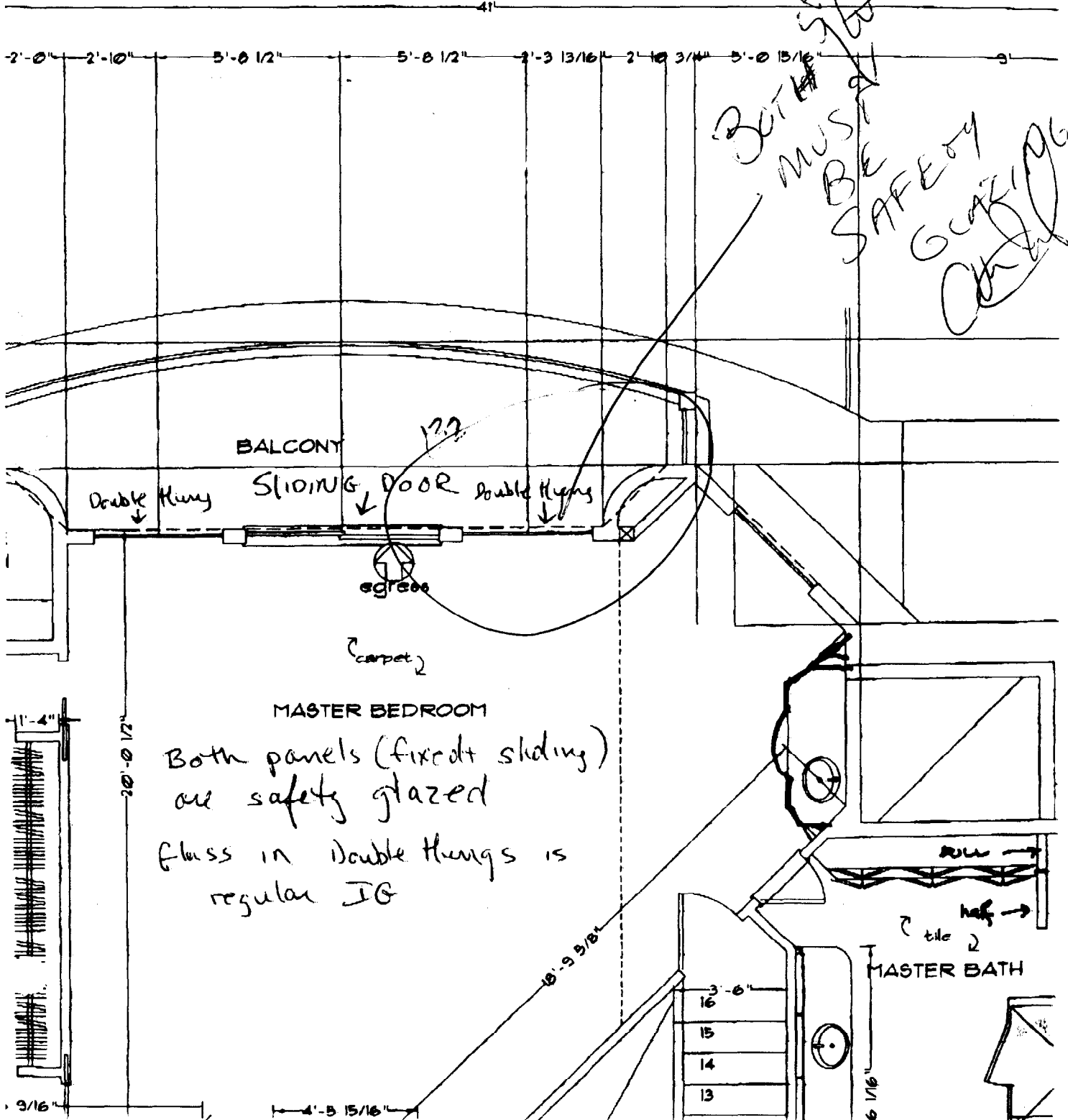
RE: Stevenson glazing

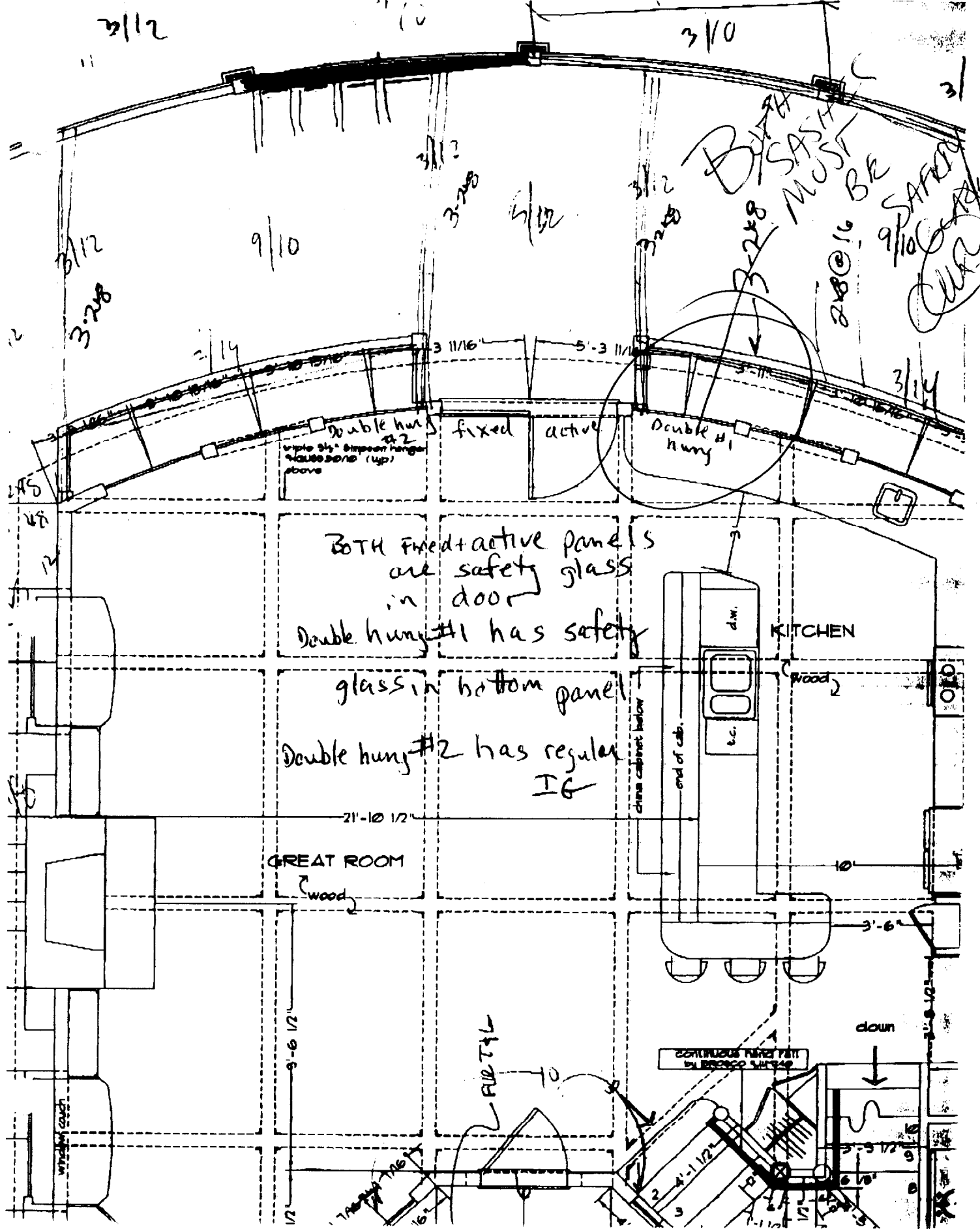
# of Pages: 3 (including cover)

Mike - Sorry for being confusing.

With the attached plan I have illustrated what we spoke about via phone. I was not sure about windows adjacent to sliding doors (non-swinging) + fixed panels

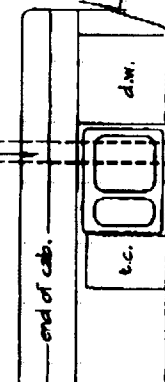
of doors (non-swinging). I believe we agreed they did not have to be safety glazed. Only the glazing by the swinging door up to 60". I hope this is more clear.





BATH  
 SASH  
 MUST BE SAFED  
 2x8 @ 16  
 9/10  
 SAFED  
 CUR

BOTH fixed + active panels  
 are safety glass  
 in door  
 Double hung #1 has safety  
 glass in bottom panel  
 Double hung #2 has regular  
 IG



CONTINUOUS FIBER TIT  
 by BRISCO SURF

down

FIRE TOWER

GREAT ROOM

KITCHEN

Double hung #2  
 triple 3/4" Simpson hanger  
 2x8 @ 16 (1/2")  
 above

fixed

active

Double #1  
 hung

end of cabinet below

wood

wood

WOOD

12

9-6 1/2

21-10 1/2

3 11/16

5-3 11/16

3/12

3-208

5/12

3/12

3-228

3-228

2x8 @ 16

9/10

3/14

3/12

3-228

9/10

2/14

3/12

3/10

3/1

12

12

12

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12

# THE COTTAGE DESIGN COMPANY<sub>LLC</sub>

\* \* \* \* \*

City of Portland  
Inspections Department  
389 Congress St.  
Portland, ME 04101

March 27, 2003

To whom it may concern,

We'd like to inform you that the address and numbers for Cottage Design Co. and Cottage Park Inc. has changed. All correspondence should be sent to 46 Torrington Ave Peaks Island, Maine 04108. Our phone is 207-766-2900 and fax number is 207-766-5586. E-mail can be sent to CottageDesignCo@aol.com. Thank you for noting these changes.

Ric Weinschenk

92-A-1

DESIGNERS OF FINE AND UNUSUAL HOMES  
46 TORRINGTON AVE + PEAKS ISLAND + MAINE 04108  
(207) 766-2900 FAX (207) 766-5586

# The Cottage Design Company

BUILDERS AND DESIGNERS OF FINE AND UNUSUAL HOMES

33 ISLAND AVENUE PEAKS ISLAND MAINE 04108  
(207) 766-2900 FAX (207) 766-2999

## Memo

---

Job:Stevenson

Date:3/14/03

---

Address: 548 Island Ave., Peaks Island

---

Mike Nugent  
Manager of Inspection Services  
City of Portland

Dear Mike,

Please include this correspondence in your file for the Stevenson residence now under construction at 548 Island Ave., Peaks Island. In mid January I called to clarify the need for safety glazing by doors per BOCA section 2406.2 subsection 6. We agreed that safety glazing would not be required adjacent to a sliding door or the fixed panel of a swinging patio door. Glazing within the 24 inch arc of the operating swing door and below 60" of the walking surface would require safety glazing. The glazing in the doors themselves of course would be safety glazed per 2406.2 subsection 2. Should you have any questions please call.

Sincerely,



Rick Wortley

cc:Monica Stevenson

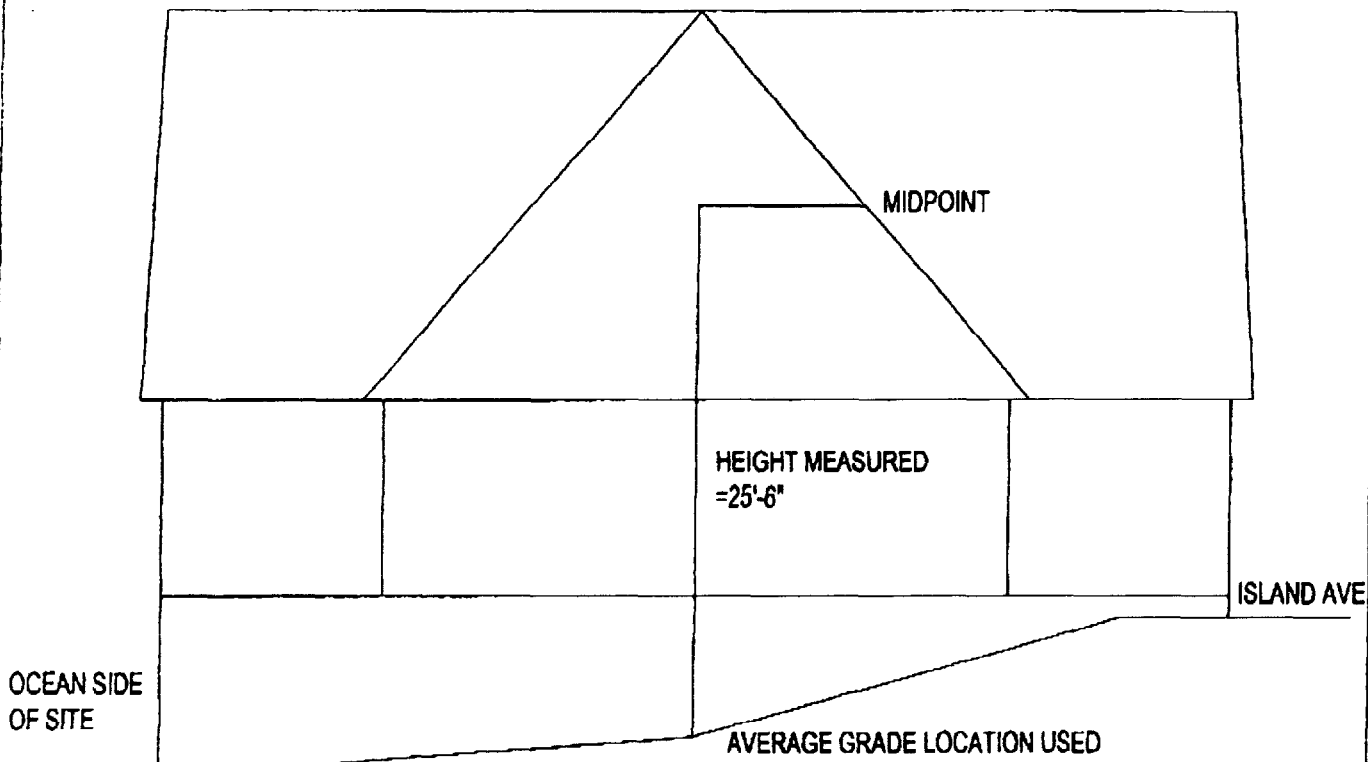


Owner: MONICA STEVENSON  
 Location: 568 ISLAND AVE.  
 PEAKS ISLAND, MAINE  
 County: CUMBERLAND  
 Tax Map: MAP 92, BLOCK A, LOT 001  
 Source Deed: BOOK 16816 PAGE 91

~~92/A/1~~ 92/A/1

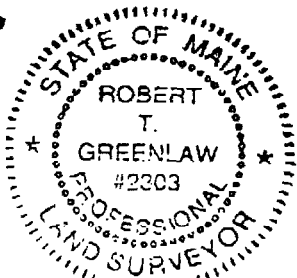
RECORDED IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS

Zone: I-B



**CERTIFICATION:** Back Bay Boundary, Inc. hereby certifies to: The City of Portland, that based upon the inspection made and with reasonable certainty that:  
 1. This plan was produced from an inspection of the site.  
 2. There WERE NO apparent violations of municipal ordinances regarding building heights at the time of inspection.

*Handwritten signature*



Robert T. Greenlaw, PLS  
 Registration #2303  
 State of Maine

JANUARY 28, 2003

### Building Height Plan

Prepared by:  
 Back Bay Boundary, Inc  
 65 Newbury Street  
 Portland, ME. 04101  
 Site: 568 Island Ave  
 Peaks Island, Maine

Scale: 1/8" = 1'	Date: 01/28/03	LT # 001
Drawn: RTG	Checked: RSIP	Job# 200168

92-A-1

**To: Arthur Rowe  
City of Portland  
Building Inspections**

**FAX: 874-8716**

**Fr: Monica Stevenson  
766-2010**

**Date: 2/4/03**

**Pages including cover sheet: 3**

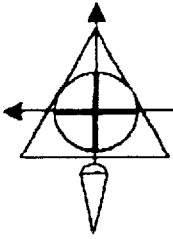
Dear Mr. Rowe

Attached are the letter and diagram from the surveying company, Back Bay Boundary, regarding the height of our home which is being built at 548 Island Avenue on Peaks Island. Please let me know if you have any questions or concerns regarding this.

Sincerely



Monica L. Stevenson

**BACK BAY BOUNDARY, INC.**

LAND SURVEYING

92-A-1

The City of Portland  
Building Inspections Dept.  
389 Congress Street  
Portland, Maine 04101

RE: ~~508~~ Island Ave. Peaks Island, Height of Structure Verification.

On January 28, 2003 Back Bay Boundary, Inc. inspected the house that is under construction at the above referenced address.

A spot was determined on the ground to be the average predevelopment grade of the site. From this spot a vertical measurement was taken up to the highest peak of the building and the average eave line.

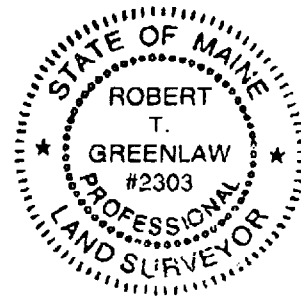
Utilizing these measurements and building dimensions, calculations were made to determine a level midway between the level of the eaves and highest point of the pitched roof.

The height of this level from the original predevelopment grade was determined to be **25 feet 6 inches (25'-6")**.

Please refer to the attached sketch for an explanation of the measurement locations.

Sincerely,

Robert T. Greenlaw, PLS  
President  
Back Bay Boundary, Inc.



65 Newbury Street Portland, Maine 04101

(207) 774-2855

Fax (207) 761-2010

Email - [Backbayboundary@cs.com](mailto:Backbayboundary@cs.com)

[www.Backbayboundary.com](http://www.Backbayboundary.com)

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

# Fax Memorandum

**To:** Mike Nugent  
**From:** Tim Shelley  
874-8716  
**Pages:** 1  
**Company:** City of Portland  
**Date:** 4/28/03  
**Re:** Stevenson Residence  
**CC:**

**Urgent**       **For Review**       **Please Comment**       **Please Reply**       **For Your Use**

• **Comments:**

Mike:

I recently spoke with Ric Weinschenk regarding the Stevenson Residence, at 548 Island Ave., Peaks Island, Maine.

He stated that you are looking for final confirmation on the structure. Our firm provided Mr. Weinschenk with complete framing plans for this residence. Although the plans were complete, they did not show every connection, etc.

Mr. Paul Gnesbach provided construction review services to the Stevenson's on this project, and requested that I come out to inspect the framing. I found the framing to be in basic conformance with my plans, and where there were slight deviations to accommodate in-field conditions, these modifications were adequate. We also inspected in-field connections of LVLs to LVLs, etc., and in all cases found these connections to be adequate.

If you have any questions, please do not hesitate to contact me.

Sincerely,

\_\_\_\_\_  
Timothy G. Shelley, P.E.

CBL 42-A-1

STREET ADDRESS 548 Island Ave PI

DATE	TIME	CONTACT	NARRATIVE	INITIALS
4/29/03	3PM	R. Weinschenk M. Stevenson	Close in w/ Jon Reed - both stairs OK - will need to check 1st to 2nd winder when Newel is installed for 6" minimum tread. Discussed This w/ Rick W. & Monica S. Chimney not installed, Basement floor not poured, Exterior stairs, guards not installed. Tempered windows not installed in Baths/near egress. Rick W. will provide documentation of any Tempered glass that has no ANSI Label. The Chimney detail shows a beam that Rick W. says will butt to the masonry w/ a bracket. I disputed that and called Monica S. to inform of NFPA 2110 and will Fax her the code section. JB/JR	
4/25/03			See submittal from Shelley Eng. on close in Structural Inspection. JB	
4/28/03			See submittal of updated plans JB	
5/1/03		R. Weinschenk	Spoke to Rick via phone about the clearance to combustibles @ chimney - he referred to plan section of chimney to show 2" air space @ wall above mantel. Questioned the structural spec - he said there will be 2-1/4" x 4 angled lintels - That detail needs to be submitted JB	
5/12/03			See Detail on Fireplace JB	

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

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

CHECK-LIST AGAINST ZONING ORDINANCE

Date - Existing # 02-0820

Zone Location - IB - IR-2 About

Interior or corner lot -

Proposed Use/Work - Demolish single family & rebuild single family with 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

check →

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

Projections - rear decks - front porch

Width of Lot - 40' required - 186.59' shown

field verify

Height - 35' MAX - 32' measured to lowest grade

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

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

Area per Family - 20,000 sq ft min

36 x 56 = 2016

Off-street Parking - 2 req - 1 car garage shown 2 space outside shown

5 x 30 = 150

Loading Bays - N/A

IR-2 = 201

Site Plan - minor/minor #2002-0162

34 x 8 = 272

Shoreland Zoning/Stream Protection - IB Zone Exempted from normal setback requirements 14-449

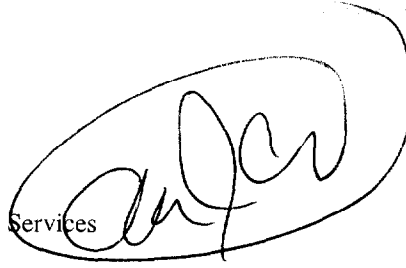
6 x 14.25 = 86

Flood Plains - Panel 15 - Zone C

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

# Memorandum

**To:** Rick Wortley, Ric Weinschenk  
**CC:** Monica Stevenson  
**From:** Mike Nugent/Manager of Inspection Services  
**Date:** 03/19/2003  
**Re:** Safety Glazing Question

A handwritten signature in black ink, enclosed within a hand-drawn oval. The signature is cursive and appears to read "Mike Nugent".

---

Please find attached Section 2406.2 of the BOCA code and associated commentary. The fixed panel of a slider or swinging patio door must have safety glazing in the event of a slip or mistake. Please advise if this answers your question and feel free to contact me to discuss this matter.

glass adjacent to both exterior and interior doors used for passage for all occupancies and types of buildings.

Item No. 7: The purpose of this item is to provide protection in cases where a fixed panel may be mistaken for a passageway or if it is accidentally impacted. It is patterned after the provisions in CPSC 16 CFR, Part 1201, and requires safety glazing if all of the following apply:

- Exposed bottom edge of glass is less than 18 inches above a walking surface, and the exposed top edge of glass is greater than 36 inches above the floor;
- Exposed area of an individual glass panel is greater than 9 square feet; and
- Walking surface is within 36 inches horizontally of the glass panel.

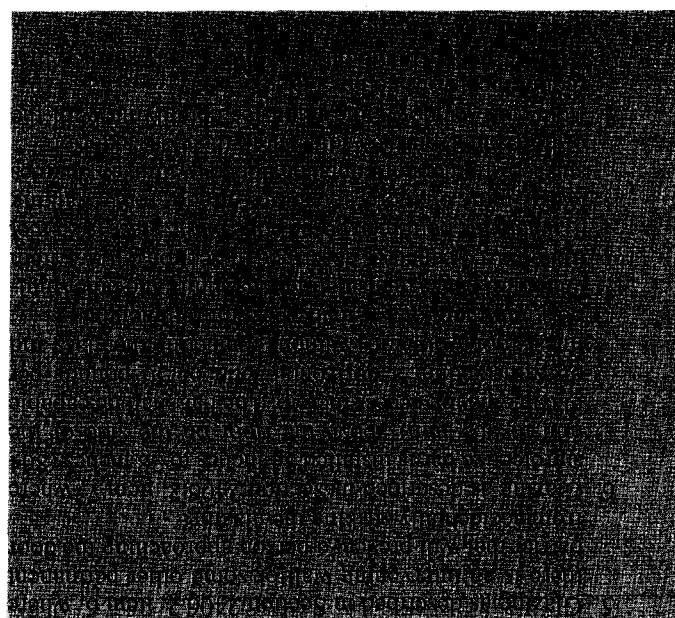
The single basis for this combination of requirements is that any glass panel that might reasonably be mistaken for a passageway should be of safety glazing material. The logic is fairly obvious. If the sill is more than 18 inches above a walking surface, a person would see it and not attempt to use the glass as a passageway. Also, if there is no walking surface within 36 inches of the glass, it is not likely to be mistaken for a door or opening.

Item No. 8: Glass or plastic in some handrail systems would need safety glazing based on Item Nos. 1 through 7. For most handrail systems, however, the glass would be excluded if the likelihood of impact by people, all glazing in handrail and guard systems is required to be of a safety type. Note that this item identifies glazing in guards and railings as a specific hazardous location that requires safety glazing. Structural requirements for glass balusters had not been included in the code before 1987. The designer and the code official had no basis for judging the adequacy of any design. This item, along with Section 2407.0, was added to the code to clarify the requirements for this use of glass.

Item No. 9: The requirement for safety glazing at pool enclosures, where panels are located as stated, reflects the special hazards associated with wet floor-surface conditions, and other considerations such as the concentrated level of activity associated with swimming pools.

There are nine exceptions to the requirements for safety glazing.

1. Small panes of glass with a dimension of 3 inches or less are not likely to create a risk. The end-point criterion for laminated and wired safety glass is that when the glass breaks, no hole is created through which a 3-inch diameter sphere will pass. If the least dimension of the glass is less than 3 inches, then this is an unnecessary requirement.
2. Assemblies of decorative glasses are excluded for most uses. These assemblies are readily seen and identified and would not be mistaken for open passageways. It would be costly, if not impossible, to produce any type of safety glass using stained glass, faceted glass or other special glass type. It would likely break in either the laminated or tempered glass process. Historically, decorative glass panels have not caused injuries to people.
3. This exception is based on the absence of any record of injury from glass used in revolving door enclosures. A



■ The provisions of this section apply to all occupancies and building types, except as specifically excluded in this chapter. This section lists nine locations that may be hazardous for glazing. Figure 2406.2 shows several examples of specific hazardous locations.

Item Nos. 1-4: The first four items listed in this section are various types of doors and door assemblies. These are presented in detail to avoid any ambiguity. Collectively, these items can be summarized as requiring safety glazing in all types of doors intended as means of egress. Jalousee assemblies in doors, as described in Section 2403.5, are excluded primarily because injury data show a minimal risk when regular glass is used. The inherent bow in long, thin strips of fully tempered glass, and objections to the appearance of the exposed plastic in the edge of laminated glass and the wire in wired glass are secondary factors. There are other limited exceptions discussed in Item No. 6 that apply to doors and fixed panels.

Item No. 5: This item covers enclosures for tubs, showers, saunas and the like. Because of the vulnerability of persons to injury in these uses, the provisions are stringent. Glass wall partitions and windows that enclose the tub and shower areas are also included within this item. Partitions and windows outside the enclosure need not be safety glazed, except as may be required by other sections.

Item No. 6: The purpose of this item is to provide protection in cases where a person may slip or mistake the glass panel adjacent to a door for a passageway and where a person may push against the sidelight with one hand to assist in opening the door with the other hand. There are reported accidents in which a person's hand slipped from the door knob and impacted the adjacent glass. The rationale for safety glass at the hinged side of a swinging door is weaker, particularly if the bottom edge is well above the walking surface. The fixed panels on either side of a door are often identical in size and type. Prudent practice would be to require safety glazing for both panes in case the two are unintentionally switched during assembly. Another consideration is that some factory-assembled entrances may have the hinged end on either side of the door. This item is applicable to



fireresistance rating. If the wired glass does not meet the CPSC test, other types of glazings that meet the CPSC tests are required.

There are other fireresistance rated glazing materials that meet both the CPSC impact tests and fireresistance rated requirements. These are subject to approval in accordance with Sections 717.4 for fire doors and 719.0 for fire windows.

Requirements for plastic safety glazing have been eliminated from CPSC 16 CFR, Part 1201, necessitating the second exception listed for this product.

The third exception for glass block walls eliminates the CPSC test requirement and references the glass block wall section. Glass block walls are also not required to meet the test requirements of Section 2408.2.

After years of study, ANSI Committee Z97 developed ANSI Z97.1-1966.

Basically, the ANSI Z97.1 test consists of an impact from a free-swinging punching bag filled with lead shot. The glass is impacted from different drop heights, depending on the predicted kinetic energy at impact for various glass applications. In the test, the glass must break in a manner that will materially reduce the risk of cutting and piercing injuries or not break at all. This standard has been periodically updated, but remains basically unchanged. In 1977, the Consumer Product Safety Commission (CPSC), in cooperation with code officials and the glass industry, drafted and approved a somewhat more severe standard, CPSC 16 CFR, Part 1201. This is the standard recognized in the code. The increased severity of the test in CPSC 16 CFR, Part 1201, eliminated wired glass and laminated glass that is more than 9 square feet in area having a 0.015-inch interlayer, as they could not meet the CPSC tests for approved safety glazing materials. Laminated glass with 0.030-inch interlayer readily meets the CPSC test requirements.

Many manufacturers of safety glazing materials have their products certified by the Safety Glazing Certification Council (SGCC) to meet either ANSI Z97.1 or Federal Law Title 16: Part 1201 or CPSC 16 CFR, Part 1201. These provide the basis for the marking of safety glazing materials (see Figure 2403.1).



■ This section requires that each light of safety glazing bear a manufacturer's designation. The term "manufacturer's designation" is defined in Section 1702.0 as an identification applied on a product by the manufacturer stating that the product or material complies with a specified standard or set of rules. Thus, safety glazing would need to be identified on each light to indicate that it meets the human impact load standard cited in Section 2505.1.



■ In the case of glass material, many times the glass is purchased by the fabricator/installer in large sheets from the manufacturer and cut into many pieces to fit various openings. This is particularly true with laminated or plastic glazing material. In this

instance, it is impracticable to apply the designation in such a manner that each piece cut will have a manufacturer's designation. Thus, the code allows multilight glazed assemblies to have only one light marked with the required information.

**2406.2 Specific hazardous locations:** The following shall be considered specific hazardous locations for the purpose of marking:

1. Glazing in ingress and means of egress door assemblies (see Section 2403.5).
2. Glazing in fixed and sliding panels of sliding door assemblies and panels in swinging doors.
3. Glazing in storm doors.
4. Glazing in all unframed swinging doors.
5. Glazing in doors and walls of enclosures for whirlpools, saunas, steam rooms, bathtubs, and other such facilities, where such glazing is 36 inches or less, measured horizontally, from the walking surface within the enclosure and where the exposed edge of the glazing is less than 60 inches (1525 mm), measured vertically, above such standing surface.
6. Glazing in an individual fixed or operable panel adjacent to a door where the nearest exposed edge of the glazing is within a 24-inch (610 mm) arc of either vertical edge of the door in a closed position and where the bottom edge of the edge of the glazing is less than 60 inches (1525 mm) above the walking surface.
7. Glazing in an individual fixed or operable panel located in those locations described in preceding items 1 through 6 which meets all of the following conditions:
  - 7.1. Exposed area of an individual pane greater than 10 square feet (0.84 m<sup>2</sup>);
  - 7.2. Exposed bottom edge less than 18 inches (457 mm) above the floor;
  - 7.3. Exposed top edge greater than 36 inches (915 mm) above the floor; and
  - 7.4. One or more walking surface(s) within 60 inches (1525 mm) horizontally of the plane of the glazing.
8. All glazing in guards and railings regardless of height above a walking surface. Included are decorative baluster panels and nonstructural in-fill panels.
9. Glazing in walls and fences enclosing indoor and outdoor swimming pools where the bottom edge of the glazing on the pool side is less than 60 inches (1524 mm) above the walking surface and within 60 inches (1524 mm) horizontally of the water's edge. This shall apply to single glazing and all panes in multiple glazing.

**Exception:** The following products, materials and uses shall not be considered specific hazardous locations:

1. Openings in doors through which a 3-inch (76 mm) sphere is unable to pass.
2. Decorative glass including, but not limited to, assemblies of leaded glass or faceted glass and items of carved glass used for decorative purposes in locations described in Section 2406.2, item 1, 6 or 7.
3. Glazing materials used as curved glazed panels in revolving doors.
4. Commercial refrigerated cabinet glazed doors.

RECEIVED

FEB 25 2003

STATE OF MAINE  
KENNEBEC, ss.

SUPERIOR COURT  
CIVIL ACTION OFFICE OF ATTORNEY GENERAL  
DOCKET NO. CV-00-244

STATE OF MAINE,

Plaintiff

v.

INJUNCTION AND ORDER  
(AMENDED)

FREDERIC WEINSCHENK  
and RICK WEINSCHENK  
BUILDERS, INC.,

Defendants

Defendants Frederic Weinschenk and Rick Weinschenk Builders, Inc., having been declared in violation of the Unfair Trade Practices Act, are hereby ENJOINED and are ORDERED as follows:

Frederic Weinschenk and Rick Weinschenk Builders, Inc., their agents, servants, officers, employees and attorneys, and those persons in active concert or participation with them who receive actual notice of this injunction are permanently enjoined from building or constructing residential dwellings in the State of Maine unless:

A. Defendants employ an engineer who is registered with the Maine Board of Professional Engineers, and who, as the result of on-site inspection, confirms that the home is built in reasonable compliance with applicable codes and generally accepted building practices.

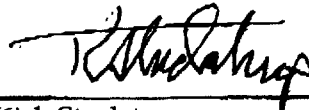
B. Defendants have all building plans for single family residences reviewed and stamped by a Maine licensed Engineer or Architect.

C. Defendants have submitted a copy of all advertising or other promotional materials and contract forms which will be used, to the Office of the Attorney General for that office's information and review.

D. Defendants have submitted to the Office of the Attorney General a copy of the contract and specifications for each house.

So ordered.

Dated: February 21, 2003



---

S. Kirk Studstrup  
Justice, Superior Court

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.

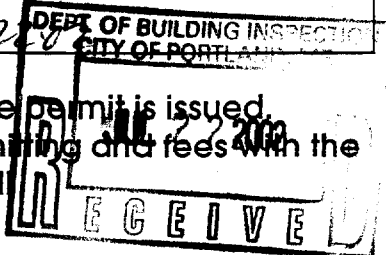
Location/Address of Construction: <u>548 ISLAND AVE, PEAKS ISLAND</u>		
Total Square Footage of Proposed Structure <u>3632 ft<sup>2</sup> inc. garage</u>	Square Footage of Lot <u>105,897 ft<sup>2</sup></u>	
Tax Assessor's Chart, Block & Lot Chart# <u>092</u> Block# <u>A</u> Lot# <u>001</u>	Owner: <u>MONICA 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>saml</u>	Cost Of Work: <u>254,000 RW</u> <u>\$ 246,000.-</u> Fee: \$
Current use: <u>Residence</u>	<i>need reduced set OR DEMO SITE</i>	
If the location is currently vacant, what was prior use:	<u>56 linear foot each w/ 1/2 circle wheel</u>	
Approximately how long has it been vacant:	<u>Demolished 40' x 30' house 1 story</u>	
Proposed use: <u>Replacing existing building with new single family</u>		
Project description: <u>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>	Eldg Fee 1,801.00	
Mailing address: <u>1501 Beacon St Apt 1701</u> <u>Brookline, Ma 02446</u>	Site Fee 300.00	
	C&O 75.00	
	Plumbing 30.00	
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>7-28-00</u>
-------------------------------------------------------------------------	----------------------

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



<b>SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION</b>		State Department of Human Resources 607 287-5877 FAX 607 587-3772
<b>PROPERTY LOCATION</b>		>> Caution: Permit Required - Attach in Space Below <<
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	
Street or Road	548 ISLAND AVENUE	
Subdivision, Lot *		
<b>OWNER/APPLICANT INFORMATION</b>		PERMIT AND Date Permit Issued: 10/24/02 \$ 1170.00 <input type="checkbox"/> Double Fee Charged L.P.I. # 0640
Name (Last, First, MI)	STEVENSON MONICA <small>Owner Applicant</small>	
Mailing Address of <input type="checkbox"/> Owner <input type="checkbox"/> Applicant	1501 BEACON STREET, # 1701 BROOKLINE, MA 02446	
Daytime Tel. *	Municipal Tax Map # Lot #	
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>
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: <i>g r</i> Date Approved: 6/20/03

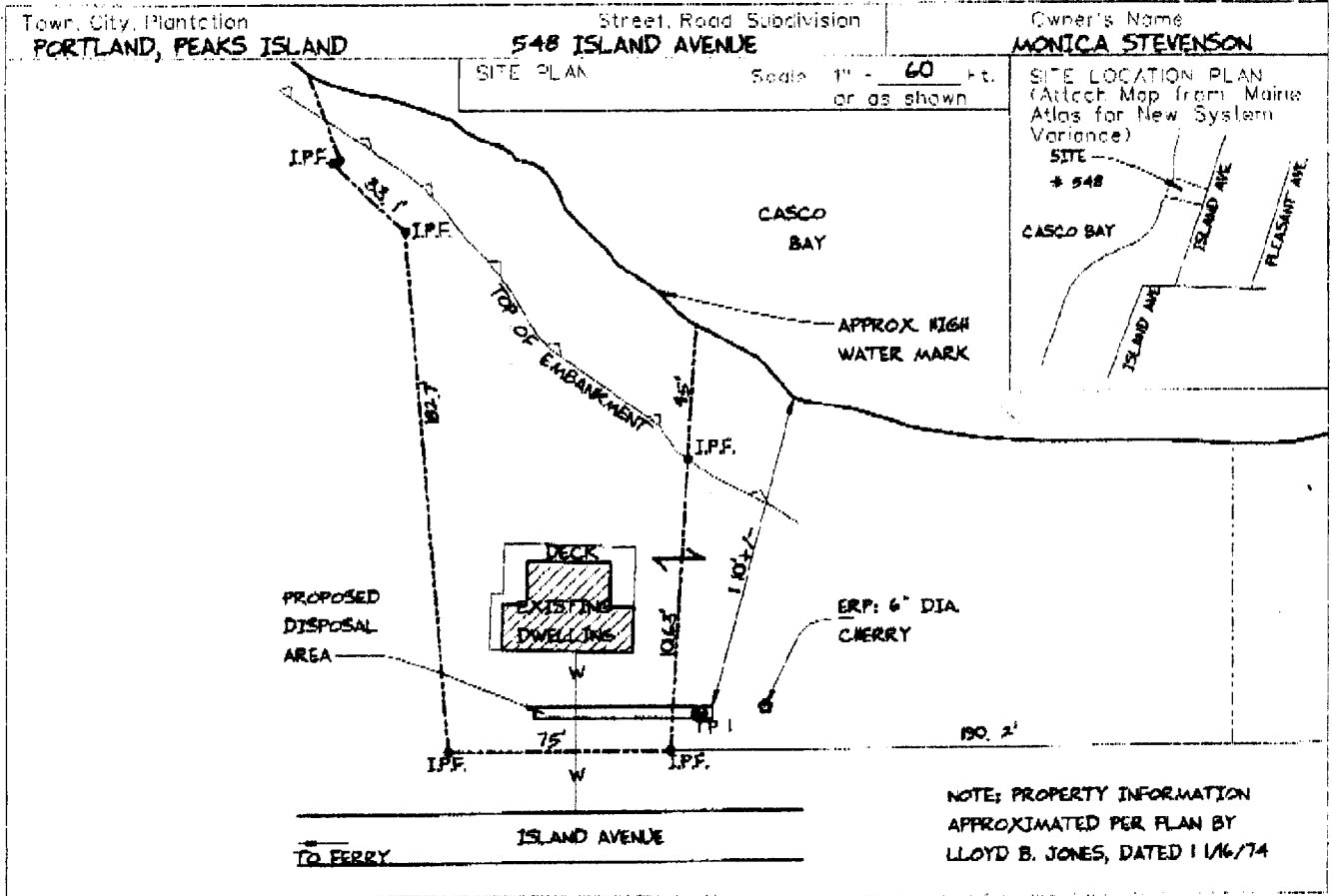
PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 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	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 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
<b>SIZE OF PROPERTY</b> 18,000 +/- <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling, No. of Bedrooms: 4 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY: _____	<b>TYPE OF WATER SUPPLY</b> 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: _____
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 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: 1000 gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 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: 960 sq. ft. <input type="checkbox"/> lin. ft. 20 ELJEN IN-DRAIN UNITS (90° FEED)	<b>GARBAGE DISPOSAL UNIT</b> 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	<b>DESIGN FLOW</b> 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
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE: 5 / B / 2 CONDITION: TP1 DESIGN: -34" All Observation Hole * TP1 Depth: _____ Elevation: _____ OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 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	<b>PUMPING</b> 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: DISE: _____ Gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT	
I certify that on 10/2/02 (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 (10-146A CMR 241).	
Signature: <i>Albert Frick</i> Site Evaluator Signature	Date: 8/28/2002
SE *	Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



NOTE: PROPERTY INFORMATION APPROXIMATED PER PLAN BY LLOYD B. JONES, DATED 1/16/74

## 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 (Feet)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK BROWN	
10	GRAVELLY LOAMY SAND	FRIABLE	DARK YELLOWISH BROWN	
20	SAND			
30		SOMEWHAT FIRM		
35		FIRM		FEW FAINT
50	LIMIT OF EXCAVATION			

Soil Classification: **S** Profile

Condition: **C**

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 (Feet)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: \_\_\_\_\_ Profile

Condition: \_\_\_\_\_

Slope: \_\_\_\_\_

Limiting Factor: \_\_\_\_\_

Ground Water

Restrictive Layer

Bedrock

Pit Depth

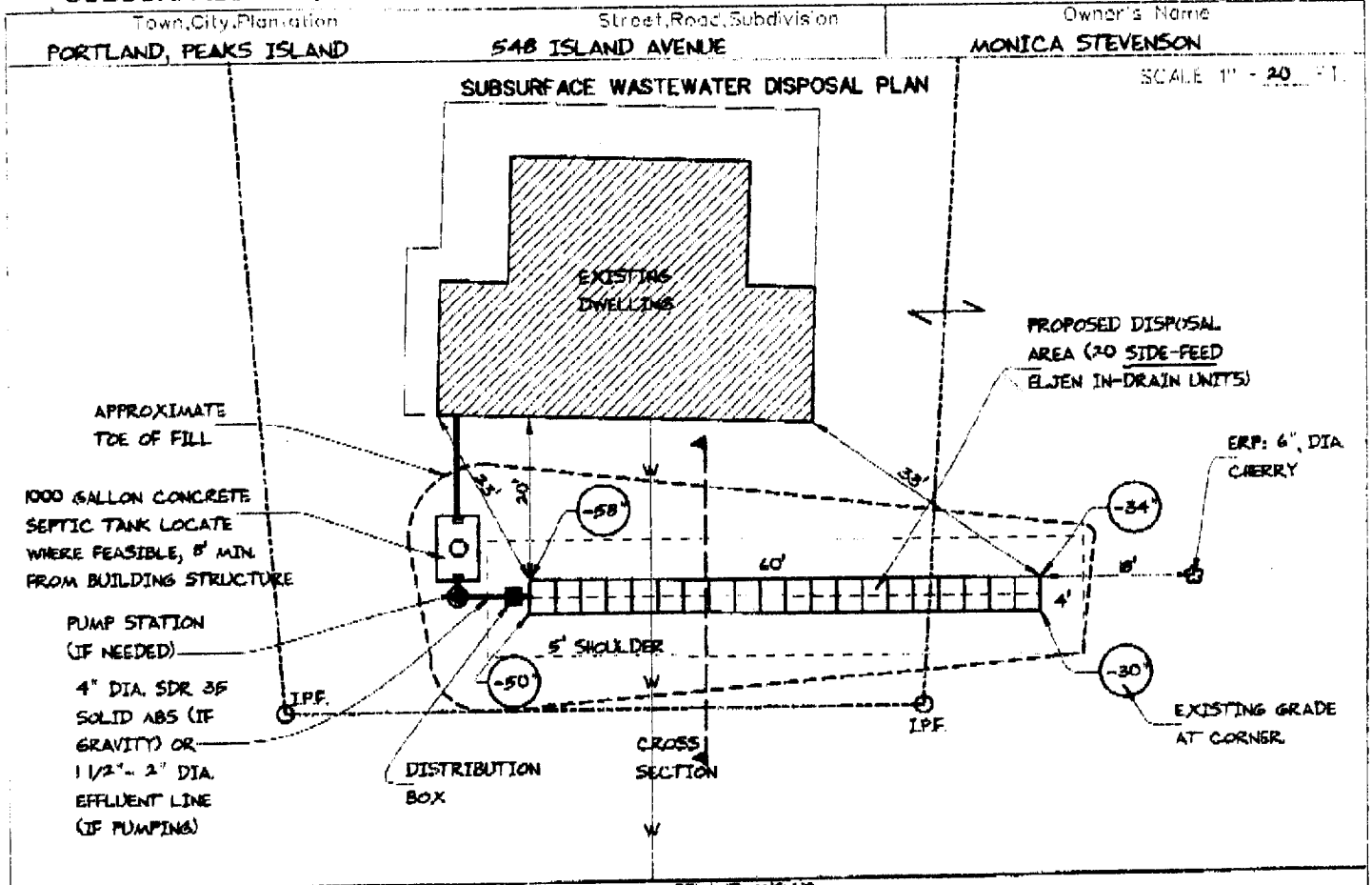
*Albert Frick*  
Site Evaluator Signature

K.S.  
SE

*8/28/2002*  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



**FILL REQUIREMENTS**

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

**CONSTRUCTION ELEVATIONS**

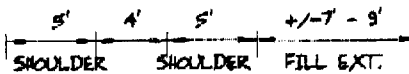
Finished Grade Elevation	SEE DETAIL BELOW
Top of Proprietary Device	SEE DETAIL BELOW
Bottom of Disposal Area	SEE DETAIL BELOW

**ELEVATION REFERENCE POINT**

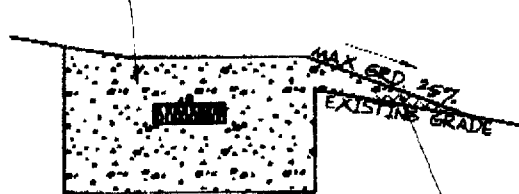
Location & Description NAIL 28" ABOVE BASE OF 6" DIA. CHERRY Reference Elevation 00"

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

**DISPOSAL AREA CROSS SECTION**



GRAVELLY COARSE SAND



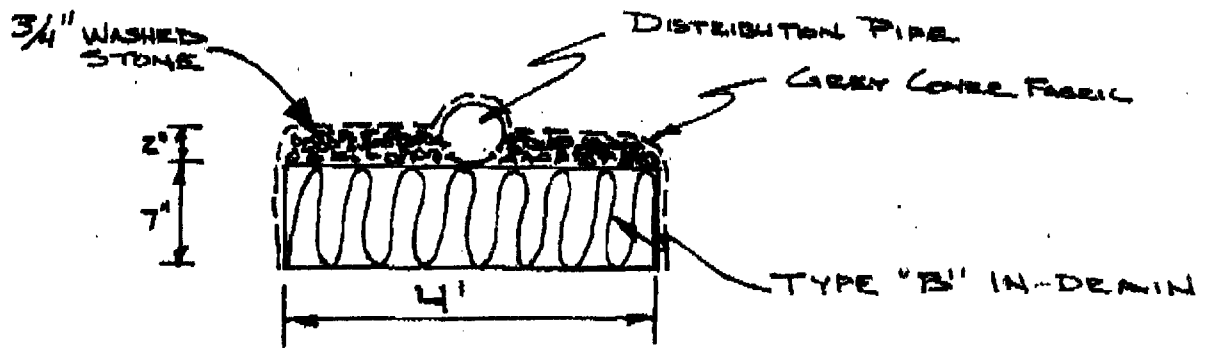
CLEAN FILL	30"
GEOTEXTILE FABRIC	42"
OVER 4" DIA. PERF. PIPE	46"
ELJEN IN-DRAIN UNIT	58"
	59"

*Albert Frick*  
Site Evaluator Signature

163  
SE

8/28/2002  
Date

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



DETAIL  
N.T.S.

NOTES PER ELJEN COOP:

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.
2. ELJEN COOP. DOES NOT ENCOURAGE THIS TYPE LAYOUT SINCE IT MAY GET CONFUSING WITH ITS SUGGESTED LAYOUT.

5/9/00




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

93A County Road Corham, 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 Peaks Island</u>	<u>548 Island Avenue</u>	<u>Sterenson</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  
 93A Cotuit Road - Gorham, Maine 04031  
 (207) 839-2563

THE COTTAGE DESIGN COMPANY LLC

FAX COVER SHEET

TO: Mike Nugent, Arthur Rowe

FROM: Ric Wemschenk

Date: 6-19-03

# of pages inc. cover 5

Message: update to septic system from Al Frick  
soil evaluator to allow use of plastic  
septic tank

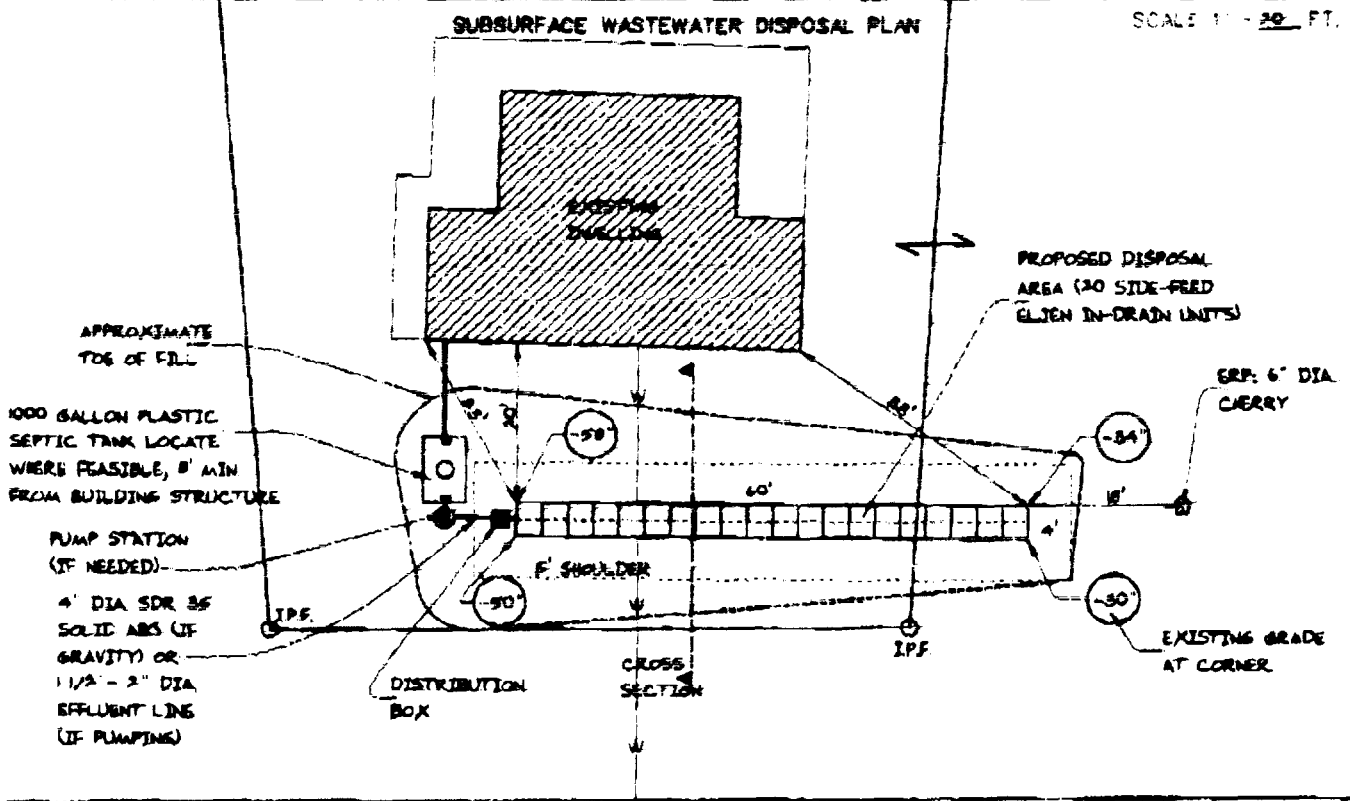
92-A-1

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

State Department of Human Services  
 Office of Public Engineering, 2101 Main St., 3rd Fl.  
 207 526-2832

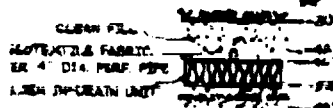
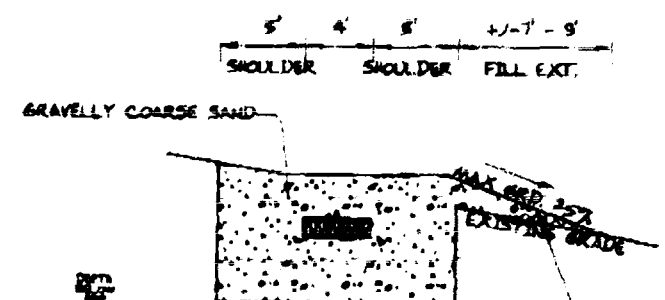
Town/City/Plantation: **PORTLAND, PEAKS ISLAND**  
 Street/Road/Subdivision: **548 ISLAND AVENUE**  
 Owner's Name: **MONICA STEVENSON**

SCALE 1" = 20' FT.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Average) 1'0" - 2'0"	Finished Grade Elevation	Location & Description NAD 28' ABOVE
Depth of Fill (Maximum) 1'4" - 2'8"	Top of Distribution Box	BASE OF 6" DIA CHERRY
DEPTH AT CROSS SECTION (above grade)	Bottom of Disposal Area	Reference Elevation 100.0' or

**DISPOSAL AREA CROSS SECTION**



Site Evaluator Signature: *Albert Frick* Date: *6/13/2003*  
 ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 858-0863  
 Page 3 of 3  
 HNE-200 Rev. 10/02

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

State Department of Human Services  
Division of Health Engineering, 310 State St., 2nd  
Floor, Boston, MA 02108 FAX: (617) 624-6113

**PROPERTY LOCATION** >> Caution: Permit Required - Attach in Space Below <<

City, Town, or Plantation: **PORTLAND, PEAKS ISLAND**

Street or Road: **540 ISLAND AVENUE**

Subdivision, Lot #:

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): **STEVENSON MONICA** Owner

Mailing Address: **150 BEACON STREET, # 170 BROOKLINE, MA 02446**

City, Town, or State: **BROOKLINE, MA 02446**

Daytime Tel. #:

Municipal Tax Map #:

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.

**Owner or Applicant Statement** **Caution: Inspections Required**

I declare and acknowledge that the information submitted is correct to the best of my knowledge and I warrant that any falsification is a reason for the Department and/or Local Plumbing Inspector to deny a permit.

I have inspected the installation described 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 COMPONENTS
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 type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (grey-water & oil 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 (200 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
<b>SIZE OF PROPERTY</b> 10,000 +- <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <b>4</b> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____	<b>TYPE OF WATER SUPPLY</b> 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
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>SPECIFY</b> Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> undeveloped	

**DESIGN DETAILS (SYSTEM LAYOUT & DOWN ON PAGE 3)**

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <b>1000</b> gallons	1. <input type="checkbox"/> Stone Bed 2. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array a. <input type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular a. <input type="checkbox"/> H 20 loaded c. <input type="checkbox"/> Other: _____ SIZE: <b>360</b> sq. ft. <input type="checkbox"/> lin. ft. <b>20 ELTEN IN-DRAIN UNITS</b>	1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank inlet	1. <input checked="" type="checkbox"/> Table 501.2 dwelling unit(s) 2. <input type="checkbox"/> Table 501.2 other facilities SHOW CALCULATIONS for other facilities.
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE: <b>E B Z</b> AT Observation hole # <b>TP 1</b> Depth: _____ OR MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.2 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd	<b>PUMPING</b> 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	<b>4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD</b> 3. <input type="checkbox"/> Section 501.2 (meter readings) ATTACH WATER-METER DATA

**SITE EVALUATOR STATEMENT**

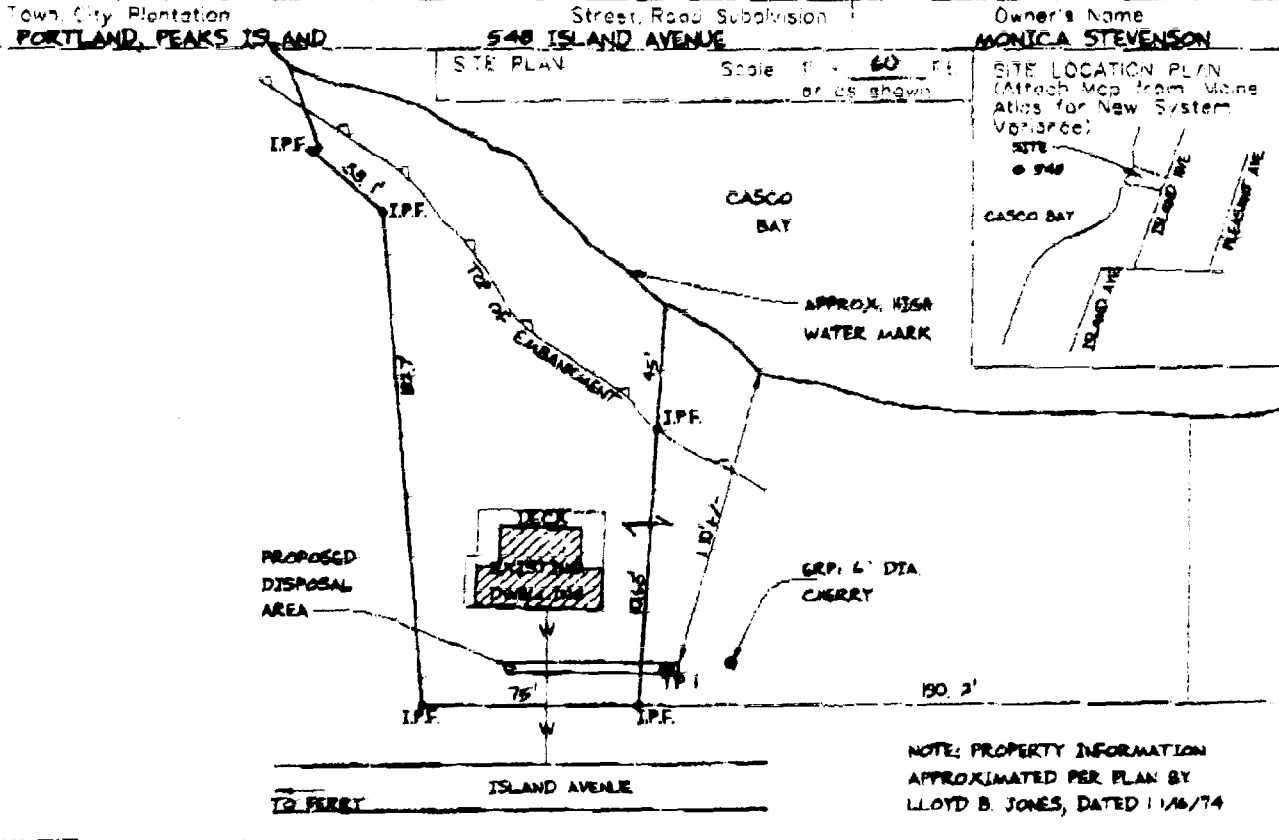
I certify that on **6/13/03** (date) I completed a site evaluation on the property and agree that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-146A CMR 241).

Site Evaluator Signature: *Albert Frick* Date: **6/13/2003**

ALBERT FRICK (607) 888-5555 ALBERTFRICK@WORLDSTATIONET  
 Site Evaluator Name/Printer Telephone Number Email Address  
 ALBERT FRICK ASSOCIATES - 88A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 888-5553  
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
 Director of Health Engineering, Section 10-510  
 (207) 287-2877 FAX (207) 287-2172



**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 SURFACE (FEET)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK BROWN	
10	GRAVELLY LOAMY SAND	FRIABLE	DARK YELLOWISH BROWN	
30	SAND	SOMEWHAT FIRM		FEW FAINT
35		FIRM		
40	LIMIT OF EXCAVATION			

Soil Classification: S C 30  
 Slope: 30  
 Limiting Factor:  Ground Water  Restrictive Layer  Bedrock  Pit Depth

*Albert Frick*  
 Site Evaluator Signature

6.3 SE - 6/13/2003 Date

Page 2 of 3  
 HSE-20C Rev. 10-02

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation	Cape Elizabeth
Street	420 Main St. Cape Elizabeth, Me.
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: Stevenson	First: Monica L.
Applicant Name:	Solely for Same Plg/Htg.
Mailing Address of Owner/Applicant (If Different)	P.O. Box 242 Cape Cottage Bldg. Cape Elizabeth Me. 04109

2003-8734

PORTLAND	8440	TOWN COPY
Date Permit Issued: 4/28/03	\$ 112101010	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>	L.P.I. # 2603	

2003-8734  
092A001

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

*[Signature]* 4/20/03  
Signature of Owner/Applicant Date

## Caution: Inspection Required

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

*[Signature]* 11/5/03  
Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>12345</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	15	Hosebibb / Sillcock	3	Bathtub (and Shower)
		Floor Drain	12	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	5	Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	16	Fixtures (Subtotal) Column 1
			19	Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	Cape Elizabeth
Street Subdivision Lot #	712 Cape Elizabeth Pk. No. 10

## PROPERTY OWNERS NAME

Last: Stevenson First: Monica L.

Applicant Name: Salevskid Some Pl & Htg.

Mailing Address of Owner/Applicant (If Different): P.O. Box 242 Cape Cottage Br. Cape Elizabeth Me. 04109

2003-8134

PORTLAND  
Date Permit Issued: 4/28/03  
Local Plumbing Inspector Signature: [Signature]

B440 TOWN COPY  
\$ 112101010  If Double Fee Charged  
L.P.I. # 2603

2003-8134  
09 2 A 001

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 4/20/03

## Caution: Inspection Required

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

Local Plumbing Inspector Signature: [Signature] Date Approved: 11/5/03

## PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>11337</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.	15	Hosebibb / Sillcock	13	Bathtub (and Shower)
		Floor Drain	12	Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	5	Wash Basin
<b>OR</b> TRANSFER FEE [\$6.00]		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	16	Fixtures (Subtotal) Column 1
			19	Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE