

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0416	Issue Date: MAY 01 2003	CBL: 092 A001001
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Location of Construction: 548 Island Ave <i>D.I.</i>	Owner Name: Stevenson Monica L	Owner Address: 531 Island Ave CITY OF PORTLAND	Phone:
Business Name:	Contractor Name: Salevsky & Sons Plumbing & Heati	Contractor Address: PO Box 242 Cape Cottage Road Cape	Phone: 2078838069
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: 1-B

Past Use: single family	Proposed Use: single family with new boiler in basement	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Install new oil-fired boiler in basement		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: Furnace	
		Signature:	Signature: <i>BOCP 1993</i> <i>5/1/03</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: kwd	Date Applied For: 04/28/2003	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <i>approved</i> <input type="checkbox"/> Flood Zone <i>Single Family</i> <input type="checkbox"/> Subdivision <i># 020520</i> <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/1/03</i> <i>gmb</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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CERTIFICATION

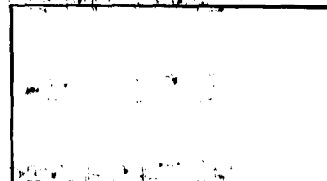
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition,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

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



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 Plg & Htg Inc.
P.O. Box 242 Cape Cottage Pt. Cape Elizabeth Me. 04407 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-0416	Date Applied For: 04/28/2003	CBL: 092 A001001
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Location of Construction: 548 Island Ave	Owner Name: Stevenson Monica L	Owner Address: 531 Island Ave	Phone:
Business Name:	Contractor Name: Salevsky & Sons Plumbing & Heatin	Contractor Address: PO Box 242 Cape Cottage Road Cape	Phone (207) 883-8069
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: single family with new boiler in basement	Proposed Project Description: Install new oil-fired boiler in basement
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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 05/01/2003
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 05/01/2003
Note: **Ok to Issue:**

1) Installation shall comply with 1993 BOCA Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Cape Elizabeth
Street	742 ...
Subdivision Lot #	...

PROPERTY OWNERS NAME

Last: Stevenson First: Monica L.

Applicant Name: Salevskyd Saxe Plc/Htg.

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

2003-8134

PORTLAND 8440 TOWN COPY

Date Permit Issued: 4/28/03 \$ 112101010 If Double Fee Charged

Jan Beland Local Plumbing Inspector Signature L.P.I. # 0603

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>132217</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. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	3	Hosebibb / Sillcock	3	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	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
OR TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		16	Fixtures (Subtotal) Column 1
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		19	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

PERMIT ISSUED

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

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

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

Proposed Project Description:
Demo existing house & rebuild new 56' x 52' house with garage and deck.

*Paul Griesbach 232-7123
Pogm750-0295*

Signature: _____ Date: _____

Signature: *[Signature]* Date: *10/3/02*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: <i>gg</i>	Date Applied For: 07/22/2002	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <i>N/A per section 1A-449</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>panels zone C</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>#2002-0162</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> <i>ok with committee</i> Date: <i>8/15/02</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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CERTIFICATION

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

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

To: Mike Nigert

11-10-03

From: Monica Stevenson

please forward a copy to Linda Conti
Thanks

pg 1 of 2

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 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.

FAM

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

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

Fax Memorandum

To: Tammy Munson
874-8716

From: Tim Shelley

Pages: 2

Company: City of Portland

Date: 11/12/03

Re: Stevenson Residence

CC:

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

• Comments:

Tammy:

Received your second voice mail, here is a copy of my final inspection report.

Sincerely,

Timothy G. Shelley, P.E.

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

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.

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

2002-0162
Application I. D. Number

07/22/2002
Application Date

548 Island Ave. Peaks Island
Project Name/Description

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

548 - 548 Island Ave, Portland, Maine
Address of Proposed Site
092 A001001
Assessor's Reference: Chart-Block-Lot

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

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

Check Review Required:

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

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

DRC Approval Status: Re: _____

Approved _____ See Attached Denied *Extra Septic Design Attached*

Approval Expiration **09/25/2003** Extension to _____
 Condition Compliance **Jay Reynolds** **09/25/2002**
signature date

Performance Guarantee Required* Not Required

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

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

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

2002-0162

Application I. D. Number

07/22/2002

Application Date

548 Island Ave. Peaks Island

Project Name/Description

Stevenson Monica L

Applicant

1501 Beacon St # 1701 , Brookline , MA 02446

Applicant's Mailing Address

Ric Weinschenk Builders

Consultant/Agent

Agent Ph: 828-3900

Agent Fax: 775-7703

Applicant or Agent Daytime Telephone, Fax

548 - 548 Island Ave, Portland, Maine

Address of Proposed Site

092 A001001

Assessor's Reference: Chart-Block-Lot

Approval Conditions of DRC

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

Application ID Number: 2-0820

Delete Save Close

Department: Building

Status: Approved with Conditions

Reviewer: Mike Nugent

Comments:

[Empty text box for comments]

Approval Date: 10/03/2002

Given On Date: [Empty text box]

OK to Issue Permit

Name: Mike Nugent

Date: 10/03/2002

Date:2: [Empty text box]

Conditions Section:

Add New Condition From

Add New Condition

Delete Condition

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

Create Date: 07/25/2002

By: gg

Update Date: 10/03/2002

By: mjn

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Section 10
(207) 287-8872 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required -- Attach In Space Below <<
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	<p>The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.</p>
Street or Road	548 ISLAND AVENUE	
Subdivision, Lot #		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)	STEVENSON MONICA	
Mailing Address of	1501 BEACON STREET, # 1701 BROOKLINE, MA 02446	
Daytime Tel. #		
Owner or Applicant Statement		Caution: Inspections Required
<p>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.</p> <p><i>[Signature]</i> 9/13/02 Signature of Owner/Applicant Date</p>		<p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p>Local Plumbing Inspector Signature Date</p>

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (greywater & all toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY 18,000 +- <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY: _____	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>20 ELJEN IN-DRAIN UNITS</u> <u>(90° FEED)</u>	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW 360 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling 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 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>5 / B / 2</u> AT Observation Hole # <u>TP1</u> Depth _____ " Elevation <u>-34</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra Large - 5.0 sq.ft./gpd	PUMPING 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	

9/6/01

SITE EVALUATOR STATEMENT

I certify that on 10/2/01 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

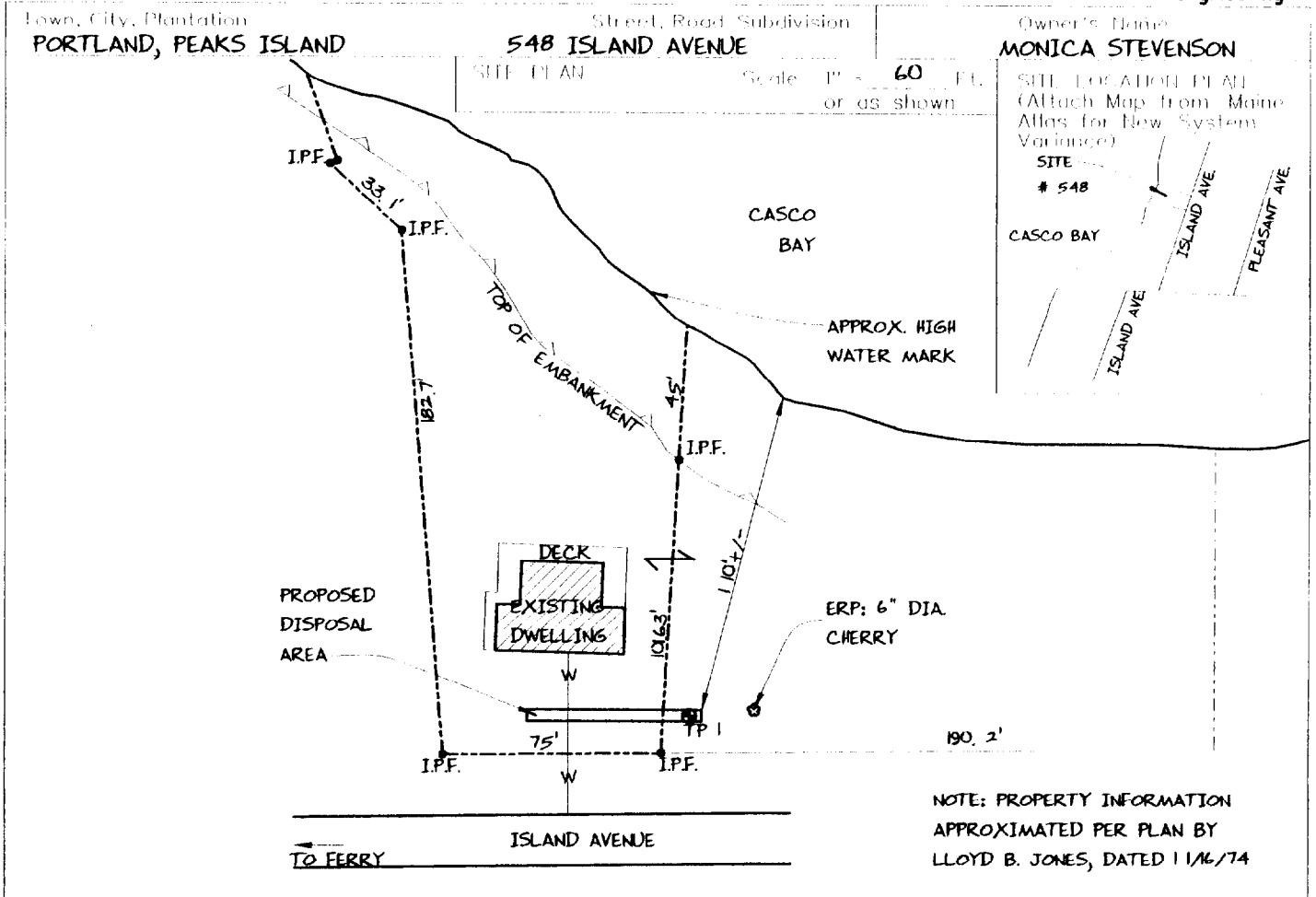
[Signature]
 Site Evaluator Signature

163
 SE #

8/28/2002
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



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

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

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

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

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

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

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

Albert Frick
Site Evaluator Signature

163
SE

8/28/2002
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

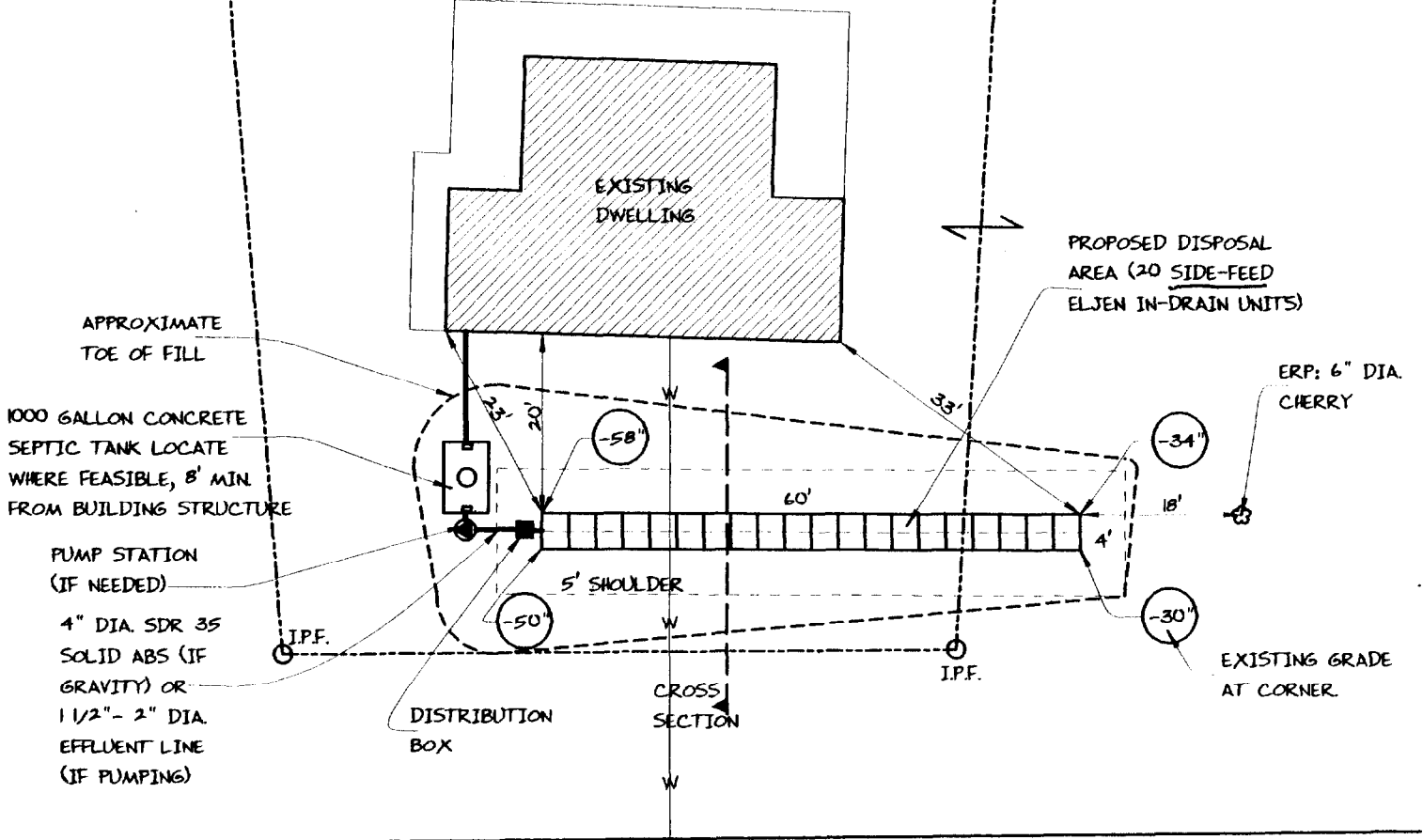
Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road, Subdivision
548 ISLAND AVENUE

Owner's Name
MONICA STEVENSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) $\pm 0'' - 20''$
Depth of Fill (Downslope) $\pm 4'' - 28''$

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of [Proprietary Device]
Bottom of Disposal Area

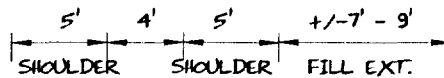
ELEVATION REFERENCE POINT

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

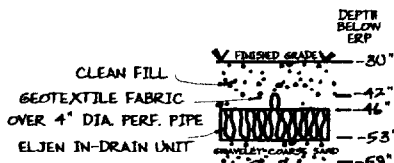
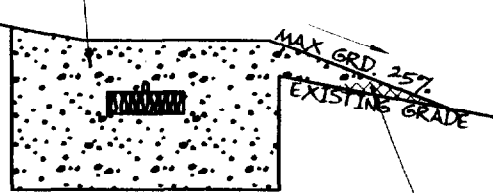
SEE
DETAIL
BELOW

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

DISPOSAL AREA CROSS SECTION



GRAVELLY COARSE SAND



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

Albert Frick
Site Evaluator Signature

163
SE

8/28/2002
Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

Portland, Peaks Island
TOWN

548 Island Avenue
LOCATION

Stevenson
APPLICANT'S NAME

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

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Albert Frick Associates, Inc. of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as, utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

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

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

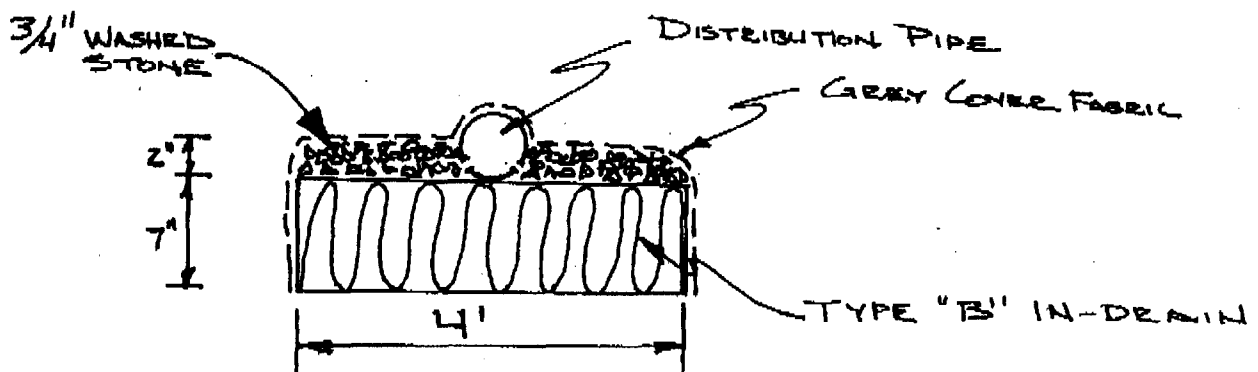
ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

Britland Peaks Island 548 Island Avenue Sterenson
TOWN LOCATION APPLICANT'S NAME

- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than once every three years.
- 7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu.ft.) x 7.48 cu.ft.(gallons per cu.ft.) + # of days in period).
- 8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.
- 9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirements. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.
- 11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay).
- 12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.
- 13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion.



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



DETAIL
N.T.S.

NOTES PER ELJEN CORP.:

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

5/9/00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Bureau of Health Engineering, Station 10
(207) 287-2872 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	
Street or Road	548 ISLAND AVENUE	The Subsurface Wastewater Disposal System <i>shall not</i> 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.
Subdivision, Lot *		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)	STEVENSON MONICA Owner	
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	1501 BEACON STREET, # 1701 BROOKLINE, MA 02446	Caution: Inspections Required Have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Daytime Tel. *		
Owner or Applicant Statement		Municipal Tax Map * Lot *
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.		Local Plumbing Inspector Signature Date
Signature of Owner/Applicant Date		Date Approved Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> One time exempted b. <input type="checkbox"/> Non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non Engineered System 2. <input type="checkbox"/> Primitive System (graywater & all toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY 18,000 +- <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY: _____	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> 20' loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 20 ELJEN IN-DRAIN UNITS (90° FEED)	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi compartment tank b. <input type="checkbox"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW 360 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities: _____ 4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>5</u> / <u>B</u> / <u>2</u> AT Observation Hole # <u>TP1</u> Depth _____" Elevation <u>-34</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra Large - 5.0 sq.ft./gpd	PUMPING 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	

9/6/01

SITE EVALUATOR STATEMENT

I certify that on 10/2/01 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Albert Frick

Site Evaluator Signature

163

SE *

8/28/2002

Date

Page 1 of 3

HHE-200 Rev. 1/99

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

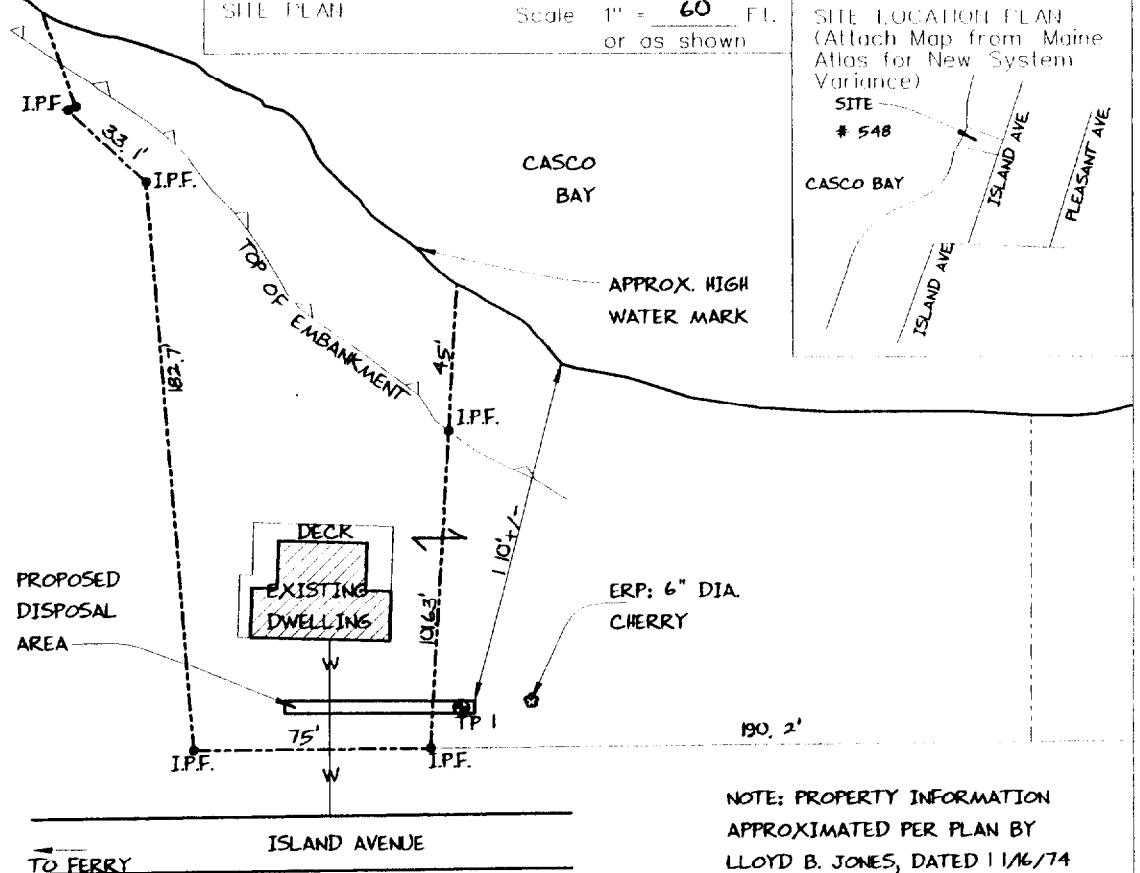
Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road, Subdivision
548 ISLAND AVENUE

Owner's Name
MONICA STEVENSON

SITE PLAN
Scale 1" = 60' F.L.
or as shown

SITE LOCATION PLAN
(Attach Map from Maine Atlas for New System Variance)



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

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

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

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

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

Albert Frick
Site Evaluator Signature

63
SE *

8/28/2002
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

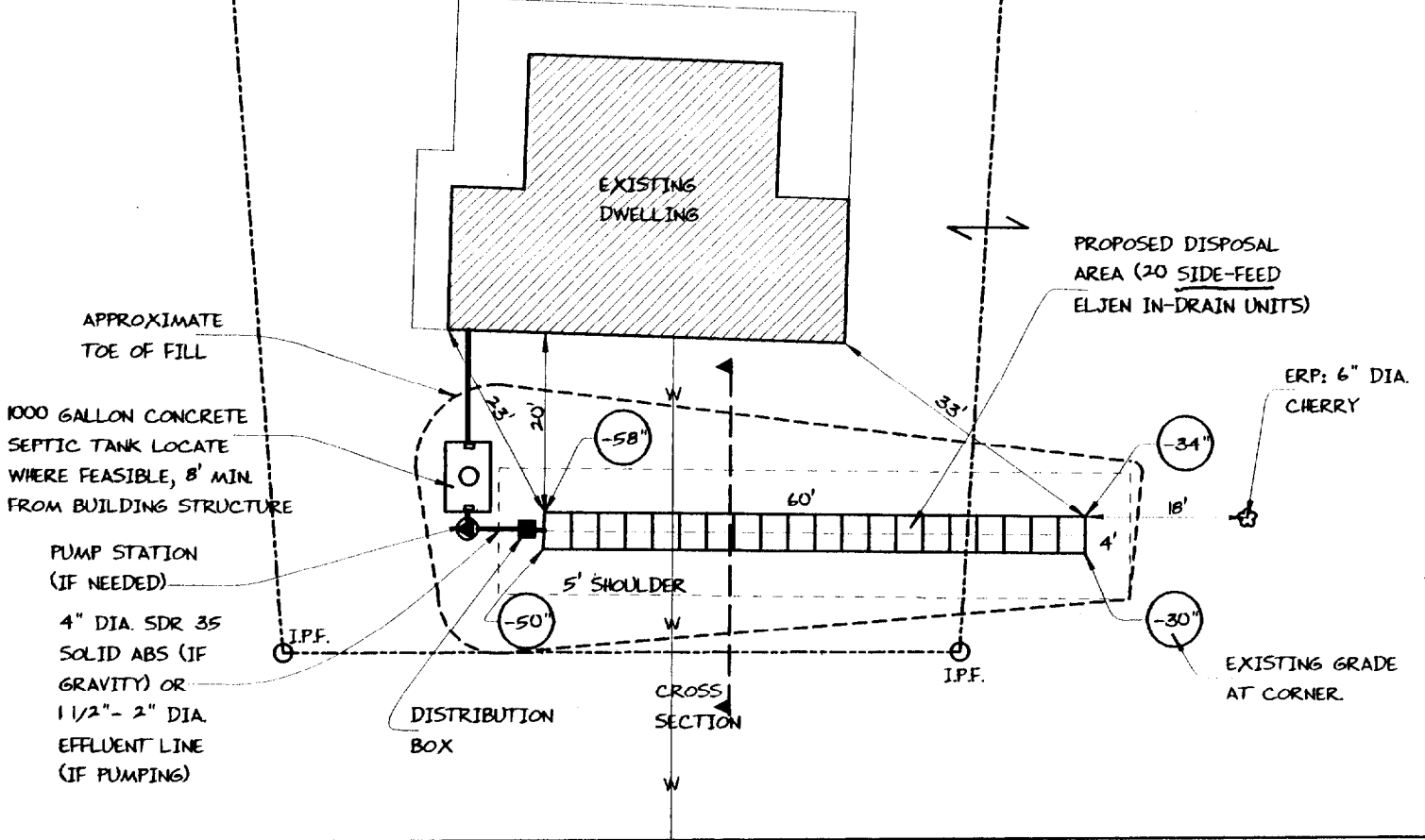
Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road, Subdivision
548 ISLAND AVENUE

Owner's Name
MONICA STEVENSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) $\pm 0'' - 20''$
Depth of Fill (Downslope) $\pm 4'' - 28''$

ISLAND AVENUE CONSTRUCTION ELEVATIONS

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

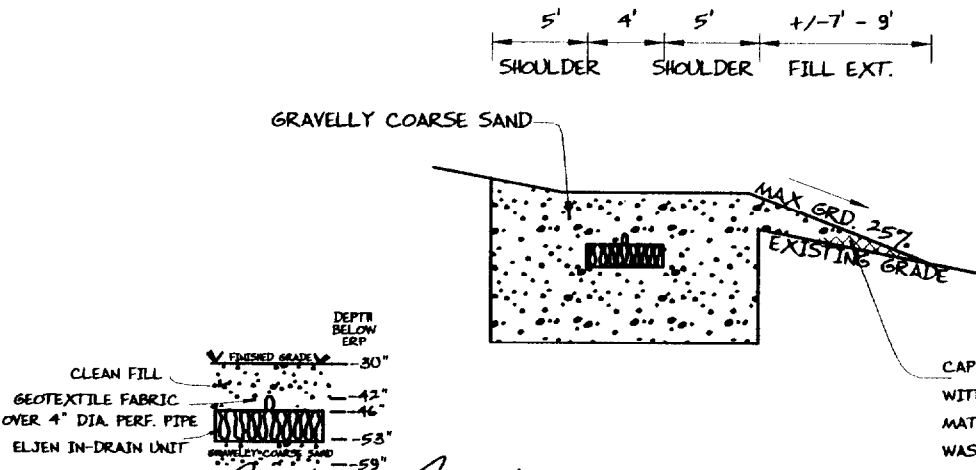
SEE
DETAIL
BELOW

ELEVATION REFERENCE POINT

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

DISPOSAL AREA CROSS SECTION

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



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

Albert Frick
Site Evaluator Signature

163
SE *

8/28/2002
Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

Portland, Peaks Island
TOWN

548 Island Avenue
LOCATION

Stevenson
APPLICANT'S NAME

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

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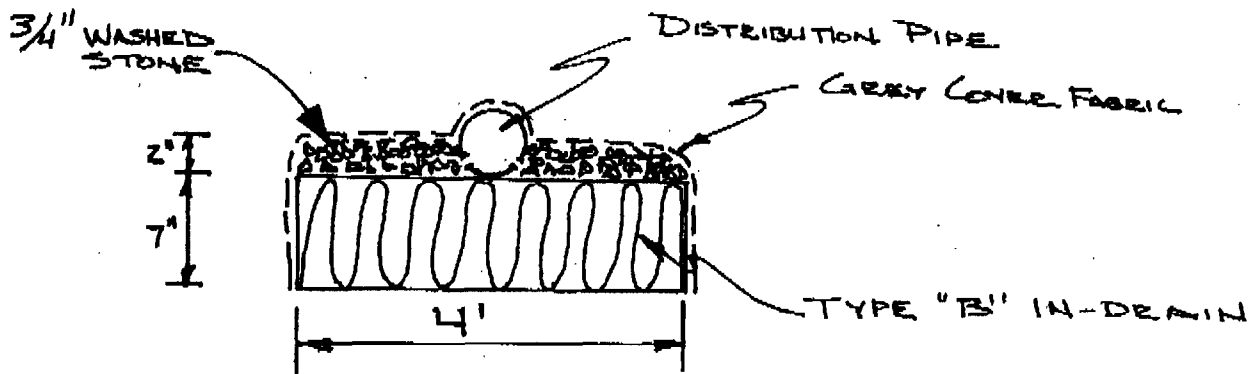
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SUGGESTED DISTRIBUTION METHOD FOR TYPE "B" IN-DEAINS TURNED 90°



DETAIL
N.T.S.

NOTES PER ELJEN CORP:

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

S/A/00

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

Current Owner Information

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

Valuation Information

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

Property Information

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

Outbuildings

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

Sales Information

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

Picture and Sketch

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

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

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



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

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

Stevenson Monica L
Applicant

1501 Beacon St # 1701 , Brookline , MA 02446
Applicant's Mailing Address

Ric Weinschenk Builders
Consultant/Agent

Agent Ph: 828-3900 Agent Fax: 775-7703
Applicant or Agent Daytime Telephone, Fax

Project Name/Description

548 - 548 Island Ave, Portland, Maine
Address of Proposed Site

092 A001001
Assessor's Reference: Chart-Block-Lot

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

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

Check Review Required:

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

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

Insp Approval Status:

Reviewer _____

- Approved Approved w/Conditions
See Attached Denied

Approval Date _____ Approval Expiration _____ Extension to _____ Additional Sheets
Attached
 Condition Compliance _____ signature _____ date _____

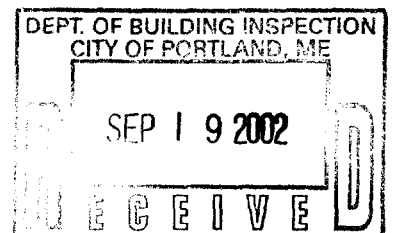
Performance Guarantee Required* Not Required

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

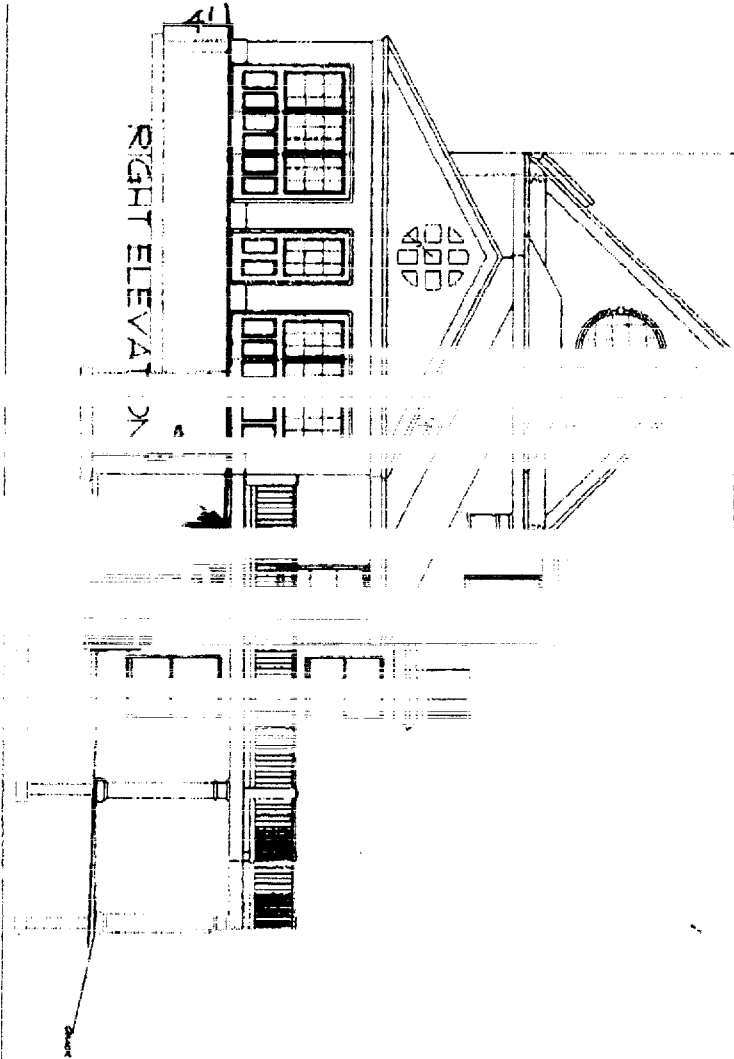
- | | | | |
|---|----------------|--|-----------------|
| <input type="checkbox"/> Performance Guarantee Accepted | _____ | _____ | _____ |
| | date | amount | expiration date |
| <input type="checkbox"/> Inspection Fee Paid | _____ | _____ | |
| | date | amount | |
| <input type="checkbox"/> Building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

rcvd 9/16/02
via
voicemail

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



NOTE: GARAGE FOUNDATION N.C.L



PROPOSED COTTAGE for MONICAL STEVENSON LAN	
548 WINDY AVE PEAKS SLAND	The Cottage Design Company LLC 31 BLAND AVENUE PEAKS SLAND TRACT 2000 (800) 231-9170
DATE: 5/13/21	SCALE: As indicated
SCALE: 1/8" = 1' FOOT	
ELEVATIONS SHEET	

These drawings are prepared for the purpose of providing a visual basis of design. They are not intended to be used for construction. The architect shall not be responsible for the construction of the building. The architect shall not be responsible for the construction of the building. The architect shall not be responsible for the construction of the building.

BACK BAY BOUNDARY, INC.

TRANSMITTAL

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

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

Total pages, including cover:3

Comments:

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

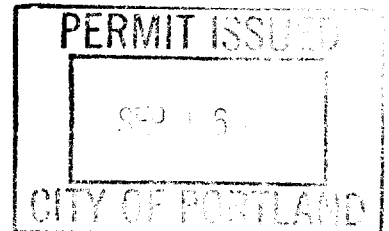
Regards,



Robert T. Greenlaw, PLS

Cc: Monica Stevenson
Ric. Weinshenk

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



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.

- FIS Profile FIRM Community Determined Other (Describe): _____

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

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

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

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 1929 Conversion/Comments _____

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

- a) Top of bottom floor (including basement or enclosure) 33.17 ft.(m)
- b) Top of next higher floor na. ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) na. ft.(m)
- d) Attached garage (top of slab) na. ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 33.17 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 32.0 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 38.0 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade na
- i) Total area of all permanent openings (flood vents) in C3.h na sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

#2303

[Signature]

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

[Signature]

DATE
09-16-2002

TELEPHONE
207-774-2855

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 548 Isalnd Ave			Policy Number
CITY Peaks Island, Portland	STATE ME	ZIP CODE 04106	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 Inland Avenue
Peaks Island, ME 04108

Reference: Curved Beam Analysis - Stevenson Residence

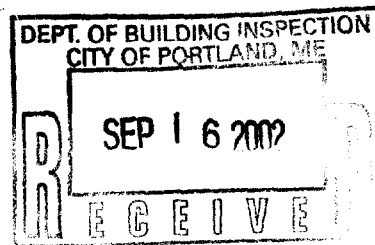
Dear Mr. Weinschenk:

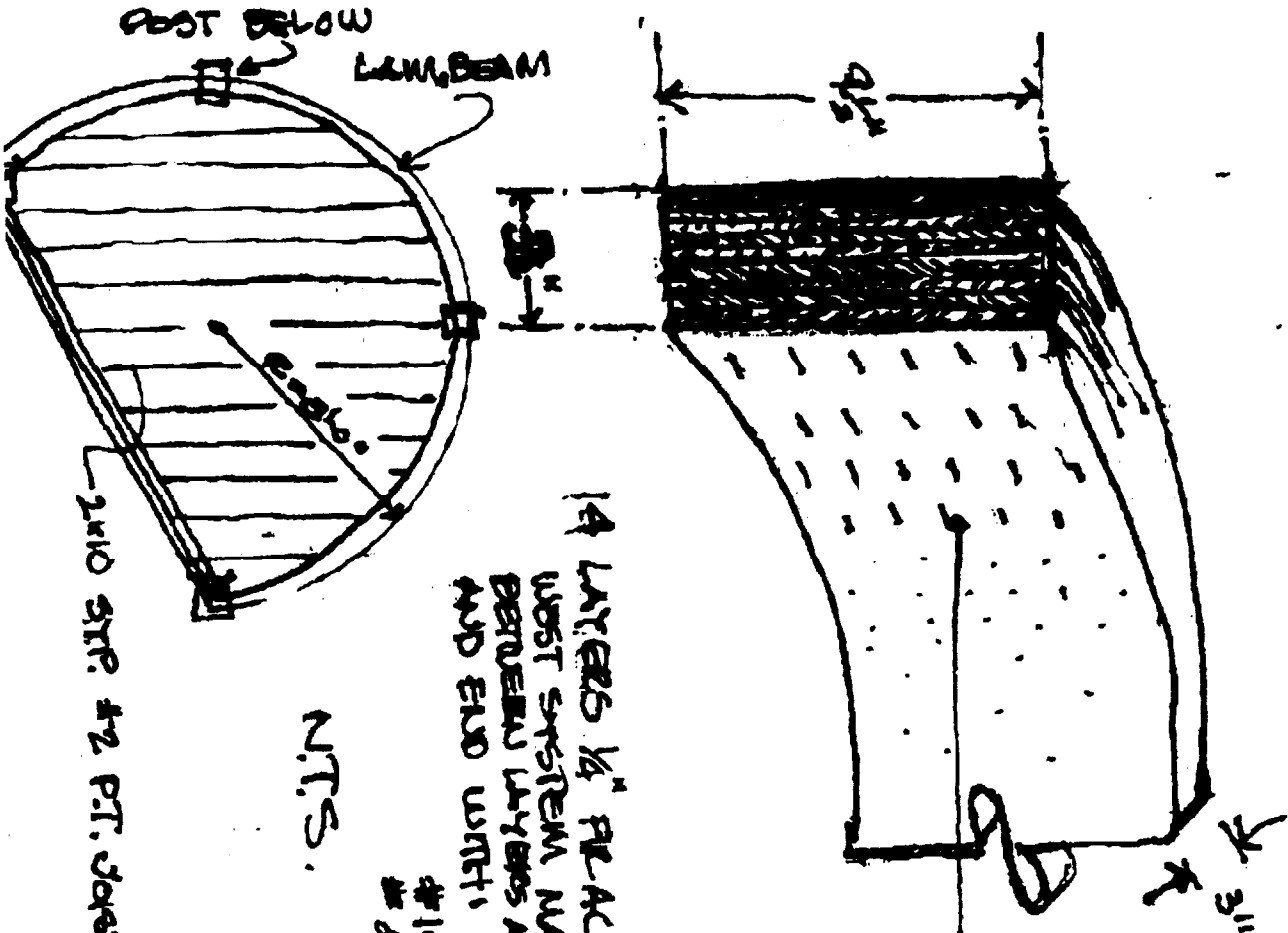
Per your request, we have analyzed the curved wood beam to be used in the construction of the deck at the Stevenson residence. The beam will consist of 14 layers of 1/4" plywood fastened together with marine epoxy and galvanized wire staples, as indicated on the enclosed sketch.

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

Sincerely,
Shelley Engineering, Inc.


Timothy G. Shelley, P.E.





14 LAYERS 1/4" PALACRYWOOD GLUED WITH
 MOST SYSTEM NAUGLASE EPOXY
 BETWEEN LAYERS AND CAR 4 EXTERIOR SIDED
 AND END WITH:

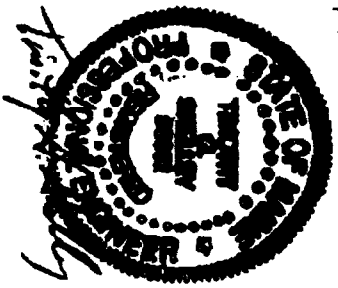
#105 RESIN
 #808 HARDENER

NITS.

2X10 STR. #2 P.T. JOISTS @ 16" O.C. TYPE

GRADE 5 AND 6 PER ROW 8" O.C.
 WITH 7/8" DIA. X 1/8" X 12 FT
 GALVANIZED WIRE STUDS

DETAIL FOR LAMB RESIN
 @ GREVENSKO ERS.
 PEARS ISLAND



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

COTTAGE DESIGN COMPANY

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

FAX COVER SHEET

TO: Mike Kayak
FROM: Rick Wessell
DATE: 16 Sept 02
RE:

of Pages: 3 (including cover)

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

R.

