

**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:**

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

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

**DRC Approval Status:**

Reviewer **Jay Reynolds**

- Approved  **Approved w/Conditions**  Denied  
See Attached

Approval Date **09/25/2002** Approval Expiration **09/25/2003** Extension to \_\_\_\_\_  Additional Sheets Attached

Condition Compliance **Jay Reynolds** **09/25/2002**  
signature date

**Performance Guarantee**  Required\*  **Not Required**

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

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

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

2002-0162

Application I. D. Number

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Project Name/Description

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Applicant

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**Agent Ph: 828-3900**

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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.

TO: Inspections  
FROM: Jay Reynolds, Development Review Coordinator   
DATE: November 7, 2003  
RE: C. of O. for # 548 Island Avenue, Peaks  
ID #2002-0162, CBL #092A001

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After visiting the site, I have the following comments:

Site work complete.

At this time, **I recommend issuing a permanent Certificate of Occupancy.**


Please contact me if you have any questions or comments.  
Thank You.

Cc: Sarah Hopkins, Development Review Services Manager  
Mike Nugent, Inspection Services Manager

File: O:\drc\island548a.doc

# SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<
Location	PORTLAND, PEAKS ISLAND	<p><b>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.</b></p>
Street or Road	548 ISLAND AVENUE	
Subdivision, Lot #		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)		Owner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/>
STEVENSON MONICA		
Mailing Address of	1501 BEACON STREET, # 1701	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	BROOKLINE, MA 02446	
Daytime Tel. #	Municipal Tax Map #	Lot #
Owner or Applicant Statement		Caution: Inspections Required
I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
 Signature of Owner / Applicant		_____ Local Plumbing Inspector Signature
Date		(1st) Date Approved
9-13-02		(2nd) Date Approved

## 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. 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 Unit, No. of Bedrooms: <u>4</u> 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 <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 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"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <b>20 ELJEN IN-DRAIN UNITS (90° FEED)</b> <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>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 unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -  <b>4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD</b>  3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>5 / B / 2</u> AT Observation Hole # <u>TP 1</u> Depth _____ " Elevation <u>-34</u> " OF MOST LIMITING SOIL FACTOR		<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	

## 9/6/01 SITE EVALUATOR STATEMENT

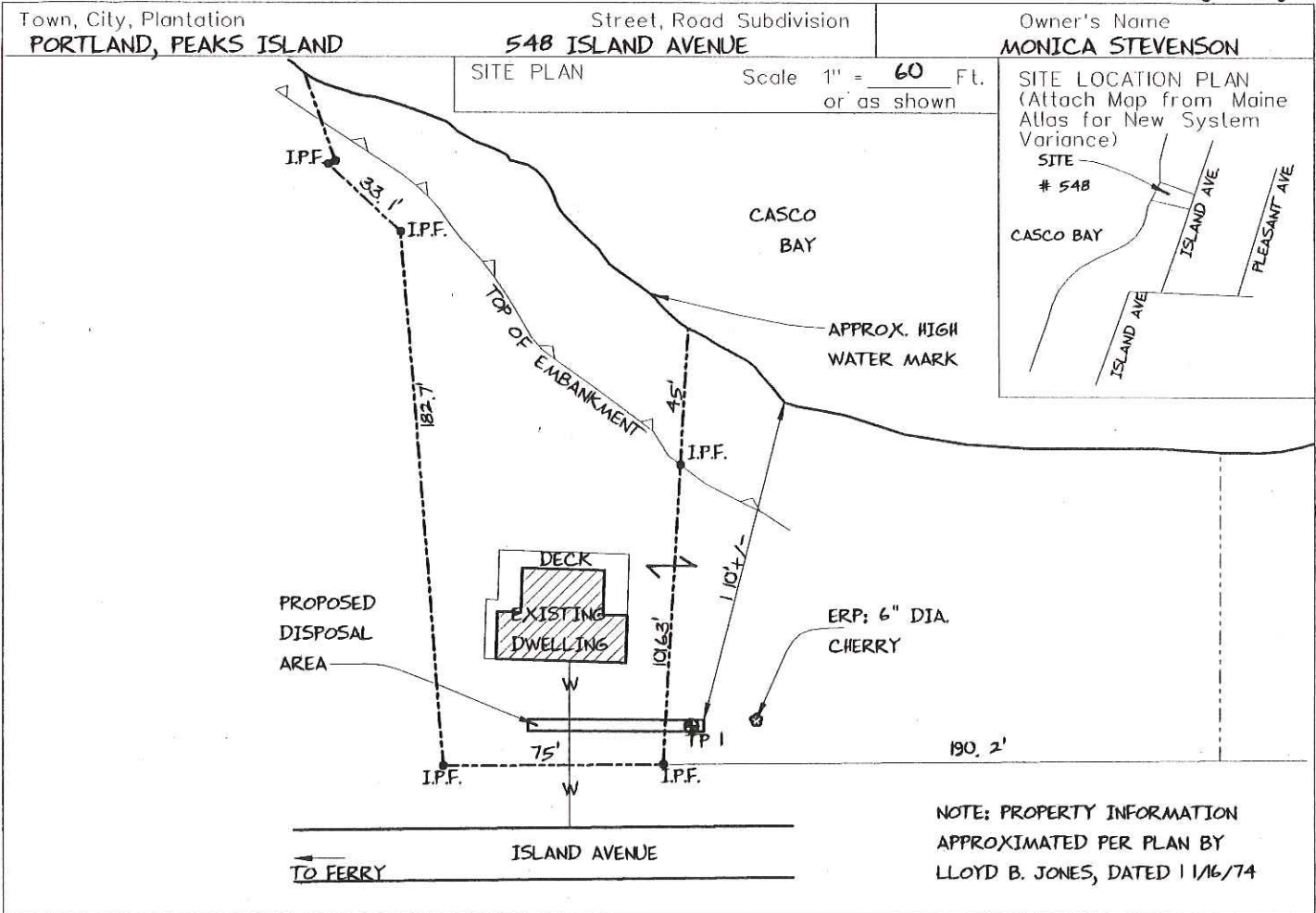
I certify that on 10/2/01 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).


163
8/28/2002

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

Soil Classification <b>S</b> <b>C</b> Profile Condition	Slope %	Limiting Factor <b>30</b>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> 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	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> 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

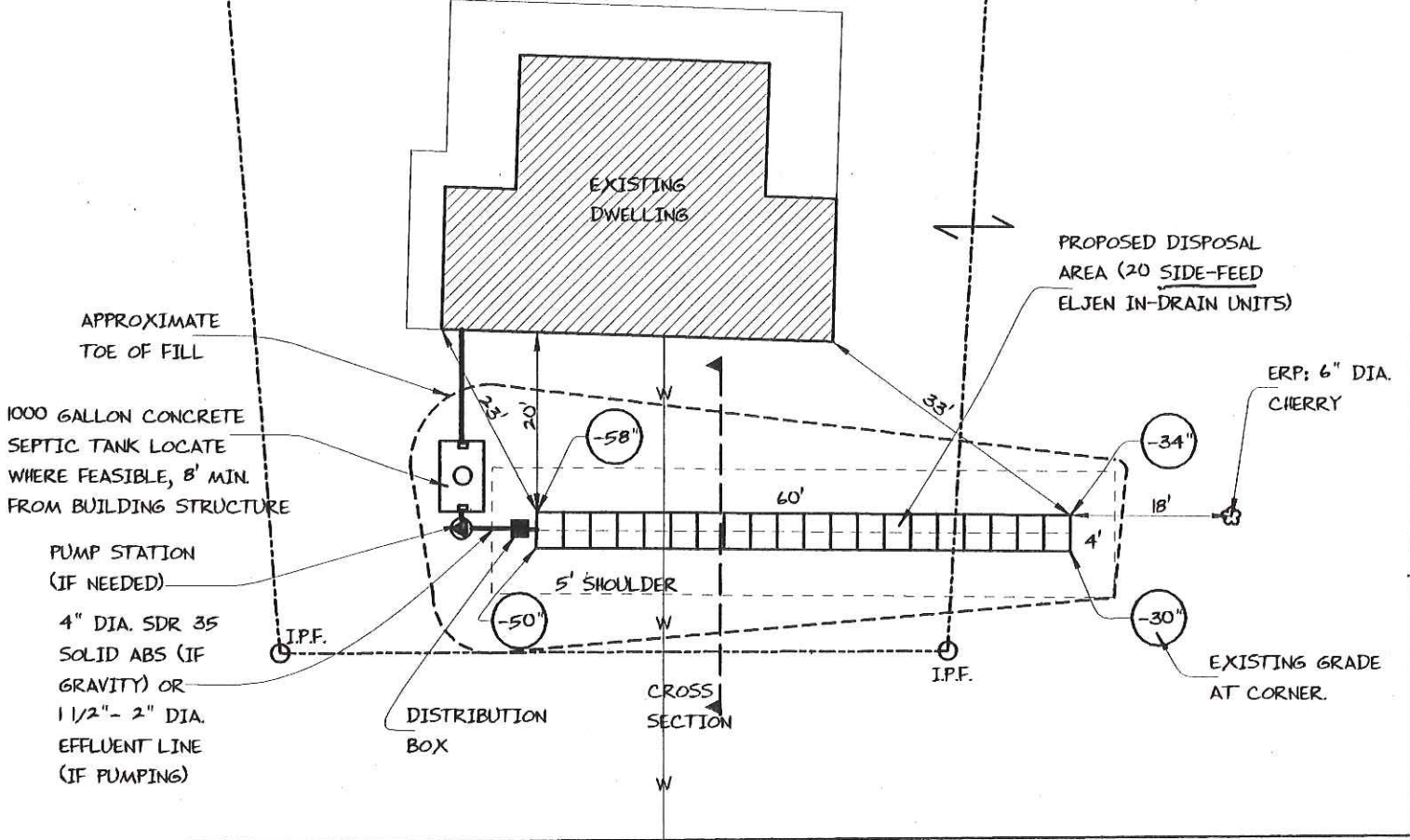
Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

Street, Road, Subdivision  
**548 ISLAND AVENUE**

Owner's Name  
**MONICA STEVENSON**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



### FILL REQUIREMENTS

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

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation  
Top of Proprietary Device  
Bottom of Disposal Area

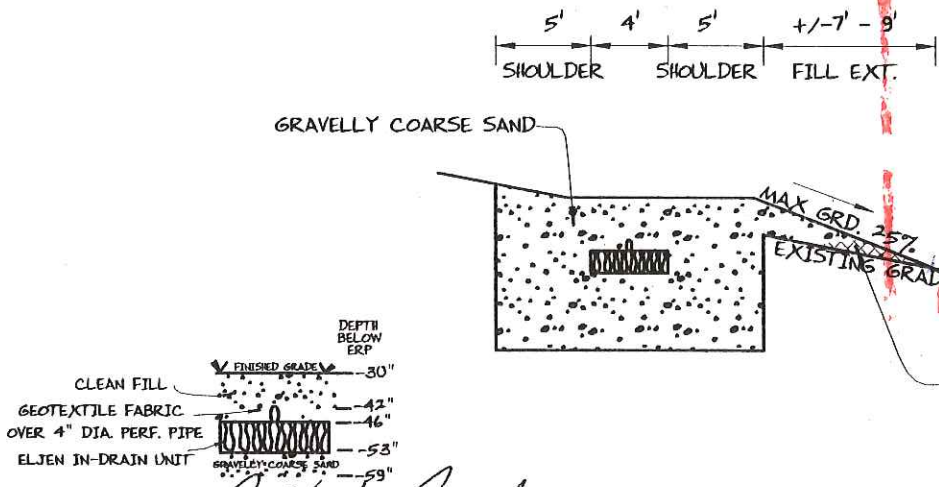
SEE  
DETAIL  
BELOW

### ELEVATION REFERENCE POINT

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

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

### DISPOSAL AREA CROSS SECTION



**CITY OF PORTLAND**  
**APPROVED SITE PLAN**  
*for Grading Only*  
**SUBJECT TO DEPARTMENTAL CONDITIONS**

**DATE OF APPROVAL** 9-25-02

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

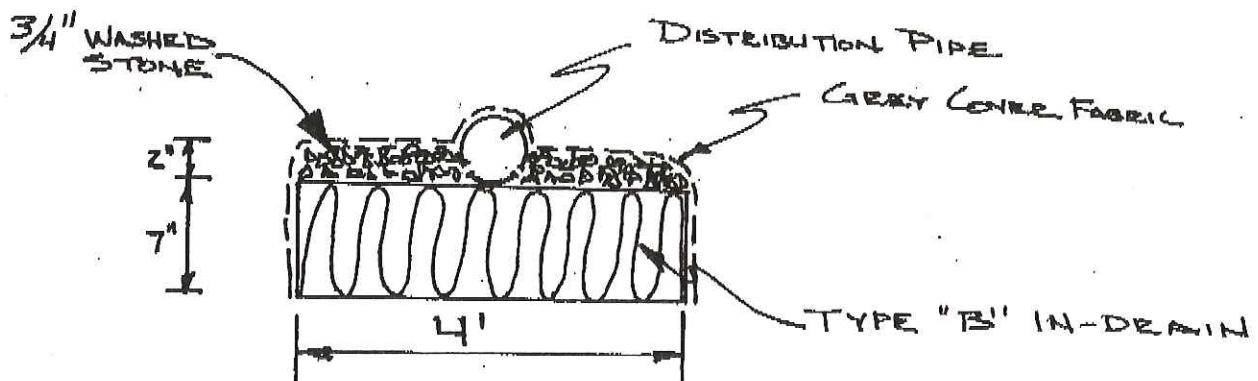
Portland, Peaks Island      548 Island Avenue      Stevenson  
TOWN    LOCATION    APPLICANT'S NAME

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





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



DETAIL  
N.T.S.

NOTES PER ELJEN CORP.:

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

5/9/00

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

*Rec'd 7-25*

**DRC Copy**

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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 \_\_\_\_\_
- Flood Hazard
- Shoreland
- Zoning Conditional Use (ZBA/PB)
- Zoning Variance
- PAD Review
- Historic Preservation
- 14-403 Streets Review
- DEP Local Certification
- Other \_\_\_\_\_

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

**DRC Approval Status:**

**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	

*7-25*  
*will Boundary Survey what's existing? Process?*  
*2 trees*  
*Silt Base*  
*Shoreland Zone - Abs. Septic/Grounds/Planning*  
*Right Title?*  
*Grading*  
*Drinking Water & Silt Base Septic System Late Age Size & Type*

*Cell # 238 2349*

*9-17 Does Septic bottom work - if so correct top*

*called 9-24*

**From:** Mark Adelson  
**To:** Jay Reynolds  
**Date:** Fri, Sep 20, 2002 12:39 PM  
**Subject:** 548 Island Ave

Yes, I spoke to Monica yesterday. She understands she will not be getting a permit until Ric pays up. She's not happy But.....

**CC:** Tom Fortier

Accounting as a July 11, 2002

Cottage Park Inc

Taxes owed	\$8,526.48
Planning Dept.	\$2,727.73
Judgment	\$4,739.17 <sup>1</sup>
Writ of Execution	\$ 10.00 <sup>2</sup>
Judgment (Costs)	\$ 344.31
Writ of Execution	\$ 10.00

Ric Weinschenk Builders Inc.

Planning Department	\$ 754.00
Judgment	\$4,739.17
Writ of Execution	\$ 10.00

Peaks Island Company LLC

Planning Department	\$3,234.18
Building Inspections	\$4,937.72 (building permit balance)
Building Inspections	\$ 30.00 (sprinkler system fee)

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TOTAL \$25,313.59

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<sup>1</sup> Jointly and severally liable with Ric Weinschenk Builders Inc.

<sup>2</sup> Jointly and severally liable with Ric Weinschenk Builders Inc.