

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE
CITY OF PORTLAND

PERMIT ISSUED
MAR 1 2006
Permit Number: 060111
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION
PERMIT

This is to certify that CICUTO KENNETH /Trade Mark Inc.
has permission to Demolish existing Single Family Home and a Single Family Home
AT 0 CITY VIEW RD PORTLAND, OR 97205 PL 105 C005001

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

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

Notification of inspection must be given and when permission procedure before this building or part thereof is started or enclosed-in-4
24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

Jeannie Bonfante 2/28/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-011	Issue Date: PERMIT ISSUED	CBL: 105 C005001
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Location of Construction: 0 CITY VIEW RD (87)	Owner Name: CICUTO KENNETH	Owner Address: 365 SPRING ST	Phone:
Business Name:	Contractor Name: Trade Mark Inc.	Contractor Address: 380 Cottage Road South Portland	Phone: 2077673552
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: IR2
Past Use: Single Family Home	Proposed Use: Single Family Home/ Demolish existing Single Family Home/ Build new single Family Home	Permit Fee: \$2,796.00	Cost of Work: \$300,000.00
Proposed Project Description: Demolish existing Single Family Home/ Build new single Family Home		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB Signature: JMB 2/28/06
		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: Idobson	Date Applied For: 01/24/2006	Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input checked="" type="checkbox"/> Shoreland <i>house 2' back from 75' line</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone <i>panel 14 B house not in</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan <i>2006-0011</i></p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/></p> <p><i>OK w/ conditions</i> Date: 2/07/06 <i>AKM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>JMB</i></p>
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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



General Building Permit Application

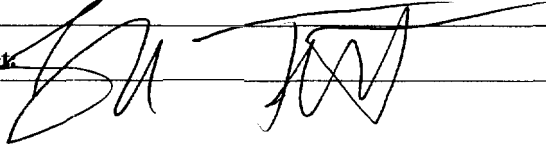
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>87 City View Ave</u>		
Total Square Footage of Proposed Structure <u>2960</u>		Square Footage of Lot <u>19959</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>105</u> <u>C</u> <u>5</u>	Owner: <u>Kenneth Cicuto</u>	Telephone: <u>761-1884</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:- <u>Kenneth Cicuto</u> <u>365 Spring st</u> <u>Portland, ME</u> <u>04102</u>	Cost Of Work: \$ <u>300k</u> Fee: \$ _____ C of O Fee: \$ _____
Current Specific use: _____ If vacant, what was the previous use? _____ Proposed Specific use: _____	<u>single family seasonal residence</u> " " " "	
Project description: <u>Demolish existing house replace w/ new.</u>		
Contractor's name, address & telephone: <u>Trademark, Inc 380 Cottage Rd S. Portland</u>		
Who should we contact when the permit is ready: <u>Ben Trout 04104</u>		
Mailing address: _____ Phone: <u>767-3552</u>		

Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: 	Date: <u>1 20 06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



CITY OF PORTLAND, MAINE

Department of Building Inspections

1994 20 06

Received from Trade Mart Inc

Location of Work 877 City Street

Cost of Construction \$ 300,000

Permit Fee \$ 305.00

Building (1L) Plumbing (1S) Electrical (1Z) Site Plan (U2)

Other _____

CBL: MS CS

Check #: 8586 Total Collected \$ 309.60

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-01 11	Date Applied For: 01/24/2006	CBL: 105 COO5001
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Location of Construction: 0 CITY VIEW RD	Owner Name: CICUTO KENNETH	Owner Address: 365 SPRING ST	Phone:
Business Name:	Contractor Name: Trade Mark Inc.	Contractor Address: 380 Cottage Road South Portland	Phone (207) 767-3552
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	
Proposed Use: Single Family Home/ Demolish existing Single Family Home/ Build new single Family Home		Proposed Project Description: Demolish existing Single Family Home/ Build new single Family Home	

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 02/07/2006**Note:** **Ok to Issue:**

- 1) This property shall remain a single family dwelling Any change of use shall require a separate permit application for review and approval.
- 2) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 3) As discussed during the review process, the property must be clearly identified prior to pouring concrete and compliance with the required setbacks must be established. Due to the proximity of the setbacks of the proposed addition, it may be required to be located by a surveyor.
- 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 02/28/2006**Note:** **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or heating.
- 2) Application approval based upon information provided by applicant, and the addendum dated 2/23/06 Any deviation from approved plans requires separate review and approval prior to work.
- 3) As discussed, hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 4) A copy of the enclosed chimney disclosure must be submitted to this office upon completion of the permitted work or for the Certificate of Occupancy

Dept: DRC **Status:** Approved with Conditions **Reviewer:** Jay Reynolds **Approval Date:** 02/09/2006**Note:** **Ok to Issue:**

- 1) All Site Work will conform to the City of Portland ordinance on Shoreland Regulations (Division 26).
- 2) No tree cutting within the shoreland zone (75' setback) is proposed. Any tree cutting in this zone will be reviewable by the City and the Maine DEP.

Dept: Planning **Status:** Not Applicable **Reviewer:** Jay Reynolds **Approval Date:** 02/09/2006**Note:** **Ok to Issue:** **Comments:**

01/31/2006-amachado: Left message with Trademark, Inc. We need full size building plans and scalable elevation plans, and the site plan needs to show two parking spaces.

02/23/2006-jmb: Spoke to Ben T. For more details as noted on review checklist, he will fax addendum. Received Fax, ok to issue.

2/15/06 O(82) City View Rd LDI 105-C-5
 2/23/06 Demo & re-build 06-0111

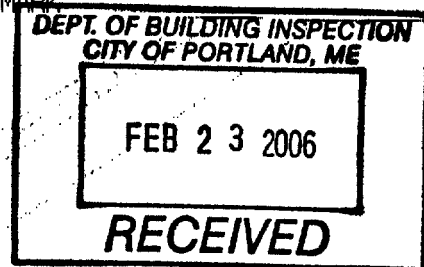
ONE AND TWO FAMILY		PLAN REVIEW	CHECKLIST
Soil type/Presumptive Load Value (Table R401.4.1)		Submitted Plan	Findings
Component	Submitted Plan	Findings	Revisions
STRUCTURAL Footing Dimensions/Depth (Table R403.1 & R403.1(1), (Section R403.1 & R403.1.4.1)	Footing schedule 3.5' x 5.5' — 2.5' x 7 5/8" x 12"	4" bor ledge eng stamp	OK
Foundation Drainage, Fabric, Damp proofing (Section R405 & R406)	N/A		
Ventilation/Access (Section R408.1 & R408.3) Crawls Space ONLY	N/A		
Anchor Bolts/Straps, spacing (Section R403.1.6)	Simpson B66 post base		OK
Lally Column Type (Section R407)	6x6 Posts w/ 6x6 knee brace		OK
Girder & Header Spans (Table R 502.5(2))			
Built-Up Wood Center Girder Dimension/Type	3-2x12 PT header 3-2x10 PT		OK
Sill/Band Joist Type & Dimensions			
First Floor Joist Species Dimensions and Spacing (Table R502.3.1(1) & Table R502.3.1(2))	2x12 16" o.c. PT	Eng Stamp	
Second Floor Joist Species Dimensions and Spacing (Table R502.3.1(1) & Table R502.3.1(2))	2x12 16" O.C.	OK	
Third Floor Joist Species Dimensions and Spacing (Table R802.4(1) and R802.4(2))	2x8 16" o.c. Ceiling	OK	

<p>pitch, span, spacing & dimension (Table R802.5.1(1) - R 802.5.1(8)) Roof Rafter; Framing & Connections (Section R802.3 & R802.3.1)</p>	<p>7'11" 2x10 @ 2-2x10 16" o.c. LVL posts</p>	<p>OK</p>
<p>sheathing; floor, wall and roof (Table R503.2.1.1(1))</p>	<p>1/2" sheath 3/4" Adv. 2x8 joist NOTES: IRC-2003</p>	<p>OK OK</p>
<p>Fastener Schedule (Table R602.3(1) & (2))</p>	<p>N/A</p>	<p>OK</p>
<p>Private Garage (Section R309) Living Space? (Above or beside)</p>		
<p>Fire separation (Section 9.2)</p>		
<p>Opening Protection (Section R309.1)</p>		
<p>Emergency Escape and Rescue Openings (Section R310)</p>	<p>Labeled 3046</p>	<p>OK</p>
<p>Roof Covering (Chapter 9)</p>	<p>As Phalt / metal</p>	<p>OK</p>
<p>Safety Grazing (Section R306)</p>	<p>N/A bath</p>	<p>OK</p>
<p>Attic Access (Section R807)</p>		<p>OK per Addendum 2/23/06</p>
<p>Chimney Clearances/Fire Blocking (Chap. 10)</p>	<p>?</p>	<p>OK '1</p>
<p>Header Schedule (Section 502.5(1) & (2))</p>	<p>Door/window 3-2x10</p>	<p>OK</p>
<p>Energy Efficiency (N1101.2.1) R-Factors of Walls, Floors, Ceilings, Building Envelope, U-Factor Fenestration</p>	<p>N/A R19, R-30-38 Floor Mainvin d b l g l a z e</p>	<p>OK</p>

(3) Seasonal home - No winter water

2/23/06 per Ben Trout

Type of Heating System	? ELECTRIC baseboard Finns; 4 Fans	3 season home / NO winter H ₂ O
Means of Egress (Sec R311 & R312)		
Basement	N/A Piers	
Number of Stairways	1 2 2	
Interior		
Exterior		
Treads and Risers (Section R311.5.3)	R - 7.13" T - 10.37"	OK
Width (Section R311.5.1)	3'5"	
Headroom (Section R311.5.2)	7'0"	
Guardrails and Handrails (Section R312 & R311.5.6 - R311.5.6.3)	36" - 4" spec ? graspable	OK per Administration > b 3/64
Smoke Detectors (Section R313)	?	OK
Location and type/Interconnected		
Drainstopping (Section R502.12) and Fireblocking (Section R602.8)		OK 1" Code Caulk K insulation
Dwelling Unit Separation (Section R317) and IBC - 2003 (Section 1207)	N/A	
Deck Construction (Section R502.2.1)	Floor Framing Eng	OK



Trademark, Inc.

Attn: Jeanie Bourke ^{fax} 874-8716

Re: Cicuto Cottage

★ windows meet U-factor requirement
(.33)

★ scuttle to attic will be
located (22 x 30 min. opening)
in 2nd floor ceiling

★ will be maintaining 1" space between
masonry and combustible mats
(2" to framing)

★ will have smoke alarms as
will required by code

★ caulk around pipes

★ Will be graspable railings

★ Railings will return to walls
② top & bottom

- Ben Truitt V.P.

380 Cottage Road
South Portland, Maine 04106

207-767-3552 Fax: 207-767-1244
www.trademarkdesignbuild.com

**City of Portland
Inspection Services Division
Demolition Call List and Requirements**

Site Address: 87 City View Ave Owner: Ken Cicoto
Little Diamond Island
 Structure Type: single family wood framed ranch Contractor: Trademark, Inc

<u>UTILITY APPROVALS</u>	<u>NUMBER</u>	<u>CONTACT NAME/DATE CONTACTED</u>
Central Maine Power	1-800-750-4000	<u>Jen 1/5/06</u>
Verizon	1-800-941-9900	<u>Chris 1/5/06 #MEAR 012K7M</u>
Northern Utilities NA	797-8002 ext 6241	<u>Mark Allen 1/5/06</u>
Portland Water District	761-8310	<u>Kevin Ishihara 1/5/06</u>
Time Warner Cable Co. NA	253-2222	<u>Helen 1/5/06</u>
Dig Safe ***	1-888-344-7233	<u>Shirley 1/10/06 Diane</u>
***(After Call, There is a wait of 72 Business Hours before digging can begin)		<u># 2006 0203585</u>

<u>CITY APPROVALS</u>	<u>NUMBER</u>	<u>CONTACT NAME/DATE CONTACTED</u>
DPW/ Traffic Division	874-8891	<u>(L. Cote) 1/5/06</u>
DPW/ Forestry Division	874-8389 8793	<u>(J. Tarling) 1/5/06</u>
DPW/ Sealed Drain Permit	874-8822	<u>(C. Merritt) 1/5/06</u>
Building Inspections (Insp. Req'd.)	874-8703	<u>10/06 → 1/4/06</u>
Historic Preservation	874-8726	<u>Deb Anderson DE A & Pe + land M. 60v</u>
Fire Dispatcher	874-8576	<u>Tyler Nash 1/4/06</u>
DEP - Environmental (Augusta)	287-2651 7751	<u>Sandy Moody 1/4/06</u>

U.S. EPA Region 1 - No Phone call required. Just mail copy of State notification to:

Demo/ Reno Clerk
 US EPA Region I (SEA)
 JFK Federal Building
 Boston, MA 02203

ADDITIONAL REQUIREMENTS:

- 1) Written Notice to Adjoining Owners: Only when written notice has been given by the Applicant to the owners of adjoining lots will a demolition permit be issued. Provide a list of those notified and a copy of the notification sent with your completed application.
- 2) A Photo of the Structure(s) to be demolished must be submitted with your application.
- 3) Certification From an Asbestos Abatement Company that the building is asbestos-free may be required as per state law notification form attached.

I have contacted all of the necessary companies / departments as indicated above and attached all required documentation.

Signed: [Signature]

Date: 1/20/06

01/21/06

Kenneth Cicuto and Barbara McInnis
365 Spring St.
Portland, ME 04102
761-1884

List of abbutters who have been notified:

Dennis and Mary Anne Currier (j05-c-7)
#1 Roaring Brook Rd.
Portland, ME 04103

Dale and Priscilla Doucette (105-k-1)
79 George St.
Portland, ME 04103

Carole Kenny (105-D-4)
67 Taber ave.
Providence, RI 02906-4127

01/21/06

Kenneth Cicuto and Barbara McInnis
365 Spring St.
Portland, ME 04102
761-1884

Dear neighbor,

We are writing you this letter to notify you of our intention to demolish our existing home at 87 City View Avenue on Little Diamond Island. In its place will be constructed a modest cottage more in keeping with those on City View Avenue. If you have any questions or concerns please don't hesitate to call or write the above address.

Sincerely,

Ken and Barbara

From: Lee Hulst <lhulst@maine.rr.com>
Date: Fri Jan 6, 2006 10:23:07 AM US/Eastern
To: Ben Trout <ben@trademarkdesignbuild.com>
Subject: 16 great iPhotos

Ben,

This is a big file and hope you *can* use it. I'll work on the other stuff next week, but I'm amazed at the level of detail.

Lee



DSCN0014.JPG



Main Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program

17 State House Station, Augusta, Me 04333-0017

Tel: (207) 287-2651 Fax: (207) 287-7826



ATTN KIM

Building Demolition Notification Form (BDNF)

Important Notice: Maine law requires the filing of this Building Demolition Notification Form prior to demolition of any building except a single-family home

_____ to _____

_____ asbestos _____

_____ demolition, building _____

<p>property address:</p>	<p>building description:</p> <p><input checked="" type="checkbox"/> pre-1981 residential with 2-4 units</p> <p><input type="checkbox"/> post-1980 residential with 2-4 units</p> <p><input type="checkbox"/> other:</p>
<p>asbestos survey performed by: (name & address)</p>	<p>asbestos inspection performed by: (name of licensed Asbestos Consultant)</p> <p>KIM W PINKHAM AI #0343 ENVIRONMENTAL MANAGEMENT INC</p>
<p>telephone:</p>	<p>telephone: (207) 729-7549</p>
<p>property owner: (name & address)</p>	<p>demolition contractor: (name & address)</p>
<p>telephone:</p>	<p>telephone:</p>
<p>demolition start date:</p>	<p>demolition end date:</p>

Notification Submitted by: (please print) Kim W Pinkham Enviro. Mgmt. Inc Date Submitted 1/12/06

Help save Maine fisheries - Remove and recycle mercury thermostats and fluorescent lamps from your building prior to demolition!

REVISED JULY 2004

ENVIRONMENTAL MANAGEMENT, INC.

P. O. BOX 391 BRUNSWICK, MAINE 04011
emi990@bizenetme.net

(207) 729-7549
FAX (207) 721-0892

January 12,2006

Ben Trout
Trade Mark Inc
380 Cottage Road
South Portland, Maine 04106

RE: Demolition Impact Survey-87 City View Rd.-Little Diamond Island- Portland, Maine #06-7006

Dear Mr. Trout:

On January 10,2006 Environmental Management Inc., conducted an asbestos demolition impact survey at a vacant cottage at 87 City View Rd. on Little Diamond Island in Portland, Maine. The survey coincided with the planned demolition of the building.

The building is a single story wood frame seasonal cottage with no basement. The only suspect material found in interior the building was linoleum type floor coverings located in three of the rooms. All were sampled and tested **NEGATIVE** for asbestos.

On the exterior, black w/grey speckled roof shingles were samples and tested **NEGATIVE** for asbestos. A small out building located on the property was also checked with no asbestos materials found.

All samples were analyzed by Polarized Light Microscopy using EPA Method # 600.

Because the age of the building, painted surfaces should assumed to be lead containing. Please note ~~that~~ the Maine Dept. of Environmental Protection does not require lead paint to be abated prior to demolition.

Enclosed are the analytical results for your reference.

Should you have any questions, contact us at (207) 729-7549.

Sincerely,
Environmental Management Inc.



Kim W. Pinkham
Asbestos Inspector (MDEP AI # 0343)

ENVIRONMENTAL MANAGEMENT, INC.

CLIENT TRADMARK INC	PROJECT# 06-7006
BULK SAMPLE LOG SHEET	
BUILDING: <i>SUMMER RESIDENCE</i>	INSPECTOR KIM W. PINKHAM
LOCATION 87 CITY VIEW RD.-LITTLE DIAMOND ISLAND	DATE: 1-10-06

LAB # SAMPLE #	SAMPLE DATE	DESCRIPTION OF SAMPLE LOCATION	RESULTS
7006-1A,B,C	1/10/06	FLOOR COVERING-KITCHEN	NEGATIVE FOR ASBESTOS 90% CELLULOSE 10% OTHER
7006-2A,B,C	1/10/06	FLOOR COVERING -BEDROOM	NEGATIVE FOR ASBESTOS 60% CELLULOSE 40% OTHER
7006-3 A,B,C	1/10/06	FLOOR COVERING-BATH/LAUNDRY ROOM	NEGATIVE FOR ASBESTOS 60% CELLULOSE 40% OTHER
7006-4 A,B,C	1/10/05	ROOF SHINGLES	NEGATIVE FOR ASBESTOS 30% CELLULOSE 10% FIBERGLASS 60% OTHER

**Environmental Management INC.
P. O. BOX 391
BRUNSWICK, MAINE 0401 ■
(207) 729-7549**

BULK SAMPLING ANALYSIS REPORT

RESULT CODES

ASBESTOS

Chrysotile
Amosite
Crocidolite
Tremolite

NFA = Negative For Asbestos
PFA = Positive For Asbestos

**RESULTS THAT ARE UNDERLINED
INDICATE ASBESTOS**

The State of Maine Department of
Environmental Protection (DEP)
considers a material to be an
"asbestos-containing material" when it
is analyzed by PLM and found to
contain greater than 1% asbestos.

OTHER: (NON-ASBESTOS)

Cellulose
Binder
Fiberglass
Mineral Wool
Opagues
Non-Asbestiform Tremolite
Silicates
Synthetics
CaCo3 = Carbonates
Debris

Mastic
Plaster
Perlite
Organics
Wollastonite

NFM = Non-Fibrous Material

Analysis by Polarized Light Microscopy (PLM)
EPA Test Method #600 / M4-82-020

A portion of these samples may have been sent to an outside laboratory.

NOTE: These results relate to the particular sample analyzed. This report may not be reproduced without the approval of Environmental Management, Inc. laboratory.

Sampled by: Kim W. Pinkham

Analyzed by: Kim W. Pinkham

Approved by: John D. Gill

1/11/06
Date

Laboratory Manager

Applicant: Kenneth Cicuto

Date: 1/31/06

Address: 87 City View Rd, Little Diamond

C-B-L: 105 - C-5

perm. # - 06 - 0111

CHECK-LIST AGAINST ZONING ORDINANCE

Date - new house replacing demolished house

Zone Location - IR2

Interior or corner lot

Proposed Use/Work - build new single family home (2013 4+) (2 story)

Sewage Disposal - private

Lot Street Frontage - 70' min - 126.12 (given)

Front Yard - 25' min - 46' (scaled)

Rear Yard - 25' min - 48' (scaled)

Side Yard - 20' min. right side 20' (scaled)
left side 55.5' (scaled)

Projections - ~~5x9~~, 3x9, 1x8

Width of Lot - 80' min - 124.5' scaled

Height - 27' max - 26' scaled

Lot Area - 20,000 sq ft min - 19,989 - lot corners (assessors 2,319)

Lot Coverage/Impervious Surface - 30% 3997 sq ft

Area per Family - N/A

Off-street Parking - 2 spaces required - not shown
drawn in initial 2/3

Loading Bays - N/A

Site Plan - 2006 - 0011

Shoreland Zoning/Stream Protection - edge of building 15' from 75' setback from high water mark

Flood Plains - Panel 14B Zone A4 - elevation 11'
house not in flood zone
top of bank 18'
floor elevation 39'

2013
276
27
8
278
+124

ck

From: Jay Reynolds
To: Single Family Signoff
Date: 2/9/2006 9:37:32 AM
Subject: 0 City View Rd., Little Dia. Isl.

Approvals with conditions have been entered in urban insight for this application.

Jay Reynolds
Development Review Coordinator
City of Portland Planning Division
(207) 874-8632
jayjr@portlandmaine.gov

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

Zoning Copy

2006-0011

Application 1. D. Number

1/24/2006

Application Date

Single Family Home

Project Name/Description

Cicuto Kenneth

Applicant

365 Spring St, Portland, ME 04101

Applicant's Mailing Address

Ben

Consultant/Agent

Agent Ph: Agent Fax:

Applicant or Agent Daytime Telephone, Fax

Marge Schmuckal

City View Rd, Portland, Maine

Address of Proposed Site

105 C005001

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) _____

2960 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 Pla \$50.00 Subdivision _____ Engineer Review \$250.00 Date 1/24/2006

Zoning Approval Status:

Reviewer _____

- Approved Approved w/Conditions See Attached Denied

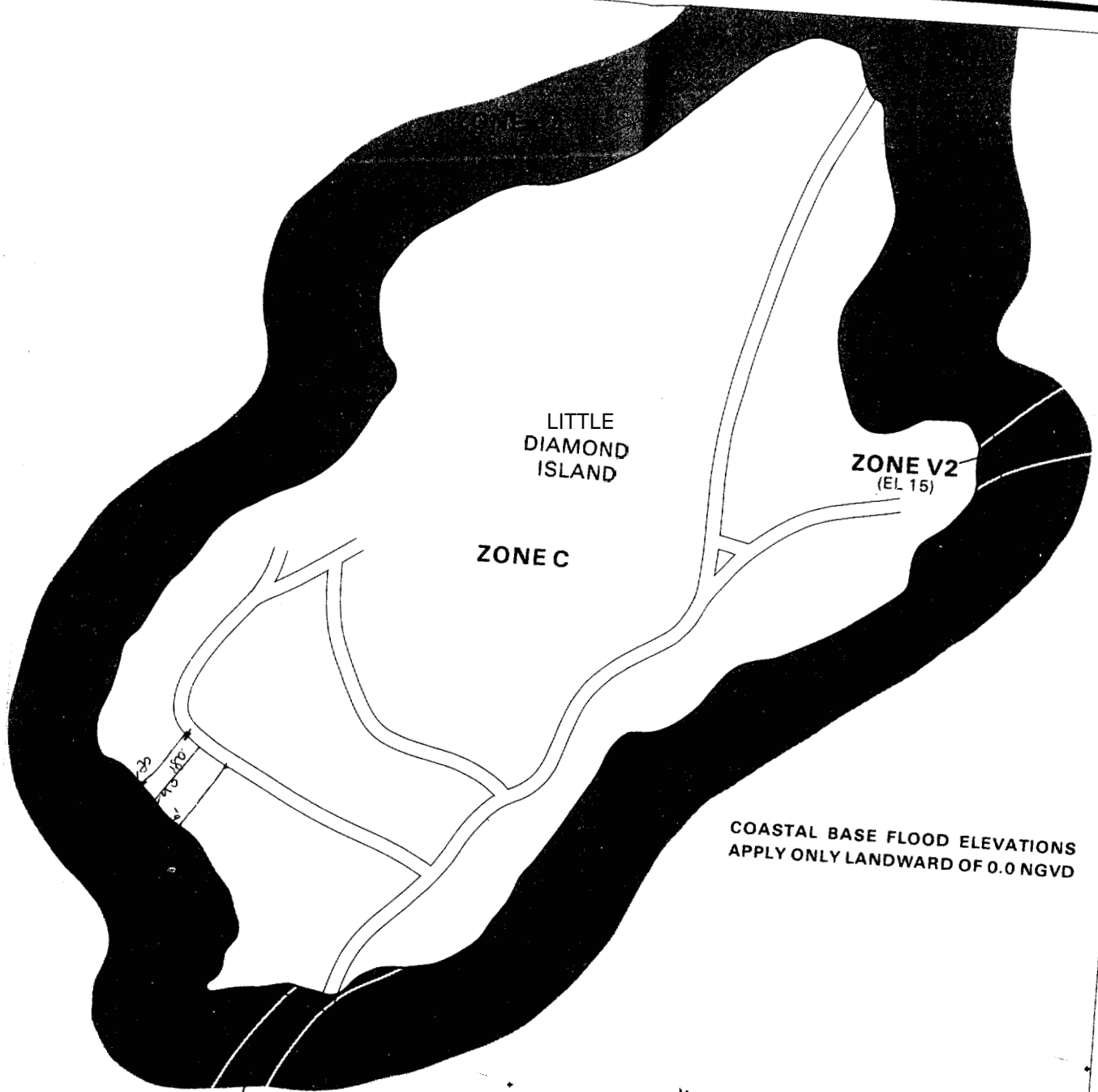
Approval Date _____ Approval Expiration _____ Extension to _____ Additional Sheets Attached

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

- Performance Guarantee Accepted _____ date _____ amount _____ expiration date _____
 Inspection Fee Paid _____ date _____ amount _____
 Building Permit Issue _____ date _____
 performance Guarantee Reduced _____ date _____ remaining balance _____ signature _____
 Temporary Certificate of Occupancy _____ date _____ Conditions (See Attached) _____ expiration date _____
 Final Inspection _____ date _____ signature _____
 Certificate Of Occupancy _____ date _____
 Performance Guarantee Released _____ date _____ signature _____
 Defect Guarantee Submitted _____ submitted date _____ amount _____ expiration date _____
 Defect Guarantee Released _____ date _____ signature _____



LITTLE DIAMOND ISLAND

ZONE C

ZONE V2 (EL 15)

ZONE V2 (EL 15)

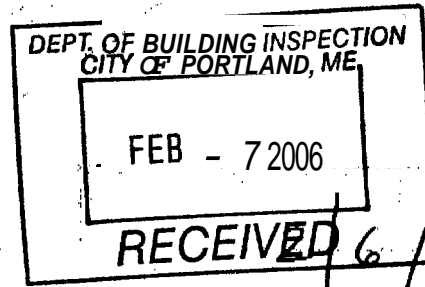
COASTAL BASE FLOOD ELEVATIONS APPLY ONLY LANDWARD OF 0.0 NGVD

1" = 400'

14B

C
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Ser
For
Panc

Trademark, Inc.



Attn : Anne

From : B

Hi Anne,

This note
 you that the
 change to
 w/ the demolition & con-
 struction @ 87 City view
 on Little Diamond.

Thanks,

- Ben Trout

380 Cottage Road
 South Portland, Maine 04106
 207-747-3552 Fax: 207-767-1244
 www.trademarkdesignbuild.com

Existing Septic
System

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: CITY VIEW ROAD MAP105, C5, 6

Subdivision Lot #: LITTLE DIAMOND ISLAND

PROPERTY OWNERS NAME

Last: BARTON First: ROBERT

Applicant Name: _____

Mailing Address of Owner/Applicant (if Different): 8 WOODS KNOLL DRIVE
CAPE ELIZABETH, ME. 04107

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 Inspector to deny a Permit.

105-C-5, 6

Signature of Owner/Applicant _____ Date _____

PORTLAND TOWN COPY

Permit No. 4033d

Issued 8/23/90 by [Signature] Fee 140.00

Local Plumbing Inspector Signature _____ Date Approved 6-10-91

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE <u>0' TO PROPERTY LINE</u> <u>78' TO HIGH WATER MARK</u></p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <u>SEASONAL</u></p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY:</p> <p><u>PUBLIC WATER</u></p>
<p>IF REPLACEMENT SYSTEM:</p> <p>EAR FAILING SYSTEM INSTALLED <u>PRE-1974</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>SIZE OF PROPERTY ZONING</p> <p><u>20,000 ±</u> <u>SHORELAND</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC PLASTIC MINIMUM</p> <p>SIZE: <u>750</u> GALS. <u>1600 GAL. IF FEASIBLE</u></p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS. <u>RAISE PLUMBING</u></p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: 1.2em;"><u>SINGLE FAMILY DWELLING (3 BEDROOM)</u></p> <p>DESIGN FLOW: <u>125</u> (GALLONS/DAY)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>FILED 2</u></td> <td><u>A</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>34"-36"</u></p>	PROFILE	CONDITION	<u>FILED 2</u>	<u>A</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>300</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p> <p style="text-align: center;"><u>12 PLASTIC CHAMBERS</u></p>	
PROFILE	CONDITION						
<u>FILED 2</u>	<u>A</u>						

SITE EVALUATOR STATEMENT

On AUGUST 27, 1990 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Albert Frick 8/31/90
Site Evaluator Signature Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3
HHE-200, Rev. 11/86

REVISED 9/18/90

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
 Street: CITY VIEW ROAD MAP105,03,6
 Subdivision Lot #: LITTLE DIAMOND ISLAND

PROPERTY OWNERS NAME

Last: BARTON First: ROBERT

Applicant Name: 105-C-005/006

Mailing Address of Owner/Applicant (If Different): 8 WOODS KNOLL DRIVE
CAPE ELIZABETH, ME. 04107

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 Inspector to deny a Permit.

Signature of Owner/Applicant: _____ Date: _____

PORTLAND **Permit Form R4171** TOWN COPY

8/27/90
A. Rowe
 Chief Plumbing Inspector

L.P.I. # 97124

Caution: Inspection Required 2-2-93

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

A. Rowe done w/o inspection
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p> <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>PRE-1974</u></p> <p>THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p> <p>SIZE OF PROPERTY: <u>20,000 ±</u> ZONING: <u>SHORELAND</u></p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE <u>0' TO PROPERTY LINE</u> <u>78' TO THE WATER MARK</u></p> <p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <u>SEASONAL</u> 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY: _____</p>	<p>INSTALLATION IS: COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>TYPE OF WATER SUPPLY <u>PUBLIC WATER</u></p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC PLASTIC MINIMUM SIZE: <u>750</u> GALS. <u>1600 GAL. IF FEASIBLE</u></p> <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>FILLED 2</u> CONDITION: <u>A</u></p> <p>DEPTH TO LIMITING FACTOR: <u>34"-36"</u></p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____</p> <p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS. <u>RAISE PLUMBING</u></p> <p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>300</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-80 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____</p> <p><u>12 PLASTIC CHAMBERS</u></p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: 1.2em;">SINGLE FAMILY DWELLING (3 BEDROOM)</p> <p>DESIGN FLOW: <u>125</u> (GALLONS/DAY)</p>
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SITE EVALUATOR STATEMENT

On AUGUST 27, 1990 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Albert Frick 163 8/31/90
 Site Evaluator Signature SEP Date

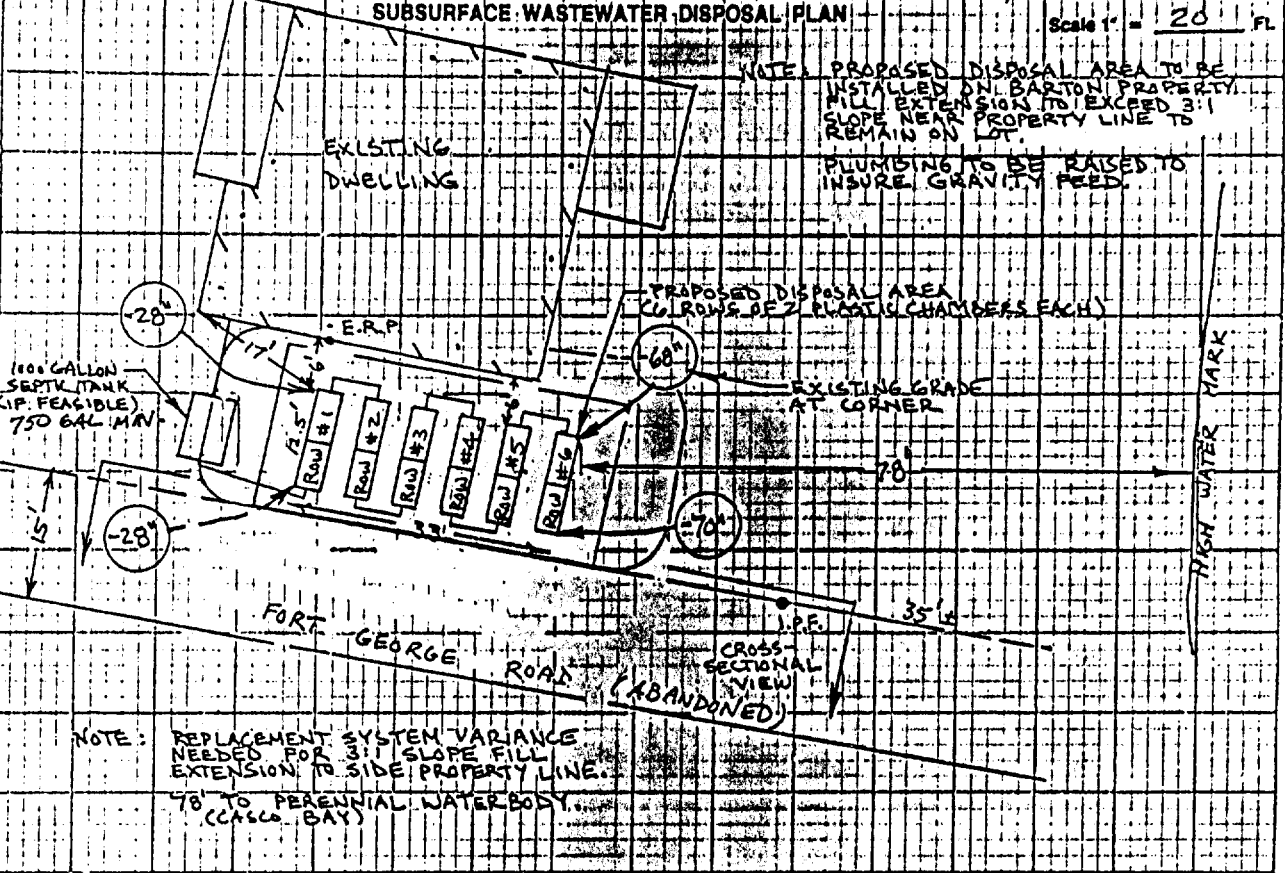
(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3
HHE-200 Rev. 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

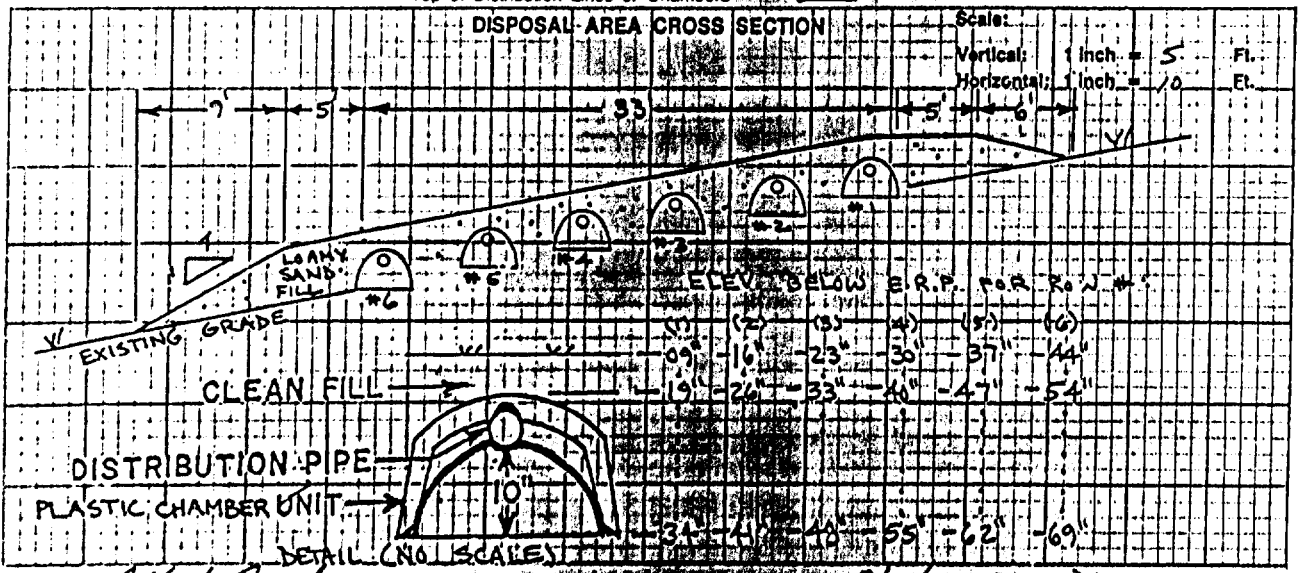
Town, City, Planition: **PORTLAND** **LITTLE DIAMOND ISLAND** Street, Road, Subdivision: **CITY VIEW ROAD** Owners Name: **BARTON, ROBERT**



FILL REQUIREMENTS
Depth of Fill (Upslope) 19"
Depth of Fill (Downslope) 24"-26"

CONSTRUCTION ELEVATIONS
Reference Elevation is 00
Bottom of Disposal Area SEE DETAIL BELOW
Top of Distribution Lines or Chambers SEE DETAIL BELOW

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
TOP OF WATER FAUCET ON SIDE OF HOUSE.



Albert Spick
Site Evaluator's Signature

163

8/31/90 REVISED
Date 9/18/90



Albert Frick Associates, Inc.
 Soil Scientists & Site Evaluators
 93A County Road Gorham, Maine 04038
 (207) 839-5563

Town, City, Plantation MAP 105, C5, 6 Street, Road, Subdivision PORTLAND CITY VIEW ROAD, LITTLE DIAMOND ISLAND Owners Name BARTON, ROBERT

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TB3 Test Pit Boring
 * Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
5				
10	SANDY			
15	LOAM			
20				
25				
30	BEDROCK			
35				
40				
45				
50				

Soil 2 Classification A Slope _____ Limiting Factor 30 Ground Water Restrictive Layer Bedrock

Observation Hole TB4 Test Pit Boring
 * Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
5				
10	SANDY			
15	LOAM			
20				
25				
30				
35				
40	BEDROCK			
45				
50				

Soil 2 Classification A Slope _____ Limiting Factor 36 Ground Water Restrictive Layer Bedrock

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TB5 Test Pit Boring
 * Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
5				
10	SANDY			
15	LOAM			
20				
25				
30				
35	BEDROCK			
40				
45				
50				

Soil 2 Classification A Slope _____ Limiting Factor 30 Ground Water Restrictive Layer Bedrock

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
5				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil _____ Classification _____ Slope _____ Limiting Factor _____ Ground Water Restrictive Layer Bedrock

Albert Frick
 Site Evaluator

163
 SE#

8/21/90
 Date

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Permit No. _____ E _____ Date Permit Issued _____ MONTH/DAY/YEAR
Property Owner's Name: Elizabeth H. BARTON Tel. No. _____
System's Location: MAP 105, C5, 6
CITY VIEW ROAD - LITTLE DIAMOND ISLAND
STREET
PORTLAND Maine _____
TOWN ZIP
Property Owner's Address: 8 WOODS KNOLL DRIVE
(if different from above) STREET
CAPE ELIZABETH ME 04107
TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

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

SITE EVALUATOR:

If after _____ the _____ at a variance for the proposed replacement system _____ and _____
complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Elizabeth H. Barton
PROPERTY OWNER'S SIGNATURE

10/8/90
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS	Ground Water Table	to 8"		Inches	
	Restrictive Layer	to 8"		Inches	
	From HHE-200	to 10"		Inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		78'
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		4'

OTHER

- GREATER THAN**
1. Fill extension Grade—to 3:1 NEAR SIDE PROPERTY LINE.
 2. To allow fill extension to extend into abandoned FORT GORGES ROAD r.o.w.
 3. To allow a design flow for a 3-bedroom seasonal cottage to be 125 gpd based on water records for 1989 at 110 gals/day

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

Albert Frick 8/31/90
 SITE EVALUATOR'S SIGNATURE REVISED 9/18/90 DATE

LPI STATEMENT

I, Ernest A. Frick, LPI for the Town of Bolton have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System 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, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Ernest A. Frick 10/11/90
 LPI'S SIGNATURE 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