

CRESCENT AVENUE
84-H-18 PEAKS ISLAND

NEW YORK
NEW YORK

84-4-17



City of Portland.

Peaks Island, June 15 1915.

To the Inspector of Buildings of the City of Portland:

The undersigned respectfully makes application for a permit to erect enlarge a building on *Lawson* street, at number .. to be *one* stories high. *18* feet long, *10* feet wide; also an addition to be .. stories high, .. feet long, .. feet wide, and to be used as a *Garage*

The material to be used in the erection enlargement of said building is to be as follows:

Exterior walls to be made of *wood*

Roof to be made of *wood + asphalt roofing*

Gutters to be made of

Cornices to be made of

Bay windows to be made of

Dormer windows to be made of

The builder is *J. A. Wiley* Address *Peaks Island*

The architect is Address

The owner is *Edwin Riley* Address *Lewiston Falls, Me*

(Applicant to sign here) *J. A. Wiley*

OFFICE OF
INSPECTOR OF BUILDINGS,
FOR THE
CITY OF PORTLAND.
OFFICE HOURS:
10-11 A. M. 4-6 P. M.

The above petition was granted the .. day of .. 191 ..

Crescent St. Peaks ✓

Lot 29
8/21/18
8683

Edwin Perry
N.J.

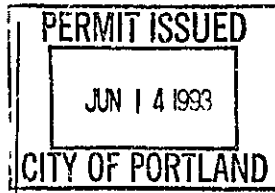
X

PERMIT NO... 506.....
DATE OF ISSUE June 16/15
LOCATION
Peaks Island...
Crescent Street

84-T-1



APPLICATION FOR AMENDMENT TO PERMIT



Amendment No. 1

Portland, Maine, May 27, 1993

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 924404 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 25 Crescent Ave. P.T. Within Fire Limits? Dist. No.
Owner's name and address Stephen C. Damon Telephone MA 617-738-0251
Lessee's name and address Telephone
Contractor's name and address Telephone
Architect Plans filed No. of sheets
Proposed use of building single family year round No. families 1
Last use vacant bldg. No. families
Increased cost of work none Additional fee 25.00

Description of Proposed Work

Foundation plan for future reference...

HISTORIC PRESERVATION

Not in District nor Landmark. Does not require review. Requires Review.

Action Approved. Approved with Conditions. Denial

Date 6-14-93 Signature [Signature]

Details of New Work

Is any plumbing involved in this work? Is any electrical work involved in this work?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation concrete Thickness, top 6 inch bottom 15 inch cellular
Material of underpinning Height Thickness
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining
Framing lumber - Kind Dressed or full size?
Corner posts Sills Girt or ledger board? Size
Girders Size Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O.C. Bridging in every floor and flat roof span over 8 feet.
Joints and rafters: 1st floor, 2nd, 3rd, roof
On centers: 1st floor, 2nd, 3rd, roof
Maximum span: 1st floor, 2nd, 3rd, roof

Approved: [Signature] 6-14-93

Signature of Owner [Signature]

INSPECTION COPY - WHITE
APPLICANT'S COPY - YELLOW

FILE COPY - PINK
ASSESSOR'S COPY - GOLDEN

Approved: [Signature] Inspector of Buildings

[Signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND (PEAKS ISLAND)**

Street: **MAP 84, SEC. 4, LOTS 1, 18, 19, 20**

Subdivision Lot #: **CRESCENT AVENUE**

PROPERTY OWNERS NAME

N/F WAGNER

Last: _____ First: _____

Applicant Name: **STEPHEN DEMOS**

Mailing Address of Owner/Applicant (if Different): **300 CONGRESS STREET BOSTON, MA. 02210**

PORTLAND 4669 TOWN COPY

Date: **6/13/92** Fee: **607.1**

Local Plumbing Inspector Signature: *[Signature]* Date: **6/13/92**

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: _____

Caution: Inspector 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: **A. Rowe** Date Approved: **6-6-94**

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input 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 checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input 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 type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</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) 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</p> <p>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/I</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED N/A</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>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</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>SIZE OF PROPERTY 30,000 ±</p> <p>ZONING _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC (IF NECESSARY)</p> <p>SIZE: 1,000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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 type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: 150 GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>SINGLE FAMILY DWELLING</p> <p>(2 BEDROOM)</p> <p>180-10% reduction low volume toilets</p> <p>DESIGN FLOW: 162 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 2 CONDITION: A</p> <p>DEPTH TO LIMITING FACTOR: 15</p>	<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 _____ 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>14 PLASTIC CHAMBERS</p>	

SITE EVALUATOR STATEMENT

On **SEPTEMBER 29, 1992** (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.

Signature: *Albert Feich* Date: **10/8/92**

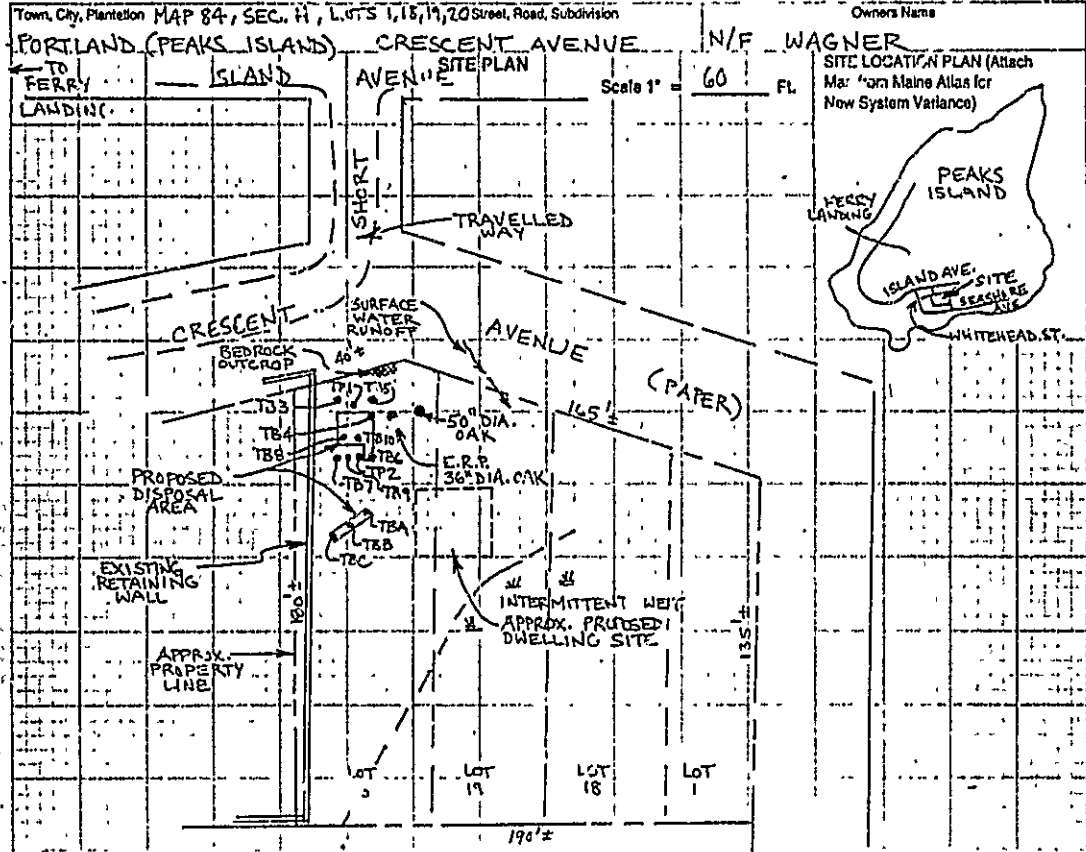
Site Evaluator Signature: _____ Date: **163**

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

BE# REVISED 11/2/92

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
Owners Name



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

Observation Hole TP1 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
		DARK	
		BROWN	
SANDY	FRIABLE	DARK	
LOAM		REDDISH	
		BROWN	
BEDROCK			

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Classification Slope Limiting Factor Ground Water Protective Layer Bedrock

2 A 17 21

Observation Hole TP2 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
		DARK	
		BROWN	
SANDY	FRIABLE	BROWN	
LOAM		YELLOWISH	
		BROWN	
BEDROCK			

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Classification Slope Limiting Factor Ground Water Protective Layer Bedrock

2 A 17 17

Albert Trill
Site Evaluator Signature

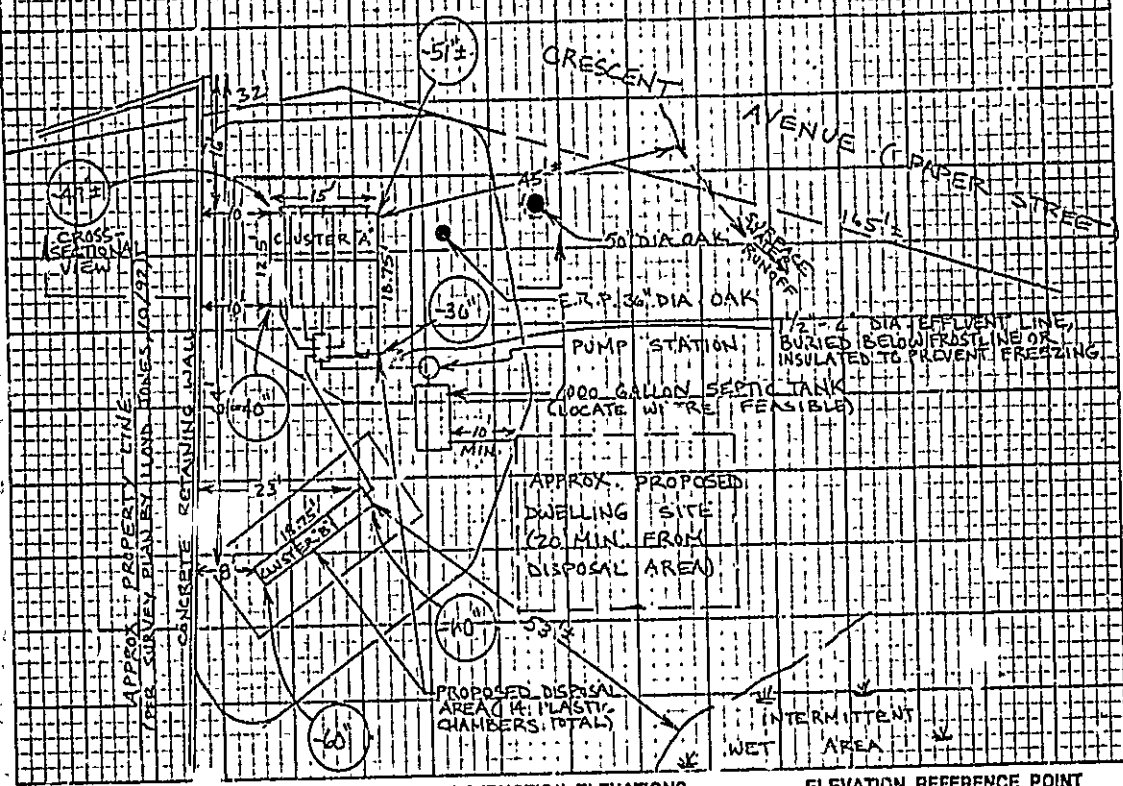
163
SE# REVISED 11/2/92 Date 10/8/92

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

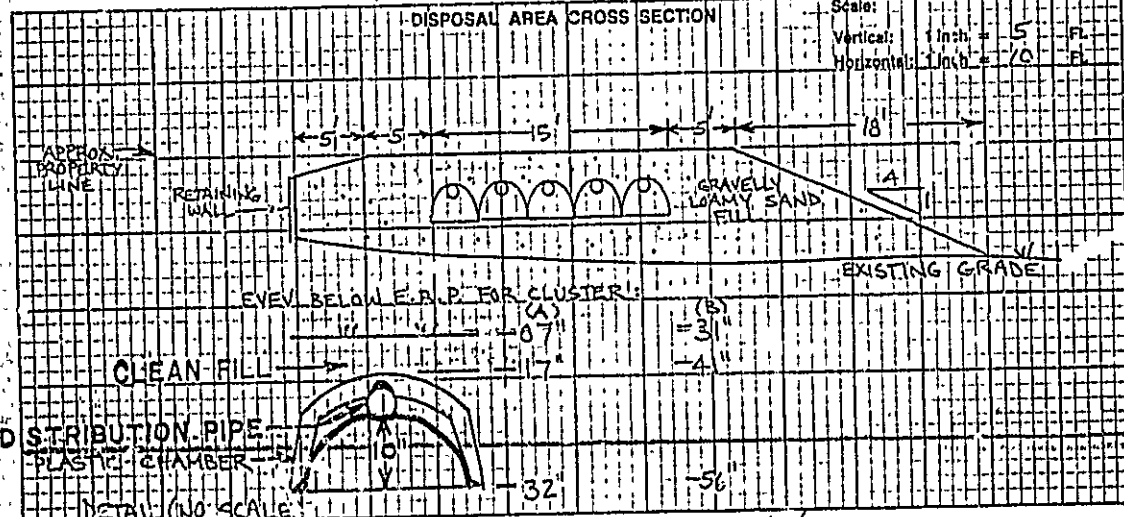
Division of Health Engineering

Town, City, Plantation MAP 84, SEC. H, LOTS 1, 18, 19, 26 Street, Road, Subdivision Owners Name

PORTLAND (PEAKS ISLAND) CRESCENT AVENUE N/F WAGNER
 SUBSURFACE WASTEWATER DISPOSAL PLAN Scale: 1" = 20' F.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	21'-4 1/2"	Reference Elevation is	00	SEE	00
Depth of Fill (Downslope)	33'-4 1/2"	Bottom of Disposal Area		DETAIL	DETAIL
		Top of Distribution Lines or Chambers		BELOW	BELOW



Albert [Signature]
 Site Evaluator Signature

163
 SE#

11/3/92
 Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5563 FAX (207) 839-5564

Albert Frick SS, SE
James Logan SS, SE
Matthew Logan SE

PORTLAND (PEAKS ISL.)
TOWN

CRESCENT AVENUE
LOCATION

STEPHEN LEMOS
APPLICANT'S NAME

1) The most recent revision of the State of Maine, Subsurface Wastewater Disposal Rules, is hereby made a part of this application and shall be consulted by the owner/applicant and the system installer for further construction details and material specifications. The contractor or subcontractor should contact Albert Frick Associates, 839-5563, if there are any questions concerning materials, procedures or designs. The contractor installing the system is responsible for knowledge of the State of Maine, Subsurface Wastewater Disposal Rules as it pertains to permits, inspection requirements, building drains and sewers, treatment tanks, wastewater application details and construction details sections (3,4,8,9,10 and 11D).

2) This application is intended to represent facts pertinent to the State of Maine, Subsurface Disposal Rules only. It shall be the responsibility of the owner or applicant to determine compliance with and obtain permits under all local, state and federal land-use regulations (i.e., DEP Natural Resources Protection Act; wetland regulations, zoning ordinances, subdivision regulations, etc.) before installing this system or considering this a buildable lot. A wetland scientist may be consulted regarding wetland regulations or you may contact the Army Corp of Engineering at 623-8367 or DEP at 289-2111.

The LPI shall inform the owner and designer of any local ordinances exceeding the State of Maine, Subsurface Wastewater Disposal Rules in order that the design may be amended. All designs are subject to review by local, State or federal authority. Designer's liability shall be limited to revisions required by regulatory agencies.

3) All information shown on this form relating to property lines, well locations, and subsurface structures (utility lines, drains, septic systems, water lines, etc.) are shown or left off as not affecting the proposed system based on information provided by the owner or applicant. The owner shall review this application prior to the start of construction and confirm this information.

4) Installation of a garbage grinder is not recommended. If one is installed, an additional 1000 gallon septic tank shall 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 chlorine (i.e. from water treatment, and controlled or hazardous substances) shall not be disposed of in this system.

6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service but not to exceed one pump per three year period.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISL.) CRESCENT AVE
TOWN LOCATION

STEPHEN DEMOS
APPLICANT'S NAME

- 7) The actual water flow or number of bedroom 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 setback between a well and septic system serving a single family residence is 100 feet, unless the local community has a more stringent requirement. A well installed by an abutter within 100 feet of the proposed or within the required setback before the permit for the disposal system is issued may void this design.
- 9) When a gravity system is proposed: BEFORE CONSTRUCTION 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 invert for compatibility to minimum Code slope requirements. In gravity systems, the invert of the septic tank 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 a fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom areas 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 gravely loamy sand which contains no more than 15% fines (silt and clay). Clay content shall be less than 5%.
- 12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interstices.
- 13) Seed all filled and disturbed surfaces with a mixture of grass seed, then mulch with hay or equivalent material to prevent erosion.



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

924404

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$60 - foundation Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Stephen C. Demos Phone # 617-357-7044
Address: 166 Walnut St- Brookline, MA 02146
LOCATION OF CONSTRUCTION 25 Crescent Cr Peaks Island
Contractor: _____ Sub: (84-4-1;18-20)
Address: _____ Phone # _____
Est. Construction Cost: 8000 Proposed Use: 1-fam dwlg
(foundation) Past Use: vacant land
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq Ft. _____
Stories: 1 1/2 # Bedrooms 2 Lot Size: 29,800 sq ft
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion: Construct foundation for 1-fam dwllg

For Official Use Only
Date 11/30/92 Subdivision _____ Name DEC 10 1992
Inside Fire Limits _____ Lot _____
Bldg Code _____ Ownership: PEAKS ISLAND Public _____ Private _____
Time Limit _____
Estimated Cost: 8000

Zoning: IPD
Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No Floodplain Yes _____ No
Special Exception _____
Other: WDA-012-7-92 (Explain)

& MMSP appx 24'x14'x16'x14'

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

Floor:
1. Sills Size _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling: **HISTORIC PRESERVATION**
1. Ceiling Joists Size _____
2. Ceiling Strapping Size _____ Spacing _____ Not in District nor landmark
3. Type Ceilings: _____ Does not require review.
4. Insulation Type _____ Size _____ Requires Review _____
5. Ceiling Height: _____
Roof:
1. Truss or Rafter size _____ Span _____ Action Approved
2. Sheathing Type _____ Size _____ Approved with conditions
3. Roof Covering Type _____
Chimneys:
Type: _____ Number of Fire Places _____
Heating:
Type of Heat: _____
Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
Plumbing:
1. Approval of scil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____
Swimming Pools:
1. Pool Size: _____
2. Pool Type: _____
3. Must conform to National Electrical Code and State Law

PERMIT ISSUED WITH LETTER

PERMIT ISSUED

Permit Received By Louise E. Chase

Signature of Applicant Stephen C. Demos Date _____

CEO's District 6

CONTINUED TO REVERSE SIDE [Signature]
Ivory Tag - CEO

White - Tax Assessor

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

Location of Construction: 25 Crescent St Peaks Island, ME		Owner: Demos, Stephen	Phone: 617-357-7044	Permit No: 940768
Owner Address: 166 Walnut St Brookline, MA 02146		Leasee/Buyer's Name:	Business Name: Call Stephen	Mary Gresik
Contractor Name: Phil Cincotta		Address:		Permit Issued: PERMIT ISSUED
Past Use: Vacant Lot (Foundation Only)		Proposed Use: 1-fam	COST OF WORK: \$ 54,000.00	JUL 28 1994
			PERMIT FEE: \$ 290.00	
			FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
			INSPECTION: Use Group: 4-3 Type 5B	
			Signature: <i>[Signature]</i>	
Proposed Project Description: Construct 1-fam dwelling (foundation already existing)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL-10011 AND Z-12 084-H-018/019/
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> 020
		Signature: _____ Date: _____		<input type="checkbox"/> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan (major) <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

PERMIT ISSUED WITH LETTER

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 provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: *[Signature]* Stephen Demos
 ADDRESS: Brookline, Mass. 02146
 166 Walnut St.
 DATE: 19 July 1994
 PHONE: Home 617-738-0251
 office 617-357-7044
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: Phil Cincotta, Contractor
 PHONE: 766-2479

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: Approved
 Approved with Conditions
 Denied

Date: 7/20/94

[Signature]
 CEO DISTRICT **6**
MR. ROWE

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

924404 924404
 Permit # 924404 City of Portland BUILDING PERMIT APPLICATION Fee \$60 - foundation Zone 50 - MMSP Map # Lot#
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Stephen C. Demos Phone # 517-321-1044
 Address: 166 Walnut St- Brookline, MA. 02145
 LOCATION OF CONSTRUCTION 33 Crescent Cr. Peaks Island
 Contractor: Sub: 84-H-1:19-20
 Address: Phone #
 Est. Construction Cost: 8000 Proposed Use: 10fam dwlg
 (foundation) Past Use: vacant land
 # of Existing Res. Units # of New Res. Units
 Building Dimensions L W Total Sq. Ft.
 # Stories: 1 1/2 # Bedrooms 2 Lot Size: 29,800b sq ft
 Is Proposed Use: Seasonal Condominium Conversion
 Explain Conversion Construct foundation for 1-fam dwlg

PERMIT ISSUED
PERMIT ISSUED
 Date: 11/30/92 Subdivision: Name: DEC 10 1992
 Inside Fire Limits Lot:
 Bldg Code: Ownership:
 Time Limit:
 Estimated Cost: 8000
CITY OF PORTLAND
 Zoning: T-2
 Street Frontage Provided: Back Side Side
 Provided Setbacks: Front Back Side Side
 Review Required:
 Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Conditional Use: Variance Site Plan Subdivision
 Shoreland Zoning Yes No Floodplain Yes No
 Special Exception
 Other (Explain)

& MMSP
 Foundation: appx 24'x14'x1b'x14'
84H-I-17,20
 1. Type of Soil:
 2. Set Backs - Front Rear Side(s)
 3. Footings Size:
 4. Foundation Size:
 5. Other
 Floors:
 1. Sills Size: Sills must be anchored.
 2. Girder Size:
 3. Lally Column Lacing Size:
 4. Joists Size: Spacing 16" O.C.
 5. Bridging Type: Size:
 6. Floor Sheathing Type: Size:
 7. Other Material

HISTORIC PRESERVATION
 Ceiling:
 1. Ceiling Joists Size: Not in District nor landmark.
 2. Ceiling Strapping Size Spacing Does not require review.
 3. Type Ceilings: Size Requires Review
 4. Insulation Type
 5. Ceiling Height:
 Roof:
 1. Truss or Rafter Size Span Action Approved
 2. Sheathing Type Size Approved with conditions
 3. Roof Covering Type
 Chimneys:
 Type: Number of Fire Places
 Heating:
 Type of Heat:
 Electrical:
 Service Entrance Size: Smoke Detector Required Yes No
 Plumbing:
 1. Approval of soil test if required Yes No
 2. No. of Tubs or Showers
 3. No. of Flushes
 4. No. of Lavatories
 5. No. of Other Fixtures
 Swimming Pools:
 1. Type:
 2. Pool Size:
 3. Must conform to National Electrical Code and State Law

Exterior Walls:
 1. Studding Size Spacing
 2. No. windows
 3. No. Doors
 4. Header Sizes Span(s)
 5. Bracing: Yes No
 6. Corner Posts Size
 7. Insulation Type Size
 8. Sheathing Type Size
 9. Siding Type Weather Exposure
 10. Masonry Materials
 11. Metal Materials
 Interior Walls:
 1. Studding Size Spacing
 2. Header Sizes Span(s)
 3. Wall Covering Type
 4. Fire Wall if required
 5. Other Materials

PERMIT ISSUED
WITH LETTER

PERMIT ISSUED
WITH LETTER

Permit Received By Louise Date
 Signature of Applicant Stephen C. Demos
 CEO's District
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO

White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 60 - Foundation
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ 50
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date
Done w/out		6/6/94
inspection		1/1
		1/1
		1/1
		1/1

COMMENTS

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

[Signature] 166 Walnut St Brookline Mass 02146 (617) 357-7044
 SIGNATURE OF APPLICANT ADDRESS PHONE NO. (4) (617) 738-0251

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE PHONE NO.

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 9, 1992

RE: 25 Crescent Ave., Peaks Island, ME

Mr. Stephen C. Demos
166 Walnut St.
Brookline, MA 02146

Dear Sir:

Your application to construct foundation only for 1 family dwelling has been reviewed and a permit is herewith issued subject to the following requirements:

Site Plan Review Requirements
Public Works Approved with condition - See attached
Inspection Services Approved William Giroux/Melodie Esterberg

- Building Code Requirements
1. Please read and implement items 1, 2 and 15 of the attached building permit report.
 2. Applicant must have available 2 parking spaces to comply with Section 14-332 of the City's Land Use Code.
 3. Area shown on plan as future addition is not approved at this time. Separate permits will be required when that area is developed.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/el

cc: William Giroux, Zoning Administrator
Melodie Esterberg, Development Review Coordinator

BUILDING PERMIT REPORT

ADDRESS: 25 Crescent Ave. Tea Ks Is DATE: 9/dec/92

REASON FOR PERMIT: To Construct Foundation only

For 1 Family dwg - approx 14'x24' x 14'x16'

BUILDING OWNER: Stephen C. Demas

CONTRACTOR: 11

PERMIT APPLICANT: 11

APPROVED: X1 *2 *15

CONDITION OF APPROVAL:

- *1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection.)
- *2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one (1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4-inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 101 Chapter 18 & 19.

8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening. Handrails on stairs shall be no less than 34 inches nor more than 38 inches. Handrails within individual dwelling units shall not be less than 30 inches nor more than 38 inches. For more detail on guards & handrails see Article 8 section 824.0 and 825.0 of the BOCA National Building Code.

10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

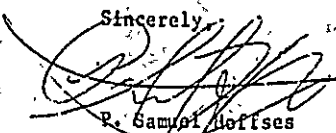
12.) Stair construction in Use Group R-3, R-4, is a minimum of 9" tread and 8-1/4" maximum rise.

13.) Headroom in habitable spaces is a minimum of 7'6".

14.) The minimum headroom in all parts of a stairway shall not be less than 6 feet 8 inches.

*15.) All construction and demolition debris must be disposed at the RWS by a licensed carrier or solid waste at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final certificate of occupancy is issued or demolition permit is granted.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

11/16/88-11/27/90-8/14/91-9/2/92-11/14/92

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Applicant: Stephen C. Demos Date: 11/30/92
 166 Walnut St - Brookline, MA 02146 25 Crescent Peaks Island
 Mailing Address: 1-fam dwlg - const foundation at this time Address of Proposed Site: 84-H-1#17-20
 Proposed Use of Site: apdx 24'x 14'x16'x14' Site Identifier(s) from Assessors Maps: TR2
 Acreage of Site / Ground Floor Coverage: _____ Zoning of Proposed Site: _____
 Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors: _____
 Board of Appeals Action Required: () Yes () No Total Floor Area: _____
 Planning Board Action Required: () Yes () No
 Other Comments: contact person : S. Demos 617-357-7044

Date Dept. Review Due: _____
Minor Minor Site Plan review

BUILDING DEPARTMENT SITE PLAN REVIEW
 (Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
- Requires Board of Appeals Action
- Requires Planning Board/City Council Action

Explanation _____

Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK,
 as applicable

COMPLIES

 COMPLIES
 CONDITIONALLY

 DOES NOT
 COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW
 REASONS SPECIFIED BELOW

REASONS: WDL 12-7-92

SIGNATURE OF REVIEWING STAFF/DATE
 BUILDING DEPARTMENT—ORIGINAL

Applicant: Stephen C. Demos

Address: 25 Crescent Ave - Peaks Island ^{Date: 12-7-92}

Assessors No.: 84-H 1, 18-20

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - IR2

Interior or corner lot -

Use - single fam

Sewage Disposal - see HHE-200 by Frick dated 10-8-92

Rear Yards - 25' opposite seashore

Side Yards - Crescent 20' other ~~to~~ edge of wetland

Front Yards - seashore Ave 25'

Projections - none

Height - unknown

Lot Area - 29,800 #

Building Area - OK

Area per Family - entire

Width of Lot - OK

Lot Frontage - OK

Off-street Parking - 2 cars

Loading Bays - N/A

Site Plan -

Shoreland Zoning -

Flood Plains -

parking addition } see conditions in chief's letter

92-106-MM

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Melodie Esterberg
- Planning

Stephen C. Demos

11/30/92

Applicant: 166 Walnut St - Brookline, MA 02146

Date: 25 Crescent Over Peaks Island

Mailing Address: 1-fam dwllg - const foundation at this time

Address of Proposed Site: 84-H-1417-20

Proposed Use of Site: 29,800 sq. ft. / appx 24' x 14' x 16' x 14'

Site Identifier(s) from Assessors Maps

Acreage of Site / Ground Floor Coverage

Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No

Proposed Number of Floors

Board of Appeals Action Required: () Yes () No

Total Floor Area

Planning Board Action Required: () Yes () No

Other Comments: contact person : S. Demos 617-557-7044

Date Dept. Review Due:

Minor Minor Site Plan review

PUBLIC WORKS DEPARTMENT REVIEW

12/1/92
(Date Received)

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED																
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: please see attached conditions

(Attach Separate Sheet if Necessary)

Melodie Esterberg 12/4/92
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW (ADDENDUM)
CONDITIONS OF APPROVAL

APPLICANT: Stephen C. Demas 617-357-7044
ADDRESS: 106 Walnut St Brookline MA 02146
SITE ADDRESS/LOCATION: Crescent Ave Peabody T. 84-H-1, 17-20
DATE: December 4, 1992

Review by the Development Review Coordinator is for General Conformance with ordinances and standards only and does not relieve the applicant, his contractors or agents from the responsibility to provide a completely finished site, including but not limited to increasing or concentrating of all surface runoff onto adjacent or downstream properties, issues regarding vehicle sight distance, location of public utilities and foundation elevations.

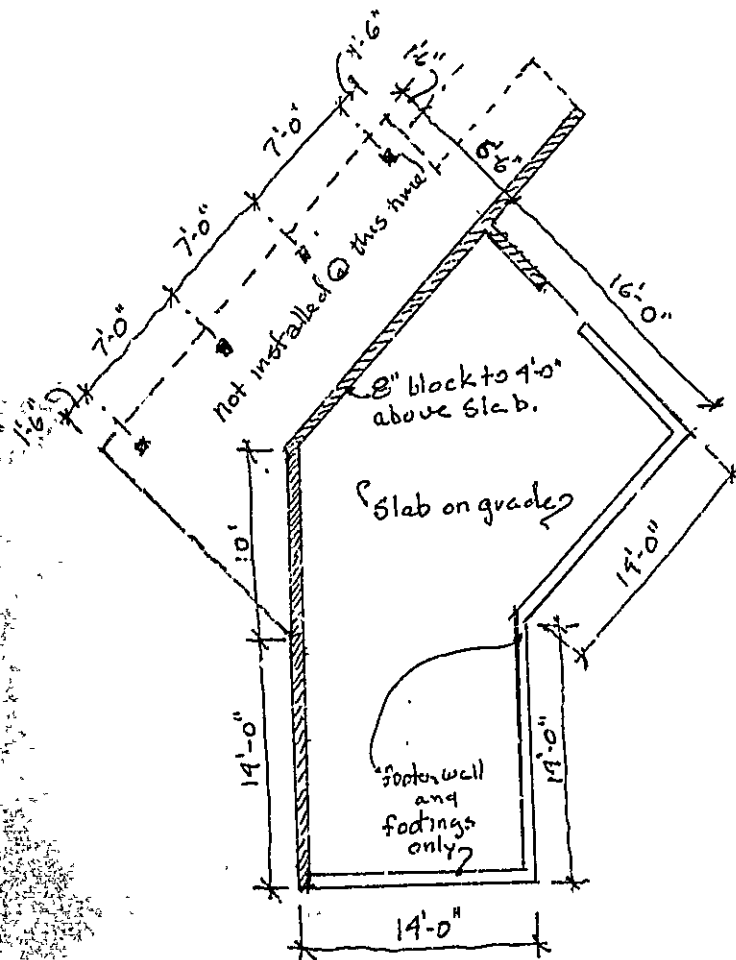
CONDITIONS CHECKED OFF BELOW ARE IN FORCE FOR YOUR SITE PLAN

- All damage to sidewalk, curb, street, or public utilities shall be repaired prior to issuance of a Certificate of Occupancy.
- 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.
- Your new street address is now 25 Crescent Ave, the number must be displayed on the street frontage of your house prior to issuance of a Certificate of Occupancy.
- The Development Review Coordinator (874-8300, ext. 8722) 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 closings with these requirements in mind.
- The Sewer Division of Parks and Public Works (Jackie W. Jolin at 797-5302) must be notified five (5) working days prior to sewer connection to schedule an inspector for your site.
- As-built record information for sewer and storm service connections must be submitted to Parks & Public Works Engineering Division (55 Portland St.) and approved prior to issuance of a Certificate of Occupancy.
- A street opening permit(s) is required for your site. Please contact Carol Poliskey at 874-8300, ext. 8822. (Only excavators licensed by the City of Portland are eligible).
- No construction activity may be done in the wetland without required Federal permits.

RECEIVED

NOV 3 3 1992

DRY CONCRETE INSULATION
CITY OF PORTLAND



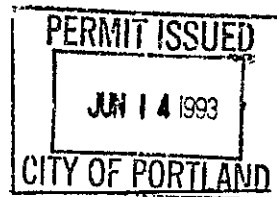
Foundation plan for
1st stage of residence
at Crescent St, Peaks I.
1/8" = 1'-0" 30 NOV 92



APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, May 27, 1993



To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 924404 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 25 Crescent Ave. P. I. Within Fire Limits? _____ Dist. No. _____
 Owner's name and address Stephen C. Demos Telephone 617-738-0251
 Lessee's name and address _____ Telephone _____
 Contractor's name and address _____ Telephone _____
 Architect _____ Plans filed _____ No. of sheets _____
 Proposed use of building single family year round No. families 1
 Last use vacant bldg. No. families _____
 Increased cost of work none Additional fee 25.00

Description of Proposed Work

Foundation plan for future reference.

HISTORIC PRESERVATION

Not in District nor Landmark.
 Does not require review.
 Requires Review

84-H-1, 18, 19, 20

Action: Approved.

Approved with Conditions

Rejected

Date: 5-27-93

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
 Height average grade to top of plate _____ Height average grade to highest point of roof _____
 Size, front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____
 Material of foundation concrete Thickness, top 6 inch bottom 15 inch cellar _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of roof _____ Rise per foot _____ Roof covering _____
 No. of chimneys _____ Material of chimneys _____ of lining _____
 Framing lumber — Kind _____ Dressed or full size? _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Girders _____ Size _____ Columns under girders _____ Size _____ Max. on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O.C. Bridging in every floor and flat roof span over 8 feet.
 Joints and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____

Approved: [Signature] 6-14-93

Signature of Owner _____

Approved: [Signature] Inspector of Buildings

INSPECTION COPY — WHITE
APPLICANT'S COPY — YELLOW

FILE COPY — PINK
ASSESSOR'S COPY — GOLDEN

[6] M.A. Rous

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3928

PROPERTY ADDRESS
 (Use 1 or 2 for Division)
 Street Subdivision Lot # PORTLAND (PEAKS ISLAND)
MAP 84, EC, H, LOTS 1, 18, 19, 20
CRESCENT AVENUE
PROPERTY OWNERS NAME
N/F WAGNER
 Last: _____ First: _____
Applicant Name: STEPHEN DEMOS
Mailing Address of Owner/Applicant (if Different)
300 CONGRESS STREET
BOSTON, MA. 02210

PORTLAND PERMIT # 4669 STATE COPY
 Date Permitted 11/3/92 \$ 1,600 T | FEE 0.12/yr
 Local Plumbing Inspector Signature _____ L.P.I.C. 0.12/yr
 Chief Plumbing Inspector _____

Owner/Applicant Statement
 I certify that the information submitted is correct to the best of my knowledge and understand that any false information is reason for the Local Plumbing Inspector to deny a Permit.

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

Signature of Owner/Applicant _____ Date _____ Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPAND SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO HOLE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>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: 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 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 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>N/A</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO BE:</p> <p>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 _____</p>
<p>SIZE OF PROPERTY <u>30,000</u> ±</p>	<p>ZONING</p>	<p>TYPE OF WATER SUPPLY <u>PUBLIC WATER</u></p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC (IF NECESSARY) SIZE: <u>1,000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>150</u> GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</p> <p><u>SINGLE FAMILY DWELLING</u> <u>(2 BEDROOM)</u> <u>180-10% reduction</u> <u>low volume toilets</u> DESIGN FLOW: <u>162</u> (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE <u>Z</u> CONDITION <u>A</u> DEPTH TO LIMITING FACTOR <u>15</u></p>	<p>SIZE RANGES 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>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER _____ Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____</p>	<p><u>14 PLASTIC CHAMBERS</u></p>

SITE EVALUATOR STATEMENT

On SEPTEMBER 29, 1992 (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.

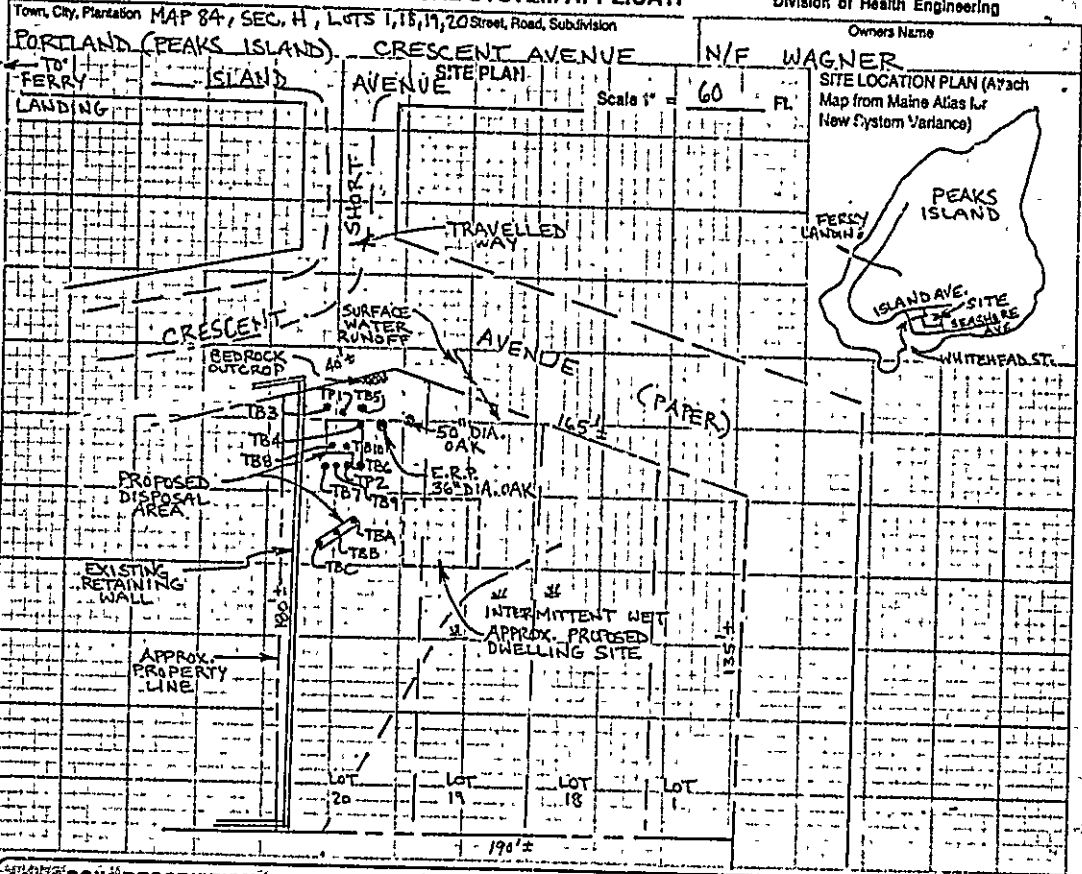
Albert Jerich Site Evaluator Signature
 (Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

163 Date 10/8/92
 SEE REVISED 11/2/92

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

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 TPI Test Pit Boring

Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
		DARK	
		BROWN	
SANDY	FRIABLE	DARK	
LOAM		REDDISH	
		BROWN	
BEDROCK			

Soil Profile Z Classification A Slope % Limiting Factor Z1

Ground Water
 Percolative Layer
 Bedrock

Observation Hole TP2 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil

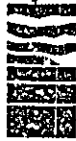
Texture	Consistency	Color	Mottling
		DARK	
		BROWN	
SANDY	FRIABLE	BROWN	
LOAM		YELLOWISH	
		BROWN	
BEDROCK			

Soil Profile Z Classification A Slope % Limiting Factor 17

Ground Water
 Percolative Layer
 Bedrock

Albert J. Jick
Site Evaluator Signature

163
SE# REVISED 11/2/92 Date 10/8/92



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038

(207) 839-5563

Town, City, Plantation **MAP 84, SEC. H, LOTS 1, 15, 19, 20** Street, Road, Subdivision **CRESCENT AVENUE** Owners Name **N/E WAGNER**
PORTLAND (PEAKS ISLAND)

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				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification **1B** Slope **18** Limiting Factor Ground Water Reserve 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				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification **20** Slope **20** Limiting Factor Ground Water Reserve 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				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification **17** Slope **17** Limiting Factor Ground Water Reserve Layer Bedrock

Observation Hole **TB6** Test Pit Boring

Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification **26** Slope **26** Limiting Factor Ground Water Reserve Layer Bedrock

Site Evaluator

Albert Frick

163
SE#

Date

10/8/92



Albert Frick Associates, Inc.
 Soil Scientists & Site Evaluators
 95A County Road Corham, Maine 04038
 (207) 839-5563

Town, City, Plantation MAP 84, SEC. H, LOTS 1, 18, 19, 20 Street, Road, Subdivision Owners Name
PORTLAND (PEAKS ISLAND) CRESCENT AVENUE N/F WAGNER

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TB7 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification Slope Limiting Factor Ground Water
 Residual Layer Bedrock
 Profile Condition % 12

Observation Hole TB8 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification Slope Limiting Factor Ground Water
 Residual Layer Bedrock
 Profile Condition % 16

SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole TB9 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification Slope Limiting Factor Ground Water
 Residual Layer Bedrock
 Profile Condition % 12

Observation Hole TB10 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification Slope Limiting Factor Ground Water
 Residual Layer Bedrock
 Profile Condition % 22

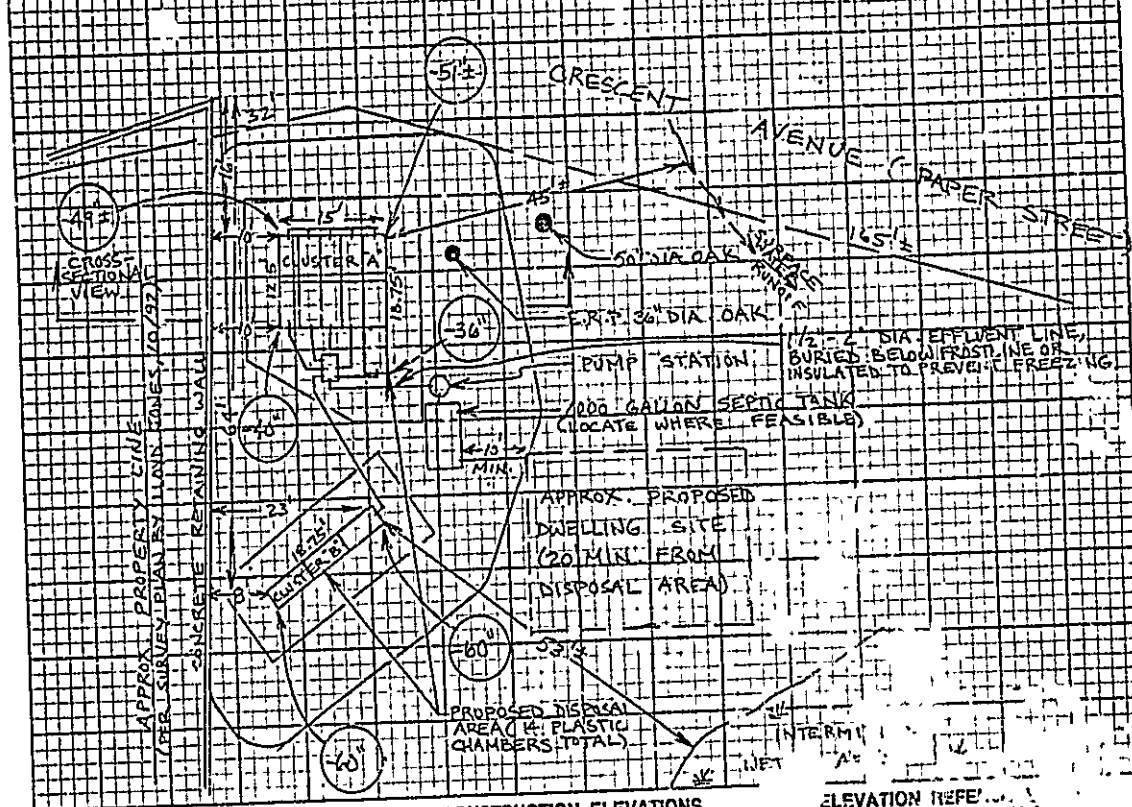
Site Evaluator Albert Frick

SE# 163

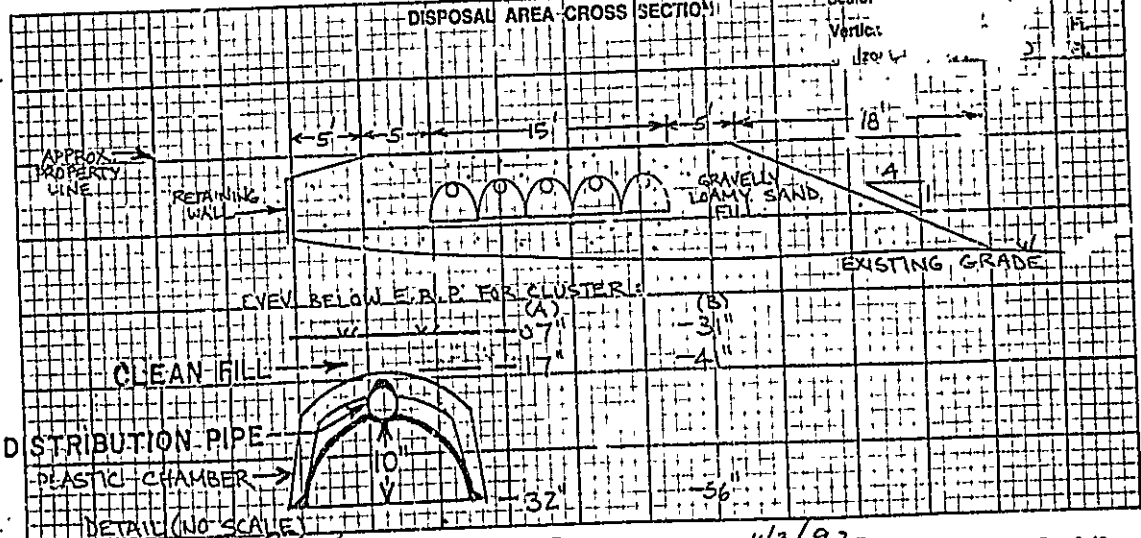
Date 10/8/92

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

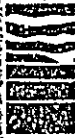
Town, City, Plantation MAP 84, SEC. H, LOTS 1, 18, 19, 20 Street, Road, Subdivision
 Crescent Avenue
 Owner's Name
 N/F WAGNER
 Scale 1" = 20' H



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE LOCATION	
Depth of Fill (Upslope)	21'-46"	Reference Elevation Is	00	SEE	MAIL IN 36"
Depth of Fill (Downslope)	33'-48"	Bottom of Disposal Area	SEE	STAIR	ABOVE B.A.S.
		Top of Distribution Lines or Chambers	BELOW		



Site Evaluator Signature: *Albert Krid* SE# 163 Date: 11/3/92
 Page 3 of 3 HME-200 Rev. 1/84



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

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(207) 839-5563 FAX (207) 839-5564

Albert Frick SS, SE
James Logan SS, SE
Matthew Logan SE

PORTLAND (PEAKS ISL.)
TOWN

CRESCENT AVENUE
LOCATION

STEPHEN DEMOS
APPLICANT'S NAME

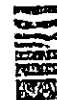
- 1) The most recent revision of the State of Maine, Subsurface Wastewater Disposal Rules, is hereby made a part of this application and shall be consulted by the owner/applicant and the system installer for further construction details and material specifications. The contractor or subcontractor should contact Albert Frick Associates, 839-5563, if there are any questions concerning materials, procedures or designs. The contractor installing the system is responsible for knowledge of the State of Maine, Subsurface Wastewater Disposal Rules as it pertains to permits, inspection requirements, building drains and sewers, treatment tanks, wastewater application details and construction details sections (3,4,8,9,10 and 11D).
- 2) This application is intended to represent facts pertinent to the State of Maine, Subsurface Disposal Rules only. It shall be the responsibility of the owner or applicant to determine compliance with and obtain permits under all local, state and federal land-use regulations (i.e., DEP Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, etc.) before installing this system or considering this a buildable lot. A wetland scientist may be consulted regarding wetland regulations or you may contact the Army Corp of Engineering at 623-8367 or DEP at 289-2111.
The LPI shall inform the owner and designer of any local ordinances exceeding the State of Maine, Subsurface Wastewater Disposal Rules in order that the design may be amended. All designs are subject to review by local, State or federal authority. Designer's liability shall be limited to revisions required by regulatory agencies.
- 3) All information shown on this form relating to property lines, well locations, and subsurface structures (utility lines, drains, septic systems, water lines, etc.) are shown or left off as not affecting the proposed system based on information provided by the owner or applicant. The owner shall review this application prior to the start of construction and confirm this information.
- 4) Installation of a garbage grinder is not recommended. If one is installed, an additional 1000 gallon septic tank shall 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 chlorine (i.e. from water treatment, and controlled or hazardous substances) shall not be disposed of in this system.
- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service but not to exceed one pump per three year period.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND (PEAKS ISL.) CRESCENT AVE
TOWN LOCATION

STEPHEN DEMOS
APPLICANT'S NAME

- 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 setback between a well and septic system serving a single family residence is 100 feet, unless the local community has a more stringent requirement. A well installed by an abutter within 100 feet of the proposed or within the required setback before the permit for the disposal system is issued may void this design.
- 9) When a gravity system is proposed: **BEFORE CONSTRUCTION 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 Code 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 loamy sand which contains no more than 15% fines (silt and clay). Clay content shall be less than 5%.
- 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.



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