

APPLICATION FOR BUILDING PERMIT

Town of Machias, Maine

Building Permit request for:
 New Construction
 Expansion / Alteration
 Moving of Building
 Reconstruction / Replacement
 Conversion to another or different use

Date application received at Town Office: 4/2/2002 Fee Paid \$ 465-
 Recipients Initials: SM

Name of Applicant: Downeast Community Hospital (Raymond Shaw)
 (or Agent)
 Address of Applicant: 11 Hospital Drive
Machias ME 04654 Telephone: 207-479-3765
 Address of Building(s): 11 Hospital Drive
 Map 7 Lot 13

Proposed Use: (Describe briefly use of structure such as nature of business or residence, single or multi-family)
Healthcare Facility Business

Indicate what other structures are located on the same lot and the uses:
Maintenance Building, Pediatrics Building, Women's Center
Rehabilitation Building, Hospital, Macbride Building,

(Refer to Town of Machias Building Permit Ordinance 01/26/1989 in answering all applicable sections below.)

1. Yes No A waiver or variance is requested. (Attach separate sheet stating the request and reasons why you believe they should be allowed.)
2. Yes No A copy of the applicable town tax map showing lot location is attached.
3. Yes No The property is connected to the Machias Water Co. supply or can be connected. If the property is not, or cannot be connected to the Machias Water Co. supply, water will be provided by:
 Well Spring Other _____
4. Yes No The property is connected to Town of Machias sewer system or can be connected. Attach a copy of the Sewer Entrance Permit and include the location of the connection on the site plan if the project is to be connected to the Town of Machias sewer system.
5. Yes No A soil test has been conducted for installation of a septic system for sewage disposal.
 (Attach a copy of test document and diagram of the recommended septic location.)
6. Yes No A site plan showing all items listed in section 4A(3) of Machias Building Permit Ordinance is attached. The site plan should reflect the dimensions of the lot on which construction is to be undertaken specifically to include the road frontage measurement. The plan should also include setback distances for the proposed construction from each boundary and from the public road or private access road.
7. Yes No A copy of the deed, lease, purchase and sales agreement, or other evidence of ownership or control of the real estate is attached.
8. Yes No Will surface water drainage adversely affect any neighboring properties?
9. Yes No Will lighting reflect beyond lot lines or cause annoyance to neighboring properties?
10. Yes No Lot has a minimum of at least 100 feet of frontage on a town road or deeded private way.
11. Yes No The building lot is at least 15,000 square feet in size or larger.
12. Yes No The building setback will be at least 35 feet from the front of the lot.
13. Yes No Side and rear distances from the lot lines are at least 15 feet to proposed building.
14. Yes No The proposed structure will be no more than 50 feet above ground level, including chimneys, stacks or other protrusions that are part of the structure.
15. Yes No There will be safe vehicular entrance and exit to public or private roads that border the lot. (Indicate vehicle driveway on site plan.)
16. Yes No Will the proposed activity involve the installation or change of use of a driveway providing access to a state highway? If so, an entrance permit from the Department of Transportation must be obtained prior to any issuance of permits and attached to this application.
17. There will be Multiple off street parking spaces as shown in site plan.
18. Commercial, industrial, and residential structures are required to comply with certain federal and/or state minimum standards and regulations
 By initialing the items set forth below, the applicant is acknowledging awareness of, and compliance with, any applicable federal and state regulations and has attached copies of all approved permits that may be required. Indicate below which items apply to this building permit application and certify compliance by initialing the appropriate below:

Water Supply	<u>RFS</u>	Water Pollution	_____	Flood Hazard Development Permit	_____
Air Pollution	_____	Soil Erosion	<u>RFS</u>	Maine DOT Entrance Permit	_____
Shoreland Zoning	_____	Surface Drainage	<u>RFS</u>	Sewer Connection Permit	_____
Sewage Pollution	_____	Noise Level	_____	Natural Resources Protection Act Permit	_____
Other	_____				

19. Estimated cost of proposed building or structure(s): \$ 900,000.00

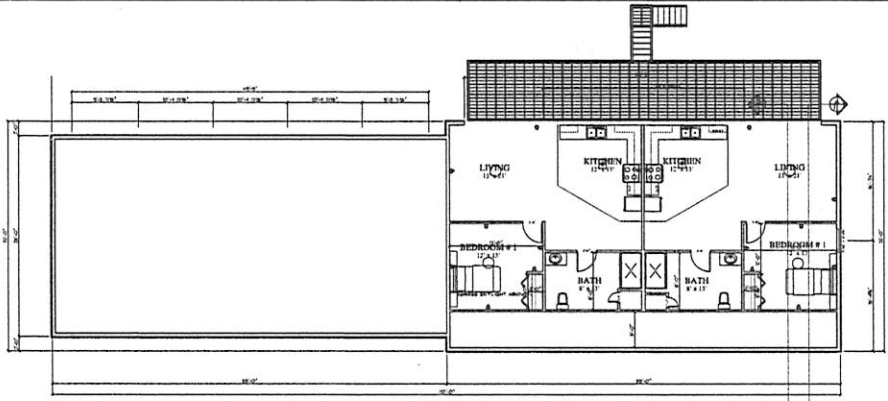
20. Name, address and telephone number of contractor or builder: WK Construction and Sons
207-479-3765

21. I have read and understand the Town of Machias Building Permit Ordinance and hereby make application for a permit based on the information contained above and request the Planning Board to act on this application at its next scheduled monthly meeting.

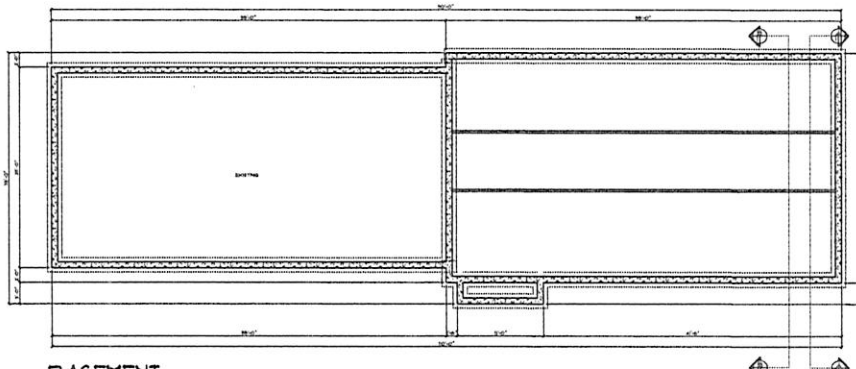
Signature of Applicant: Raymond J. Shaw

NOTE: Although not required, it is recommended that the applicant, or a duly appointed representative attend the meeting at which the application for a Building Permit is to be considered.

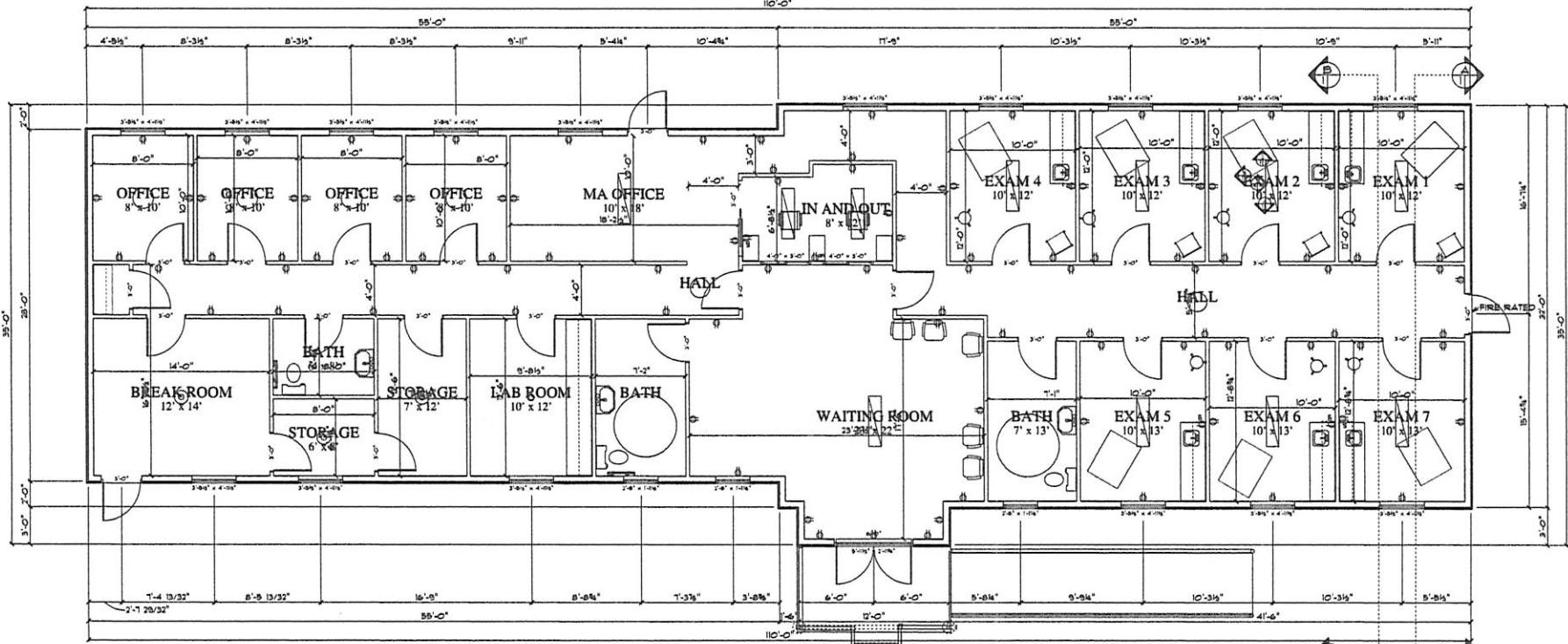
For Planning Board use:
 Building Permit: Approved Denied By the Planning Board on (Date): _____
 Authorized Planning Board Signature: _____



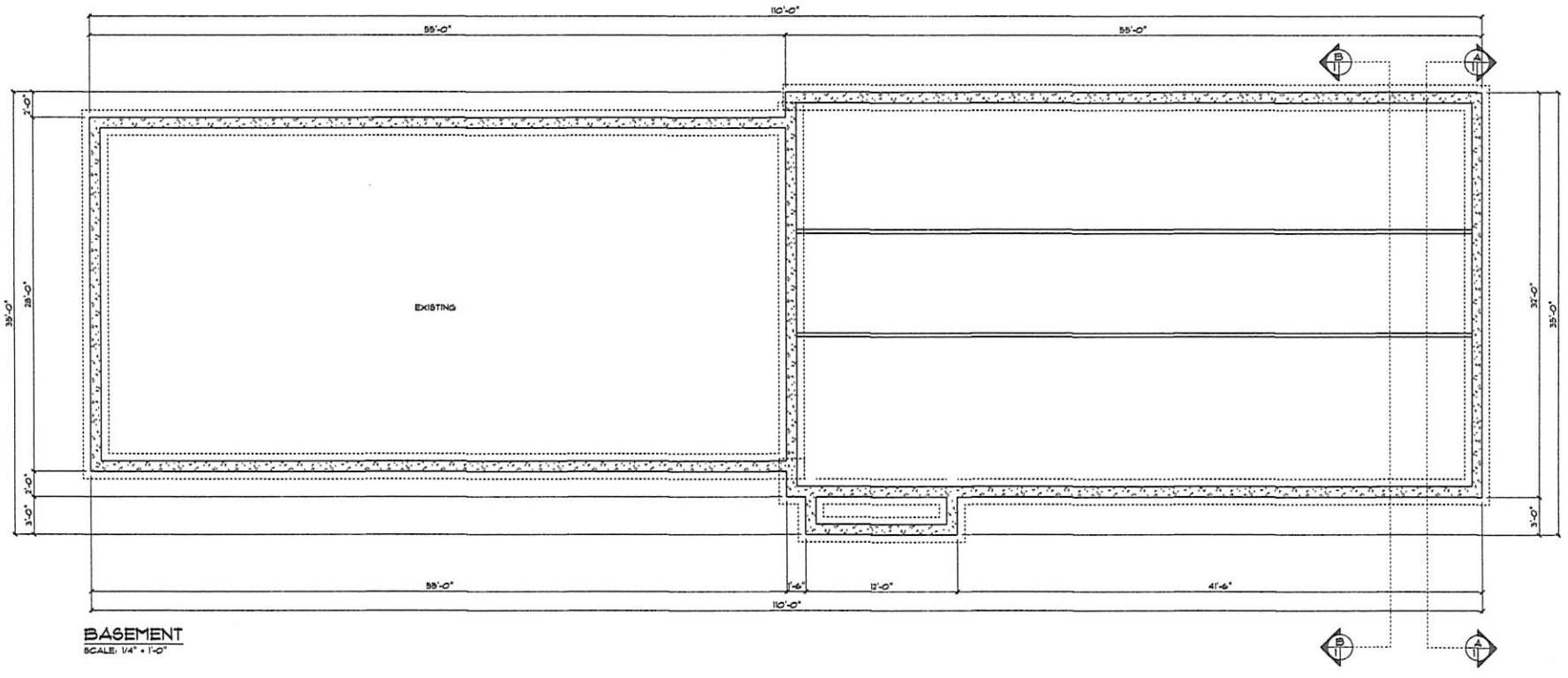
SECOND FLOOR
SCALE: 1/8" = 1'-0"



BASEMENT
SCALE: 1/8" = 1'-0"



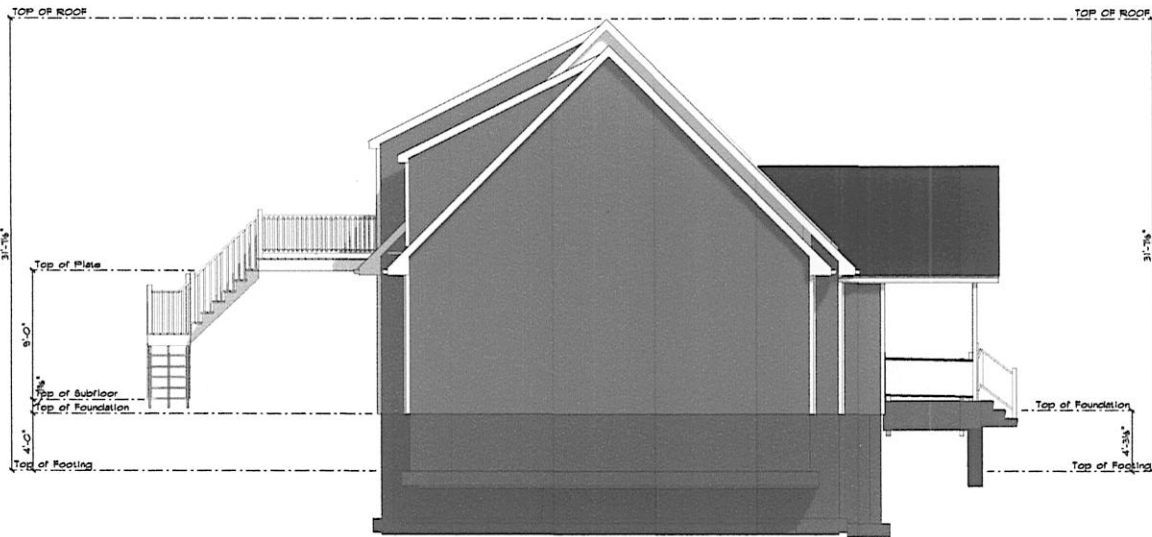
MAIN FLOOR
SCALE: 1/4" = 1'-0"



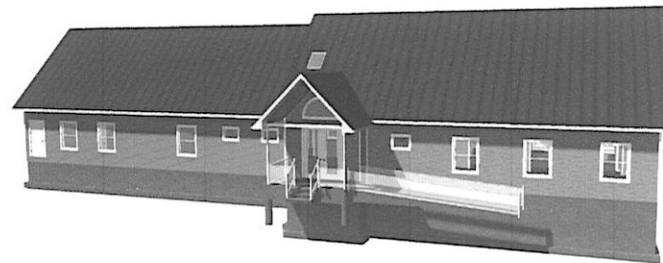
BASEMENT
SCALE: 1/4" = 1'-0"



FRONT ELEVATION
SCALE: 1/4" = 1'-0"



LEFT ELEVATION
SCALE: 1/4" = 1'-0"



PAGE: 3/5
 ELEVATIONS FRONT LEFT
 SCALE: 1/4" = 1'-0"
 DRAWN BY: ROGER BOULAY
 DATE: Monday, March 22, 2021

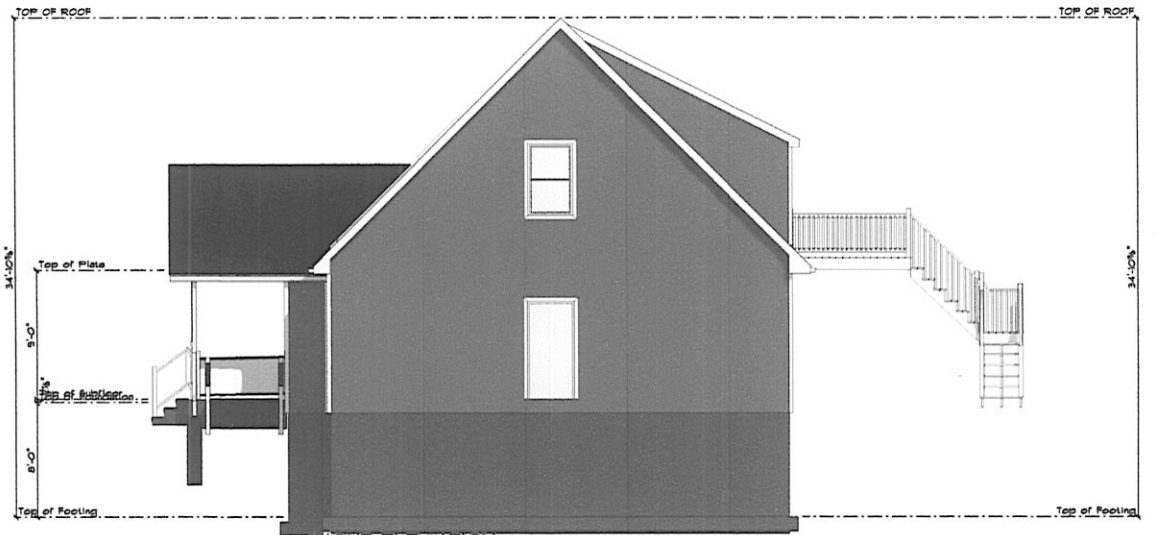
NOT FOR CONSTRUCTION
 FOR ARTISTIC PURPOSES ONLY!



Trey Shaw
 PRINCIPAL



REAR ELEVATION
SCALE: 1/4" = 1'-0"



RIGHT ELEVATION
SCALE: 1/4" = 1'-0"

PAGE: 4/5
ELEVATIONS REAR RIGHT

SECTION
A-A

SCALE: 1/4" = 1'-0"
DRAWN BY: ROGER BOULAY
DATE: Monday, March 22, 2021

**NOT FOR CONSTRUCTION
FOR ARTISTIC PURPOSES ONLY!**

WPA CONSTRUCTION
AND DESIGN

Trey Shaw
PRINCIPAL
FAC.



MAIN FLOOR - ROOM
SCALE: 1/4" = 1'-0"

ORTHOPEDICS

Maine Dept. Health & Human Services
 Div. Environmental Health, 118515
 (207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	MACHIAS	Town/City	Permit #
Street or Road	ROUTE 1A	Date Permit issued	Fee: \$ Double Fee Charged []
Subdivision, Lot #	N/A	Local Plumbing Inspector Signature	L.P.I. #
OWNER/APPLICANT INFORMATION		Fee: \$ state min fee \$ Locally adopted fee	
Name (last, first, MI)	DOWNEPT COMMUNITY HOSPITAL ^X Owner _{Applicant}	Copy: [] Owner [] Town [] State	
Mailing Address of	45 NICK WARESH HOSPITAL DRIVE	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Owner/Applicant	MACHIAS, MAINE 04854	Municipal Tax Map # Lot #	
Daytime Tel. #	207-255-0252		
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved	
Signature of Owner or Applicant Date		Local Plumbing Inspector Signature (2nd) date approved	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input checked="" type="checkbox"/> 1. First Time System 2. Replacement System Type replaced: _____ Year installed: _____ 3. Expanded System a. <25% Expansion b. >25% Expansion 4. Experimental System 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 4. Minimum Lot Size Variance 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System 2. Primitive System (graywater & all toilet) 3. Alternative Toilet, specify: _____ 4. Non-engineered Treatment Tank (only) 5. Holding Tank, _____ gallons 6. Non-engineered Disposal Field (only) 7. Separated Laundry System 8. Complete Engineered System (2000 gpd or more) 9. Engineered Treatment Tank (only) 10. Engineered Disposal Field (only) 11. Pre-treatment, specify: _____ 12. Miscellaneous Components
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
12± SQ. FT. ACRES	1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>ORTHOPEDICS DOCTORS OFFICE</u> (specify) Current Use Seasonal <u>Year Round</u> Undeveloped	1. Drilled Well 2. Dug Well 3. Private <input checked="" type="checkbox"/> 4. Public 5. Other
SHORELAND ZONING	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular OR <input checked="" type="checkbox"/> b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1000 GAL</u>	1. Stone Bed 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: _____ SIZE: <u>2000</u> X sq. ft. lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: a. multi-compartment tank b. _____ tanks in series c. increase in tank capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet	<u>570</u> gallons per day BASED ON: 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 6 PATIENTS @ 10 308 30 PATIENTS @ 10 308 3. Section 4G (meter readings) ATTACH WATER METER DATA, 70
SOIL DATA & DESIGN CLASS PROFILE CONDITION	DISPOSAL FIELD SIZING	EFFLUENTJECTOR PUMP	LATITUDE AND LONGITUDE
<u>31C</u> at Observation Hole # <u>TP-2</u> Depth <u>21"</u> of Most Limiting Soil Factor	1. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd 3. Large—4.1 sq. ft. / gpd 4. Extra Large—5.0 sq. ft. / gpd	1. Not Required 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	at center of disposal area Lat. <u>44</u> d <u>42</u> m <u>55.7</u> s Lon. <u>67</u> d <u>23</u> m <u>41.2</u> s If g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 2/4/21 (date) I completed a site evaluation on this property and state that the data reported are accurate and

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

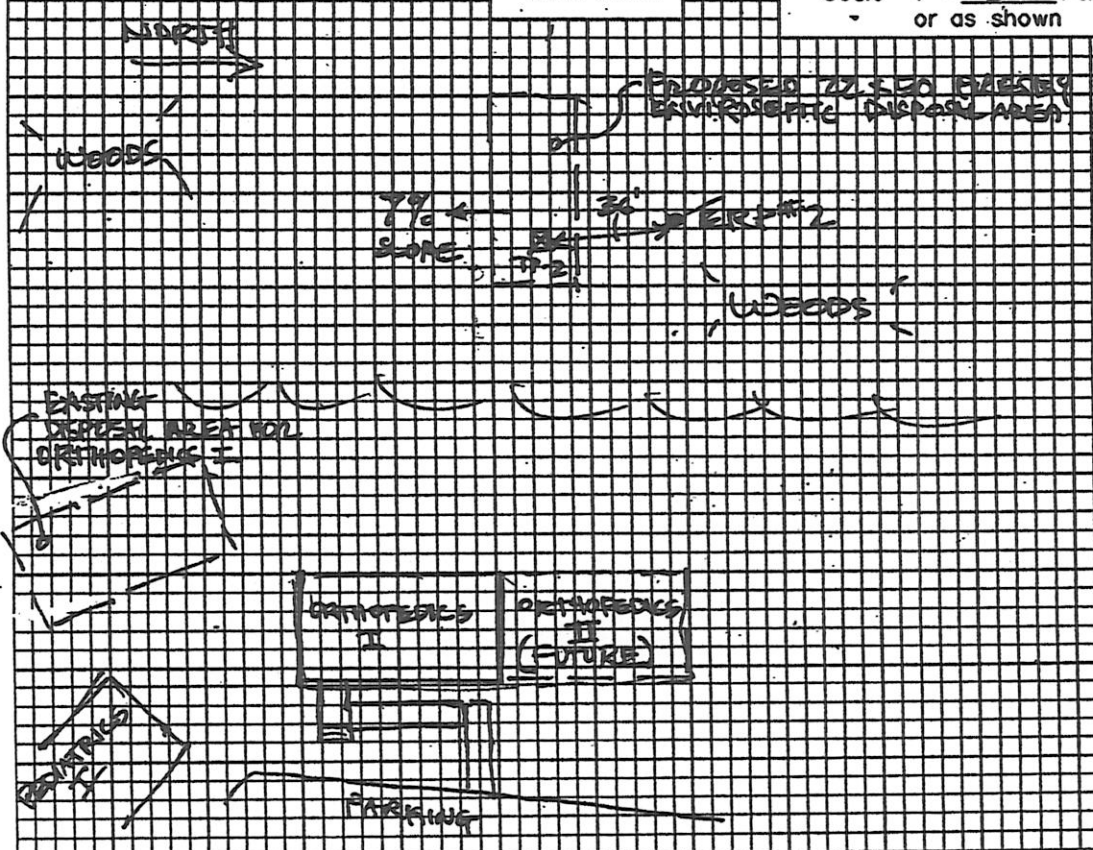
Town, City, Plantation **WACHIAS**

Street, Road Subdivision
HOSPITAL DRIVE

Owner's Name
**ORTHOPEDICS
DOWNEAST COMMUNITY HOSPITAL**

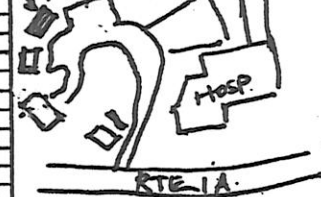
SITE PLAN

Scale 1" = 50 Ft.
or as shown



SITE LOCATION PLAN

(Map from Maine Atlas recommended)



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

Observation Hole TP-2 Test Pit Boring
1" " Depth of Organic Horizon Above Mineral Soil

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	PLIABLE	BROWN 7.5YR 4/4	NONE
10			RED BROWN 5YR 4/3	
20	MED-FINE SAND, SOMEWHAT STONY	FIRMER	YELLOW BROWN 10YR 4/4	MOTTLED
30				
40				
50				

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification <u>3</u> Profile	Slope <u>7%</u>	Limiting Factor <u>21"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Soil Classification Profile	Slope %	Limiting Factor "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Deane L. Bradburn

#159

2/8/21

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-6172

Town, City, Plantation
MACHIAS

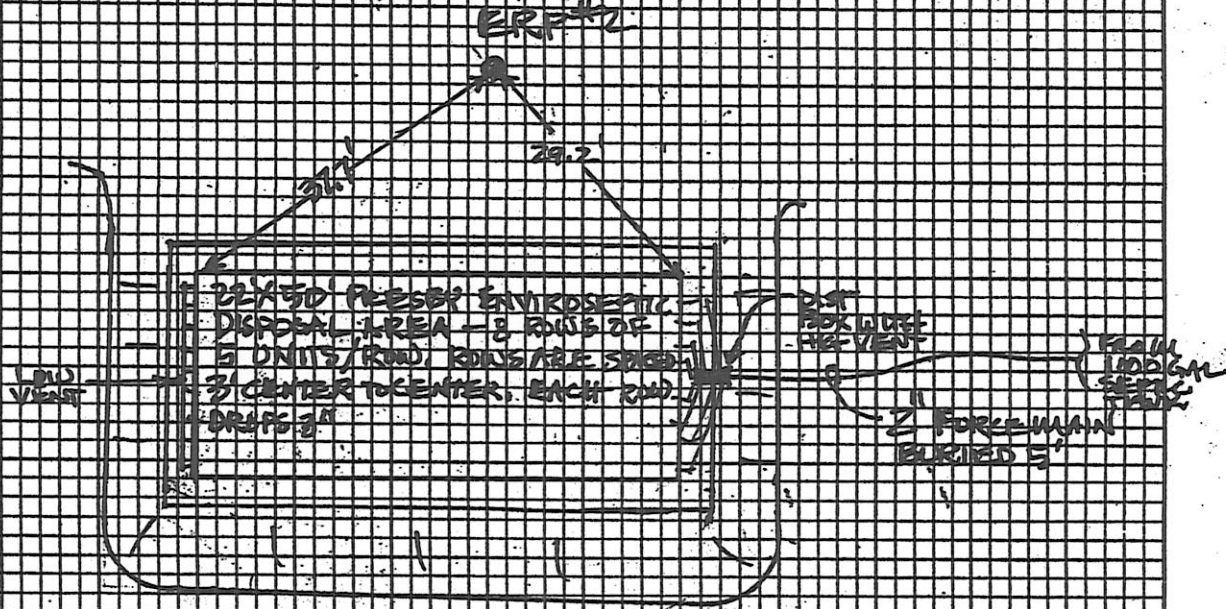
Street, Road, Subdivision
HOSPITAL DRIVE

Owner's Name
DOWNEAST COMMUNITY HOSPITAL

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

ORTHOPENCUS



FILL REQUIREMENTS

Depth of Fill (Upslope) **19"**
Depth of Fill (Downslope) **20"**

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

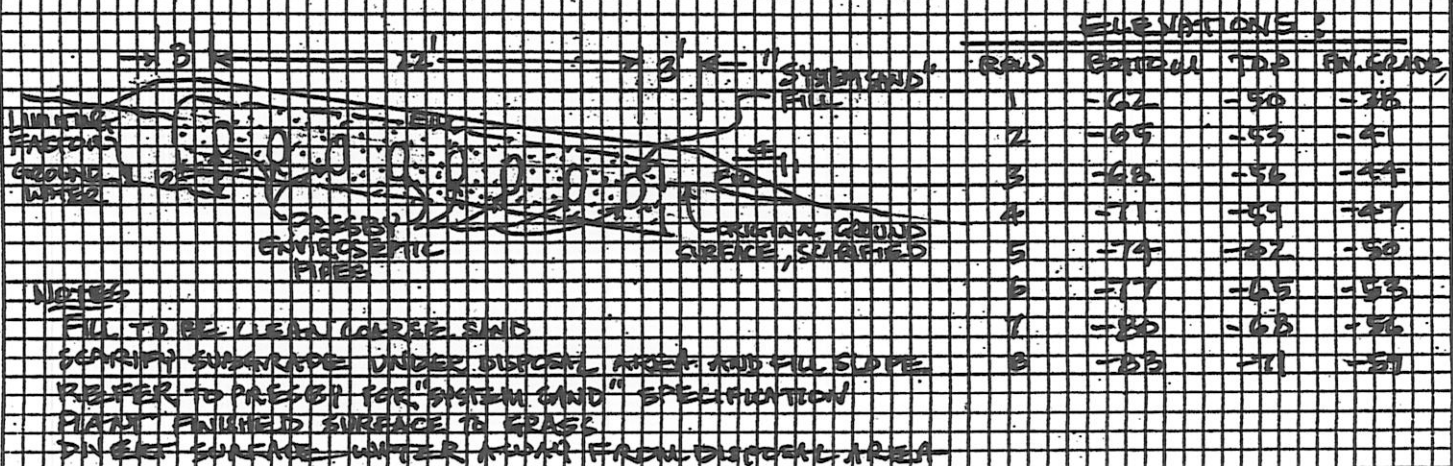
ELEVATION REFERENCE POINT

SEE BELOW Location & Description **FLAGGED NAIL ON 12" PINE, 2'-10" UP**
Reference Elevation **00**

DISPOSAL AREA CROSS SECTION

CROSS SECTION B

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



NOTES

- FILL TO BE CLEAN WASHED SAND
- VERIFY SURFACE UNDER DISPOSAL AREA AND FILL SLOPE
- REFER TO PRESSURIZED FOR "SYSTEM SAND" SPECIFICATION
- PIANT FINISHED SURFACE TO GRASS
- DIRECT SURFACE WATER AWAY FROM DISPOSAL AREA

Deane L. Bradshaw
Site Evaluator Signature

#159
SE

2/8/21
Date



LEGEND
 PARCEL NUMBERS 1
 ADJACENT MAPS 2
 MATCH LINE

For Assessment Purposes
 Not to be used for Conveyances

PROPERTY MAP
 TOWN OF MACHIAS
 WASHINGTON COUNTY, MAINE
 PREPARED BY
 JAMES W. SEWALL COMPANY OLD TOWN, MAINE
 SCALE 1 INCH = 100 FEET

1 inch
50 ft

ABUTTER:
FITZGERALD,
CHARLES



WOODED
AREA

←
ABUTTER:
DECH

Existing Proposed LEACH 180'+ TO PROPERTY LINE

Existing
LEACH FIELD

50'
32'
ORTHO

WELL

PARKING LOT

PEDS

MAINT.

WOODED
AREA

PARKING
LOT

→
ABUTTER:
TOWN OF
MACHIAS

WOMENS
CENTER

REHAB

HOSPITAL

Supporting Information

Orthopedics Building Permit

Answers to: 4.A and 4.B

- 4.A
1. Attached.
 2. No connection to town utilities, HHE-200 attached.
 3.
 - a. Property line: West 600', North 852', East 778', South 986'. Rough square footage of lot is 633191'.
 - b. Closest Property line is 180'+
 - c. Building Expansion dimensions 32' x 50 square footage 1600', Existing structure is 28' x 55' square footage 1540'
 - d. New Septic proposal is located on HHE 200 and roughly placed on sketch.
- 4.B
- a. Water is currently in use and available
 - b. Yes
 - c. Yes
 - d. Yes
 - e. Yes
 - f. Yes
 - g. N/A

Know all Men by these Presents,

That I, C. ALTON BAGLEY, of Machias, in the County of Washington and State of Maine

in consideration of ample compensation (in all less than \$100.00) paid by The DOWNEAST COMMUNITY HOSPITAL, a corporation existing by law and located at Machias, County of Washington and State of Maine the receipt whereof is do hereby acknowledge, do hereby remise, release, bargain, sell and convey and forever Quit-Claim unto the said DOWNEAST COMMUNITY HOSPITAL, its successors --heirs and assigns forever,

any right, title or interest, if any, in and to two lots or parcel of land situated in Machias, in the County of Washington and State of Maine, bounded and described as conveyed to the DOWN EAST COMMUNITY HOSPITAL by C. ALTON BAGLEY by deeds dated April 17, 1962 and May 4, 1962 and respectively recorded in the Washington County Registry of Deeds in Book 584, page 337 and Book 584 Page 371.

The purpose of this deed is to release the condition or reservation contained in each of the aforesaid deeds regarding the commencement of construction by the Grantee on the subject premises said condition having been fully satisfied and is hereby released and discharged.

Do Give and to Hold the ~~same~~ ^{above released premises,} together with all the privileges and appurtenances thereto ^{of} belonging to the said DOWN EAST COMMUNITY HOSPITAL, its successors

heirs and assigns forever.

---And-----do covenant with the said

---heirs and assigns, that

will warrant and forever defend the premises to

--the said

heirs and assigns forever, against the lawful claims and demands of all persons claiming by, through or under

In Witness Whereof. We the said C. ALTON BAGLEY

and CELIA L. BAGLEY, wife or Title by Descent in the above released of the said C. ALTON BAGLEY in token of her release of all right of Dower/ --joining in this Deed as Grantor and relinquishing and conveying-----right-----by descent and all-----other rights in the above described premises,

have hereunto set our hands and seals this 24th day of October in the year of our Lord one thousand nine hundred and sixty-three.

Signed, Sealed and Delivered in presence of

Richard H. Bagley

C. Alton Bagley (seal)
Celia L. Bagley (seal).

October 24, A.D. 1963

Then Personally appeared the

State of Maine
County of Washington ss.
above named C. ALTON BAGLEY

and acknowledged the above instrument to be his free act and deed.
N.P. (seal)
by impression

Before me, Richard H. Bagley, Notary Public
Commission expires Nov. 15, 1968

Justice of the Peace

Received Oct. 29, 1963

9, h. 10 m. A. M.