

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: 7/21/2020

Fee Paid \$ 45.00

Recipients Initials: SCP

Name of Applicant: Steven P Davis

(or Agent)
Address of Applicant: 38 Preston Lane

Machias, Me. 04654 Telephone: 207-263-4727

Address of Building(s):
Map 001 Lot 002

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

Dwelling, single family, mobile home site

Indicate what other structures are located on the same lot and the uses:

none

(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 2 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	<input checked="" type="checkbox"/>	Water Pollution	_____	Flood Hazard Development Permit	_____
Air Pollution	_____	Soil Erosion	_____	Maine DOT Entrance Permit	_____
Shoreland Zoning	_____	Surface Drainage	_____	Sewer Connection Permit	<input checked="" type="checkbox"/>
Sewage Pollution	<input checked="" type="checkbox"/>	Noise Level	_____	Natural Resources Protection Act Permit	_____
Other	_____				

19. Estimated cost of proposed building or structure(s): \$ 18,000 land improvements + \$45,000 mobile home

20. Name, address and telephone number of contractor or builder:
land work will be done by Ricky Harmon 207-460-4124

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.

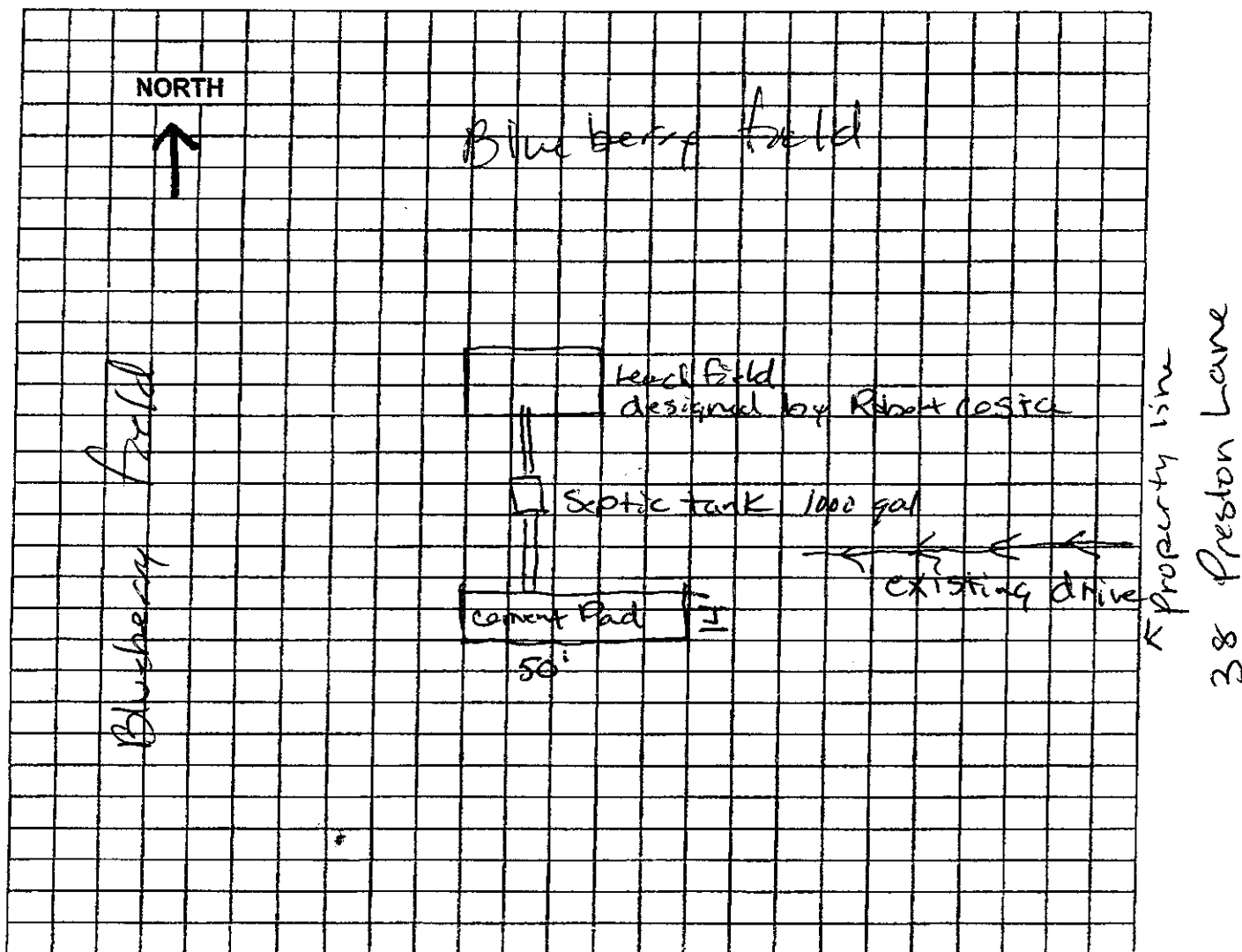
Signature of Applicant: [Signature] 07-21-2020

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: _____

Site Plan

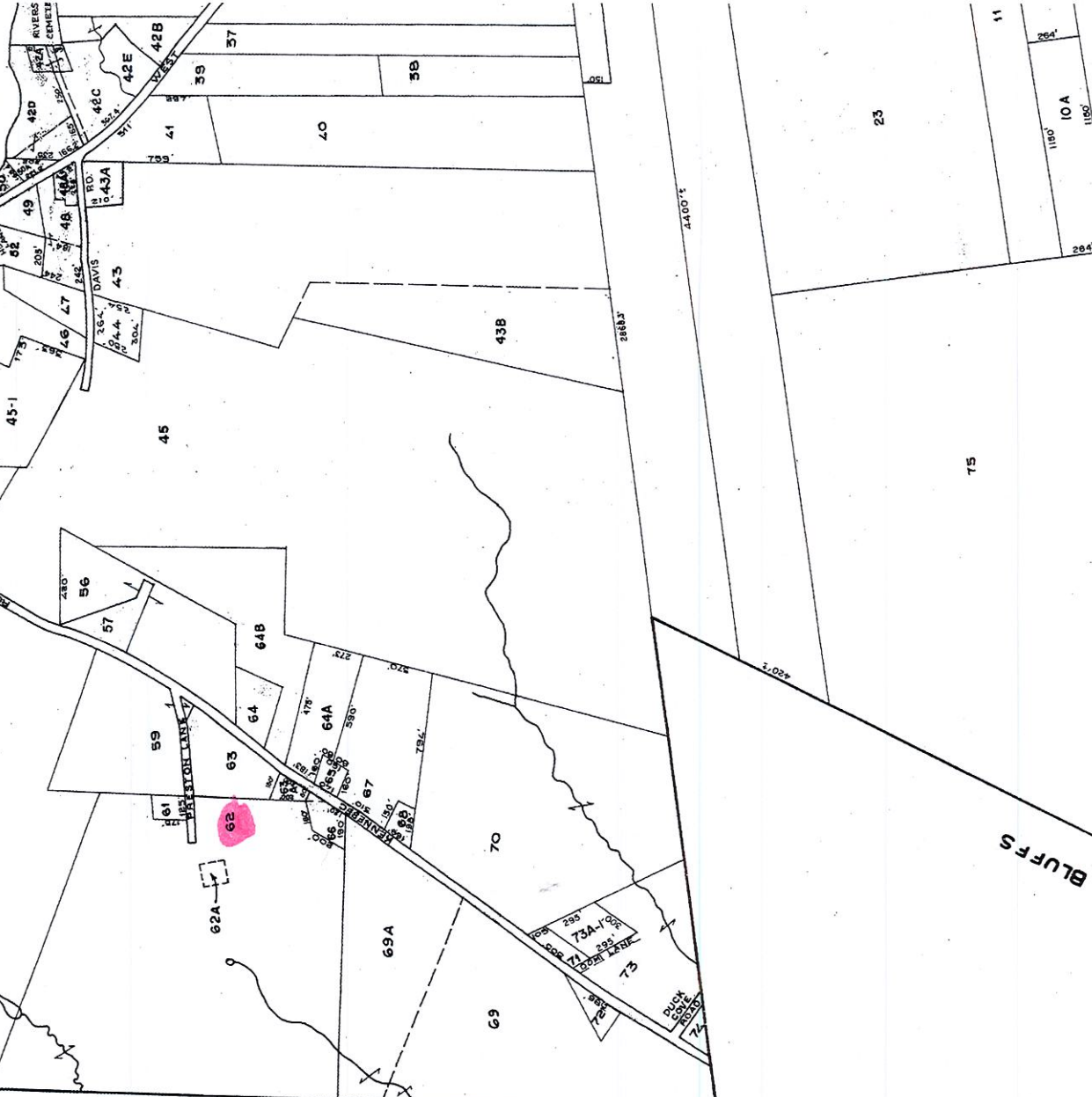
Please include: lot lines; area to be cleaned of trees and other vegetation, the exact position of proposed structures, including decks, porches, and out buildings with accurate setback distances from the shoreline, side and rear property lines; the location of proposed wells, septic systems, and driveways; and areas and amounts to be filled or graded. If the proposal is for the expansion of an existing structure, please distinguish between the existing structure and the proposed expansion.



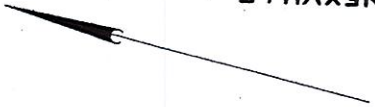
Scale: 1 = 10 ft Ft.

All Property owned by Stephanie & Steven Davis
Approx 70 acres Approximate cost of land improvements
\$ 18,000
Approx. cost of mobile home 45,000

NOTE: LOT 53 NOT LONG



WHITNEYVILLE



BLUFFS

JE

264'	1110'	10A	1190'
204'			

23

75

4400'

2888'

420'

438

70

69

69A

64A

62A

45

56

45-1

43

40

39

37

41

42C

42E

42B

43

43A

43B

43C

43D

43E

73

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74JS

2019 Real Estate Tax Bill

Town of Machias
 P O Box 418
 Machias ME 04654

R946
 DAVIS, STEPHANIE L
 38 PRESTON LANE
 MACHIAS ME 04654

Current Billing Information	
Land	42,400
Building	0
Assessment	42,400
Homestead Exempt	0
Other Exemption	0
Taxable	42,400
Rate Per \$1000	21.700
Original Bill	920.08
First Due 10/15/19	460.04
Second Due 3/16/20	460.04
Total Due	920.08

Acres: 55.00

Map/Lot 001-062

Book/Page B3839P229 04/27/2012

Location PRESTON LN

2.00% discount available. To obtain, pay 901.68 in full by 10/15/2019

Information

As a result of the money Machias receives from the State Legislature through the State Municipal Revenue Sharing Program, Homestead Exemption Reimbursement and State Aid to Education, your property tax bill has been reduced by 47%.
 Payment by credit or debit card will incur a 3% processing fee.
 Interest of 8% will be charged on any unpaid first installment starting 10/16/2019 and on any unpaid taxes after 3/16/2020.

The Town of Machias is on the web: www.machiasme.org
 There are details regarding individual property valuations on the website.

DOG OWNERS: Remember to license your dog no later than 12/31/2019.
 The Town of Machias has bonded indebtedness of \$1,514,160.00 as of 6/30/2019.

Current Billing Distribution			Remittance Instructions	
Education	56.90%	523.53	Please make checks or money orders payable to	
Municipal	34.80%	320.19	Town of Machias and mail to:	
County	8.10%	74.53	Town of Machias	
Tax Increment	0.20%	1.84	P O Box 418	
			Machias ME 04654	
			TOWN OFFICE PHONE: 207-255-6621	

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Machias	Town/City _____	Permit # _____
Street or Road	Preston Lane	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #		Local Plumbing Inspector Signature _____ L.P.I. # _____	
OWNER/APPLICANT INFORMATION		[Owner [Town [State	
Name (last, first, MI)	Davis Steven & Stephanie	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.	
Mailing Address of Owner/Applicant	38 Preston Lane Machias, Maine 04654		
Daytime Tel. #	(207) 263-4727		
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.	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) date approved _____	

PERMIT INFORMATION			
TYPE OF APPLICATION <input checked="" type="radio"/> 1. First Time System <input type="radio"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="radio"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="radio"/> 4. Experimental System <input type="radio"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="radio"/> 1. No Rule Variance <input type="radio"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="radio"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="radio"/> 4. Minimum Lot Size Variance <input type="radio"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="radio"/> 1. Complete Non-engineered System <input type="radio"/> 2. Primitive System (graywater & alt. toilet) <input type="radio"/> 3. Alternative Toilet, specify: _____ <input type="radio"/> 4. Non-engineered Treatment Tank (only) <input type="radio"/> 5. Holding Tank, _____ gallons <input type="radio"/> 6. Non-engineered Disposal Field (only) <input type="radio"/> 7. Separated Laundry System <input type="radio"/> 8. Complete Engineered System (2000 gpd or more) <input type="radio"/> 9. Engineered Treatment Tank (only) <input type="radio"/> 10. Engineered Disposal Field (only) <input type="radio"/> 11. Pre-treatment, specify: _____ <input type="radio"/> 12. Miscellaneous Components	TYPE OF WATER SUPPLY <input checked="" type="radio"/> 1. Drilled Well <input type="radio"/> 2. Dug Well <input type="radio"/> 3. Private <input type="radio"/> 4. Public <input type="radio"/> 5. Other Proposed
SIZE OF PROPERTY 70± SQ. FT. ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="radio"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="radio"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="radio"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="radio"/> 1. Concrete a. Regular b. Low Profile <input type="radio"/> 2. Plastic <input type="radio"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input type="radio"/> 1. Stone Bed <input type="radio"/> 2. Stone Trench <input checked="" type="radio"/> 3. Proprietary Device a. cluster array <input checked="" type="radio"/> c. Linear b. regular load <input type="radio"/> d. H-20 load <input type="radio"/> 4. Other: _____ SIZE: <u>150</u> sq. ft. <input type="radio"/> lin. ft.	GARBAGE DISPOSAL UNIT <input type="radio"/> 1. No <input checked="" type="radio"/> 2. Yes <input type="radio"/> 3. Maybe If Yes or Maybe, specify one below: <input type="radio"/> a. multi-compartment tank <input type="radio"/> b. _____ tanks in series <input type="radio"/> c. increase in tank capacity <input checked="" type="radio"/> d. Filter on Tank Outlet Required	DESIGN FLOW <u>180</u> gallons per day BASED ON: <input checked="" type="radio"/> 1. Table 4A (dwelling unit(s)) <input type="radio"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="radio"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>3 / C</u> at Observation Hole # <u>1</u> Depth <u>18</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="radio"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="radio"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="radio"/> 3. Large---4.1 sq. ft. / gpd <input type="radio"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="radio"/> 1. Not Required <input type="radio"/> 2. May Be Required <input type="radio"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>39</u> m <u>39</u> s Lon. <u>-067</u> d <u>28</u> m <u>23</u> s if g.p.s, state margin of error: _____ lphone

SITE EVALUATOR STATEMENT			
I certify that on <u>6/22/2020</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
_____ Site Evaluator Signature	280 SE #	<u>7/1/2020</u> Date	
Robert G. Costa	(207) 726-3914	costa@myfairpoint.net	
Site Evaluator Name Printed	Telephone Number	E-mail Address	

ACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 287-5672 Fax: (207) 287-3165

City, Plantation

Street, Road, Subdivision

Owner's Name

Lachias

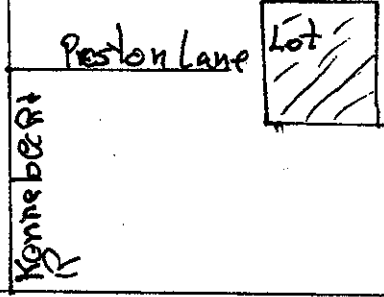
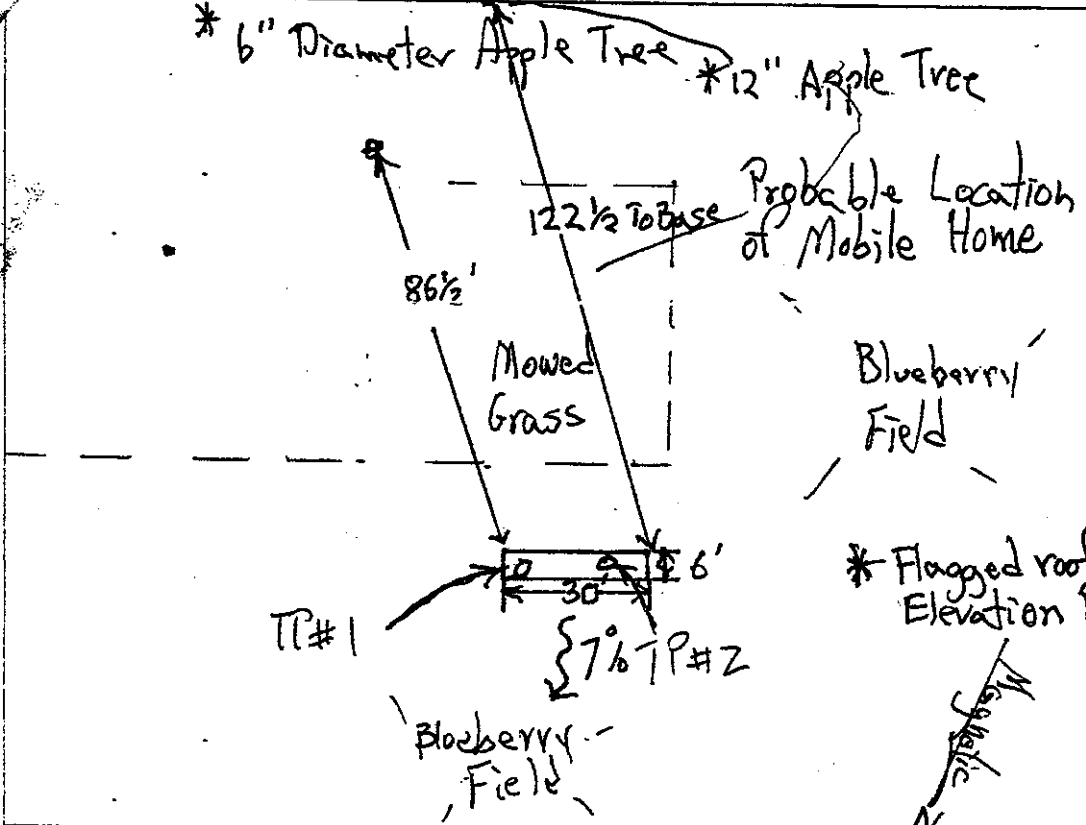
Preston Lane

Steven + Stephanie Davis

SITE PLAN

Scale 1" = 40 ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy	Friable	Brown	
0-10	Gravelly		Orange	
10-20	Loam		7.5YR 5/8	18"
20-30		Cemented	Light Yellow	
30-40			7.5YR 7/4	

Soil Classification <u>3 C</u> Profile Condition	Slope <u>7</u> %	Limiting Factor <u>18"</u>	<input type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole 2 Test Pit Boring
1" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy	Friable	Brown	
0-10	Gravelly		7.5YR 3/3	
10-20	Loam		Orange	
20-30			7.5YR 5/8	
30-40		Cemented	Light Yellow	
40-50			7.5YR 7/4	

Soil Classification <u>3 C</u> Profile Condition	Slope <u>7</u> %	Limiting Factor <u>20"</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	---------------------	-------------------------------	--

[Signature]
 Site Evaluator Signature

#280
 SE #

7/1/2020
 Date

FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 287-5672 Fax: (207) 287-3165

City, Plantation

Street, Road, Subdivision

Owner's Name

Machias

Preston Lane

Steven & Stephanie Davis

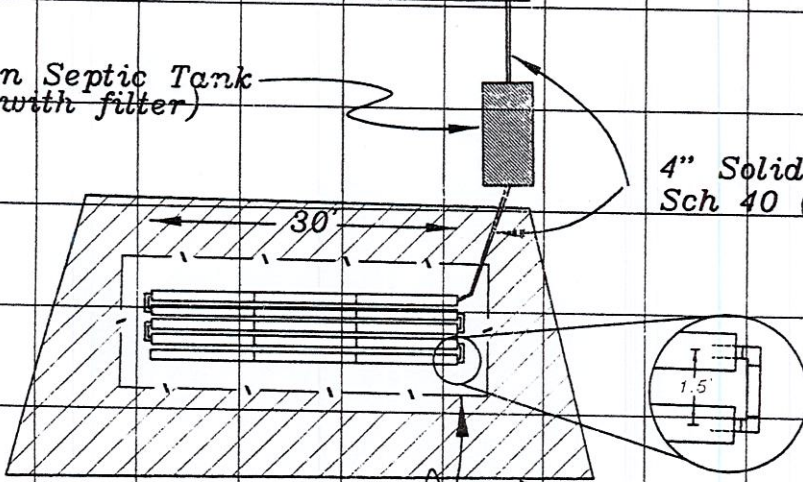
SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

Typical Dwelling

*1000 Gallon Septic Tank
 (fit tank with filter)*

*4" Solid PVC Pipe
 Sch 40 (ASTM D2665)*



Edge of Fill Extension

Edge of 3' Berm

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 16"
 Depth of Fill (Downslope) 21"

Finished Grade Elevation -51"
 Top of Pipe -61"
 Bottom of Pipe -73"

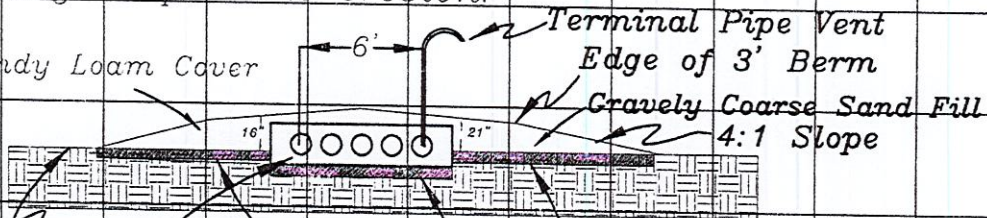
Location & Description: *Nail in 6" & 12" Diameter Apple Trees*
 Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Fill Extension 13' - 15'
Extend fill 3' beyond pipe and carry to original grade at 4:1 slope. Crown fill and cover with loam. Seed with herbaceous perennial grasses and cover with 2" hay to prevent erosion.

Scale
 Horizontal 1" = 10' ft.
 Vertical 1" = 10' ft.

4" Loamy Sand to Sandy Loam Cover



Original Grade

Create 6" Transition Zone by mixing Gravelly Coarse Sand with Original Soil under Sand and Fill Extension

*6" Sand under and over pipe
 12" Sand around Pipe
 Sand Must Meet PRESBY Specifications*

Use only PRESBY "Enviro-Septic" pipes spaced 1.5' ft. center to center
NOTE: Scarify area under entire leach field; including fill extension

Robert D. Carter

280

7/1/2020

Site Evaluator Signature

SE #

Date