

PLANNING BOARD APPLICATION FORM



INSTRUCTIONS

This application form must be filled out completely and accurately for any application to the Planning Board. Attach additional information, plans, studies, etc. as required.

PROJECT INFORMATION

Project Name: Brown Lot 7 Carriage Barn Lane
Project Description: Use existing road bed for driveway
to access new dwellings per building
permit and plans. Includes septic system
Street Address: 7 Carriage Barn Lane, York
Tax Map(s) & Lot(s): 51-37A

AUTHORIZED REPRESENTATIVE

Identify the one person who will be the primary contact for this project.

Name: Tim Decoteau
e-mail: tim.maine@adk.com Phone #: 207-850-0558

PROPERTY OWNER(S)

Identify the owner or owners of all property involved in this application. Attach additional sheets if necessary. The property owner is the applicant.

Name: Philip M. Brown
Mailing Address: 10700 NE Byron Dr., Bainbridge Island, WA 98110

By signing, I certify that the information provided is true and accurate, and that my authorized representative, if applicable, has my consent to represent this application.

Owner's Signature: Philip M. Brown Date: 7/13/16

In the event there is more than one owner, all must sign. Attach additional sheets if necessary.



TOWN OF YORK Shoreland / Building / Use Permit Application Form

186 York Street
York, ME 03909
207-363-1002

www.yorkmaine.org

REC'D BY: _____ DATE: _____

APPLICANT TO USE BLACK OR BLUE INK

1. PROPERTY OWNER NAME: Philip M. Brown
Phone: 207-332-3935 E-mail: bcftle@msn.com

• Provide evidence of right/title/interest.

2. APPLICANT NAME*: Tim DeGesteau
Phone: 207-850-0558 E-mail: Tim.maine@aol.com

• Check if property owner is the applicant.

If not owner of record, must have written authorization from owner.

3. APPLICANT ADDRESS 202 Libby Rd.
West Newfield ME 04095

4. MAP/LOT: 51-37A (includes 51-81)

5. Base Zone District: BUS-1

6. Value of Project: 100k

7. Project Address: 7 Carriage Barn Lane

8. Lot of Record, What Year: 2015

9. Identify Adjacent Lots Under Same Ownership: none

PROJECT INFORMATION

10. Select One: • Building Permit • Use Permit Combined Building and Use Permit

11. USES: List all existing and proposed uses for this property. Identify accessory uses, if applicable.

• Check if any non-residential use is involved. old roadbed

12. CONSTRUCTION/ACTIVITY. Describe proposed construction/activity to be permitted.

28x28' 1st Single Family Dwelling and septic system accessed using the existing roadbed

12.A. Will you be disturbing one or more acres of land? Y N
If yes, you will need to apply for either a Maine Construction General Permit, or Permit by Rule through Maine DEP Chapter 500 Stormwater Management, and a copy will need to be submitted to the Town with this application.

13.	Existing	Proposed	N/A	14. OVERLAY DISTRICTS (check all that apply)
Number of Stories	—	1		Elderly Congregate Housing Overlay District
Building/Structure Height	—	20±		Farm Enterprise Overlay District
Number of Bathrooms	—	1		Shoreland Overlay District <input checked="" type="checkbox"/>
Number of Bedrooms	—	1		Watershed Protection Overlay District
Septic System Limit of Bedrooms	—	4		Wetland Protection Overlay District <input checked="" type="checkbox"/>
Seasonal or Year-Round Use	—	YR		Workforce Affordable Housing Overlay District
Number of Parking Spaces	—	2		York Village Affordable Elderly Housing Overlay District
Number of Residential Units	—	1		York Village Center Overlay District
				York Village Hospital Overlay District
Area of Lot (s.f.) (FYI: 1 acre=43,560 s.f.)	<u>27.81 Ac.</u>			Historic District

1,211,403 sq ft

WATER/SEWER INFORMATION

15. TYPE OF WATER SUPPLY:

- PUBLIC **PRIVATE**
 Annual Seasonal Summertime Only

_____ WATER DISTRICT AUTHORIZED SIGNATURE

_____ DATE

16. TYPE OF SEWAGE DISPOSAL:

- PUBLIC **PRIVATE** [Provide a copy of the septic plan (HHE-200) if proposal would increase septic usage.]

_____ SEWER DISTRICT SUPERINTENDENT'S APPROVAL

_____ DATE

● PROPERTY INFORMATION ●

17.	LOT SIZE (SQ. FT. OR ACRES):	27.81 Ac	PERCENTAGE OF	LOT COVERAGE
			(IMPERVIOUS SURFACE RATIO)	
	Street Frontage:	4,000' Ft.	Present:	- % - Sq.Ft.
	Water Frontage:	1,000' Ft.	Proposed:	< 1% % 784,000 Sq.Ft.
			Zone:	20 % 242,280 Sq.Ft.
	Check if Non-Conforming		Check if Not Applicable	
	Required Setbacks:		Proposed Setbacks:	
	Front	30'	Front	100' +
	Side	20'	Side	100' +
	Rear	20'	Shorelands 100' + Rear	100' +

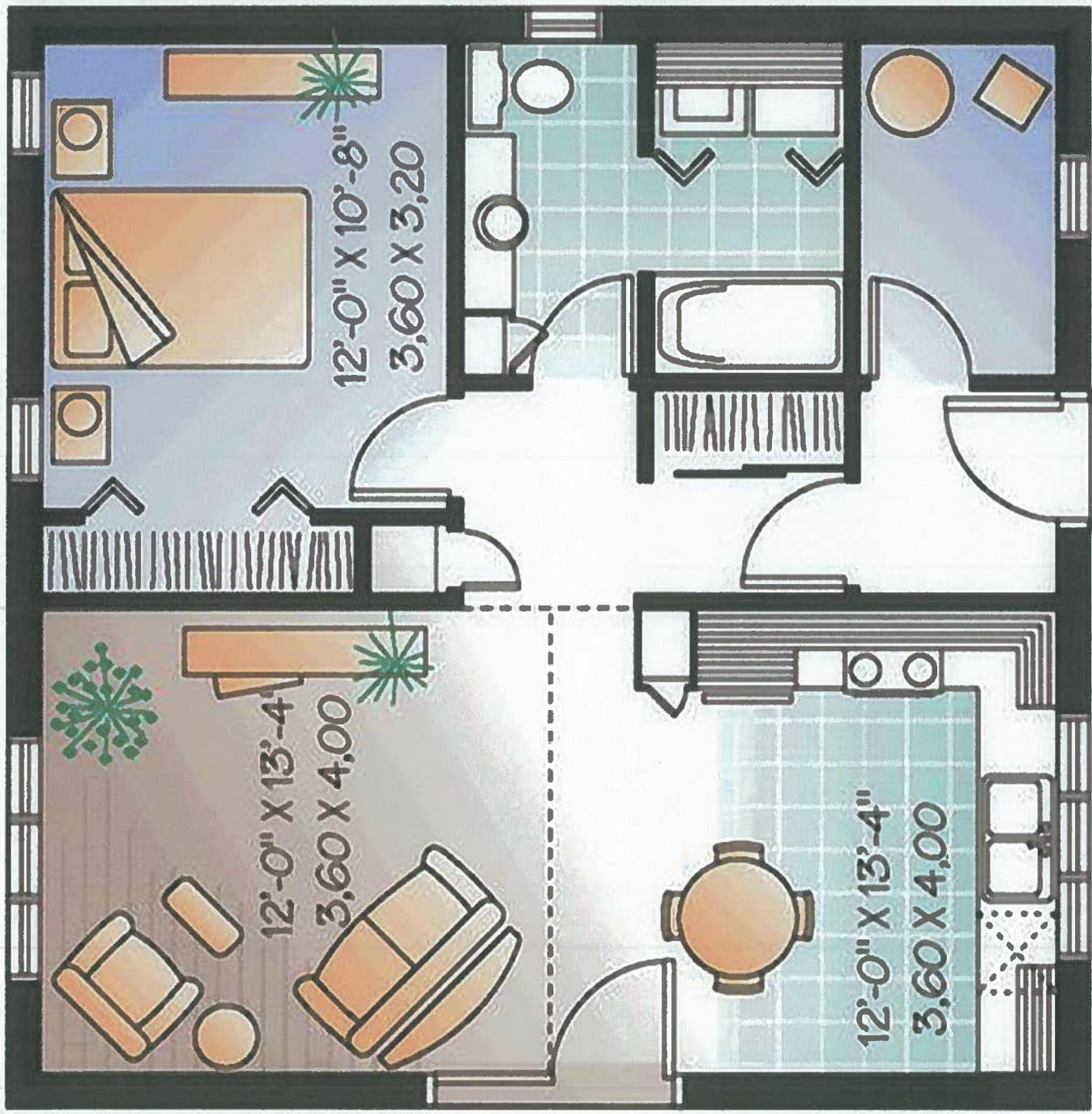
- BUILDING PERMITS DO NOT INCLUDE PLUMBING, SEPTIC OR COMMERCIAL ELECTRICAL WORK.
- HOMEOWNERS MAY DO THEIR OWN PLUMBING AND ELECTRICAL WORK ONLY IN THEIR PRIMARY YEAR-ROUND RESIDENCE. SUCH WORK IS SUBJECT TO PERMITTING AND INSPECTIONS.
- **BUILDING PERMITS EXPIRE IF INACTIVE FOR 180 DAYS OR MONTHS (i.e. no inspections).**
- ALL WORK MUST COMPLY WITH MAINE UNIFORM BUILDING and ENERGY CODE (MUBEC). MAINE HAS ADOPTED THE NATIONAL CODES AND STANDARDS. AMENDMENTS CAN BE FOUND BY GOING TO THE STATE'S WEBSITE: www.maine.gov/dps/bbcs
- ANY FALSE INFORMATION MAY INVALIDATE A BUILDING PERMIT AND STOP ALL WORK.
- SIGNING AUTHORIZES INSPECTIONS NECESSARY TO ISSUE PERMIT AND ENSURES COMPLIANCE WITH STATE BUILDING CODES AND ANY OTHER APPLICABLE REGULATIONS.
- IF THERE IS A PROPOSED EXPANSION YOU MUST SUBMIT A SCALED PLOT PLAN, WITH SIDE VIEW DRAWING AND ALL APPLICABLE STATE AND FEDERAL PERMITS.
- MUST SUBMIT STORMWATER MANAGEMENT PLAN W/APPLICATION (SEE POST CONSTRUCTION STORMWATER MANAGEMENT ORDINANCE).

18. Jim DeCoteau agent
PROPERTY OWNER, OR APPLICANT WITH OWNER'S WRITTEN PERMISSION

7/22/16
DATE

Brown
7 Carriage
Barn Lane

▲
28'-0"
8,4 m
▼



▲
28'-0"
▼

This design is based on information provided by the owner/applicant or his or her agent

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-6672 Fax (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, Plantation <u>York</u>	Town/City _____	Permit # _____	
Street or Road <u>7 Carriage Barn Ln</u>	Date Permit Issued <u> / /</u>	Fee: \$ _____	Double Fee Charged []
Division, Lot #	Local Plumbing Inspector Signature _____		L.P.I. # _____
OWNER/APPLICANT INFORMATION		<input type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Name (last, first, MI) <u>Brown Philip</u>	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.		
Billing Address of Owner/Applicant <u>c/o Cent. 21 Atlantic Realty</u> <u>US Route 1</u>	Municipal Tax Map # <u>51</u> Lot # <u>41A + 37A</u>		
Daytime Tel. # <u>York, Me 03909</u>	CAUTION: INSPECTION REQUIRED		
OWNER OR APPLICANT STATEMENT I declare and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department for 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 _____ (2nd) date approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION 1. First Time System 2. Replacement System Type replaced: _____ Year installed: _____ 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion 4. Experimental System 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input checked="" type="checkbox"/> 11. Pre-treatment, specify: <u>Busse Model 500</u> <input type="checkbox"/> 12. Miscellaneous Components
	SIZE OF PROPERTY <u>26</u> <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>wetland</u>	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 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 type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL <u>N/A with Busse</u>	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>concrete chamber</u> <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input checked="" type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>3 chamber</u> _____ sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>480</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
OIL DATA & DESIGN CLASS PROFILE CONDITION <u>21A</u> Observation Hole # <u>1</u> Depth <u>20"</u> Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>0</u> m <u>15</u> s Lon. <u>70</u> d <u>30</u> m <u>13</u> s if g.p.s, state margin of error: <u>± 20 FT.</u>

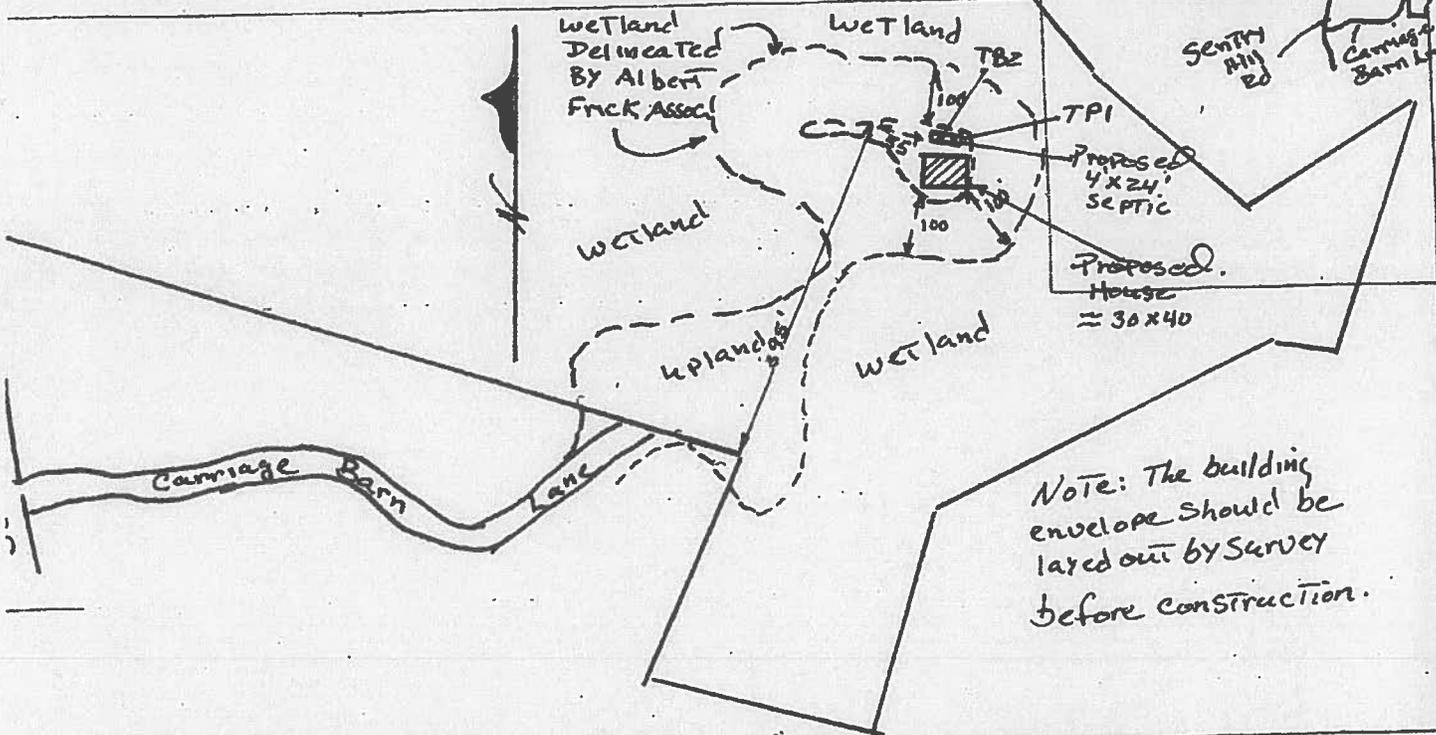
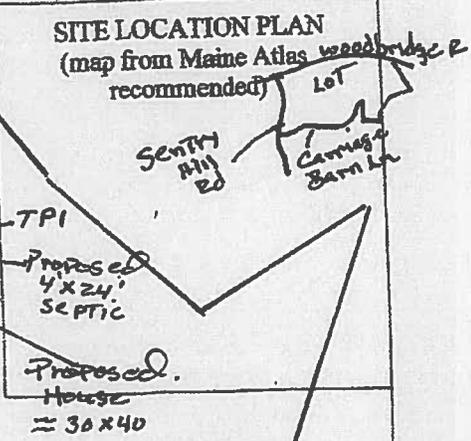
SITE EVALUATOR STATEMENT		
certify that on <u>5-7-15</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Site Evaluator Signature <u>Kenneth Gardner</u>	SE # <u>73</u>	Date <u>5-11-15</u>
Site Evaluator Name Printed <u>Kenneth Gardner</u>	Telephone Number <u>207-637-2260</u>	E-mail Address <u>Kengardner77@yahoo.com</u>
- Install system Per State of Maine Wastewater Disposal Rules Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. This design is subject to any other State or Local Ordinances HHE-200 Rev. 08/2011		

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Environmental Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation: York Street, Road, Subdivision: Carriage Barn Lane Owner's Name: Philip Brown

SITE PLAN Scale 1" = 200' ft. or as shown



Note: The building envelope should be laid out by survey before construction.

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

Observation Hole 1+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
0-10	fine sandy loam	frable	Dark Brown 10YR2.5/4 Yell. Brown 10YR2.5/6	
10-20				None
20-50	Bedrock			

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

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>2 A/C</u>	<u>5</u> %	<u>20</u> "	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input checked="" type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Kenneth B. Gardner 73 5-12-15
 SF # Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

York

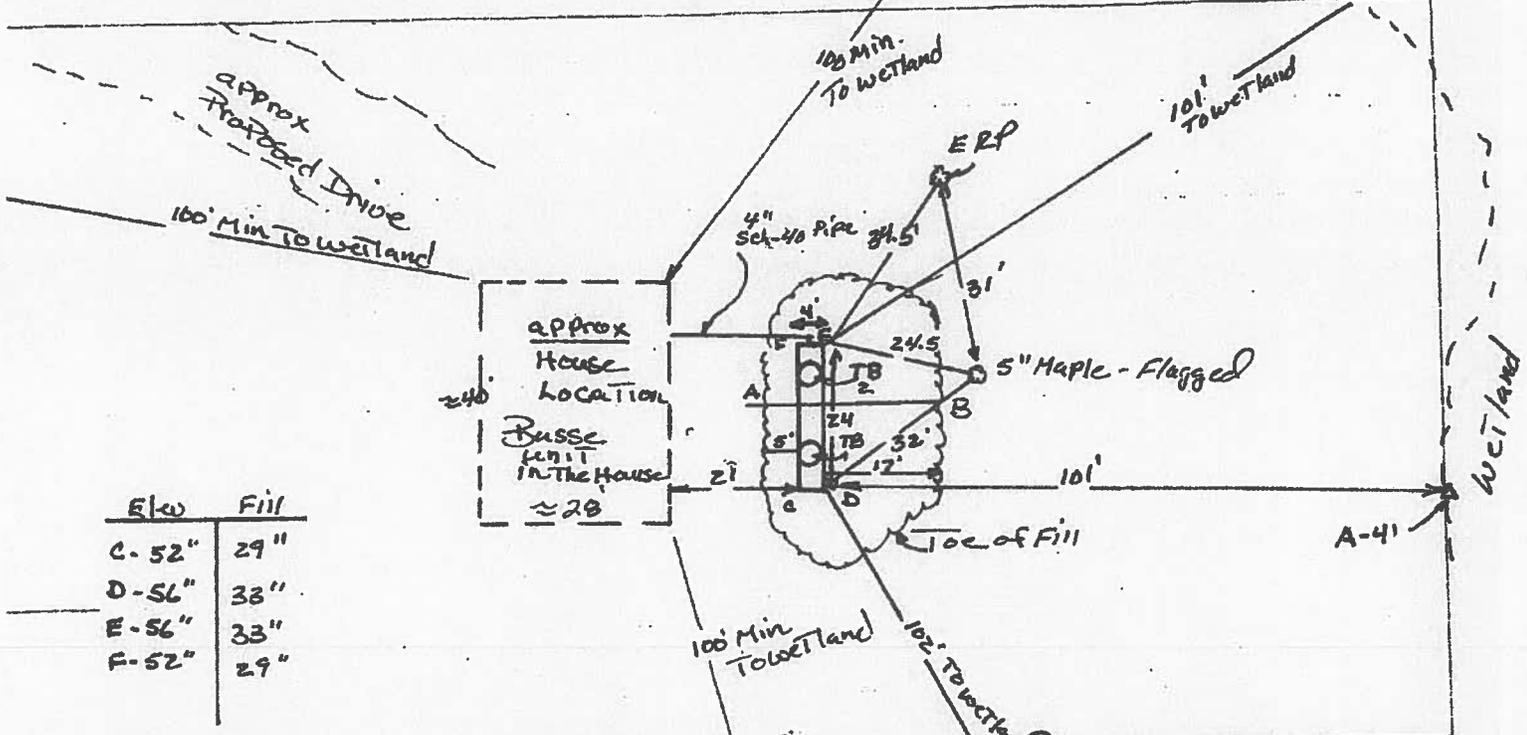
7 Carriage Barn Ln.

Philip Brown

SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" = 30' FT



Elev	Fill
C-52"	29"
D-56"	33"
E-56"	33"
F-52"	29"

FILL REQUIREMENTS

Depth of Fill (Upslope)	29"
Depth of Fill (Downslope)	33"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-23
Top of Distribution Pipe or Proprietary Device	-29
Bottom of Disposal Area	-48

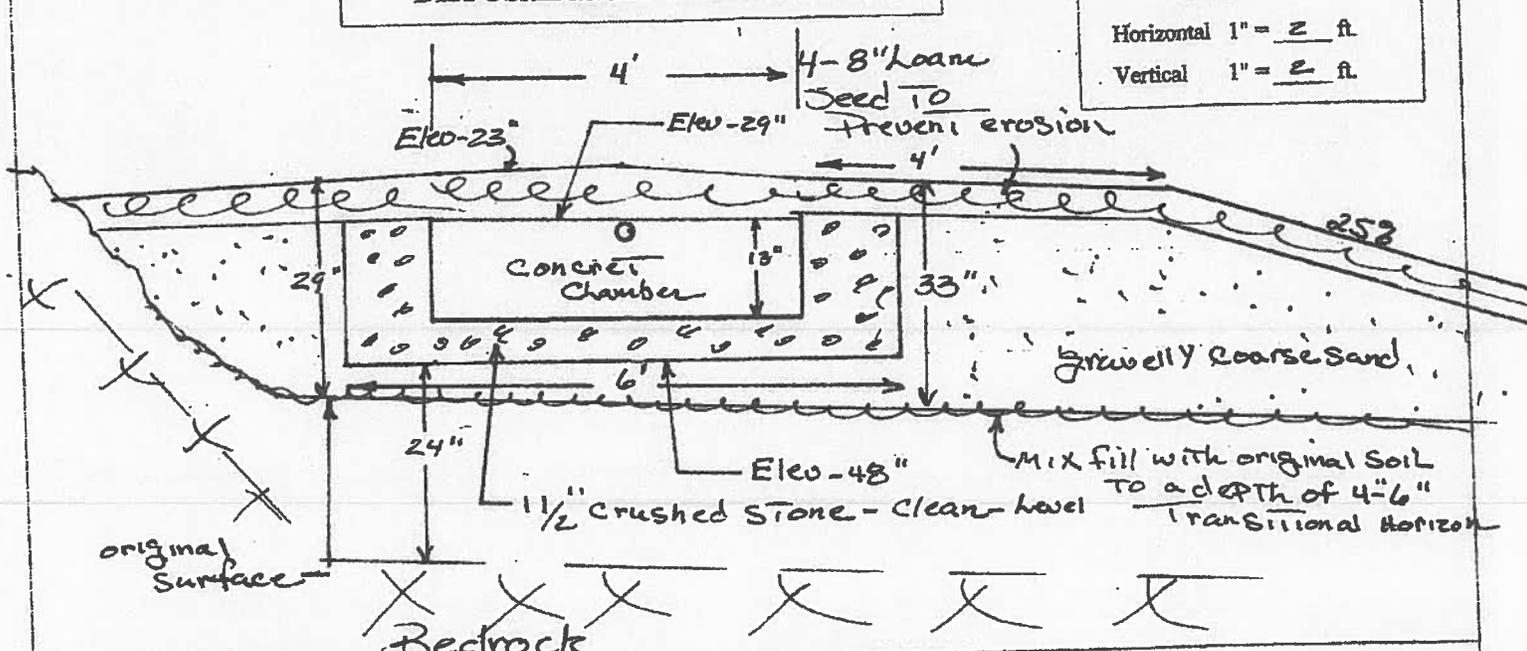
ELEVATION REFERENCE POINT

Location & Description: 12" Ash Tree with a nail 70" above the ground
 Reference Elevation: at Elw 0"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 2 ft
 Vertical 1" = 2 ft



Kenneth D. Gardin

23

5-12-15

City Evaluator Signature

SE #

Date

Brown
7 Carnage
Barn Lane

