

Alan Keefe
Keefe's Marine
PO Box 1373
Naples, ME 04055
207-693-3075

Planning Board
Town of Naples, ME
15 Village Green Ln
Naples, ME 04055

June 12, 2019

Property reference: Tax Map U36/Lot 0010

Dear Members of the Planning Board,

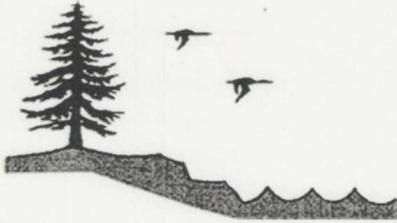
I am writing this letter of intent to construct a 50x60x16 Morton Building on 3 October Rd. The building will be used for marine repair and service.

Thank you in advance for your consideration of my application. Please let me know if you need any other information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alan Keefe', with a stylized flourish at the end.

Alan Keefe



TOWN OF NAPLES PLANNING BOARD APPLICATION

P.O. Box 1757, Naples, Maine 04055
Phone: (207) 693-6364 / Fax: (207) 693-3667
www.townofnaples.org

Major Site Plan Review Application

Date: 6-12-19

Owner/Applicant Name: Alan Keefe

Mailing Address: PO Box 1373 Naples ME 04055

Telephone: 207-939-9140 Email: KEEFESMARINE@YAHOO.COM

Property Owner: Alan Keefe

Property Location: 3 October Rd. Map & Lot: U-36 Lot 0010

Any easements, covenants, or deed restrictions related to the property? Yes

Zoning District: commercial Waivers requested: _____

A list must be submitted for waivers

Name, address, & phone # of applicants engineer, land surveyor or planner: _____

The undersigned, being the applicant, owner or legally authorized representatives, states that all information contained in this application is true and correct to the best of his/her knowledge and hereby does submit the information for review by the Town and in accordance with applicable ordinances, statues, and regulation of the Town, State and Federal governments.

Date: 6-12-19 Signature: [Signature]

Fee Schedule:

- Advertising: \$50.00
- Fee per abutter: \$7.00
- Under 1,000 sq. ft. gross floor area: \$300.00
- 1,000 – 10,000 sq. ft. gross floor area: \$400.00~~X~~
- Over 10,000 sq. ft. gross floor area: \$400.00
- **Plus \$25.00 for each 1,000 sq. ft. over 10,000
- Development without building: \$400.00
- Modification of approved plan: \$100.00
- Commercial Initial permit: \$100.00
- Commercial Annual Renewal: \$50.00
- Aquatic Structure (non commercial): \$50.00
- Review Escrow: TBD
- Applicants Total: \$ _____

Please include **9 copies** of all supporting documents, including a letter of intent, when submitting your application to the Town Secretary. Completed applications should be received 21 days before the meeting date.

Change Order Scope of Work

Additional Scope Information:

306 60'x16'x50' (#1)

MOVE OVERHEAD DOORS, WALK DOORS, AND WINDOWS PER OWNERS REQUEST

306 60'x16'x50' (#1)**Walk Doors**

Removed "A" - 3' x 6'8" 9 Lite Tempered Glass in Leaf with Embossed Crossbuck Fibersteel Walk Door(s) out-swing right hinge with interconnected lever lockset/deadbolt, closer from 7' 6" on the South wall

Removed "B" - 3' x 6'8" 9 Lite Tempered Glass in Leaf with Embossed Crossbuck Fibersteel Walk Door(s) out-swing left hinge with interconnected lever lockset/deadbolt, closer from 3' 6" on the West wall

Added "G" - 3' x 6'8" 9 Lite Tempered Glass in Leaf with Embossed Crossbuck Fibersteel Walk Door(s) out-swing left hinge with interconnected lever lockset/deadbolt, closer from 54' 6" on the West wall

Added "G" - 3' x 6'8" 9 Lite Tempered Glass in Leaf with Embossed Crossbuck Fibersteel Walk Door(s) out-swing left hinge with interconnected lever lockset/deadbolt, closer from 42' 6" on the North wall

Windows

Removed "C" - 3'4"x4'0" MB Single Hung Window(s) with low E glass with argon, grids between the glass from 10' on the West wall

Removed "C" - 3'4"x4'0" MB Single Hung Window(s) with low E glass with argon, grids between the glass from 42' 6" on the North wall

Added "C" - 3'4"x4'0" MB Single Hung Window(s) with low E glass with argon, grids between the glass from 49' on the East wall

Added "C" - 3'4"x4'0" MB Single Hung Window(s) with low E glass with argon, grids between the glass from 20' on the East wall

Moved "C" (3'4"x4'0" MB Single Hung Window(s) with low E glass with argon, grids between the glass) from 42' 6" on the South wall to "C" 7' 6" on the South wall

Overhead Doors

Moved "D" (14'0" x 14'0" Overhead Door Opening, 14' 2" X 14' 1" Panel, 2' Headroom
See Subcontract Section for Detailed Door Information) from 49' on the West wall to "D" 29' on the West wall

Moved "D" (14'0" x 14'0" Overhead Door Opening, 14' 2" X 14' 1" Panel, 2' Headroom
See Subcontract Section for Detailed Door Information) from 31' on the West wall to "D" 11' on the West wall

Eyebrows

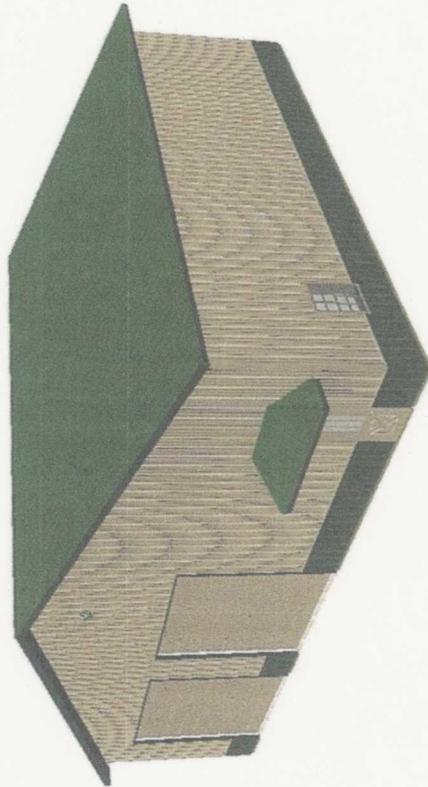
Removed

"E" - 12 lineal feet of coverage, 3' wide Eyebrow, 6" fascia with 10/12 roof pitch, 8' grade to soffit
Start eyebrow on West wall 1 feet from left edge of building for 12 feet
Start of eyebrow Hipped End and end of eyebrow Hipped End
Roof of eyebrow to be Fluoroflex™ 1000 Hi-Rib Steel
without Gutter

Added 11 lineal feet of coverage, 3' wide Eyebrow, 6" fascia with 10/12 roof pitch, 8' grade to soffit
Start eyebrow on West wall 48 feet from left edge of building for 11 feet
Start of eyebrow Hipped End and end of eyebrow Hipped End
Roof of eyebrow to be Fluoroflex™ 1000 Hi-Rib Steel
without Gutter

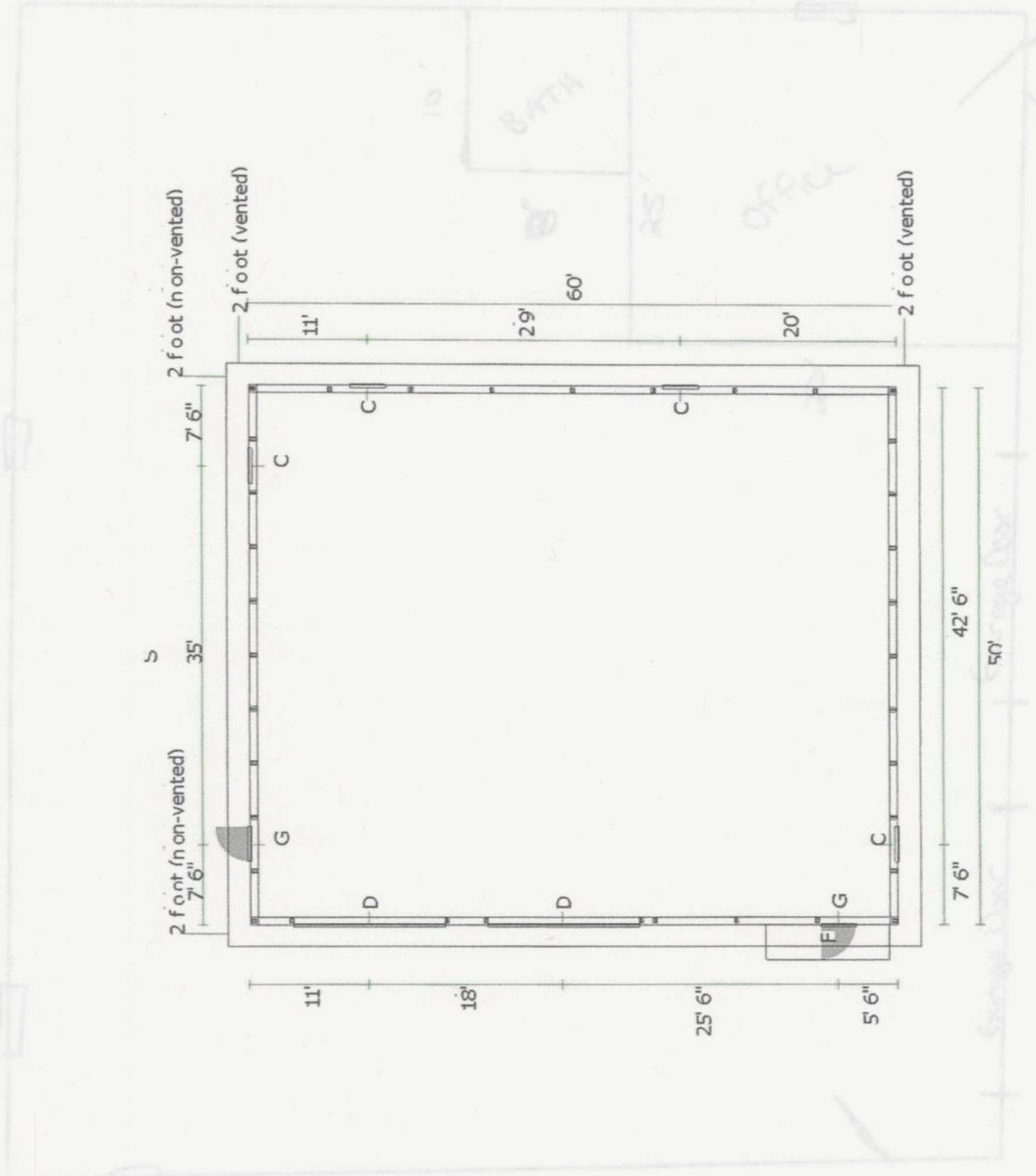


Perspective From The Southwest



ALL

306 60'x16'x50' (#1) Column Plan



ALL



October Rd

R130R

Supplies
Bed

Shop

Office

Bath

Working
Dock

Truck

Paved

Grass

Entrance

Entrance

Well
point

60ft

Stone Wall

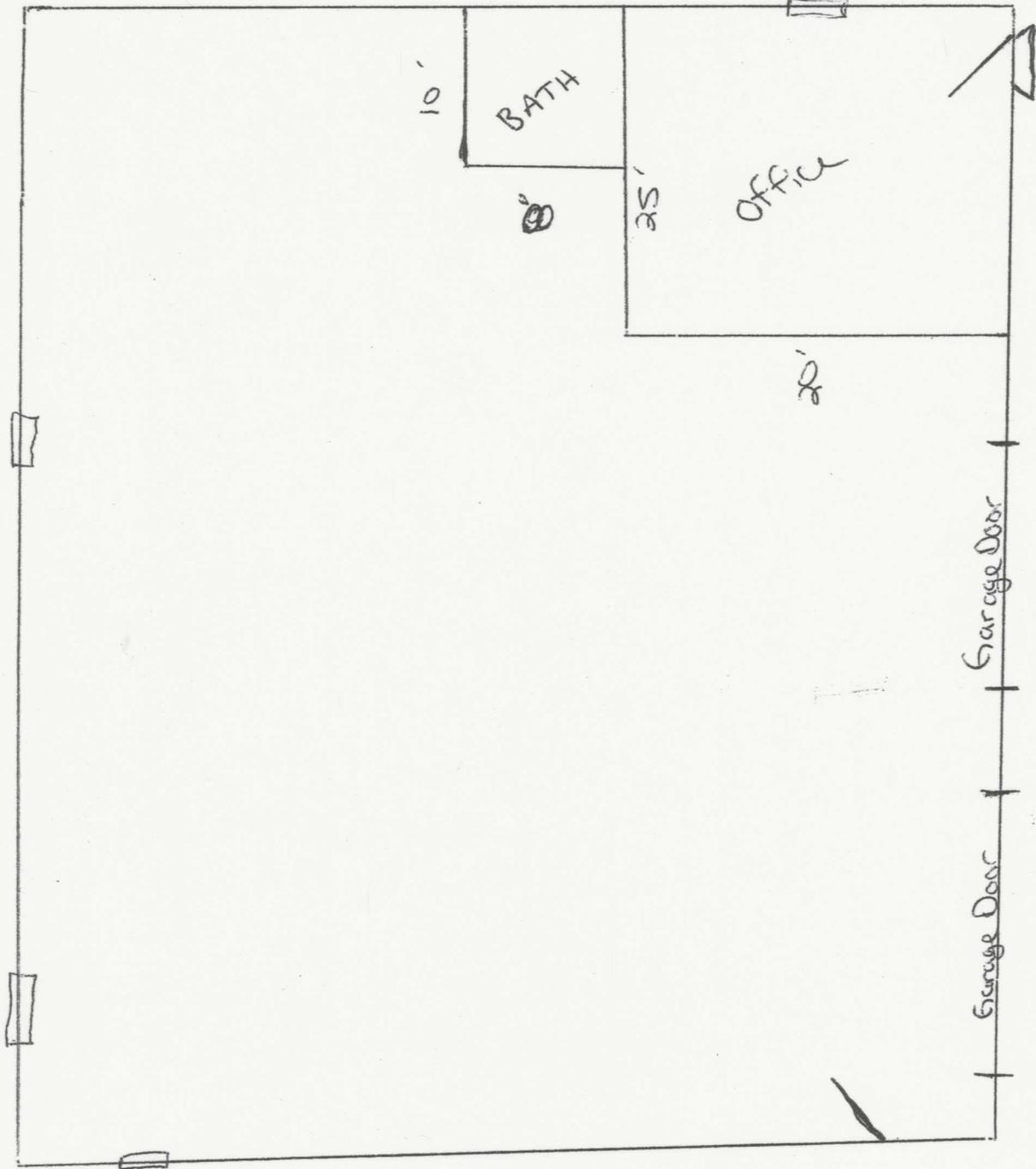
10' 1/2"

10' 1/2"

10' 1/2"

60'

50'



10'

BATH



35'

Office

20'

Garage Door

Garage Door

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)269-3826

PROPERTY ADDRESS

Town or Plantation: NAPLES

Street Subdivision Lot #: RTE 302

PROPERTY OWNERS NAME

Last: JENNETT First: RICHARD

Applicant Name:

Mailing Address of Owner/Applicant (if Different):

PERMIT INFORMATION

NAPLES 1095 PERMIT # 174 BTR # 83 COPY

[Signature]

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that my fabrication is reason for the Local Plumbing Inspector to deny a permit.

[Signature] 5/2/89

Signature of Owner/Applicant Date

Caution: Inspection Required

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

[Signature] _____

Local Plumbing Inspector Signature Date Approved

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"/> Requiring 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)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P/I</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS: <u>N/A</u></p> <p>1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH</p> <p>3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input 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 checked="" type="checkbox"/> OTHER <u>Tent Site</u></p> <p>SPECIFY _____</p>
<p>SIZE OF PROPERTY _____ ZONING _____</p> <p><u>1 AC ±</u></p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Drilled Well - Proposed</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, BATHING, EMPLOYED, WATER RECORDS, ETC.)</p> <p><u>3 EMPLOYEES</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>4</u> CONDITION: <u>C</u></p> <p>DEPTH TO BEDROCK: <u>17</u></p>	<p>SOIL RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input 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 checked="" type="checkbox"/> BED <u>400</u> SQ. FT.</p> <p>2. <input type="checkbox"/> CHAMBER _____ SQ. FT.</p> <p><input type="checkbox"/> MODULAR <input type="checkbox"/> MOD</p> <p>3. <input type="checkbox"/> TRENCH _____ LINEAR FT.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>120</u> (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On 5/2/89 (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] 95 5/2/89

Site Evaluator Signature SEF Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Substation

Owner Name

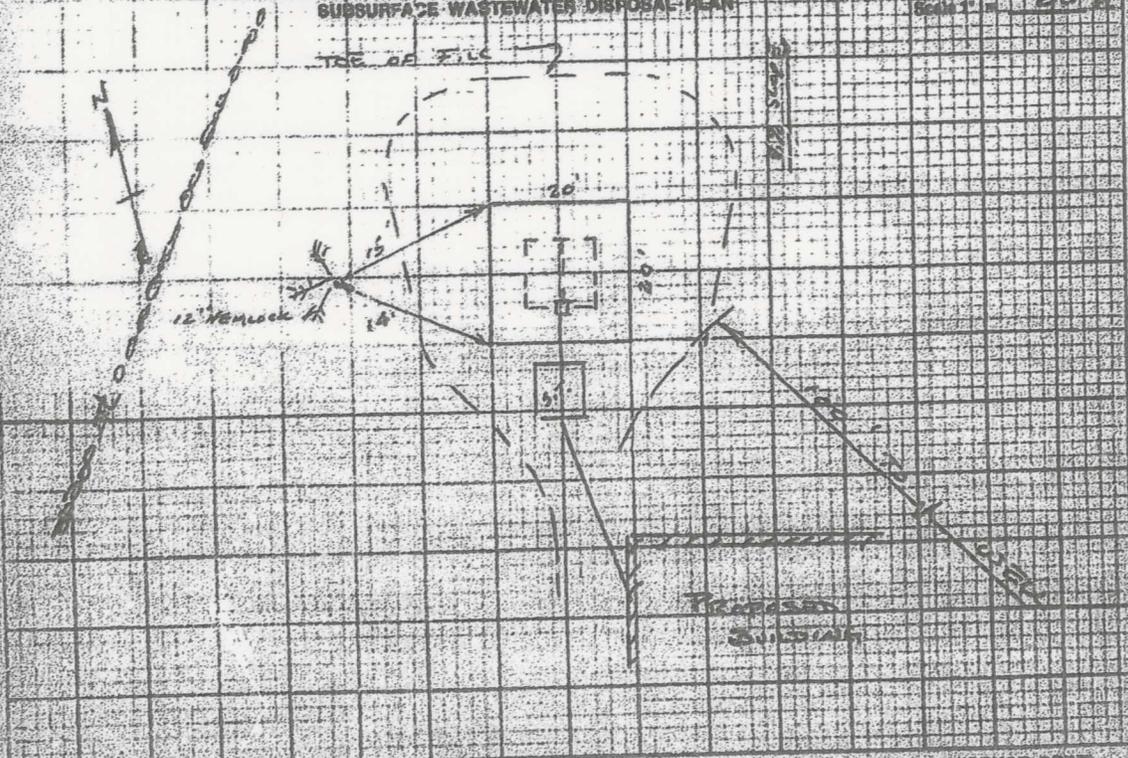
NAPLES

Rte 301

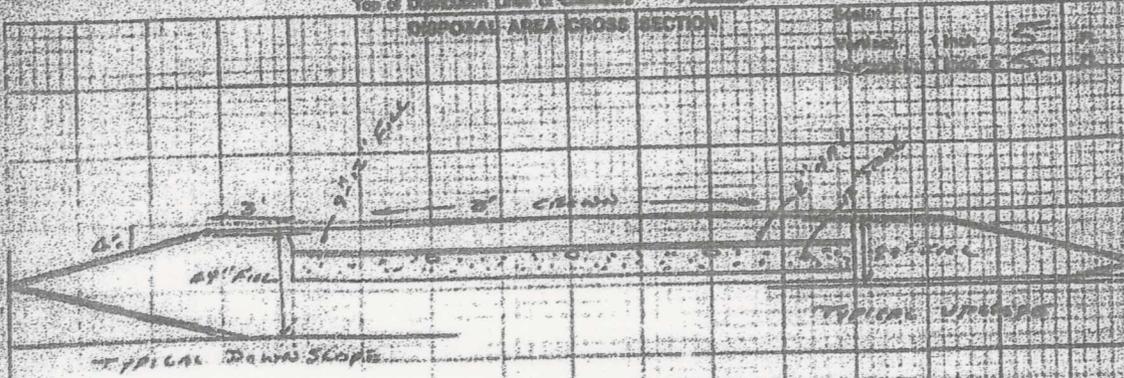
JENNETT, RICHARD

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20'



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of FR (UpSlope)	29'	Reference Elevation II	102.10		
Depth of FR (DownSlope)	49'	Bottom of Disposal Area	122.50		
		Top of Distribution Lines or Chambers	100.50		
					100.50" Nail in 12" Hemlock



NOTE: SEE LINDER B.D. & S.D.


 RICHARD JENNETT

 95
 89

 9 NOV 89
 Date

 Form 605 Rev. 11/88