

TOWN OF EAST HAMPTON
BUILDING PERMIT APPLICATION

Est. Value \$ 35,000

Date: 3/5/10

The undersigned hereby applies for permission to construct (x) reconstruct () alter ()
repair ()

Applicant's name St Clements LLC Daytime Phone _____
Mailing Address _____
Location: Lot# 4 House# _____ Street _____
Non-conforming lot: Yes (x) No () Combined with another lot? Yes () No (x)
Property owner name St Clements Munnion LLC Trustee yes () no ()
Mailing address _____ Daytime Phone _____
General Contractor RAND Const.
Mailing address 244 Mungletown Ave. Daytime Phone 267-6623
License # _____

BUILDING REQUIREMENTS

Dimensions of main building: Front 100 ft. Side 40 ft. Total sq. ft. 4,000
Dimensions of accessory building: Front _____ ft. Side _____ ft. Total sq. ft. _____
Height: Main bldg. 16 ft. Accessory bldg. _____ ft.
Number of stories: Main bldg. 1 Accessory bldg. _____ Total bedrooms _____
Type of construction: Main bldg. metal prefab. Accessory _____
Footing material concrete Width 16 inches Depth 9 inches
Below grade 42 inches (other) _____
Pounds per square foot floor will carry: (1st) _____ (2nd) _____
Girder size _____ Longest span _____
Floor joists: 1st _____ 2nd _____ 3rd _____ On center _____ Ceiling joists _____ O/C _____
Size of rafters _____ Longest span _____ On center _____
Covering of roof _____ Outside walls _____
Insulation: Roof/ceiling _____ Walls _____ Floor _____ Basement _____
No. of staircases _____ width _____ riser _____ tread _____
Building heated by _____ Number of chimneys _____
Size of file _____ Kind of lining _____

Other: (Give narrative description of work on reverse)

I hereby certify the above statement to be true and accurate to the best of my ability.

[Signature]
(Signature of Owner/Date)

[Signature]
(Signature of Applicant/Date)

The granting of a permit for the proposed work shall not be assumed or construed to allow performance contrary to the laws and regulations of the State of Connecticut and the Town of East Hampton. The applicant shall be responsible for compliance to and knowledge of all applicable codes, standards, and requirements. Any false statement will render this application and permits obtained hereby null and void.

Approval date 3-9-10

[Signature]
Building Official

Approval date _____

[Signature]
Collector of Revenue
CHATHAM PERMIT DISTRICT

Comments: _____

Fee: \$ 450 Building Permit
\$ 56 Zoning Permit
\$ 60 Engineered Septic Review / B100a Review
Total \$ 560 Pymt Rec'd: Cash () Check No. 18156 Permit # _____

Rcvd 3/9/10 18155 - Chatham
[Signature]

Replacement of existing permitted structure
existing. TOTAL SF

Lg Bulong #1	4823 SF
Bulong #2	796 SF
Bulong #3	1825 SF
Bulong #4	170 SF
Bulong #5	360 SF

7974 SF existing.

Proposed

Bulong #1	40 x 100	\$ 4,000
" #2	40 x 80	\$ 3,200

New Proposed

9 x 40

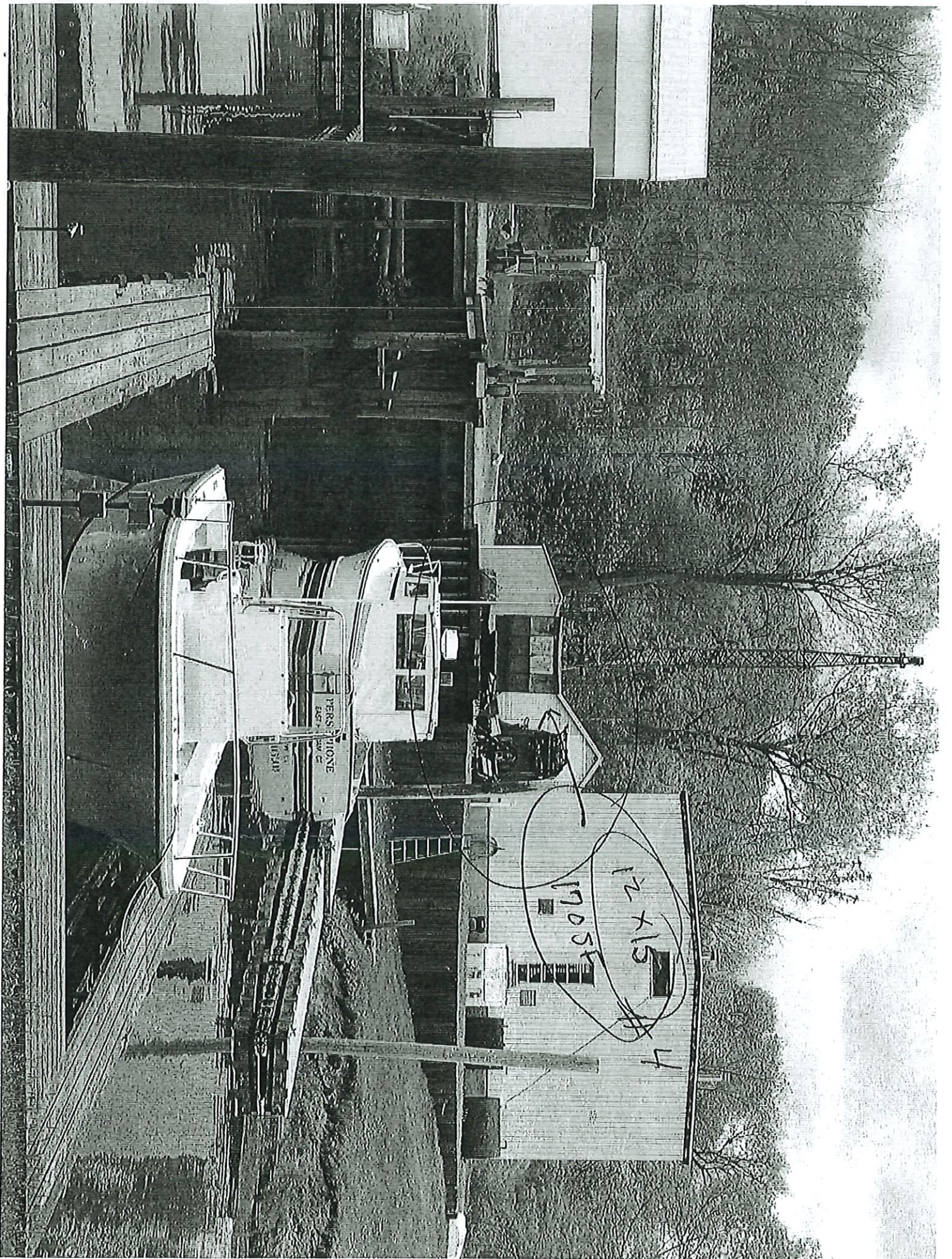
360

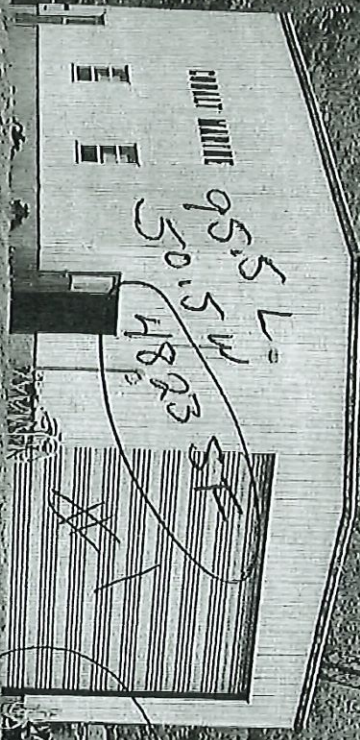
15 x 20

300

Proposed. 7860 SF







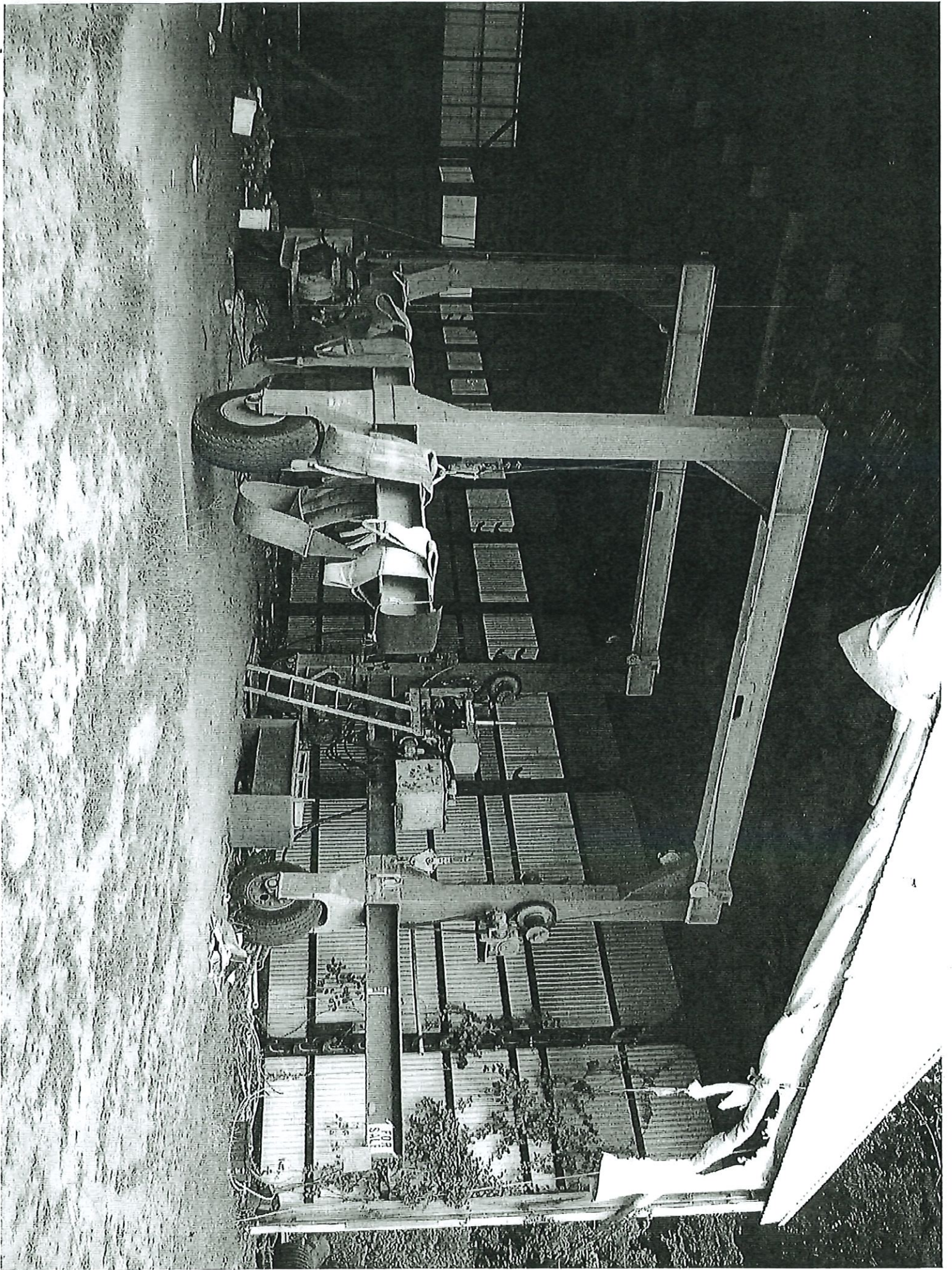
95.5' x 50.5' W
50.5' x 48.0'

37 SF



15 x 24 #5
360 SF

#3 5 x 50
36.5 x 50
1825 SF







24.5 x 32.5
796 SF
#2



Permit # _____

APPLICATION FOR ZONING PERMIT

OWNER

\$ 60

Name St Clements LLC

Address _____

Telephone 860 267-6623 RC Inc.

Trustee Yes No

[Signature]
(Signature)

DEVELOPER/BUILDER

Randy Court Inc

[Signature]

(Signature)

Street location of parcel _____

Map 2 Block 9A Lot 4

Deed: _____

(Volume) (Page)

Zone R-2 Acreage .5 Applicable Zoning Regulation _____

Nature of construction Modular prefab.

Zoning Requirements:

Front 50

Proposed 50

Rear 50

Proposed 50

Side 25

Proposed Same as existing Building
3.5' From Edge of Rd.

Side 25

Proposed 25

Lot coverage < 20% %

Proposed 5% %

Non-conforming lot? Yes No Was it ever combined with another lot? Yes No

Fee: \$ _____ Paid () Date _____

Conditions: _____

A-2 Survey Prepared by: Town of E. Haven Date _____

Variance (s) granted: N/A

Approved: _____ Effective Date _____

(Director of Health/Date)

[Signature] 3-9-10
(Zoning Enforcement Officer/Date)

B100 compliant

Any false statement or any building permits gained by such statement will render permits NULL & VOID

Chatham Engineering, Inc.
244 MIDDLETOWN AVE.
EAST HAMPTON, CONNECTICUT 06424
PHONE (860) 267-6623
FAX (860) 267-8891

March 9, 2010

Donald Mitchell, MPH, RS, CHES
Chatham Health District
240 Middletown Ave.
East Hampton, CT 06424

Re: Septic Design
49 Oakum Dock Road

Dear Mr. Mitchell:

The following information is being provided to answer questions in your letter dated March 23, 2010 concerning the above referenced project. Numbers will correlate to your questions/comments in your letter.

1. Phase I building is proposed to be built now. Phase II building is not proposed at this time. It is shown only to identify the area and size of a building that will someday be built. It is to reserve the right (with the building department) to build within the building line and obtain the same square footage of buildings as are currently on the property. The existing buildings on the property are to be razed due to the new public water supply wells.
2. Showers, toilets, and sinks are proposed in the phase I building only. The revised plan shows the size and location of proposed bathrooms. The attached document shows the layout of each bathroom.
3. The attached plan has been revised to account for 29 boat slips.
4. The outdoor reception venue refers to the future possibility that a large tent could be erected in the grass field in front of the proposed building. The tent would be used for outdoor gatherings. There will not be food preparation or holding areas in the buildings. There will be no seating in the buildings. Phase I building would, however, be used by attendees for restroom services. If events with more than 150 people are planned, portable outhouses will be provided.
5. The plan now reflects actual test pit locations.
6. The plan has been revised to have trenches less than 75' long.
7. There are no plans to provide a sewage pump out facility at this marina.
8. The plan has been revised to provide MLSS calculations. Test pit data was used to calculate the elevation of native soil in the immediate area of the proposed system. Downhill elevations were shot near the edge of the existing stream in an area that appears to be natural.



Town of East Hampton
 20 East High St.
 East Hampton, CT 06424
 Tel. No. 860-267-9601

BUILDING PERMIT

Application Date: 3/10/2010
 Issue Date: 3/10/2010

Permit No. - 10-022
 Permit Type. - Accessory Structures

Other Permits(If Applicable):

- Electrical -
- Mechanical -
- Plumbing -

At (Location) - 49 OAKUM DOCK RD

Applicant - Rand Construction
 Address - 244 Middletown Ave
 East Hampton, CT 06424

Owner - St Clements Marina Llc
 Address - P O BOX 427
 PORTLAND, CT 06480

Fee Type	Fee Amount
Building Fee	\$450.00
Zoning Fee	\$50.00
Engineered Septic Design	\$60.00

Permit Fee - \$560.00
 Valuation - \$35,000.00

Zone: R-2

Contractor - Rand Construction
 License # -

Description of Work: 40x100 steel building

THIS PERMIT CONVEYS NO RIGHT TO OCCUPY ANY STREET, ALLEY OR SIDEWALK OR ANY PART THEREOF, EITHER TEMPORARILY OR PERMANENTLY, ENCROACHMENTS ON PUBLIC PROPERTY, NOT SPECIFICALLY PERMITTED UNDER THE BUILDING CODE, MUST BE APPROVED BY THE JURISDICTION, STREET OR ALLEY GRADES AS WELL AS DEPTH AND LOCATAION OF PUBLIC SEWERS MAY BE OBTAINED FROM THE DEPARTMENT OF PUBLIC WORKS. THE ISSUANCE OF THIS PERMIT DOES NOT RELEASE THE APPLICANT FROM THE CONDITIONS OF ANY APPLICABLE SUBDIVISION RESTRICTIONS.

THE GRANTING OF A PERMIT FOR THE PROPOSED WORK SHALL NOT BE ASSUMED OR CONSTRUED TO ALLOW PERFORMANCE CONTRARY TO THE LAWS AND REGULATIONS OF THE STATE OF CONNECTICUT AND THE TOWN OF EAST HAMPTON. THE APPLICANT SHALL BE RESPONSIBLE FOR COMPLIANCE TO AND KNOWLEDGE OF ALL APPLICABLE CODES, STANDARDS AND REQUIREMENTS. ANY FALSE STATEMENT WILL RENDER THIS APPLICATION AND PERMITS OBTAINED HEREBY NULL AND VOID.

MINIMUM OF THREE CALLED INSPECTIONS
 REQUIRED FOR ALL CONSTRUCTION
 WORK:

1. FOUNDATIONS OR FOOTINGS
2. PRIOR TO COVERING STRUCTURAL MEMBERS (READY FOR LATH OR FINISH COVERING)

APPROVED PLANS MUST BE RETAINED ON JOB AND THIS CARD KEPT POSTED UNTIL FINAL INSPECTION HAS BEEN MADE, WHERE A CERTIFICATE OF OCCUPANCY IS REQUIRED, SUCH BUILDING SHALL NOT BE OCCUPIED UNTIL FINAL INSPECTION HAS BEEN MADE.

WHERE APPLICABLE SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND MECHANICAL INSTALLATIONS.

POST THIS CARD SO IT IS VISIBLE FROM STREET

Required Inspections

- Footings
- Foundation Walls
- Underground Plumbing
- Rough Plumbing Tests
- Rough Gas Line Test
- Electrical Trench
- Rough Electrical
- Electrical Service
- Rough Mechanical

FILE COPY



Town of East Hampton
20 East High Street
East Hampton, Connecticut 06424
Tel. (860) 267-9601 Fax. (860) 267-6430
Planning, Zoning & Building Department

Rand Construction
244 Middletown Ave.
East Hampton, CT 06424

March 24, 2010

SENT: VIA EMIAL Bldg. 1
CERTIFIED MAIL 7008 0150 0000 0681 0448
REGULAR MAIL

Re; Building at 49 Oakum Dock Rd
Permit No. 10-022

Mr. Rand:

Please be advised that there appears to be a discrepancy in the permit application for the proposed building at 49 Oakum Dock Rd. as to the use of the building. From information received from the Chatham Health District, the building is to be used to accommodate an outdoor recreation venue and to provide bathroom & shower facilities for 150 people associated with the marina. This use is in contrast to the information you have provided to this department which indicates a maintenance/storage building (type S2) use. These are different types of use and involve different requirements. In order to process a permit the use of the building must be determined and consistent with information provided to Chatham Health. No inspections can be scheduled until this issue is resolved. In addition, you must provide a building plan from a registered design professional.

Sincerely,

A handwritten signature in cursive script, appearing to read "William Hayes".

William Hayes
Building Official



BUILDING INSPECTION DEPARTMENT
East Hampton, Connecticut
CERTIFICATE OF USE AND OCCUPANCY

Zone R-2

Dated March 08, 2012

Completion # 0281

This is to certify that building at 49 OAKUM DOCK RD as 40x100 wood frame under Permit No. 10-022 conforms substantially to the requirements of the Building Ordinances and the Zoning Regulations of the Town of East Hampton and is hereby approved for occupancy as indicated below.

Approved for occupancy: St Clements Marina Llc
Mailing Address: P O BOX 427
PORTLAND, CT 06480

Type of Construction:
Occupant Load:
Edition of Code:

A handwritten signature in black ink, appearing to read "T. H. Hays", is written over a horizontal line.

Building Inspector

Notice: If this certificate is lost or destroyed, a duplicate should be immediately obtained from the Building Inspection Department.

Any change or extension of the use herein approved requires a new certificate of occupancy.

Copies of this certificate may be obtained at the Building Inspection Department at a charge of severity - five cents.

NOTE: VERIFY ALL UTILITY LOCATIONS IN THE FIELD PRIOR TO START OF ANY WORK (SEE NOTE BELOW).

WARNING: THESE PLANS NOT TO BE USED FOR LOCATION OF UNDERGROUND UTILITIES - CALL BEFORE YOU DIG 1-800-922-4455 TWO WORKING DAYS BEFORE YOU DIG.

THE LEACHING AREA IS TO BE STRIPPED OF ALL UNSUITABLE SOILS AND FILLED WITH CLEAN SAND, LAID IN 8"-12" INCH LIFTS. FILL TO BE MECHANICALLY COMPACTED TO 90% MAXIMUM DENSITY. A MINIMUM SEPARATION DISTANCE OF 18" BETWEEN THE MOTTLING LAYER AND BOTTOM OF THE LEACHING AREA MUST BE MAINTAINED.

INSTALLATION OF ALL SEWAGE DISPOSAL SYSTEMS SHALL NOT OCCUR DURING WET WEATHER TO AVOID SOIL SHEARING.

FILLING OF STRIPPED AREAS SHALL NOT BE PERMITTED WHILE SHEARING OF THE SOILS OCCURS. ALL SHEARED SURFACES SHALL BE RAKED OR PLOWED PRIOR TO ANY FILLING AND AS DIRECTED BY THE CHATHAM HEALTH DISTRICT.

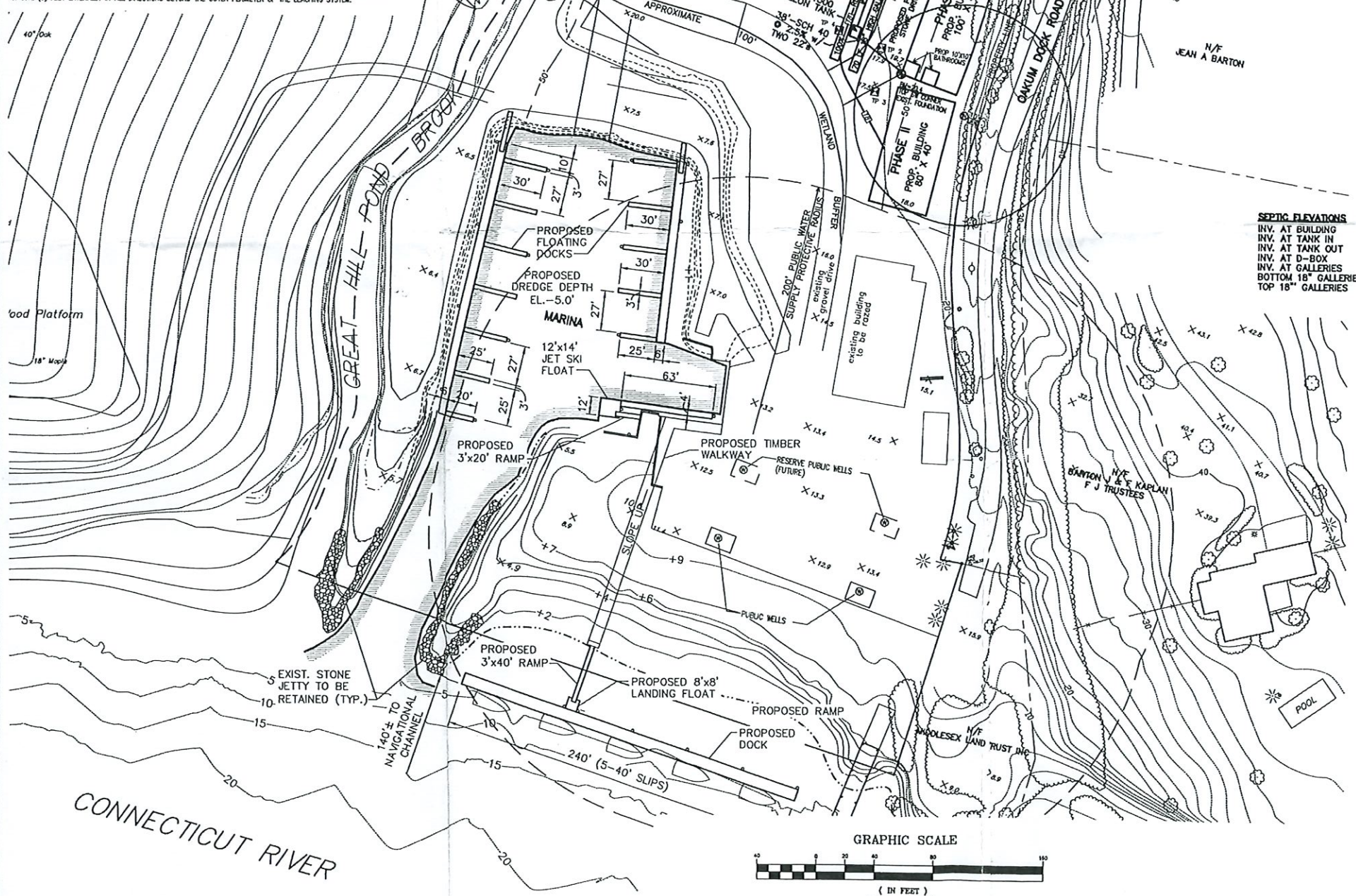
SELECT FILL PLACED WITHIN AND ADJACENT TO LEACHING SYSTEM AREAS SHALL BE COMPRISED OF CLEAN SAND, OR SAND AND GRAVEL, FREE FROM ORGANIC MATTER AND FOREIGN SUBSTANCES. THE SELECT FILL SHALL MEET THE FOLLOWING REQUIREMENTS UNLESS OTHERWISE APPROVED BY A PROFESSIONAL ENGINEER FOR USE WITHIN THE LEACHING AREA:

1. THE SELECT FILL SHALL NOT CONTAIN ANY MATERIAL LARGER THAN THE THREE (3) INCH SIEVE.
2. UP TO 45% OF THE DRY WEIGHT OF THE REPRESENTATIVE SAMPLE MAY BE RETAINED ON THE #4 SIEVE (THIS IS THE GRAVEL PORTION OF THE SAMPLE).
3. THE MATERIAL THAT PASSES THE #4 SIEVE IS THEN REMOVED AND THE SEVE ANALYSIS STARTED.
4. THE REMAINING SAMPLE SHALL MEET THE FOLLOWING GRADATION CRITERIA:

SIEVE SIZE	PERCENT PASSING	
	WET SIEVE	DRY SIEVE
#4	100	100
#10	70% - 100%	70% - 100%
#40	10% - 50%	10% - 75%
#100	0% - 20%	0% - 5%
#200	0% - 5%	0% - 2.5%

NOTE: PERCENT PASSING THE #40 SIEVE CAN BE INCREASED TO NO GREATER THAN 75% IF THE PERCENT PASSING THE #100 SIEVE DOES NOT EXCEED 10% AND THE #200 SIEVE DOES NOT EXCEED 5%.

THE LICENSED INSTALLER IS RESPONSIBLE FOR PREPARING THE LEACHING AREA WITH NECESSARY SELECT FILL. THE TOPSOIL IN THE LEACHING SYSTEM AREA MUST BE REMOVED AND THE SURFACE SCARPED PRIOR TO SELECT FILL PLACEMENT UNLESS OTHERWISE DIRECTED BY THE DESIGN ENGINEER. THE INSTALLER SHALL TAKE THE NECESSARY STEPS TO PROTECT THE UNDERLYING NATURALLY OCCURRING SOIL FROM OVER COMPACTION OR DAMAGE. SELECT FILL SHALL EXTEND A MINIMUM OF (5) FEET LATERALLY IN ALL DIRECTIONS BEYOND THE OUTER PERIMETER OF THE LEACHING SYSTEM.



SEPTIC ELEVATIONS

- INV. AT BUILDING = 18.20
- INV. AT TANK IN = 17.25
- INV. AT TANK OUT = 17.00
- INV. AT D-BOX = 18.30
- INV. AT GALLERIES = 16.17
- BOTTOM 18" GALLERIES = 15.50
- TOP 18" GALLERIES = 17.00

SEPTIC SYSTEM DESIGN
 MARINA CAPACITY: 29 SLIPS
 marina=20 gal/day/slp (table 4 PHC)
 150 people x 5 gal/person day = 750 gal/day
 20 slips x 20 gal/slip day + 750 gal/person day = 1150 gal/day
 1.5 (table 8 PHC < 10 min/in)
 887 SF LEACHING AREA REQUIRED
 PROVIDE 144 LF 18" HIGH CONCRETE LEACHING GALLERIES (effective leaching credit=6.2 sf/lf section VIII D PHC)

SEPTIC TANK DESIGN
 24 HOUR DESIGN FLOW: 1330 GALLONS
 26 slips x 20 gal/slip day + 150 people x 5 gal/person day = 1550 gal/day
 PROVIDE 1500 GALLON TANK

MLSS CALCULATIONS
 DESIGN FLOW: 1330 GALLONS
 RESTRICTIVE LAYER: 44" (for MLSS only)
 SLOPE: 1.3%
 (using tp-2 data and existing grade near stream)
 PERC. RATE: 1.7 MIN./IN.
 (HF)32 x (FF)4.43 x (PF)1.0 = 142 LF.

SOIL DATA

TEST PIT # 1
 DATE: 3-11-10
 DEPTH: 65'
 GROUNDWATER: NONE
 MOTTLING: NOT SEEN
 LEDGE: NONE
 MATERIALS:
 0-8" TOPSOIL
 8-23" RED-BROWN SILTY FINE SAND (FILL)
 23-81" TAN FINE TO MEDIUM SAND (FILL, LOOSE)
 81-85" DARK BROWN SANDY LOAM (FILL)

TEST PIT # 2
 DATE: 3-11-10
 DEPTH: 81'
 GROUNDWATER: NONE
 MOTTLING: NOT SEEN
 LEDGE: NONE
 MATERIALS:
 0-6" TOPSOIL
 6-29" RED-BROWN SILTY FINE SAND (FILL)
 29-42" TAN FINE TO MEDIUM SAND (FILL, LOOSE)
 42-43" RED-BROWN SILTY FINE SAND (FILL)
 43-49" TOPSOIL
 49-65" TAN SILTY FINE SAND
 65-81" RED SILTY FINE SAND

NOTE: NOT NATIVE TO 45"

TEST PIT # 3
 DATE: 3-11-10
 DEPTH: 33'
 GROUNDWATER: NONE
 MOTTLING: NOT SEEN
 LEDGE: NONE
 MATERIALS:
 0-9" TOPSOIL
 9-26" BROWN SILTY FINE SAND (FILL)
 26-36" GREY SILTY FINE SAND (FILL)
 36-49" TOPSOIL
 49-74" RED BROWN SILTY FINE SAND
 74-87" TAN FINE SAND

NOTE: NOT NATIVE TO 36"

TEST PIT # 4
 DATE: 4-7-10
 DEPTH: 105'
 GROUNDWATER: 91'
 MOTTLING: NOT SEEN
 LEDGE: NONE
 MATERIALS:
 0-5" TOPSOIL
 5-16" BROWN FINE SAND (FILL)
 16-25" GREY TO TAN FINE SAND W/ SILTY MATERIAL MIXED IN (FILL)
 25-33" RED BROWN VERY FINE SAND (LOOSE) (FILL)
 33-70" BLACK ORGANIC LAYER
 70-105" RED BROWN VERY FINE SAND (LOOSE)

NOTE: GW IS 33' BELOW ORIGINAL GRADE

TEST PIT # 5
 DATE: 4-7-10
 DEPTH: 65'
 GROUNDWATER: SEEPAGE @ 68"
 MOTTLING: NOT SEEN
 LEDGE: NONE
 MATERIALS:
 0-24" TOPSOIL, RED VERY FINE SAND AND OTHER DISTURBED SOILS
 24-65" TAN BROWN FINE TO MEDIUM SAND (LOOSE)

NOTE: HOLE WAS REPORTED TO BE 100' DEEP BUT KEPT COLLAPSING. RED BROWN VERY FINE SAND APPEARED IN LAST 12'
 NOTE: SEEPAGE 44" BELOW NATIVE MATERIAL

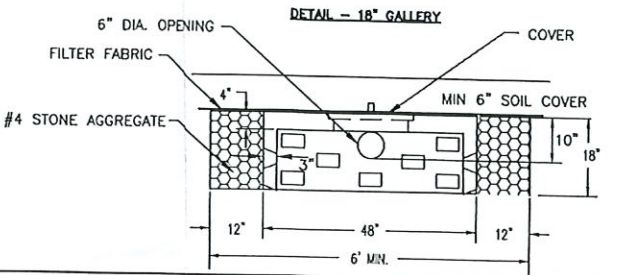
PERC TEST #3
 DATE: 3-11-10
 DEPTH: 65'
 RATE: 1.7 MIN./IN.

CHATHAM HEALTH DISTRICT APPROVED
 DATE: 4/14/10

NOTE: SOIL IN SEPTIC AREA TO BE REMOVED DOWN TO BURIED TOPSOIL LAYER AND BACKFILLED WITH COMPACTION USING APPROVED SEPTIC SAND

NOTE: 4" SCH 40 PIPE FROM PHASE I BUILDING TO 1500 GALLON SEPTIC TANK SHALL NOT BE BACKFILLED WITH FREE DRAINING MATERIAL

NOTE: EXISTING CONDITIONS SHOWN SUCH AS ROADS, DRIVES, TREETLINES HOUSES, BUILDINGS, TOPOGRAPHY AND MARINA HAVE BEEN PROVIDED BY THE PROPERTY OWNERS AGENT. ITEMS RELEVANT TO THE SUCCESSFUL INSTALLATION AND FUNCTIONALITY OF THE PROPOSED SEPTIC SYSTEM HAVE BEEN REVIEWED FOR THE PURPOSE OF THIS DESIGN.



I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS PLAN IS SUBSTANTIALLY CORRECT.

PAVLE W. ENLUNDSON
 P.E. # 23172

CHATHAM ENGINEERING INC.
 CONSULTING ENGINEERS
 2-44 MIDDLETOWN AVENUE
 EAST HAMPTON, CONN. 06424
 PHONE (860)-267-6623

SEPTIC DESIGN
SAINT CLEMENTS MARINA
 49 OAKUM DOCK ROAD
 PREPARED FOR
SAINT CLEMENTS MARINA, LLC
 EAST HAMPTON, CONN.

4/29/10 PER CHD COMMENTS

CK. BY: DWE
 DRW. BY: DWE
 DATE: 3-29-10
 SCALE: 1"=40'
 SHEET 1 OF 1
 MAP NO. 051-10-15D