

City of Biddeford
Staff Review Committee

June 22, 2021 1:00 PM Zoom: Jun 22, 2021 01:00 PM Eastern Time (US and Canada)
Topic: Staff Review Committee

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1. New Business

- 1.1. 2021.26 Conditional Use Permit for Amanda Keddy to open a day care at 5 Hutchins Drive (Tax Map 4, Lot 61-2) in the RF Zone.

2021.26 Keddy Home Daycare SR 062221.pdf

2021.26 Keddy Home Daycare FOF Draft.pdf

2021.26 Keddy Application Package.pdf

2021.26 Keddy HHE 200.pdf

2021.26 Keddy-Letter from BFD 6-3-21.pdf

FW_ Addition to packet.pdf



CITY OF BIDDEFORD

Planning and Development Department

Greg D. Tansley, A.I.C.P.
City Planner
205 Main Street
P.O. Box 586
Biddeford, ME 04005
(207) 282-7119 or (207) 284-9115
Greg.Tansley@biddefordmaine.org

STAFF REVIEW COMMITTEE REPORT

TO: Biddeford Staff Review Committee

FROM: Greg Tansley, AICP, City Planner

DATE: June 16, 2021

RE: **2021.26 Conditional Use Permit for Amanda Keddy for a Home Daycare at 5 Hutchins Drive (Tax Map 4, Lot 61-2) in the Rural Farm (RF) Zone**

MEETING DATE: Tuesday, June 22, 2021 @ 1:00 PM

1. INTRODUCTION

The applicant, Amanda Keddy, is seeking to operate a home daycare at her home at 5 Hutchins Drive. The existing garage would be converted into the daycare space with play equipment located outside of the garage.

There are no site improvements required and all renovations would occur within the existing garage structure.

The following is the excerpt from the Ordinance about the requirements for a Home Daycare, with the City Planner's comments identified in red:

- A. *Day-care centers and homes, children's.*
 1. *No children's day-care center or home day care may commence operation within the City of Biddeford without first being reviewed and approved by the Planning Board pursuant to the procedures and standards applicable to conditional uses under Article VII of the City of Biddeford Zoning Ordinance. An existing children's day-care center or home day care will be exempt from this criteria, provided that all state and City requirements are fulfilled.*

Under review per this application.

2. *The applicant, for a children's day-care center or home day care for children under 13 years of age:*

a. Shall submit a copy of the completed application for a certificate to operate required by the Maine Department of Health and Human Services (DHHS) as part of the application for a conditional use permit.

The completed application has been provided.

b. Upon certification by the DHHS, the applicant shall submit a copy of the certificate to the City Planner's office within 30 days of receipt.

Required as a Condition of Approval.

c. If a change in status of the DHHS certificate occurs, the applicant shall submit a copy of the new certificate to the City Planner's office within 30 days of receipt.

Required as a Condition of Approval.

d. Upon application for renewal of the DHHS certificate, the applicant shall submit a copy of the application to the City Planner's office within 30 days of submittal to the DHHS.

Required as a Condition of Approval.

e. Upon receipt of the renewed DHHS certificate, the applicant shall submit a copy to the City Planner's office within 30 days.

Required as a Condition of Approval.

Failure to submit copies of the preceding applications, certificates or renewal applications in the prescribed period of time shall be cause for the City Planner's office to schedule the offending children's day-care center or home day care on the next Planning Board agenda for review of the children's day-care center or home day care's existing conditional use permit.

3. *If a children's day-care center or home day care is proposed in a residence constructed prior to 1978, the applicant shall submit evidence that a lead inspection has been conducted in the building or home proposed for the children's day-care center or home day care, and that health threats that may be present due to existing lead-contaminated dust, soil or water, or lead-based paint, have been addressed to the satisfaction of either a State of*

Maine licensed lead inspector or the Department of Health and Human Services.

The applicant's structure was built in 1979 so this standard is not applicable.

4. *Wastewater:*

a. *The applicant shall submit a copy of the City of Biddeford building sewer application if the children's day-care center or home day care is serviced by public sewer and pay any applicable impact fees for increased flows.*

N/A – Property is on septic.

b. *The applicant shall submit an HHE-200 Subsurface Wastewater Disposal System Application completed and sealed by a State of Maine Licensed Soil Evaluator or a written memo from the City of Biddeford Licensed Plumbing Inspector verifying either that the existing septic system is adequate to service the number of children proposed, or that the proposed expansion or replacement of the system is adequate to service the number of children proposed.*

A replacement septic design (HHE-200) has been provided and reviewed by the Code Enforcement Office as sufficient.

c. *If the existing system is to be retained, an HHE-200 Application for a replacement system shall be recorded at the York County Registry of Deeds. A copy of the recorded HHE-200 Application and a copy of the receipt from recording shall be submitted to the City Planner's office within 30 days of approval by the Planning Board.*

Recording of the replacement design is required within 30-days of approval of the application. This is required as a Condition of Approval.

5. *All outside play equipment shall be located in side or rear yards and shall meet the required side and rear setback requirements.*

The application indicates all play areas to be to the side or rear and will meet the required setbacks in the RF Zone.

6. *The Board may require that outside play areas be buffered from adjoining uses by fencing and plantings. The Planning Board shall consider the unique circumstances of each application in determining the type of buffering that may be required. If buffering is required by the Board as a condition of approval, said buffering shall be installed either prior to the children's day-*

care center or home day care opening for business, or at such time as is acceptable to the Board.

The Committee should consider whether or not additional buffering is needed. In the City Planner's opinion, no additional buffering is warranted given where this is proposed and the layout presented in the application.

7. *An off-street parking area shall be provided and utilized by vehicles engaged in the picking up and discharge of children. No fewer than two parking spaces shall be provided, exclusive of space used by the day-care provider and/or staff. The Code Enforcement Officer shall be responsible for ensuring that said off-street parking area is utilized.*

Ample parking is available on-site.

8. *Operation of the children's day-care center or home day care and maintenance of that portion of the building or residence dedicated to the children's day-care center or home day care shall be as set forth in 10-148 CMR Chapter 32, Rules for the Licensing of Child Care Facilities, of the Maine Department of Health and Human Services.*

The state License will govern the operation of the home daycare.

9. *That portion of the building or residence dedicated to children's day-care center or home day care shall have provisions for the secured storage of household chemicals, cleaning agents, and all other potentially harmful substances. The Code Enforcement Officer shall be responsible for ensuring that said secured storage is adequate prior to the children's day-care center or home day care opening for business.*

The applicant should be prepared to discuss this prior to, or during, the meeting. Ultimately, however, this is a requirement to be administered through the Code Enforcement Office.

1. PROJECT DATA/INFORMATION

Note: **HIGHLIGHTED** information is pending.

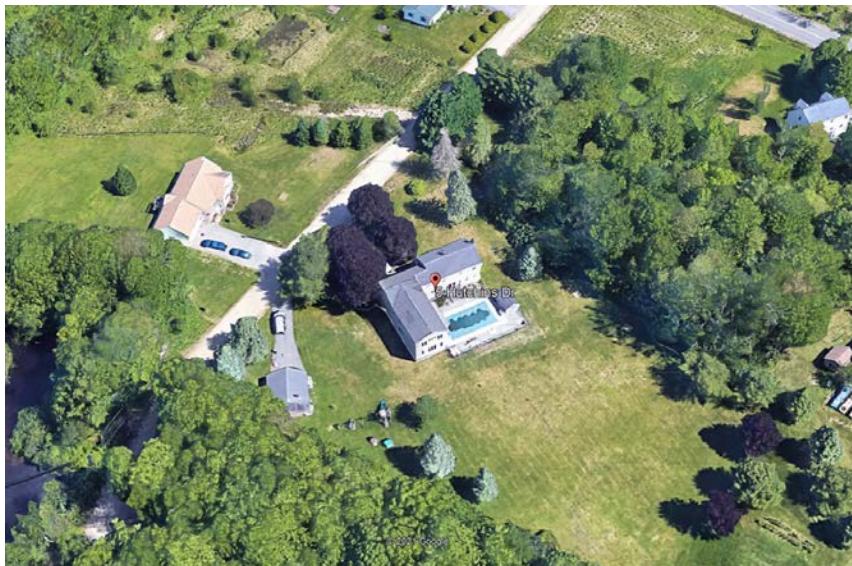
	SUBJECT	DATA/INFORMATION
1	Applicant:	Amanda Keddy 5 Hutchins Drive Biddeford, ME 04005
2	Owner of Property:	Amanda and James Keddy

		5 Hutchins Drive Biddeford, ME 04005
3	Agent:	Self
4	Engineer/Surveyor:	N/A
5	Project Location:	5 Hutchins Drive
6	Project Tax Map #/Lot #:	Tax Map 4, Lot 61-2
7	Existing Zoning:	Rural Farm (RF)
8	Overlay Zoning:	None
9	Existing Use:	Single Family Home
10	Proposed Use:	Home Daycare
11	City Approvals Required:	Conditional Use Permit
12	Uses in the Vicinity:	Primarily Residential
13	Parcel Size:	2.5 Acres
14	Water Supply:	Private Well
15	Sewerage Disposal:	On site septic system
16	Solid Waste Disposal:	City of Biddeford
17	Fire Protection:	City of Biddeford
18	Parking Spaces Required:	5
19	Parking Spaces Provided (total):	5+
20	Ownership of Road:	Hutchins Drive is a private road
21	Estimated Site Development Costs:	N/A
22	Financial Capacity Letter:	N/A
23	Waivers Needed:	Full Site Plan Review - Article XI, II (Procedure for Site Development Submission Requirements)
24	Waivers Granted:	Full Site Plan Review - Article XI, II (Procedure for Site Development Submission Requirements)
25	Variances Needed for Approval:	None
26	Other Permits Obtained:	None
27	Other Non-City Permits Required:	State DHHS Daycare Approval
28	Covenants, By-laws, Restrictions Required by the Planning Board:	None
29	LDR Attachment A: Fees Paid:	All Planning fees have been paid.
30	Staff Review Committee Review History: Final Review:	June 22, 2021

2. EXISTING CONDITIONS

Single family home with a detached shed. Two driveways serve the property, each with sufficient length and width to support any parking needs for the home and for the home daycare. The property is also well-buffered from neighboring properties by existing vegetation (trees) and has a vegetative buffer (trees) along Hutchin's Drive.

The site is served by a private well and on-site septic system.



3. PROJECT PROPOSAL

Home Daycare. See attached application package.

4. STAFF REVIEW

- a. **ZONING:** Home Daycares are a Conditional (C) Use in the R-F Zone.
- b. **REVIEW STANDARDS:** Site Plan Review (Article XI), Conditional Uses (Article VII), Performance Standards (Article VI).
- c. **WAIVERS:** Full Site Plan Review - Article XI, II (Procedure for Site Development Submission Requirements)
- d. **OUTSTANDING ITEMS TO BE ADDRESSED PRIOR TO APPROVAL:**
 1. None.

5. NEXT STEPS/SUGGESTED ACTIONS

- Recommend the Staff Review Committee grant the waiver request for a full site plan review given the scope and scale of the proposal – a home daycare with no site improvements required.
- If the applicant has addressed the outstanding items to the satisfaction of the Committee, and Committee approves the project, Staff recommend doing so with the following Conditions of Approval attached:
 1. The applicant shall record at the York County Registry of Deeds the HHE-200 application/design submitted for a replacement septic system. The applicant shall provide a copy of the recorded HHE-200 Application and a copy of the receipt from recording shall be submitted to the City Planner's office within 30 days of approval by the Staff Review Committee.
 2. Upon certification by the DHHS, the applicant shall submit a copy of the certificate to the City Planner's office within 30 days of receipt.
 3. If a change in status of the DHHS certificate occurs, the applicant shall submit a copy of the new certificate to the City Planner's office within 30 days of receipt.
 4. Upon application for renewal of the DHHS certificate, the applicant shall submit a copy of the application to the City Planner's office within 30 days of submittal to the DHHS.
 5. Upon receipt of the renewed DHHS certificate, the applicant shall submit a copy to the City Planner's office within 30 days.
 6. The applicant shall obtain all other pertinent local, state and federal permits, licenses, and insurance such as blasting, building, electrical, plumbing, etc., prior to commencing business, unless authority issuing said permit allows for such actions.
 7. Standard Conditions of Approval apply.

6. SAMPLE MOTIONS

- A. *Motion to Waive Article XI, Section II – Full Site Plan Review.*
- B. *Motion to approve the Conditional Use Permit for Amanda and James Keddy for a Home Daycare at 5 Hutchins Drive (Tax Map 4, Lot 61-2) and approve the findings of fact based on the conditions recommended by Staff in its report dated June 16, 2021.*

ATTACHMENTS

1. Application Package
2. Draft Findings of Fact and Conclusions of Law



CITY OF BIDDEFORD

Planning and Development Department

FINDINGS OF FACT AND CONCLUSIONS OF LAW CONDITIONAL USE PERMIT (CUP)

Pursuant to the provisions of the City of Biddeford Land Development Regulations, Article VII (Conditional Uses) and Article VI (Performance Standards), the Biddeford Staff Review Committee has considered the application of Amanda Keddy to operate a Home Daycare at 5 Hutchins Drive. Based on its review, including supportive data, public hearing testimony and related materials contained in the record, the Staff Review Committee makes the following Findings of Fact and Conclusions of Law:

Findings of Fact:

	SUBJECT	DATA/INFORMATION
1	Applicant:	Amanda Keddy 5 Hutchins Drive Biddeford, ME 04005
2	Owner of Property:	Amanda and James Keddy 5 Hutchins Drive Biddeford, ME 04005
3	Agent:	Self
4	Engineer/Surveyor:	N/A
5	Project Location:	5 Hutchins Drive
6	Project Tax Map #/Lot #:	Tax Map 4, Lot 61-2
7	Existing Zoning:	Rural Farm (RF)
8	Overlay Zoning:	None
9	Existing Use:	Single Family Home
10	Proposed Use:	Home Daycare
11	City Approvals Required:	Conditional Use Permit
12	Uses in the Vicinity:	Primarily Residential
13	Parcel Size:	2.5 Acres
14	Water Supply:	Private Well
15	Sewerage Disposal:	On-site septic system
16	Solid Waste Disposal:	City of Biddeford
17	Fire Protection:	City of Biddeford
18	Parking Spaces Required:	5
19	Parking Spaces Provided (total):	5+
20	Ownership of Road:	Hutchins Drive is a private road
21	Estimated Site Development Costs:	N/A
22	Financial Capacity Letter:	N/A
23	Waivers Needed:	Full Site Plan Review - Article XI, II (Procedure for Site Development Submission Requirements)
24	Waivers Granted:	Full Site Plan Review - Article XI, II (Procedure for Site Development Submission Requirements)

25	Variances Needed for Approval:	None
26	Other Permits Obtained:	None
27	Other Non-City Permits Required:	State DHHS Daycare Approval
28	Covenants, By-laws, Restrictions Required by the Planning Board:	None
29	LDR Attachment A: Fees Paid:	All Planning fees have been paid.
30	Staff Review Committee Review History: Final Review:	June 22, 2021

Conclusions of Law:

1. The proposed use meets specific requirements set forth in this ordinance and would be in compliance with applicable state or federal laws;
2. The proposed use would not create fire safety hazards by providing adequate access to the site, or to the buildings on the site, for emergency vehicles and would not create hazards through the storage of chemicals and wastes;
3. The proposed exterior lighting, where allowed, would not create hazards to motorists traveling on adjacent public streets or is adequate for the safety of occupants or users of the site or would not damage the value and diminish the usability of adjacent properties;
4. The provisions for buffers and on-site landscaping provide adequate protection to neighboring properties from detrimental or unsightly features of the development;
5. The proposed use would not have a significant, detrimental effect on the use and peaceful enjoyment of abutting property as the result of noise, vibrations, fumes, odor, dust, glare, hours of operation, or other causes;
6. The provisions for vehicular loading and unloading and parking and for vehicular and pedestrian circulation on the site and onto adjacent public streets would not create hazards to public safety or traffic congestion;
7. The proposed use would generate a volume of traffic that can reasonably be accommodated by the existing road network, or would not create unreasonable traffic hazards or would not exacerbate an existing traffic hazard, or would not create unreasonable traffic congestion;
8. The proposed use would not have a significant, detrimental effect on the value of adjacent properties, which could be avoided by reasonable modification of the proposal;
9. The proposed use would not have an adverse impact on the privacy of the residents of the immediate area (within 500 feet) which could be avoided by reasonable modification of the proposal.
10. The proposed use would be in compliance with Biddeford's comprehensive plan;

11. The proposed use would not have an adverse impact on the immediate neighborhood or the community relative to architectural design, scale, bulk and building height, identity and historical character, or visual integrity, which could be avoided by reasonable modification of the proposal;
12. The design of the site would not result in significant flood hazards or flood damage or would be in conformance with applicable flood hazard protection requirements;
13. Adequate provision has been made for disposal of wastewater or solid waste or for the prevention of ground or surface water contamination;
14. Adequate provision has been made to control erosion or sedimentation;
15. Adequate provision has been made to handle stormwater runoff or other drainage problems on the site; and the proposed development will not unduly burden off-site surface water systems;
16. The proposed water supply would meet the demands of the proposed project (and for fire protection purposes, if applicable.)
17. Adequate provision has been made for the transportation, storage, and disposal of hazardous substances and materials as defined by state law;
18. The proposed use would not have an adverse impact on scenic vistas, historic sites, archeological resources, or on significant wildlife habitat or wetland areas and water bodies, which could be avoided by reasonable modification of the proposal;
19. When located in the Shoreland Zone, the proposed use would meet the purposes of Shoreland Zoning as identified in Article XIV, Section 1 (Purposes) of this ordinance.

Approval Granted:

Based on the evidence available and the conclusions above, the Biddeford Staff Review Committee approves the Conditional Use Permit for the proposed project summarized above, located at 5 Hutchins Drive (Tax Map 4, Lot 61-2) in accordance with the submitted application, supporting data, representations made, other related materials on file, and the following Conditions of Approval:

1. **The applicant shall record at the York County Registry of Deeds the HHE-200 application/design submitted for a replacement septic system. The applicant shall provide a copy of the recorded HHE-200 Application and a copy of the receipt from recording shall be submitted to the City Planner's office within 30 days of approval by the Staff Review Committee.**
2. **Upon certification by the DHHS, the applicant shall submit a copy of the certificate to the City Planner's office within 30 days of receipt.**
3. **If a change in status of the DHHS certificate occurs, the applicant shall submit a copy of the new certificate to the City Planner's office within 30 days of receipt.**
4. **Upon application for renewal of the DHHS certificate, the applicant shall submit a copy of the application to the City Planner's office within 30 days of submittal to the DHHS.**

5. Upon receipt of the renewed DHHS certificate, the applicant shall submit a copy to the City Planner's office within 30 days.
6. The applicant shall obtain all other pertinent local, state and federal permits, licenses, and insurance such as blasting, building, electrical, plumbing, etc., prior to commencing business, unless authority issuing said permit allows for such actions.
7. Standard Conditions of Approval apply.

Staff Review Committee Chairperson

Date

DRAFT



CITY OF BIDDEFORD

Planning and Development Department

Standard Conditions of Approval

Owner/Applicant: Stoner & Co., LLC
147 Clearview Drive
Arundel, ME 04046

Project Description: Adult Use Marijuana Cultivation Facility

Project Location: 419 Hill Street

Tax Map / Lot Number: Tax Map 74, Lot 9

Project ID: 2021.15

1. The material provided for the proposed project has been reviewed only for general conformance to the City technical requirements. The applicant(s) and/or their technical consultant shall be responsible for the actual design details and completeness of their work. It is incumbent upon the applicant(s) to ensure that the project is in conformance and complies with all City Codes, ordinances and regulations as well as with all state regulations, including, but not limited to, space and bulk standards, performance standards, use standards and other zoning type requirements.
2. All work shall be in conformance with the approved plans and submission documents. No deviations from the approved plans are permitted without prior approval from the Planning Board for major changes, and from the City Planner and City Engineer for minor changes. The City Planner shall make the determination of major or minor.
3. Contact the Department of Public Works for driveway location permits, curb cut permits and/or street opening permits prior to the start of construction.
4. If Site Development is required as part of the project, an as-built plan must be provided to the City of Biddeford Engineering Office at the end of the project on mylar and on a disk, in a format, which can be read by the City of Biddeford's Geographic Information System software. If a disk copy cannot be provided, a charge for staff time to enter the plan into the City system will be assessed to the applicant.
5. The applicant shall incorporate appropriate erosion control measures into this project to reduce erosion affects from the work. All disturbed areas must be re-vegetated and/or otherwise stabilized at the appropriate stage of the work per Maine DEP standards in the Best Management Practice (BMP) manual.

6. That the Article VI Performance Standards requirements regarding Dust, Fumes, Vapors & Gases (sect 25), Explosive Materials (sect 28), Glare (sect 37), Noise (sect 48) be followed.
7. The applicant is required to comply with all applicable requirements of Chapter 70 (Utilities) and Chapter 71 (Utilities/Industrial Pretreatment Program).
8. If Site Development is required as part of the project, at the completion of the project the owner/applicant shall request a final inspection. This request shall be directed to the Planning Office. Performance Guarantees and remaining escrow accounts shall not be released until the Planning Office certifies that the project has been completed and is in compliance with the approval and all applicable City Ordinances.

DRAFT

To: The Biddeford Staff Review Committee
From: Amanda Keddy
5/14/21

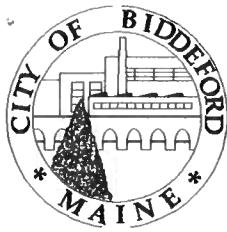
Dear Committee Members,

After 20 years of teaching for the Biddeford School Department, I am sending you my proposal with hopes of opening a small, in-home Family Daycare. I'm looking to convert my attached, 2-car garage into the proposed daycare. I am currently working towards becoming a licensed in-home provider with intention to provide care for 3-6 children ranging from 6 weeks up to 12 years of age.

If any questions, please reach out to me at either mandismunchkins2021@gmail.com or (207)651-3297.

Thank you for your consideration,

Amanda S. L. Keddy



CITY OF BIDDEFORD, MAINE
PLANNING OFFICE
P. O. BOX 586
BIDDEFORD, ME 04005
Tel (207) 284-9115
Fax (207) 286-9388

CITY OF BIDDEFORD HOME DAY CARE APPLICATION PACKAGE

Permit Required:

All NEW Home Day Care operations require a Conditional Use Permit (CUP). The *Biddeford Staff Review Committee* can normally grant a CUP for a Home Day Care. On rare occasions, the *Biddeford Planning Board* must grant the CUP.

Application Requirements:

A CUP application form is attached to this package.

10 Copies of the following must be submitted for your application to be complete:

- A cover (summary) letter describing the proposal.
- A completed City of Biddeford Application Form.
- A sketch of the property, to scale, that shows the following:
 - Property Lines (approximate)
 - Location of all structures, with approximate distances to lot lines
 - Location of any proposed outside play areas
 - Location and Dimensions of Driveway
 - Location and Dimensions of Parking

1 Copy of the following must also be submitted for your application to be complete:

- A Copy of your deed, purchase and sale agreement, or lease, showing right, title, or interest in the property.
- A completed application for a Certificate to operate required by the Maine Department of Human Services.
- Proof of a liability insurance policy providing coverage of no less than \$300,000.00.
- The name, address and age of each staff member, including the applicant(s).



If a home day care is proposed in a residence constructed prior to 1978, submit evidence that a lead inspection has been conducted in the home proposed for the day care, and that health threats that may be present due to existing lead-contaminated dust, soil or water, or lead-based paint, have been addressed to the satisfaction of either a State of Maine licensed lead inspector or the Department of Human Services. *All set (an)*



Wastewater:

- ~~If your home is on public (City) sewer, provide a Letter of Wastewater Treatment Plant Capacity to Serve (Contact Greg Copeland - 284-9118).~~
- ~~If your home is on a septic system, provide an HHE-200 Subsurface Wastewater Disposal System Application completed and sealed by a State of Maine Licensed Soil Evaluator or a written memo from the City of Biddeford Licensed Plumbing Inspector verifying either that the existing septic system is adequate to service the number of children proposed, or that the proposed expansion or replacement of the system is adequate to service the number of children proposed.~~ *Will be forwarded once received from Mark Truman. (an)*



Water:

- ~~If your home is on public water, provide an Ability to Serve Letter from the water company (Contact Thomas Carr III - 282-1543).~~



A letter from the Biddeford Fire Chief indicating that they have reviewed your proposal and outlining any comments/issues arising from an inspection of the residence/property.

~~(Contact Deputy Chief Paul LaBrecque - 282-9986).~~ *Will forward once received from Paul LaBrecque. (an)*

CITY OF BIDDEFORD, MAINE
PLANNING BOARD
P.O. Box 586, 205 Main Street, Biddeford, Maine 04005
207-284-9115

Rec'd
5-25-21
3:30pm.

HOME DAY CARE APPLICATION FORM

Type of Application: Conditional Use Permit/Site Plan Review

Applicant Information:

Applicant's Name: Amanda Keddy

Applicant's Mailing Address: 5 Hutchins Dr. Biddeford, ME 04005

Applicant's Telephone: (207) 651-3297

What is Applicant's legal interest in the property?

Owner Potential Buyer with Contract Lease/Rental Agreement

Owner's Name: James & Amanda Keddy

Owner's Address: Same as above.

Owner's Telephone: James (207) 232-6577

Agent's Name: _____

Agent's Address: _____

Telephone: _____

Project Location and Lot Information:

Street Address: 5 Hutchins Dr. Biddeford, ME 04005

Tax Map: 4 Lot: 61-2

Current Zoning: Residential Shoreland Zoning: NA

Size of lot: 2.50ac acres s.f. Lot Frontage: _____

Existing Use of Property: Family home. Attached 2-car garage will be converted into the day care room.

Property currently serviced by:

<input type="checkbox"/> City Road	<input checked="" type="checkbox"/> Private Road
<input type="checkbox"/> Public Sewer	<input checked="" type="checkbox"/> Septic System
<input type="checkbox"/> Public Water	<input checked="" type="checkbox"/> Private Well
<input type="checkbox"/> Public Trash	<input type="checkbox"/> Private Hauler

Description of proposed use of property:

Project/Proposed Use Description: Conversion of attached 2-car garage for use of Family Daycare.

Waiver Requests (attach details):

1. FULL SITE PLAN REVIEW
2. _____
3. _____

Fees (due at time of application):

Conditional Use Permit Application Fee: \$200.00

Administrative Fee: \$40.00

TOTAL: \$240.00

Engineering Review and/or Inspection Fees may be required based on the application. Check with the Planning Office whether these fees will be required or not.

Required Signatures:

By signing this application, as theforesaid applicant or authorized agent:

- I certify that I have read and completely understand the application;
- I certify that the information contained in this application and it's attachments are true and correct;
- I understand that all information provided on this form and all other documents submitted as part of my proposal is a matter of public record;
- I understand that copies of this information may be supplied upon request to an interested party.
- I understand that additional funds may be required through the course of review for special studies, legal review costs, and/or engineering review.
- I understand that by submitting this application I am not guaranteed a place on any particular agenda. I further understand that the City Planner will place me on an agenda for review when the application is deemed substantially complete.

Signature of applicant:

Amanda K. Keddy Date: 5/14/21

Signature of owner of property:

James R. Keddy Date: 5/14/21
Amanda K. Keddy 5/14/21

Whitten, Nan

From: Tansley, Greg
Sent: Wednesday, June 2, 2021 10:04 AM
To: Whitten, Nan
Subject: FW: Addition to packet

Greg Tansley, AICP
City Planner
PO Box 586
Biddeford, ME 04005
207-284-9115
Greg.Tansley@Biddefordmaine.org

From: Amanda Keddy <mandismunchkins2021@gmail.com>
Sent: Wednesday, June 2, 2021 9:45 AM
To: Tansley, Greg <Greg.Tansley@Biddefordmaine.org>; Daryen J Granata <Daryen.j.granata@maine.gov>
Subject: Addition to packet

Good morning Greg,
Could you please print this email I'm including here from the State Fire Marshall- Daryen Granata? He spoke with Scott and I. Daryen told me to include this email and to share it with the planning board so it'll be added to my application. Daryen informed both Scott and myself that since my in-home daycare will only be up to 6 kids, I don't need a plan review from him.
If you have any questions, please give Daryen Granata a call. His number is included below.
Thanks Greg!

11:45 AM 0 Messages 87%
 **Inbox** **Proposed plans** 

Daryen J Grenata Yesterday
To: Amanda Keddy CC: Paul J.

Amanda,

Is your daycare under 12 kids? There is no requirement for a plans review if you are a group daycare under 12 kids.

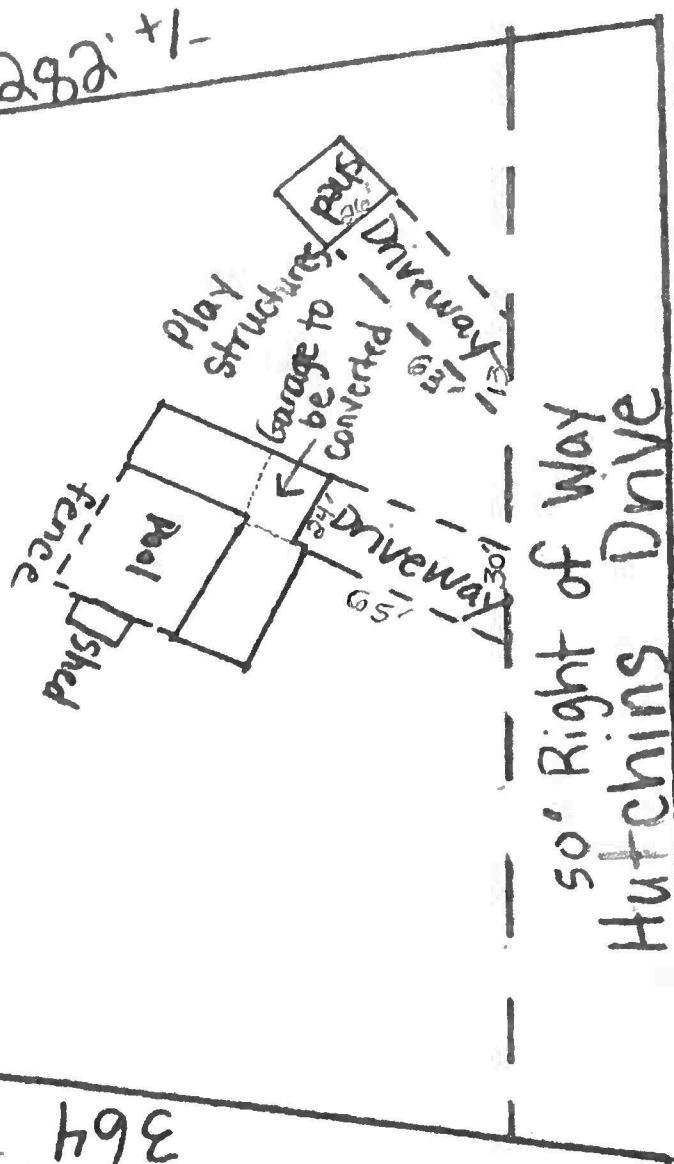
Amanda Can you give me a call at
441-0870

Thanks,

Daryen J. Grenata
Public Safety Inspector #, CF-1, CSPE
Maine State Fire Marshal's Office
45 Commerce Drive
Augusta, Maine 04330-0165
Office # 207-626-3000
Cell # 207-441-0870
Fax # 207-207-8231
Daryen.Grenata@maine.gov
<http://www.maine.gov/psa/mainefire/index.htm>

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or

2.5 acres



To
Oak Ridge

WARRANTY DEED (Joint Tenancy)

Know all persons by these presents that, we, **James H. Thomas, and Kathryn E. Thomas**, both of Claremore, Rogers County, Oklahoma, with a mailing address of 1602 NE Oakridge Drive, Claremore, Oklahoma 74017 (the Grantors herein), for consideration paid by **James R. Keddy, and Amanda Sue Leroux Keddy**, both of Biddeford, York County, Maine, with a mailing address of 5 Hutchins Drive, Biddeford, Maine 04005 (the Grantees herein), do hereby give, grant, bargain, sell, and convey unto the said **James R. Keddy, and Amanda Sue Leroux Keddy, as joint tenants**, their heirs and assigns forever, the real property located in Biddeford, York County, Maine, bounded and described as follows:

A certain lot or parcel of land, with any improvements thereon, situated in Biddeford, York County, Maine, lying on the southwesterly side of, but not adjoining Oak Ridge Road, bounded and described as follows:

Beginning at a 3/4 inch crimped iron pipe found on the southeasterly side and at the southwesterly end of a forty (40) foot right of way as referred to in a deed of one Hutchins to Fortier as recorded in the York County Registry of Deeds in Deed Book 2244, Page 241;

Thence northwesterly making an excluded angle of seventy-eight (78) degrees forty-six minutes with the southeasterly side of said forty (40) foot right of way a distance of fifty and fifty-seven hundredths (50.57) feet to an iron pipe driven into the ground at land now or formerly of Hutchins as described in Deed Book 2073, Page 648;

Thence southwesterly by land now or formerly of Hutchins and land herein described making an included angle of eighty-one (81) degrees twenty-three (23) minutes with the last described line a distance of three hundred sixty-three and forty-eight hundredths (363.48) feet to other land now or formerly of Hutchins;

Thence in a generally southeasterly direction by Hutchins making an included angle of eighty-five (85) degrees twenty-seven (27) minutes, thirty-eight (38) seconds with the last described line a distance of three hundred eighty-one and seven hundredths (381.07) feet to an iron pipe found driven into the ground;

Thence continuing and by a line making an included (erroneously described as being an excluded angle in Deed Book 2403, Page 180) angle of one hundred eighty-three (183) degrees, thirty (30) minutes, thirty-five (35) seconds with the last described line a distance of ninety-nine and nineteen hundredths (99.19) feet to a 5/8 inch rebar with survey cap #2133 set at remaining land now or formerly of Booker;

Thence by remaining land now or formerly of Booker the following three (3) courses and distances to 5/8 inch rebars with survey caps #2133 set:

- 1) North 37° - 18' - 00" East a distance of two hundred one and 46/100 (201.46) feet;
- 2) North 31° - 16' - 25" West a distance of eighty-five and 00/100 (85.00) feet;
- 3) North 58° - 43' - 35" East a distance of seventy and 00/100 (70.00) feet to the northwesterly corner of land described in deed from the Joyce E. Ryan (formerly Joyce E. Fortier) to Robert M. Fortier dated June 13, 1988 and recorded in Deed Book 4903, Page 36;

Thence North 31° - 16' - 25" West a distance of three hundred thirteen and 34/100 (313.34) feet to the point of beginning.

Containing 3.10 acres.

Together with an appurtenant 40 foot wide right of way leading from Oak Ridge Road in a southwesterly direction to the northerly end of the premises herein described. Said right of way being described in a deed from Hutchins to Fortier in Deed Book 2244, Page 241, and to be used to pass and repass to the property herein described and for utilities.

Subject to a right of way on the northwesterly end of land herein described. Said right of way being fifty (50) feet wide in each and every part, lying southeasterly of and adjacent to the northwesterly sideline of the property described above.

Subject to rights of others to travel on foot to the cemetery situated in the southerly corner of the property herein described.

Excepting and excluding however, the following described certain lot or parcel of land conveyed by James H. Thomas and Kathryn E. Thomas to abutters Robert M. Fortier and Maureen B. Fortier by deed dated November 6, 2017 and recorded in the York County Registry of Deeds in Book 17609, Page 935:

A certain lot or parcel of land situated in Biddeford, York County, Maine, lying on the southwesterly side of, but not adjoining Oak Ridge Road, bounded and described as follows:

Beginning at a capped iron rod inscribed #2133 set at the westerly corner of land of Fortier, southwesterly of, and not adjoining, Oak Ridge Road, on the grantors' northeasterly sideline, said capped iron rod further located South 58° - 43' - 55" West a distance of seventy and 00/100 (70.00) feet from another capped iron rod found;

Thence South 31° - 16' - 25" East along land of Fortier a distance of eighty-five and 00/100 (85.00) feet to a capped iron rod found inscribed #2133;

Thence, South 37° - 18' - 00" West along land of Fortier a distance of two hundred one and 46/100 (201.46) feet to a capped iron rod inscribed #2133 at land now or formerly of William Hutchins;

Thence North 40° - 44' - 10" West along land of Hutchins a distance of one hundred sixty and 78/100 (160.78) feet to a capped iron rod set inscribed #2134;

Thence North 58° - 43' - 35" East along remaining land of Thomas a distance of two hundred thirteen and 97/100 (213.97) feet to the point of beginning.

The above last described excepted parcel contains .6 acres, more or less.

Meaning and intending to describe and convey a portion of the premises described in a warranty deed to James H. Thomas and Kathryn E. Thomas from Harl L. Adams and Necia C. Adams dated June 2, 2004 and recorded in the York County Registry of Deeds in Book 14131, Page 496.

Also hereby conveying all rights, easements, privileges and appurtenances belonging to the premises hereinabove conveyed. This conveyance is made subject to municipal zoning and land use ordinances, utility easements of record, and real estate taxes payable to the local municipality for the current tax year.

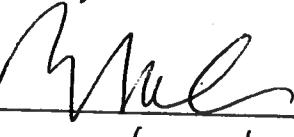
To Have and to Hold the aforegranted and bargained premises, with all the privileges and appurtenances thereof, to the said James R. Keddy, and Amanda Sue Leroux Keddy, ***as joint tenants***, their heirs and assigns, to them and their own use and behoof forever.

And we do covenant with the said Grantees, their heirs and assigns, that we are lawfully seized in fee of the premises, that they are free of all encumbrances, except as aforesaid; that we have good right to sell and convey the same to the said Grantees to hold as aforesaid; and that we and our heirs shall and will warrant and defend the same to the said Grantees, their heirs and assigns forever, against the lawful claims and demands of all persons.

In Witness Whereof, we, the said James H. Thomas, and Kathryn E. Thomas, married one to the other, each relinquishing and conveying all rights by descent and all other rights to the above described premises, have hereunto set our hands and seals this December 14, 2017.

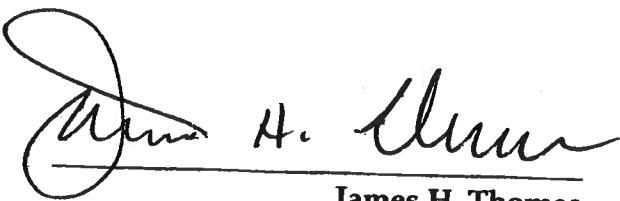
*Signed Sealed and Delivered
in the presence of*

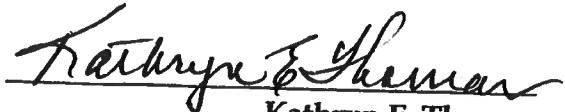
Witness


to both

Witness

State of Maine
County of York, ss.


James H. Thomas

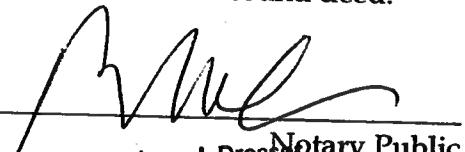

Kathryn E. Thomas

December 14, 2017

Then personally appeared the above named James H. Thomas and Kathryn E. Thomas, and acknowledged the foregoing instrument to be their free act and deed.

My commission expires:

AFFIX NOTARIAL SEAL


Barbara J. Dresser
Notary Public
Attorney At Law

Printed Name of Notary

STATE OF MAINE
PARTMENT OF HEALTH AND HUMAN SERVICES
Children's Licensing and Investigation Services
Child Care Licensing Application

SECTION 1: Provider/Facility Information

1. Facility Name: Mandi's Munchkins

2. Provider/Owner Name: Amanda Keddy Date of Birth: 7/8/77

Former Names (i.e. maiden name, aliases): Amanda Gosselin Driver's License #: 6347230

3. Director Name (Facility/Nursery School only): Amanda Leroux Date of Birth:

Former Names (i.e. maiden name, aliases):

Driver's License #:

4. Physical Address of Child Care Program:

Street Address: 5 Hutchins Drive

City: Bideford

State: ME

Zip: 04005

County: York

5. Mailing Address of Child Care Program:

Street Address or Post Office Box: 5 Hutchins Drive

City: Bideford

State: ME

Zip: 04005

Telephone No.: ()

Cell No.: (207) 651-3297

Fax No.: ()

Email Address: mandismunchkins2021@gmail.com

SECTION 2: Services

What is the largest number of children to be in your care at any time:

Family Child Care: 3-6 7-12 (more ideally 3-6 but would like to keep in mind school age siblings for after school care) 13+ (av)

Child Care Facility / Nursery School / Occasional Care Program:

3-12 (Small Facility) 13-20 21-49 50 more than 50 (indicate requested capacity):

What age ranges of children do you intend to serve? Check all that apply:

6 weeks - 2 years 2 - 5 years of age 5-12 years of age

Source of Water Supply:

Municipal Well - Private Water Source

Reminder: Submit the results with your application

Other:

Building Information: Year the structure was built? Original garage 1979 but conversion to the daycare will be ASAP with permits in place so 2021

Section 3: Fees

Program Type: Family Child Care
Nursery School

Child Care Facility

NOTE: NO FEE REQUIRED for licenses that expire after July 1, 2020 through June 30, 2022.

Fee Calculation Section

Application Type:	Program Type:	Family Child Care	Child Care Facility	Nursery School	Total
<input checked="" type="checkbox"/> New application		\$160	\$120	\$10	\$
<input type="checkbox"/> Renewal		\$160	\$240	\$10	\$
<input type="checkbox"/> Change in Capacity			\$10		\$
<input type="checkbox"/> Change in Director (Facility/Nursery Only)			\$10		\$
Total check/money order enclosed:					\$

SECTION 4: Background

Are you now, or have you ever been, licensed, registered, or certified to provide services for children or adults?

No

If "yes", please indicate the type of care, approximate dates of service, and name(s) under which

you are or were licensed, registered, or certified to provide services for children or adults:
Elementary teacher: Amanda Leroux 9/1/99 - 6/10/00, 6/10/00 - 4/27/12, Amanda Gosselin 4/20/13 - current
 Have you had any prior license or certificate sanctions issued to you, such as a conditional license/certificate, license/certificate suspension, denial of an application for a license/certificate, fine, or revocation regarding a child or adult care license, certificate, or approval issued to you?

No

Yes, please explain:

Have you, or has anyone employed by you, (or, for family child care providers has anyone living in or frequenting your home) been:

1) Convicted of a crime, including OUI and vehicle offenses? No

Yes

2) Investigated by Child Protective Services or the Out of Home Investigations Unit? No

Yes

3) Named as a defendant in a Protection from Abuse Order? No

Yes

4) Named in a court order resulting in removal of children from care or custody? No

Yes

If you checked yes to any of the above, please explain:

Have you ever received treatment for drug and/or alcohol use?

No

Yes, please explain:

Have you ever received mental health services?

No

Yes, please explain:

Is there any other information that would be useful in assessing your ability to provide care for children?

No

Yes, please explain:

We are a licensed Resource Family through DHHS

SECTION 5: Submission Attachments

Please submit the following documents with your completed application.

A non-refundable check or money order made payable to "Treasurer, State of Maine"
 Authorization for Release of Information (Must be signed by all adult household members and/or staff/volunteers for Family Child Care)

Applications for increase in capacity must also include:

Documentation of zoning/code approval from the municipality where the program is physically located.

New applications (ONLY) must also include the following documents:

Three (3) references (Child Care Facility/Nursery School ONLY)
 Floor plan
 Documentation of zoning/code approval from the site municipality *will provide once available*
 Director's transcript and proof of training (Child Care Facility / Nursery School ONLY)
 Proof of Insurance (Child Care Facility / Nursery School ONLY)

SECTION 6: Legal Structure

Type of Operation:

Sole Proprietorship Partnership For-profit Corporation Non-profit Corporation
 Limited Liability Company Association Trust

Other (describe): _____

SECTION 6: Declaration

I/We have received, read and understand the Rules governing the type of child care program for which I am/we are applying:

Rules for the Licensing of Child Care Facilities (effective 8.27.08)
 Rules for the Licensing of Nursery Schools (effective 9.27.04)
 Family Child Care Provider Licensing Rule (effective 7/05/18)

I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal's Office to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws and rules pertaining to the operation of child care programs.

I/We also understand that the signing of this application effectively serves as a release of information and gives permission to the Department of Health and Human Services to obtain any criminal, child protective, Out of Home Investigation, and motor vehicle records for owner/operator/director which may be on file in any Country, State or Federal Office.

I/we understand that failure to disclose any criminal convictions, including operating under the influence (OUI), may result in denial of this application.

I/We certify that all information contained in this application is complete and accurate and understand any falsification of statement may be grounds for denial and may be Unsworn Falsification, a Class D crime under 17-A M.R.S. §453.

Amanda Keddy

Amanda Keddy

4/10/21

Print name of Provider/Owner

Signature of Provider/Owner

Date

Print name of Director/Co-Applicant

Signature of Director/Co-Applicant

Date

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Office of Child and Family Services
Children's Licensing and Investigation Services
2 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-5020

Fax: (207) 287-9304

Toll Free: 1-800-791-4080

TTY users call Maine relay 711

Email: info.dhhs@maine.gov Web: <https://www.maine.gov/dhhs/childcare>

**Authorization for the Release of Personal History Information
Provider, Adult Members of Household, Employees, and Volunteers of Family Child Care
Providers**

Provider:

By signing below, I authorize the release of confidential records or information regarding any criminal record, child protection record, Out of Home Investigation record, and/or motor vehicle record to the Department of Health and Human Services, Children's Licensing and Investigation Services. I understand that any information obtained as a result of this release of information will remain confidential, as required by law, and will be used solely for the purpose of determining whether a license to operate a child care should be granted or renewed. This consent may be revoked by me, in writing, at any time, excepting information that has already been obtained.

If any criminal record, child protection record, Out of Home Investigation record, or motor vehicle record indicates that a prior conviction or substantiated finding exists, the provider will need to provide evidence to Children's Licensing and Investigation Services that any prior history has been addressed and the individual will not compromise or threaten the safety of any children in care.

I understand that each adult member (18 years and older) of my household, employee(s), and volunteer(s) must complete the lower portion of this form, and that failure to do so is a violation of the child care licensing rules and may result in licensing action.

Provider Name: Amanda Keddy Family Child Care License Number:
Familiar Names (i.e. maiden name, aliases): Amanda Leroux, Amanda Gosselin
Address: 5 Hutchins Dr. Biddeford, ME 04005
Telephone: (207) 651-3297 Driver's License #: 6347230 Date of Birth: 7/8/77
Signature: Amanda Keddy Date: 4/10/21

Adult Household Members, Staff, and Volunteers:

By signing below, adult household members and staff/volunteers authorize the Department of Health and Human Services, Children's Licensing and Investigation Services to obtain and disclose confidential records or information regarding that person's criminal record, substantiated Child Protection Services record, substantiated and indicated Out of Home Investigation record, and/or motor vehicle record to the provider named above. Failure to disclose any criminal convictions, including operating under the influence (OUI), may result in licensing action.

Full Name: James Robert Keddy
Street Address: 5 Huttons Dr.
City, State & Zip: Biddeford, ME 04005
Telephone #: (207) 232-6572
Date of Birth: 11/18/79
Former/Maiden Name(s):
Driver's License #: 9401243

Signature: James R. Keddy

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver's License #:

Signature: _____

Full Name: Lorraine Alice LEROUX
Street Address: 3 Spiller Dr.
City, State & Zip: Kennebunk, ME 04043
Telephone #: (207) 985-3297
Date of Birth: 5/19/45
Former/Maiden Name(s): Lorraine Alice Dorva
Driver's License #: 0608055

Signature: Lorraine A. Leroux

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver's License #:

Signature: _____

Adult Household Members, Staff, and Volunteers:

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver's License #:

Signature: _____

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver's License #:

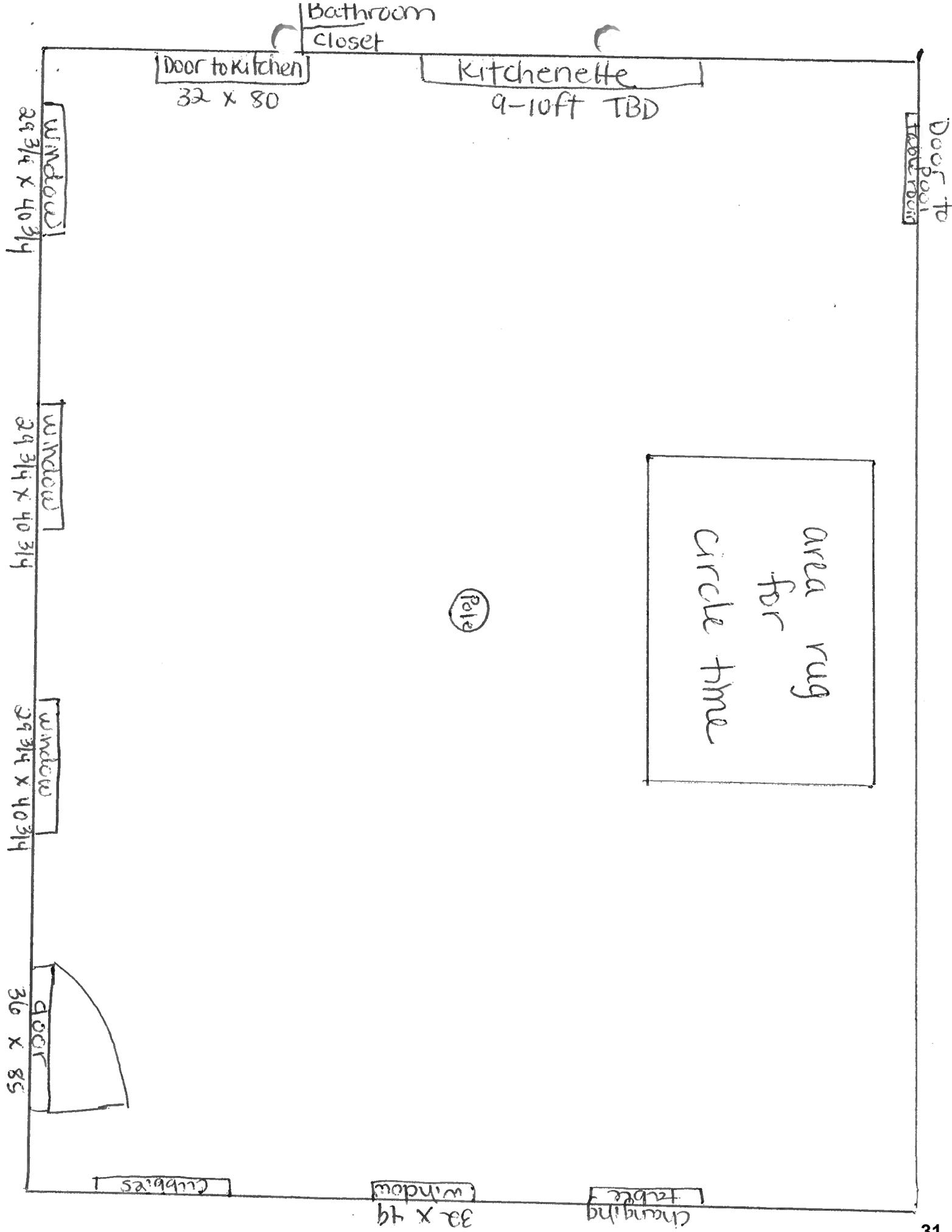
Signature: _____

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver's License #:

Signature: _____

Full Name:
Street Address:
City, State & Zip:
Telephone #:
Date of Birth:
Former/Maiden Name(s):
Driver's License #:

Signature: _____



State Farm Fire and Casualty Company
A Stock Company With Home Offices In Bloomington, Illinois

Po Box 88049
Atlanta GA 30356-9901

AT1 H-28-1105-FB52 F H W
3201
KEDDY, JAMES & AMANDA
5 HUTCHINS DR
BIDDEFORD ME 04005-9024



DECLARATIONS

AMENDED JAN 20 2021

AMOUNT DUE: **None**
Payment is due by **TO BE PAID BY MORTGAGEE**

Policy Number: 19-BH-A033-9

Policy Period: 12 Months
Effective Dates: DEC 14 2020 to DEC 14 2021
The policy period begins and ends at 12:01 am standard time at the residence premises.

Your State Farm Agent
BROWNE INSURANCE AGENCY INC
20 EDWARDS AVE STE 2
BIDDEFORD ME 04005-3746

Phone: (207) 283-1167

HOMEOWNERS POLICY

Location of Residence Premises
5 HUTCHINS DR
BIDDEFORD ME 04005-9024

Construction: Frame
Year Built: 1979

Automatic Renewal

If the **POLICY PERIOD** is shown as **12 MONTHS**, this policy will be renewed automatically subject to the premiums, rules, and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lien-holder written notice in compliance with the policy provisions or as required by law.

IMPORTANT MESSAGES

Your policy is amended JAN 20 2021
1ST MORTGAGEE NAME/ADDRESS CHANGED
Other items shown are effective
with the policy's 2020 renewal

PREMIUM

Endorsement Premium **NONE**
Your premium has already been adjusted by the following:
Home/Auto
Claim Record

**NAMED INSURED**

KEDDY, JAMES & AMANDA

MORTGAGEE AND ADDITIONAL INTERESTS

Mortgagee
CMG FUNDING INC
ITS SUCCESSORS AND/OR ASSIGNS
C/O SPECIALIZED LOAN SERVICING
PO BOX 620188
DORAVILLE GA 30362-2188

Loan Number:
N/A**SECTION I - PROPERTY COVERAGES AND LIMITS**

Coverage	Limit of Liability
A Dwelling	\$ 503,100
Other Structures	\$ 50,310
B Personal Property	\$ 377,325
C Loss of Use	\$ 150,930
Fungus (including Mold) Limited Coverage	\$ 10,000
Additional Coverages	
Arson Reward	\$ 1,000
Credit Card, Bank Fund Transfer Card, Forgery, and Counterfeit Money	\$ 1,000
Debris Removal	Additional 5% available/\$1,000 tree debris
Fire Department Service Charge	\$500 per occurrence
Fuel Oil Release	\$10,000
Locks and Remote Devices	\$1,000
Trees, Shrubs, and Landscaping	5% of Coverage A amount/\$750 per item

SECTION II - LIABILITY COVERAGES AND LIMITS

Coverage	Limit of Liability
L Personal Liability (Each Occurrence)	\$ 300,000
Damage to the Property of Others	\$ 1,000
M Medical Payments to Others (Each Person)	\$ 5,000

INFLATION

Inflation Coverage Index: 284.1

DEDUCTIBLES

Section I Deductible	Deductible Amount
All Losses 1 %	\$ 5,031

LOSS SETTLEMENT PROVISIONS

A1 Replacement Cost - Similar Construction
B1 Limited Replacement Cost - Coverage B

JAN 11 2021

19-BH-A033-9



FORMS, OPTIONS, AND ENDORSEMENTS

HW-2119	Homeowners Policy
HO-2639	Fungus (Incl Mold) Limited Cov
HO-2356	Amendatory End - Liability
HO-2264	Amendatory Endorsement
HO-2465	Fungus (Incl Mold) Liability
Option JF	Jewelry and Furs \$1,500 Each Article/\$2,500 Aggregate
Option ID	Increase Dwlg Up to \$ 100,620
Option OL	Ordinance/Law 10%/\$ 50,310

Other limits and exclusions may apply - refer to your policy

Your policy consists of these Declarations, the Homeowners Policy shown above, and any other forms and endorsements that apply, including those shown above as well as those issued subsequent to the issuance of this policy.

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Younall
Secretary

Michael T. Larson
President

Proposed Business Owner:

**Amanda S. L. Keddy
5 Hutchins Drive
Biddeford, ME 04005**

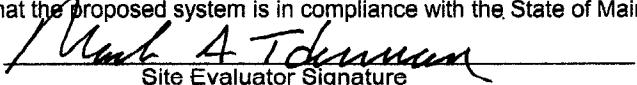
43 years old

Proposed Business Name:

Mandi's Munchkins

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 11SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<		
City, Town, or Plantation	BIDDEFORD			
Street or Road	5 HUTCHINS DRIVE			
Subdivision, Lot #				
OWNER/APPLICANT INFORMATION				
Name (last, first, MI) KEDDY JAMES & ALEXANDA		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant				
Daytime Tel. #	232-6572			
OWNER OR APPLICANT STATEMENT		<p>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.</p>		
Signature of Owner or Applicant		Date _____		
		Local Plumbing Inspector Signature _____		
		(2nd) date approved _____		
PERMIT INFORMATION				
TYPE OF APPLICATION		THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: BED Year installed: 1998		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	1. Complete Non-engineered System 2. Primitive System (graywater & alt. 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 2.5 SQ. FT. 0.00 ACRES		DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY	
SHORELAND ZONING Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: 4 BEDROOM + 6 CHILD DAY CARE (specify)	1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private 4. Public <input type="checkbox"/> 5. Other	
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)				
TREATMENT TANK		DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	
1. Concrete <input checked="" type="checkbox"/> a. Regular b. Low Profile 2. Plastic 3. Other: CAPACITY: 1000 GAL.		1. Stone Bed <input checked="" type="checkbox"/> 2. Stone Trench 3. Proprietary Device a. cluster array <input type="checkbox"/> b. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: <input type="checkbox"/>	1. No <input type="checkbox"/> 2. Yes <input checked="" type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: a. multi-compartment tank b. _____ tanks in series c. increase in tank capacity d. Filter on Tank Outlet	
SOIL DATA & DESIGN CLASS PROFILE CONDITION S1 B at Observation Hole # TP Depth None of Most Limiting Soil Factor		DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	
		1. Medium--2.6 sq. ft. / gpd 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 3. Required Specify only for engineered systems: DOSE: _____ gallons	
SITE EVALUATOR STATEMENT				
I certify that on 5-28-21 (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		121 SE # _____ 6-5-21 Date		
MARK A. TRUMAN Site Evaluator Name Printed		229-7482 Telephone Number MARK A. TRUMAN C MAINE SITE EVALUATIONS.COM E-mail Address		
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.				
Page 1 of 3 HHE-200 Rev.11/2013				

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

BIDDEFORD

Street, Road, Subdivision

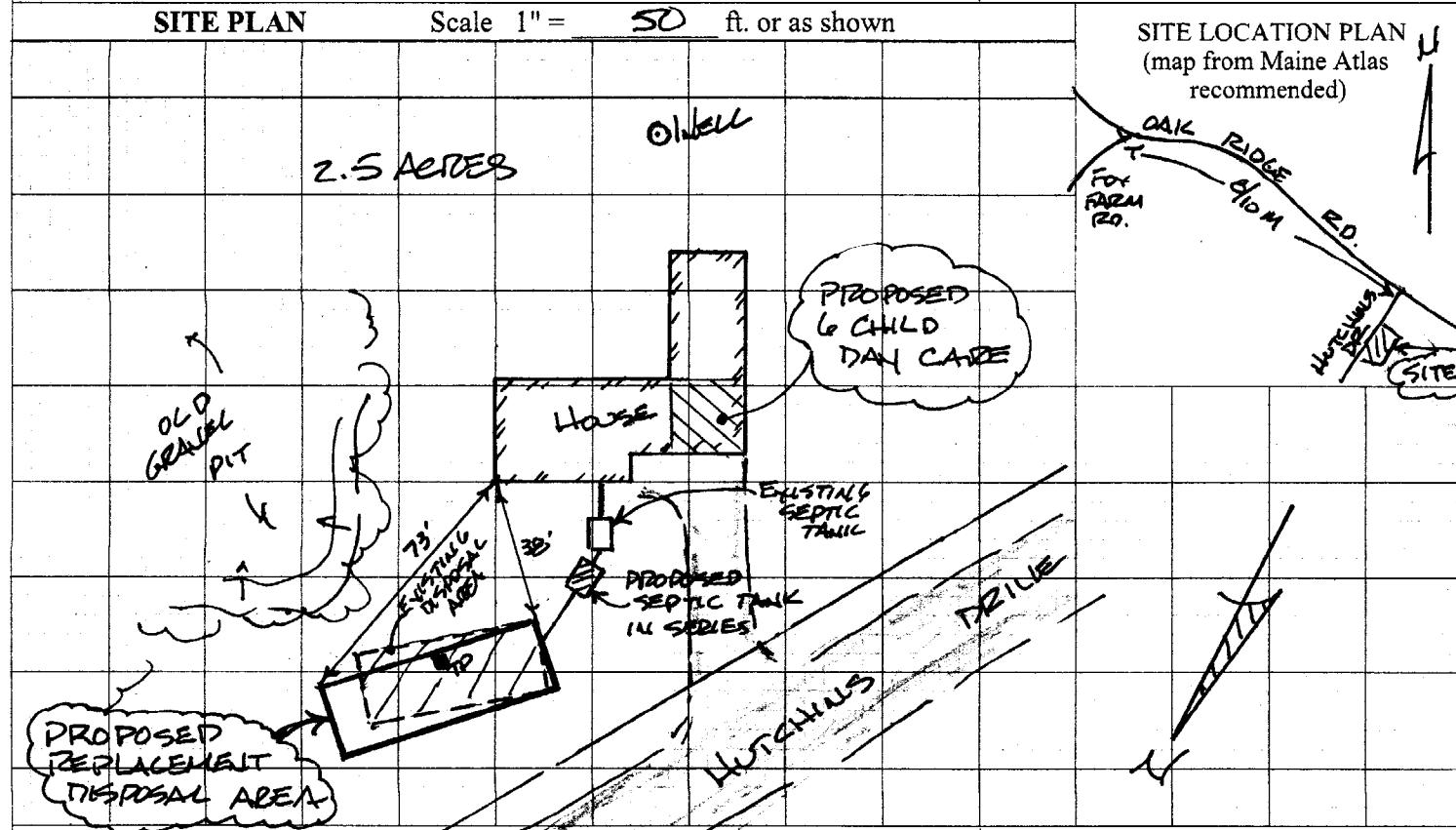
5 HUTCHINS DRIVE

Owner's Name

JAMES & AMANDA KEDDY

SITE PLAN

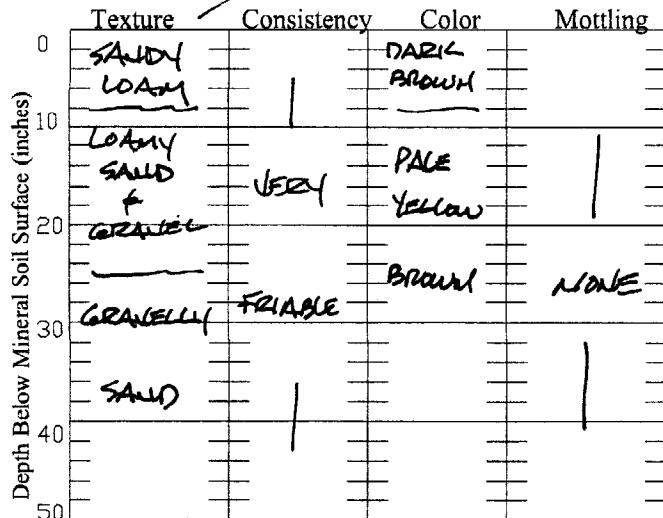
Scale 1" = **50** ft. or as shown



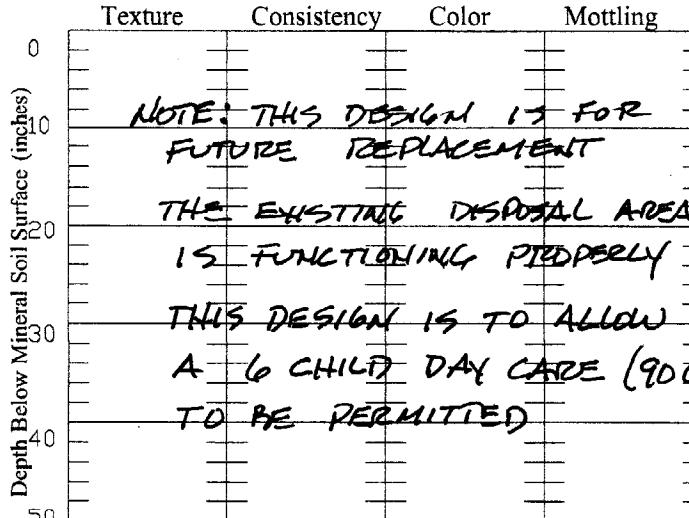
SITE LOCATION PLAN
(map from Maine Atlas recommended)

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

Observation Hole **TP** Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil



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



Soil Classification 5 Profile	Slope 1-3 % Condition	Limiting Factor Noise	<input type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock	<input type="checkbox"/> Pit Depth

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

Mark A. Tidemann

Site Evaluator Signature

121

SE #

6-5-21

Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

BIDDEFORD

Street, Road, Subdivision

5 HUTCHINS DRIVE

Owner's Name

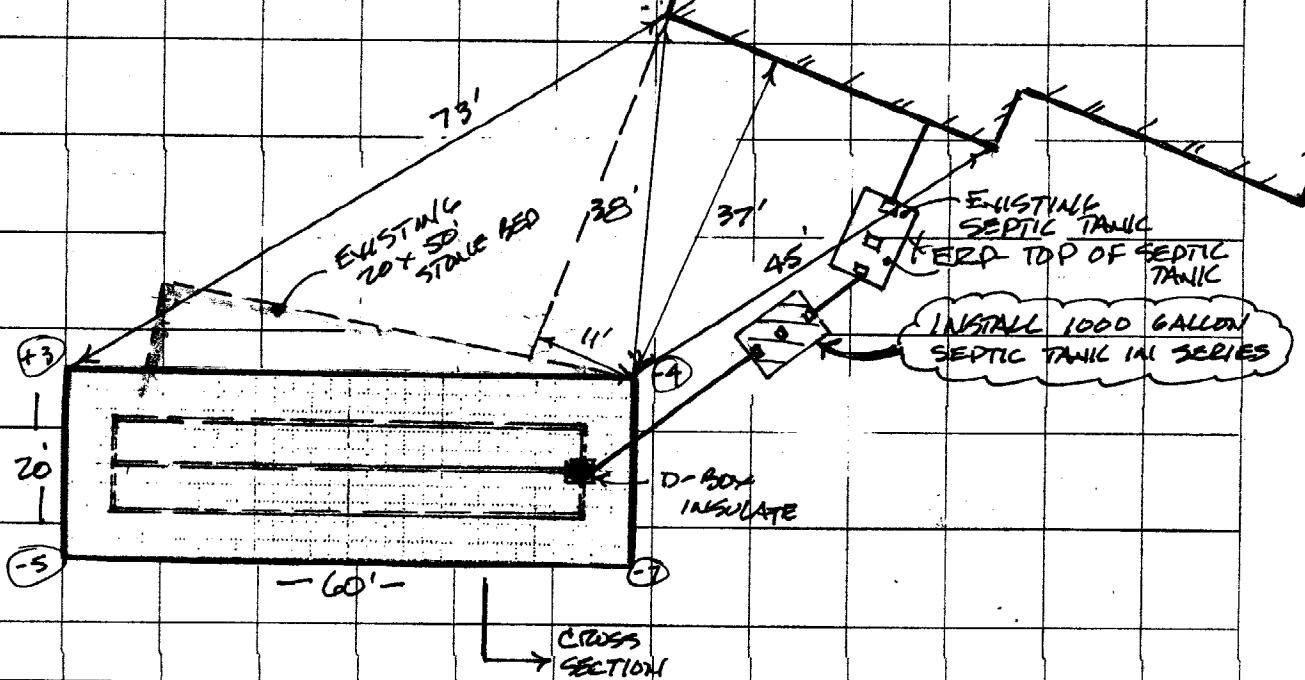
JAMES & AMANDA KEDDY

SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" = 20 FT.

HOUSE



FILL REQUIREMENTS

Depth of Fill (Upslope)

0

Finished Grade Elevation

111.1

-8

ELEVATION REFERENCE POINT

Location & Description: TOP OF EXISTING SEPTIC TANK

Reference Elevation: 0

Depth of Fill (Downslope)

0

Top of Distribution Pipe or Pumping Device

-20

Bottom of Disposal Area

-32

CONSTRUCTION ELEVATIONS

Scale

Horizontal 1" = 5 ft.

Vertical 1" = 10 ft.

DISPOSAL AREA CROSS SECTION

STONE 12"
1/2" DIA.
CLEAN

FABRIC

4" PERFORATED PIPES
SPACED 5'

* EXCAVATE OLD DISPOSAL AREA TO CLEAN SOIL
BACK FILL TO GRADE w/ GRAVELLY COARSE SAND

Site Evaluator Signature

SE #

Date

121

6-5-21

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HHE-200 Rev. 02/11



CITY OF BIDDEFORD FIRE DEPARTMENT

152 Alfred Street
Biddeford, Maine 04005
Tel: 207-282-6632
Fax: 207-283-8243

Chief Scott R. Gagne
Assistant Chief Paul R. LaBrecque
Deputy Chief Kevin D. Duross

Planning Board
City Hall
City of Biddeford
205 Main Street

June 3, 2021

Subject: Application for Home Day Care
5 Hutchins Dr.
Biddeford, Maine 04005

Dear Board Members,

It is my understanding the planning board has received an application from Amanda Keddy requesting to operate a Home Day Care at her residence at 5 Hutchins Drive.

The Fire Department does not have an issue with this Home Day Care request as long as all state and local codes apply.

Sincerely,

Paul R. LaBrecque

Paul R. LaBrecque
Assistant Fire Chief

Cc: Amanda Keddy
Greg Tansley

From: [Tansley, Greg](#)
To: [Whitten, Nan](#)
Subject: FW: Addition to packet
Date: Wednesday, June 2, 2021 10:04:20 AM
Attachments: [image0.png](#)

Greg Tansley, AICP
City Planner
PO Box 586
Biddeford, ME 04005
207-284-9115
Greg.Tansley@Biddefordmaine.org

From: Amanda Keddy <mandismunchkins2021@gmail.com>
Sent: Wednesday, June 2, 2021 9:45 AM
To: Tansley, Greg <Greg.Tansley@Biddefordmaine.org>; Daryen J Granata <Daryen.j.granata@maine.gov>

Subject: Addition to packet

Good morning Greg,

Could you please print this email I'm including here from the State Fire Marshall- Daryen Granata? He spoke with Scott and I. Daryen told me to include this email and to share it with the planning board so it'll be added to my application. Daryen informed both Scott and myself that since my in-home daycare will only be up to 6 kids, I don't need a plan review from him. If you have any questions, please give Daryen Granata a call. His number is included below.

Thanks Greg!



Amanda S. L. Keddy
Mandi's Munchkins Daycare
Sent from my iPhone