

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 050203
MAR 17 2005
CITY OF PORTLAND

This is to certify that City Of Portland/Rubb Building Systems
has permission to Office & Warehouse / Replacement of demolished office & warehouse space.
AT 454 Commercial St CBL 043 D005001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 3/16/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 454 Commercial St

CBL 043 D005001

Issued to City Of Portland/Rubb Building. Systems

Date of Issue 10/24/2005

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 05-0203, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Modular offices and RUBB storage structure

APPROVED OCCUPANCY

S1/Type 2B Construction and B/Type 5B 2003 IBC

Limiting Conditions:

Temporary office structure is approved pursuant to Section 107.2. For 180 days
All required tie downs and Emergency lighting must be operational prior to occupancy

**This certificate supersedes
certificate issued**

Approved:

.....
(Date)

.....
Inspector

.....
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0203	Issue Date: PERMIT ISSUED MAR 17 2005	043 D005001
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Location of Construction: 454 Commercial St	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name: n/a	Contractor Name: Rubb Building. Systems	Contractor Address: Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Commercial	Zone: WPD 2
Past Use: Office & Warehouse	Proposed Use: Office & Warehouse / Replacement of demolished office & warehouse space.	Permit Fee: \$0.00	Cost of Work: \$0.00
Proposed Project Description: Office & Warehouse / Replacement of demolished office & warehouse space.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: S/B Type: (S) 2/B 3/16/05/SS office
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
Action. <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature:	Date:

Permit Taken By: gg	Date Applied For: 0212212005	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>		Special Zone or Review <input type="checkbox"/> Shoreland <i>except under 1A-449</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>panel 13 zone A2 2/10</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan # 2005-0039 Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> <i>OK with condit. 3</i> Date: <i>NS 3/8/05</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE	

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0203	Date Applied For: 02/22/2005	CBL: 043 D005001
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Location of Construction: 454 Commercial St	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone:
Business Name: n/a	Contractor Name: Rubb Building. Systems	Contractor Address: Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Commercial	

Office & Warehouse/Replacement of demolished office & warehouse space.

Office & Warehouse / Replacement of demolished office & warehouse space.

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 03/08/2005

Note: 3/3/05 needs to apply for site plan review and approval - I'm not seeing that being done yet - Sarah has the plans & will put it in the system **Ok to Issue:**

- 1) It appears that this property is located within the A2 Floodplain Zone. Panel 13 gives a listing of elevation 10. Your new construction shall be at least two (2) feet above the given elevation or an elevation of 12. Your site plan shows that you will have a slab with an elevation of 15.8. You must fill out and return the required Floodplain forms certifying the elevation of the slab. This paperwork will be sent to you in advance of the issuance of this permit. Please return the forms to Marge Schmuckal, Zoning Administrator, Room 315 City Hall, 389 Congress St., Portland, ME 04101
- 2) Separate permits shall be required for any new signage.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 03/16/2005

Note: **Ok to Issue:**

- 1) this property is in a Special Flood Hazard Zone, a registered land surveyor must certify the elevation of the structures prior to occupancy.
- 2) plumbing, heating, ventilation or electrical plans must be submitted, approved and separate permits issued
- 3) A Statement of Special Inspections is required that reflects:
 - special inspection with regard to the steel, source, welds, bolt etc.
 - contractors statement of responsibility
 - Special inspection program for seismic resistance (Section 1705, 1707 & 1708)

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 03/08/2005

Note: **Ok to Issue:**

- 1) fire extinguishers shall be provided in accordance with NFPA 10 standards
- 2) the sprinkler system and fire alarm system shall be tested to the appropriate standard and the results submitted to the Portland Fire Department
- 3) the fire alarm system shall be maintained to NFPA 72 standards
- 4) the sprinkler system shall be maintained to NFPA 13 standards

Dept: Fire **Status:** Approved **Reviewer:** Lt. MacDougal **Approval Date:** 03/14/2005

Note: **Ok to Issue:**

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 468 COMMERCIAL STREET INTERNATIONAL MARINE TERMINAL		
Total Square Footage of Proposed Structure TEMPORARY OFFICE — 4,900 SF. WAREHOUSE — 6,000 SF.	Square Footage of Lot 624,335 SF	
Tax Assessor's Chart, Block & Lot Chart# 43 Block# Lot D-5 & G-1	Owner: CITY OF PORTLAND C/O PORTLAND OCEAN TERMINAL 40 COMMERCIAL ST.	Telephone: 541-6916 232-0122 CELL
Lessee/Buyer's Name (If Applicable) SCOTIA PRINCE CRUISES	Applicant name, address & telephone: PAUL H. BRADBURY 1001 WESTBROOK ST. PORTLAND, ME. 04102	Cost Of Work: \$ _____ Fee: \$ N/A
Current use: OFFICE & WAREHOUSE	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME <div style="border: 1px solid black; padding: 5px; display: inline-block;">FEB 27 2005</div> RECEIVED </div>	
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: OFFICE & WAREHOUSE Project description: REPLACEMENT OF DEMOLISHED OFFICE & WAREHOUSE SPACE.		
Contractor's name, address & telephone: OFFICE — G.E. CAPITAL MODULAR SPACE (207) 885-9743		
Who should we contact when the permit is ready: WAREHOUSE — RUBB BLDG. SYSTEMS (207) 324-2877		
Mailing address: PAUL BRADBURY		
<p>We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 756-8029</p>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

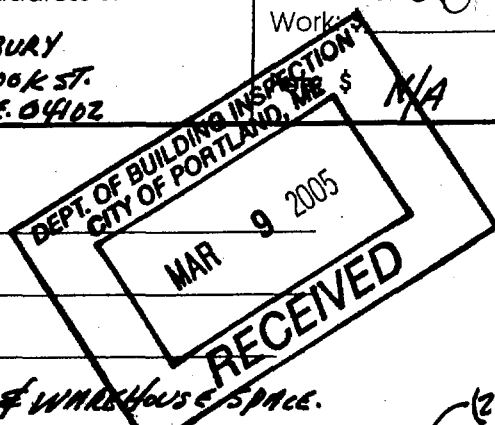
Signature of applicant:	Date: 2.18.05
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

43 D 5

All Purpose Building Permit Application

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Tax Assessor's Chart, Block & Lot Chart# 43 Block# Lot D-5 & G-1	Owner: CITY OF PORTLAND c/o PORTLAND OCEAN TERMINAL 40 COMMERCIAL ST.	Telephone: 54-6916 232-0122 CELL
Lessee/Buyer's Name (If Applicable) SCOTIA PRINCE CRUISES	Applicant name, address & telephone: PAUL H. BRADBURY 1001 WESTBROOK ST. PORTLAND, ME. 04102	Cost Of Work: 228,006
Current use: OFFICE & WAREHOUSE		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: OFFICE & WAREHOUSE	Project description: REPLACEMENT OF DEMOLISHED OFFICE & WAREHOUSE SPACE. (207)	
Contractor's name, address & telephone: OFFICE — G.E. CAPITAL MODULAR SPACES (885-9743)		
Who should we contact when the permit is ready: WAREHOUSE — RUBB BLDG. SYSTEMS (207) 324-2877		
Mailing address: PAUL BRADBURY		
We will contact you by phone when the permit is ready, You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up, PHONE: 756-8029		

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Signature of applicant: 	Date: 2.18.05
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Applicant: Paul Bradbury (City of Portland) Date: 3/8/05

Address: 454-468 Commercial St
INTERNATIONAL MARINE Terminal C-B-I: 043-D-005
CHECK-LIST AGAINST ZONING ORDINANCE

Date - Existing Development - re building # 05-0203

Zone Location - WPDZ modular temp 4,900# RUBBER 6,000#

(Interior) or corner lot - Office & Warehouse - replacement of recently Demolished Structures
Proposed Use/Work - for ferry section Prince for tickets - under #04-1841 issued 12/16/04

Sewage Disposal - City

Lot Street Frontage - None required

Front Yard - }
Rear Yard - } None required - except there shall be a minimum
Side Yard - } setback of five (5) feet from the edge of pier or wharf.

Projections -

Width of Lot - N/A

Height - 45' MAX - 35' 2" shown to lowest grade to ridge

Lot Area - None required

Lot Coverage/ Impervious Surface - 100% allowed

Area per Family - N/A

Off-street Parking - replacing old (smaller) - has an existing parking lot

Loading Bays - N/A

Site Plan - MMOR # 2005-0039

Shoreland Zoning/ Stream Protection - exempt under 14-449

Flood Plains - Panel B

Zone A2 - el 10 - showing existing slab of 15.8' 12' min req
requires a certificate of elevation

**CITY OF PORTLAND, MAINE
DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM
Zoning Copy**

2005-0039

Application I. D. Number

2/18105

Application Date

Int. Marine Terminal - **Office/Warehouse**
Project Name/Description

City Of Portland

Applicant

389 Congress St, Portland, ME 04101

Applicant's Mailing Address

Consultant/Agent

Applicant Ph: (207) 541-8916 Agent Fax:

Applicant or Agent Daytime Telephone, Fax

468 - 468 Commercial St, Portland, Maine

Address of Proposed Site

043 D005001

Assessor's Reference Chart-Block-Lot

Proposed Development (check all that apply) New Building Building Addition Change Of Use Residential Office Retail
 Manufacturing Warehouse/Distribution Parking Lot Other (specify) _____

WPDZ

Proposed Building square Feet or # of Units _____ Acreage of Site _____ Zoning _____

Check Review Required:

Site Plan (major/minor) Subdivision # of lots _____ PAD Review 14-403 Streets Review
 Flood Hazard Shoreland Historic Preservation DEP Local Certification
 Zoning Conditional Use (ZBA/PB) Zoning Variance Other _____

Fees Paid: Site Plan \$400.00 Subdivision _____ Engineer Review _____ Date: 3/7/05

Zoning Approval Status:

Reviewer _____

Approved Approved w/Conditions See Attached Denied

Approval Date _____ Approval Expiration _____ Extension to _____ Additional Sheets Attached

Condition Compliance _____
signature _____ date _____

Performance Guarantee Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	_____	_____	_____
	date	amount	expiration date
<input type="checkbox"/> Inspection Fee Paid	_____	_____	
	date	amount	
<input type="checkbox"/> Building Permit Issued	_____		
	date		
<input type="checkbox"/> Performance Guarantee Reduced	_____	_____	_____
	date	remaining balance	signature
<input type="checkbox"/> Temporary Certificate of Occupancy	_____	<input type="checkbox"/> Conditions (See Attached)	_____
	date		expiration date
<input type="checkbox"/> Final Inspection	_____	_____	
	date	signature	
<input type="checkbox"/> Certificate Of Occupancy	_____		
	date		
<input type="checkbox"/> Performance Guarantee Released	_____	_____	
	date	signature	
<input type="checkbox"/> Defect Guarantee Submitted	_____	_____	_____
	submitted date	amount	expiration date

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- ~~NA~~ Footing/Building Location Inspection: Prior to pouring concrete
- ~~NA~~ Re-Bar Schedule Inspection: Prior to pouring concrete
- ~~NA~~ Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a ~~\$75.00~~ fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

CBL: 0430005

Building Permit #:

050203

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number	1 of 1
Parcel ID	043 D005001
Location	454 COMMERCIAL ST
Land Use	GOVERNMENTAL
 Owner Address	 CITY OF PORTLAND 389 CONGRESS ST PORTLAND ME 04101
 Book/Page	 43-D-5-7 43-G-1-2
Legal	COMMERCIAL ST 454-520 W474912 D114143

Valuation Information

Land	Building	Total
53,072,830	\$10,087,830	513,160,660

Building Information

Bldg #	Year Built	# Units	Bldg Sq. Ft.	Identical Units
		0	0	0
Total Acres	Total Buildings	Sq. Ft.	Structure Type	Building Name
13.523	0			

Exterior/Interior Information

Section	Levels	Size	Use
Height	Walls	Heating	A/C

Building Other Features

Line	Structure Type	Identical Units

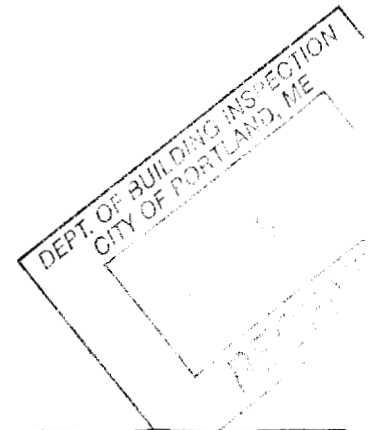
Yard Improvements

Year Built	Structure Type	Length or Sq. Ft.	# Units



43 DS

CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101



TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: RUBB INC.

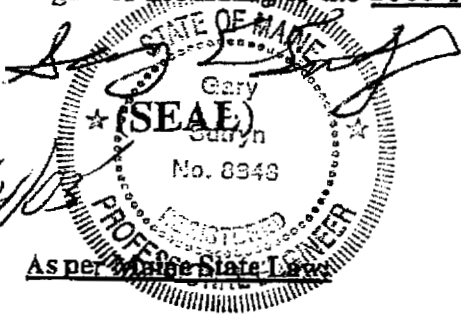
RE: Certificate of Design

DATE: 3-4-05

These plans and / or specifications covering construction work on:

RUBB STRUCTURE FOR CITY OF PORTLAND
SCOTIA PRINCE TERMINAL

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the 2003 International Building Code and local amendments.



3/4/05

As per Maine State Law

Signature: [Handwritten Signature]

Title: CHIEF ENGINEER

Firm: RUBB INC

Address: SANTORD, ME.

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures; shall be prepared by a registered design Professional.

43 DS

FROM DESIGNER: GARY SUTRYN, P.E.
DATE: 3/4/05
Job Name: RUBB STRUCTURE FOR PORTLAND SCOTIA PRINCE
Address of Construction: PORTLAND INTL MARINE TERM. TGRM

2003 International Building Code

Construction project was designed according to the building code criteria listed below:

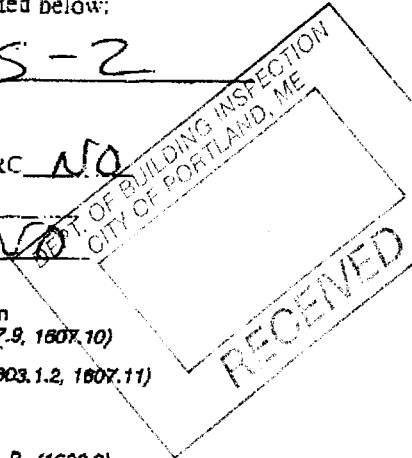
Building Code and Year IBC 2003 Use Group Classification(s) S-2

Type of Construction II B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC NO

Is the Structure mixed use? NO if yes, separated or non separated (see Section 302.3)

Supervisory alarm system? NO Geotechnical/Soils report required? (See Section 1802.2) NO



STRUCTURAL DESIGN CALCULATIONS

Submitted for all structural members (106.1, 106.1.1)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1603)

Uniformly distributed floor live loads (1603.1.1, 1607)

Floor Area Use Loads Shown

NOTE: RUBB INC.
RESPONSIBLE FOR
STRUCTURE ONLY.
FLOOR & FDN. BY OTHERS

Wind loads (1603.1.4, 1609)

ASCE 7 Design option utilized (1609.1.1, 1609.8)
100 MPH 3 SEC Basic wind speed (1609.3)
CAT I, I=1.0 Building category and wind importance factor, I_w (Table 1604.5, 1609.5)
C Wind exposure category (1609.4)
1.18 Internal pressure coefficient (ASCE 7)
MAIN WALLS Component and cladding pressures (1609.1.1, 1609.8.2.2)
ASCE 7 Main force wind pressures (1609.1.1, 1609.8.2.1)

Earthquake design data (1603.1.5, 1614 - 1623)

Design option utilized (1614.1)
I Seismic use group ("Category") (Table 1604.5, 1616.2)
Sps = 2.35 Spectral response coefficients, S_{ps} & S_{p1} (1615.1)
D Site class (1615.1.5)

Live load reduction (1803.1.1, 1807.9, 1807.10) 12 psf
Roof live loads (1803.1.2, 1807.11)

Roof snow loads (1803.1.3, 1808)

50 psf Ground snow load, P_g (1808.2)

27 psf If $P_g > 10$ psf, flat-roof snow load, P_f (1808.3)

.8 If $P_g > 10$ psf, snow exposure factor, C_e (Table 1808.3.1)

.8 If $P_g > 10$ psf, snow load importance factor, I_s (Table 1804.5)

1.2 Roof thermal factor, C_t (Table 1808.3.2)

26 Sloped roof snowload, P_s (1808.4)

C Seismic design category (1616.3)

2D Basic seismic-force-resisting system (Table 1617.5.2)

R=5
Cd=4.5 Response modification coefficient, R , and deflection amplification factor, C_d (Table 1617.8.2)

1417.5 Analysis procedure (1616.6, 1617.5)

1417.5.1 Design base shear (1617.4, 1617.5.1)

Flood loads (1603.1.6, 1612)

Flood hazard area (1612.3)

Elevation of structure

Other loads

Concentrated loads (1607.4)

Partition loads (1607.5)

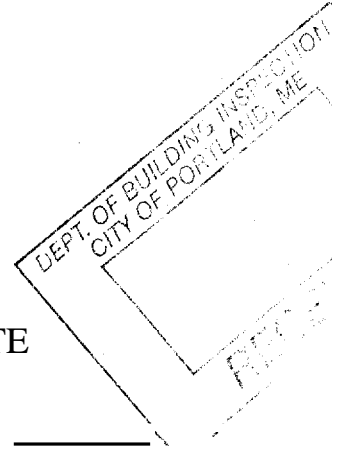
Impact loads (1607.8)

Misc. loads (Table 1607.6, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



43 DS

CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101



ACCESSIBILITY CERTIFICATE

Designer: PAUL H. BRADBURY

Address of Project: 468 COMMERCIAL ST

Nature of Project: REPLACEMENT OF DEMOLISHED

WAREHOUSE & OFFICE STRUCTURE WITH

A PRE-ENGINEERED RUBB BUILDING (WAREHOUSE)
& MODULAR OFFICE BUILDING.

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

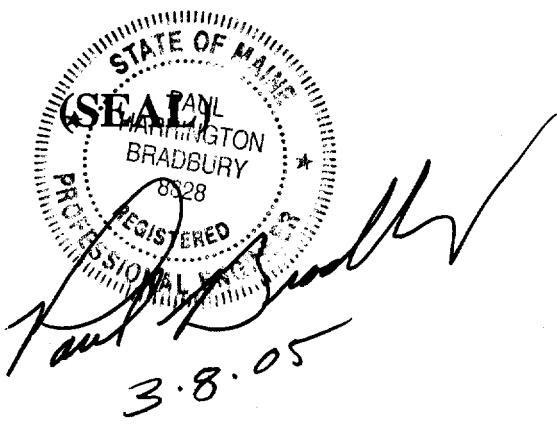
Signature: Paul Bradbury

Title: FACILITIES & ENGINEERING MANAGER

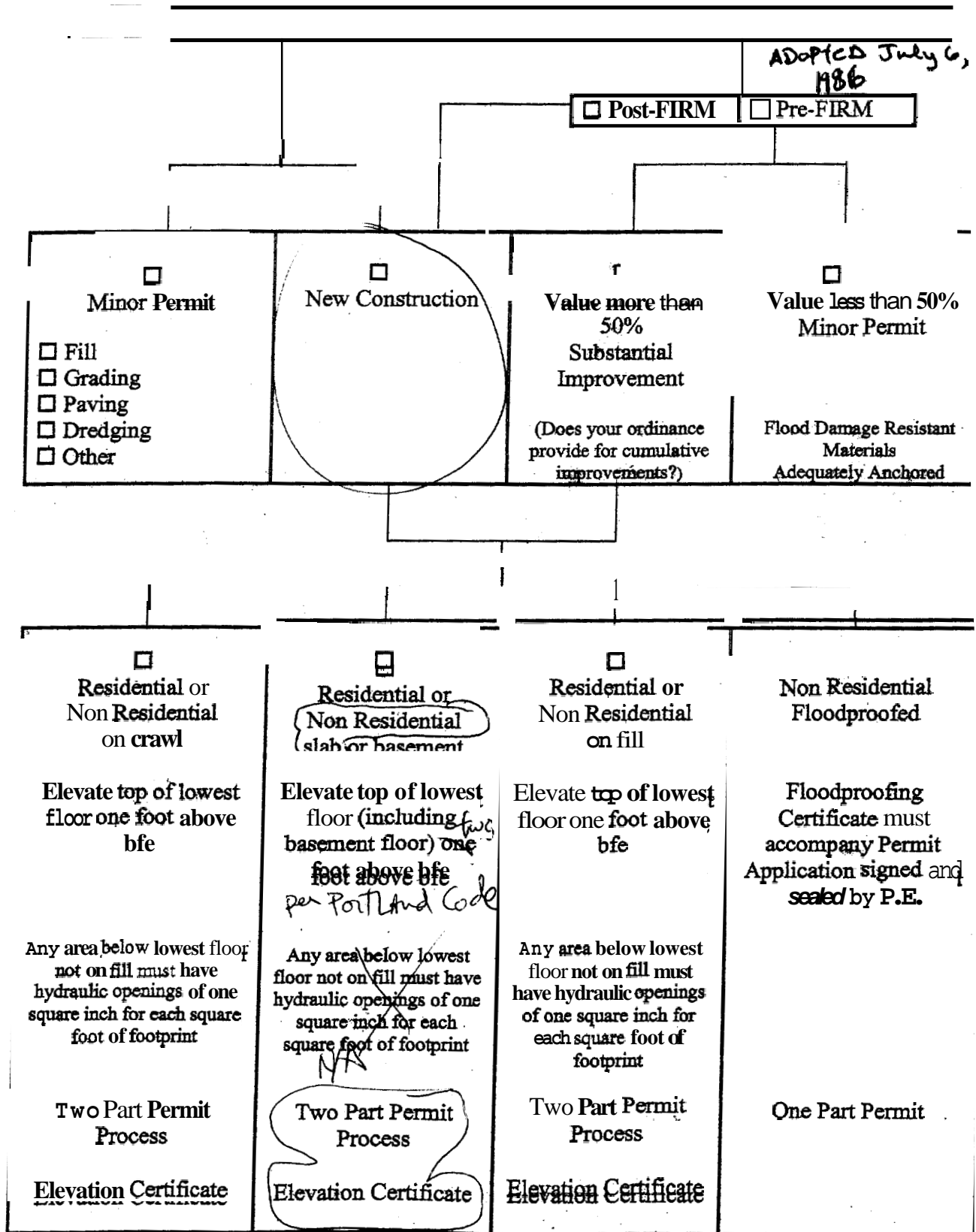
Firm: CITY OF PORTLAND

Address: 1001 WESTBROOK ST
PORTLAND ME 04102

Phone: 207-756-8029



A, AI-30, AE and AH Zones [Not in Floodway]



FLOOD HAZARD DEVELOPMENT PERMIT

PART II

Portland, Maine

(For completion of New Construction and Substantial Improvements)

The following information has been submitted and found compliant with the Development Standards of the Floodplain Management Ordinance:

- FEMA Elevation Certificate Form 81-31
- Review of the structural design, specifications, plans and construction methods by a Professional Engineer or Architect certifying that they meet or exceed the technical criteria contained in the FEMA/Coastal Construction Manual and are in accordance with accepted standard of practice for meeting the criteria of Article VI.K.2.

A Part II Flood Hazard Development Permit is hereby issued as provided under Article V § F of the Floodplain Management Ordinance of _____, Maine, for development as defined in said ordinance.

Tax Map: _____ Lot #: _____

43-D-5-7 in 43-G-1-2

454-520 Commercial St

The permittee understands and agrees that:

- The permit is issued on the representations made herein and on the elevation certificate;
- The permit may be revoked because of any breach of representation;
- Once a permit is revoked all work shall cease until the permit is reissued or a new permit is issued;
- The permit will *not* grant any right or privilege to erect any structure or use any premises described for any purposes or in any manner prohibited by the ordinances, codes, or regulations of the municipality;
- The permittee hereby gives consent to the Code Enforcement Officer to enter and inspect activity covered under the provisions of the Floodplain Management Ordinance;
- The permit form will be posted in a conspicuous place on the premises in plain view and;
- The permit will expire if no work is commenced within 180 days of issuance.

I hereby certify that all the statements in, and the attachments to this permit are a true description of the existing property and the proposed development project.

Owner _____
signature

Date _____

or

Authorized Agent _____
signature

Date _____

Issued by _____

Date _____

Permit # _____



**CITY OF PORTLAND MAINE
DEPARTMENT OF PORTS & TRANSPORTATION
WATERFRONT DIVISION
FACILITIES ENGINEERING DEPARTMENT**

28 February 2005

City of Portland, Maine
Inspections Department
389 Congress Street
Portland, Maine 04101

ATT: M. Nugent

Attached is a building permit application and supporting documents for proposed construction at the Portland International Marine Terminal, 468 Commercial Street. This construction is required to accommodate Scotia Prince operations at their present location for the interim period during construction of the Ocean Gateway project at 40 Commercial Street, and the relocation of operations to the new site.

This project consists of the construction of a six thousand square foot manufactured warehouse building and installation of temporary manufactured office space as follows:

Warehouse Building

The warehouse building will consist of a six thousand square foot structure with dimensions of sixty by one-hundred feet and a maximum height of thirty feet, eight inches. This structure will be as manufactured by Rubb Building Systems of Sanford, Maine and have a tubular steel frame with PVC impregnated Polyester fabric covering material, and metal exterior siding up to a height of sixteen feet,

Office Space

The office space portion of this project is of a temporary nature and will consist of the erection of manufactured, modular units of wood frame construction which will result in the creation of approximately four thousand, nine hundred square feet of office space which will provide private offices, break room, toilets, conference room, storage and ticket office. The spaces will be provided with heating and air-conditioning, and be ADA

compliant. It is expected that the office space will be in service for this sailing season only, following which they will be removed from service.

Thank you for your favorable action on this building permit application. If there is any additional information that you require or you have any questions on this project please contact me at any time.

Respectfully,

Paul Bradbury CMA
Paul H. Bradbury, P.E.

Facilities & Engineering Manager

Copies of Documents Sent to Paul Bradbury

FLOOD HAZARD DEVELOPMENT PERMIT APPLICATION

Portland, Maine

(All applicants **must** complete **entire** application)
[603(e)]

Application is hereby made for a Flood ~~Hazard~~ Development Permit as required under Article II of the Floodplam Management Ordinance of Portland Maine, for development as defined in said ordinance. This permit application does not preclude the need for other municipal permit applications.

owner City Portland ME Address % Portland Ocean Terminal

Ph No. 541-16/232-0122 cell

Applicant: Paul H. Bradbury Address: 1001 Westbrook St - Portland

Ph. No: see above

Contractor: _____ Address: _____

Ph. No: _____

LEGAL DESCRIPTION

Is this lot a part of a subdivision? Yes No If **yes**, give the name of the subdivision and lot number:

Subdivision: _____ Lot #: _____

Tax Map: 43-D-507 & 43-G-12 Lot #: _____

Address: 454-520 Commercial St
Street/Road Name

Zip Code: 04101

General explanation of proposed development: replace demolished structures
a) temporary modular building 4,900^{sq} and b) 6,000^{sq} RuBB

Estimated value of improvements: \$ _____

OTHER PERMITS

Are other permits **required from State or Federal** Jurisdictions? OYes No
If yes, are copies of these permits attached? OYes No Not Applicable

Federal and State **Permits** may include but not limited to: ME/DEP/Natural Resource Protection Act, **Site** Location of Development Act, Metallic **Mineral** Exploration, Advanced Exploration and **Mining**, USACE/Section 9 & 10 of the **Rivers and Harbors Act**/ Section **404** of the **Clean Water Act**; **Federal Energy Regulation Commission**.

(This Section to be completed by Municipal Official)

Date: Submitted 2/2/05 Fee Paid NA Reviewed by CEO: _____ Reviewed by Planning Board: staff

Permit # _____ Issued by _____ Date _____

(This section to be completed by Municipal Official)

LOCATION

Flooding source (name of river, pond, ocean, etc): Ocean

- VI-30 Zone VE Zone AE Zone A1-30 Zone A Zone
- FRINGE FLOODWAY (1/4 width of floodplain in A Zone)

If proposed development is in an "AE" or "A1-A30" Zone and cross section data is available in the Flood Insurance Study please note the Nearest Cross Section References and Elevation of Base Flood at Nearest Cross Section.

Cross Section	Base Flood Elevation
Above Site _____	Above Site <u>10</u>
Below Site _____	Below Site <u>10</u>

Base Flood Elevation (bfe) at the site 10 NGVD [Required for New Construction or Substantial Improvements]

Basis of A Zone bfe determination:

- From a Federal Agency: USGS USDA/NRCS USACE Other _____
- From a State Agency: MDOT Other _____
- Established by Professional Land Surveyor
- Established by Professional Engineer HEC II HY 7 Quick-2 Other _____
- Highest Known Water level
- Other (Explain) _____

VALUE

If the development involves improvements to an existing structure, the **Market Value** of existing structure: \$ _____

- New development or Substantial Improvement: Minor improvement or addition to existing development

TYPE OF DEVELOPMENT

Check the appropriate box to the left for the type(s) of development requested; and complete information for each applicable line:

- | | | |
|---|------------------------|-------------------|
| <input type="checkbox"/> 1. Residential Structure | Dimensions _____ | Cubic Yards _____ |
| <input type="checkbox"/> 1a. New Structure | _____ | |
| <input type="checkbox"/> 1b. And to Structure | _____ | |
| <input type="checkbox"/> 1c. Renovation/other changes | | |
| <input type="checkbox"/> 2. Non-Residential Structure | | |
| <input checked="" type="checkbox"/> 2a. New structure <u>2 bldgs office/truck</u> | <u>temp Bldg 4900#</u> | |
| <input type="checkbox"/> 2b. And to Structure | <u>6000# RUBB</u> | |
| <input type="checkbox"/> 2c. Renovation/other changes | | |
| <input type="checkbox"/> 2d. Floodproofing | | |
| <input type="checkbox"/> 3. Water Dependent use: | | |
| <input type="checkbox"/> 3a. Dock | _____ | |
| <input type="checkbox"/> 3b. Pier | _____ | |
| <input type="checkbox"/> 3c. Boat Ramp | _____ | |
| <input type="checkbox"/> 3d. Other | _____ | |
| <input type="checkbox"/> 4. Paving | _____ | |
| <input type="checkbox"/> 5. Filling' | | _____ |
| <input type="checkbox"/> 6. Dredging | | _____ |
| <input type="checkbox"/> 7. Excavation | | _____ |
| <input type="checkbox"/> 8. Levee | | _____ |
| <input type="checkbox"/> 9. Drilling | | _____ |
| <input type="checkbox"/> 10. Mining: | | _____ |
| <input type="checkbox"/> 11. Dam: Water surface to be created | | _____ |
| <input type="checkbox"/> 12. Water Course Alteration | | _____ |
| Detailed description must be attached with copies of all applicable state and federal permits. | | |
| <input type="checkbox"/> 13. Other: Explain | _____ | |

¹Certain prohibitions apply in Velocity Zones

Attachment and Site Plan - drawn to scale with **north** arrow

- Show property boundaries, floodway and floodplain lines.
- Show dimensions of the lot.
- Show dimensions and location of existing and/or proposed development on the site.
- Show areas to be cut and filled.
- For New Construction or Substantial Improvement, also include existing grade elevations done by a Professional Land Surveyor, Architect or Engineer.
- For New Construction or Substantial Improvement, attach statement describing in detail how each applicable development standard in Article VI will be met.

Special Note: Substantial Improvement is defined as any reconstruction, rehabilitation, addition or other improvement of a structure, the cost of which equals or exceeds 50 percent of the market value of the structure before the start of construction of the improvement. Please refer to the floodplain management ordinance, Article XIII, for more complete definitions of New Construction and Substantial Improvement.

Structures in Velocity Zones are not permitted on fill or excavations. Structures must be built on open foundation systems, i.e., columns, piles, posts. (Article VI §L)

The Applicant Understands and agrees that:

- The permit applied for, if granted, is issued on the representations made herein;
- Any permit **issued** may be revoked because of **any** breach of representation;
- Once a permit is revoked all work shall cease until the permit is reissued or a new permit is issued;
- Any permit issued on this application will not grant any right or privilege to erect any structure or use any premises described for any purposes or in any manner prohibited by the ordinances, codes, or regulations of the municipality;
- The applicant hereby gives consent to the Code Enforcement Officer to enter and inspect activity covered under the provisions of the Floodplain Management Ordinance;
- If issued, the permit **will** be posted in a conspicuous place on the premises in plain view and;
- If issued, the permit **will** expire if no **work** is commenced **within** 180 days of issuance.

I hereby certify that all the statements in, and the attachments to this application are a true description of the existing property and the proposed development project.

Owner _____ Date _____
signature

or

Authorized Agent _____ Date _____
signature

Please read, sign & return

FLOOD HAZARD DEVELOPMENT PERMIT

PART I

Portland, Maine
(For New Structures or Substantial Improvements)

For new Structures or Substantial Improvements, this Flood Hazard Development Permit allows construction only up to the establishment of the lowest floor. Once the lowest floor is established, the permittee must provide an elevation certificate establishing the as built lowest floor elevation. When the Code Enforcement Officer **finds** the documentation to be in compliance with the Floodplain Management Ordinance, the permittee must then apply for the Part II Flood Hazard Development Permit in order for construction to continue.

For new Structures or projects that are deemed Substantial Improvements, the grade elevation at the lowest grade adjacent to the existing or proposed wall is: _____ NGVD.

The proposed Lowest Floor Elevation will be _____
(for V1-30 and VE Zones the lowest floor elevation is measured at the bottom of lowest structural horizontal part of the structure)

Sewage disposal: existing proposed not applicable Type _____

Tax Map: _____ Lot #: _____
43-D-5-7 & 43-G-1-2 - 454-520 Commercial St

The permittee understands and agrees that:

- The permit is issued on the representations made herein and on the application for permit;
- The permit may be revoked because of any breach of representation;
- Once a permit is revoked all work shall cease until the permit is reissued or a new permit is issued;
- The permit will not grant any right or privilege to erect any structure or use any premises described for any purposes or in any manner prohibited by the ordinances, codes, or regulations of the municipality;
- The permittee hereby gives consent to the Code Enforcement Officer to enter and inspect activity covered under the provisions of the Floodplain Management Ordinance;
- The permit form will be posted in a conspicuous place on the premises in plain view **and**;
- The permit **will** expire if no work is commenced within 180 days of issuance.

I hereby certify that all the statements in, and the attachments to this permit **are** a true description of the existing property and the proposed development project.

Owner _____ signature _____ Date _____

or

Authorized Agent _____ signature _____ Date _____

Issued by _____ Date _____

Permit # _____

PLEASE READ, SIGN & RETURN

Please Read, fill-in appropriately, sign & return



FEMA

FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

AND

INSTRUCTIONS

NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE

PAPERWORK BURDEN DISCLOSURE NOTICE

FEMA Form 81-31

The public reporting burden for this form is estimated to be 3.0 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0077). NOTE: Please do not send your completed form to the above address.

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP). It is to be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate, and to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR-F).

The Elevation Certificate is required in order to properly rate post-FIRM buildings, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), for flood insurance Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ANA, MAE, AR/A1-A30, MAH, and AR/AO. The Elevation Certificate is not required for pre-FIRM buildings unless the building is being rated under the optional post-FIRM flood insurance rules.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt a floodplain management ordinance that specifies minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings and maintain a record of such information. The Elevation Certificate provides a way for a community to comply with this requirement.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA or LOMR-F request. Lowest floor and lowest adjacent grade elevations certified by a surveyor or engineer will be required if the certificate is used to support a LOMA or LOMR-F request.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the Base Flood Elevation (BFE). A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME <u>City of Portland</u>			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>66 Portland Ocean Terminal ME</u>			Company NAIC Number	
CITY <u>Portland</u>	STATE <u>ME</u>	ZIP CODE <u>04101</u>		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>43-D-5-7 & 43-G-1-2 / 45A-520 Commercial St</u>				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Non residential - International Marine Terminal for the Scotia Prince</u>				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.#####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>City of Portland - #230051</u>		B2. COUNTY NAME <u>Cumberland</u>		B3. STATE <u>MAINE</u>	
B4. MAP AND PANEL NUMBER <u>0013</u>	B5. SUFFIX <u>B</u>	B6. FIRM INDEX <u>Dec DATE 8, 1998</u> <u>July 17, 1986</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>July 17, 1986</u>	B8. FLOOD ZONE(S) <u>AZ</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings" Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed * see pages 6 and 7. if no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AWA, AWAE, AR/A1-A30, AWAH, AR/AO
 Complete items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	_____ ft.(m)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	_____ ft.(m)	
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____ ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)		

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine, or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	LICENSE NUMBER
TITLE	COMPANY NAME
ADDRESS	CITY STATE ZIP CODE
SIGNATURE	DATE TELEPHONE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

| | Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft. (m) ____ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? | Yes | No | Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

| | Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

| | Check here if attachments

INSTRUCTIONS FOR COMPLETING THE ELEVATION CERTIFICATE

The Elevation Certificate **is** to be completed by a land **surveyor**, engineer, or **architect** who **is** authorized by **law** to **certify** elevation information when elevation information is required for Zones A1-A30, AE, AH, A (with **BFE**), VE, V1-V30, V (with **BFE**), AR, **AR/A**, AR/AE, AR/A1-A30, AR/AH, or AR/AO. Community officials who **are** authorized by **law** or ordinance to provide floodplain management information may also complete this form. For Zones AO and A (without **BFE**), a community official, a property owner, or an owner's representative may provide information on this certificate, unless the elevations are intended for use in supporting a LOMA or **LOMR-F**. Certified elevations must be included if the purpose of completing the Elevation Certificate is to obtain a LOMA or **LOMR-F**.

In Puerto Rico **only**, elevations for building information and flood hazard information may be entered in meters.

SECTION A - PROPERTY OWNER INFORMATION

This section identifies the building, its location, and its owner. Enter the name(s) of the building owner(s), the building's complete street address, and the lot and block number. If the building's address is different from the owner's address, enter the address **of** the building being certified. If the address is a **rural** route or a **Post Office box** number, enter the lot and block numbers, the tax parcel number, the **legal** description, or an abbreviated location description based on distance and direction from a fixed point of reference. For the purposes **of** this certificate, "building" means both a building and a manufactured (mobile) home.

A map **may** be attached to this certificate **to** show the location of the building on the property. A tax map, **FIRM**, or detailed community **map** is appropriate. If **no map** is available, provide a sketch of the property location, **and** the location of the building on the **property**. Include appropriate landmarks such **as** nearby roads, intersections, and bodies of water. For building **use**, indicate whether the building is residential, non-residential, **an** addition to an existing residential or non-residential building, **an** accessory building (e.g., garage), or other type **of** structure. Use the Comments area of Section **F** if needed.

If latitude and longitude data are available, enter them in degrees, minutes, **and** seconds, or in decimal degrees, taken at the center of **the front** of the building. Enter arc seconds to **two** decimal **places**. Indicate the horizontal datum and the source of the measurement data (for example, taken with **GPS**, scaled **from** a **USGS** Quad Map, etc.).

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Complete the Elevation Certificate on the basis of the **FIRM** **in** effect at the time of the certification.

The information for Section **B** is **obtained** by reviewing the **FIRM** panel that includes the building's location. Information about the current **FIRM** and a pamphlet titled "Guide to Flood Maps" are available **from** the Federal Emergency Management Agency (FEMA) website at <http://www.fema.gov> or by calling 1-800-427-4662. If a Letter of Map Amendment (LOMA) or Letter of Map Revision (LOMR-F) **has** been issued by **FEMA**, please provide the letter date and case number in the Comments area of **Section D** or Section **G**, **as** appropriate.

Item B1. NFIP Community Name & Community Number. Enter the complete name of the **community** in which **the** building is located and the associated 6-digit **community** number. For a building that is in an area that has been **annexed** by one community but is shown on another community's **FIRM**, enter the **community name and 6-digit** number of the annexing community. For a newly incorporated community, use the name and 6-digit number of the new community. Under the **NFIP**, a "**community**" is **any** State or area or political subdivision thereof, or any **Indian** tribe or authorized native organization, that has authority to adopt and enforce **floodplain** management regulations for the **areas** within its jurisdiction. To determine the current community number, see the **NFIP Community Status Book**, available **on** **FEMA's** website at <http://www.fema.gov> or by calling 1-800-427-4661.

Item B2. County Name. Enter the name of the county or counties in which the community **is** located. For **an** unincorporated area of a county, enter "unincorporated **area**." For **an** independent city, enter "independent city."

Item B3. State. Enter the 2-letter **state** abbreviation (for example, **VA**, **TX**, **CA**).

Item **B4**. Map and Panel Number. Enter the 10-digit number shown on the **FIRM** panel where the building or manufactured (mobile) home *is* located. The first six **digits** will not match the NFIP community number: 1) when the sixth digit is a “C,” in which case the **FIRM panel is in a countywide** format; or 2) when one community has annexed land from another community but the **FIRM** panel has not been updated to reflect this annexation. If the sixth digit is a “C,” it **is** followed by a four-digit **map** number. For **maps** not in countywide format, enter the “community panel number” shown on the **FIRM**.

Item **B5**. Suffix. Enter the suffix letter shown on the **FIRM** panel that includes the building’s location.

Item **B6**. **FIRM Index** Date. Enter the effective date or **map** revised **date** shown on the **FIRM** Index.

Item **B7**. **FIRM** Panel Effective/Revised Date. Enter the map effective date or the **map** revised date shown on the **FIRM** panel. This will be the latest of all dates shown on the map. The current **FIRM** panel effective date **can** be determined by calling 1-800-427-4661.

Item **B8**. Flood Zone(s). Enter the flood zone, or flood zones, in which **the** building is located. All flood zones containing the letter “A” or “V” are considered Special Flood Hazard Areas. The flood zones are A, AE, A1-A30, V, VE, V1-V30, AH, **AO, AR, ARIA, AR/AE, AR/A1-A30, AR/AH, and AR/AO**. Each flood **zone is** defined in the legend of the **FIRM** panel on which it appears.

Item **B9**. Base Flood Elevation(s). **Using** the appropriate Flood Insurance Study (FIS) Profile, Flood Elevation Table, or **FIRM** panel, locate the property and enter the BFE (or base flood depth) of the building site. If the building is located in more than one **flood** zone in Item **B8**., list all appropriate BFEs in Item **B9**. BFEs are **shown** on a **FIRM** or **FIS** Profile for Zones A1-A30, AE, AH, V1-V30, VE, **AR, AR/A, AR/AE, AR/A1-A30, AR/AH, and AR/AO**; flood depth numbers are shown for Zone **AO**. Use the **AR** BFE if the building **is** located in any of Zones **AR/A, AR/AE, AR/A1-A30, AR/AH, or AR/AO**. In **A** or **V** **zones** where BFEs are not provided on the **FIRM**, the community may have established **BFEs** or obtained **BFE data** from other sources. For subdivisions and other developments of more **than** 50 lots or **5** acres, establishment of BFEs is required by the community’s floodplain management ordinance. If the BFE **is** obtained from another source, enter the BFE in Item **B9**.

Item **B10**. Indicate the source of the BFE that you entered in Item **B9**.

Item **B11**. Indicate the elevation **datum** to which the elevations on the applicable **FIRM** **are** referenced.

Item **B12**. Indicate whether the building **is** located in a Coastal Barrier Resources System (CBRS) area **or** Otherwise Protected Area (OPA). Federal flood insurance is prohibited in designated CBRS areas for buildings or manufactured (mobile) homes built or substantially improved after the date of the CBRS designation. An information sheet explaining CBRS areas may be obtained on FEMA’s website at <http://www.fema.gov> or by calling 1-800-427-4661.

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Complete Section C if the building is located in any **of** Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, **AR/A, AR/AE, AR/A1-A30, AR/AH, or AR/AO**, or if this certificate **is being used** to support a LOMA or LOMR-F. If the building **is** located in Zone **AO** or Zone **A** (without BFE), complete Section E instead. **To** ensure that all required elevations **are** obtained, it **may** be necessary to enter the **building** (for instance, if the building **has** a basement or **sunken living** room, split-level **construction, or machinery** and equipment).

Surveyors may not be able to gain access to some crawl spaces to **shoot** the elevation **of** the crawl space **floor**. If access to **the** crawl space cannot be **gained**, use **the following guidance**:

- Use a yardstick or tape measure to measure the floor height to the “next **higher** floor,” **and** then subtract the crawl space height from the elevation of the “next **higher** floor.”
- Contact the local floodplain administrator of **the** community that the building **is** located in. The community **may** have documentation of **the** elevation **of** the **crawl** space floor as part of the permit **issued** for the building.
- If the property owner has documentation or knows the height **of** the crawl space floor to the next higher floor, **try** to verify **this** by looking inside the crawl space through **any openings** or vents.

In all three cases, provide **the** elevation in the **Comments** area and a brief description **of how** the elevation was obtained.

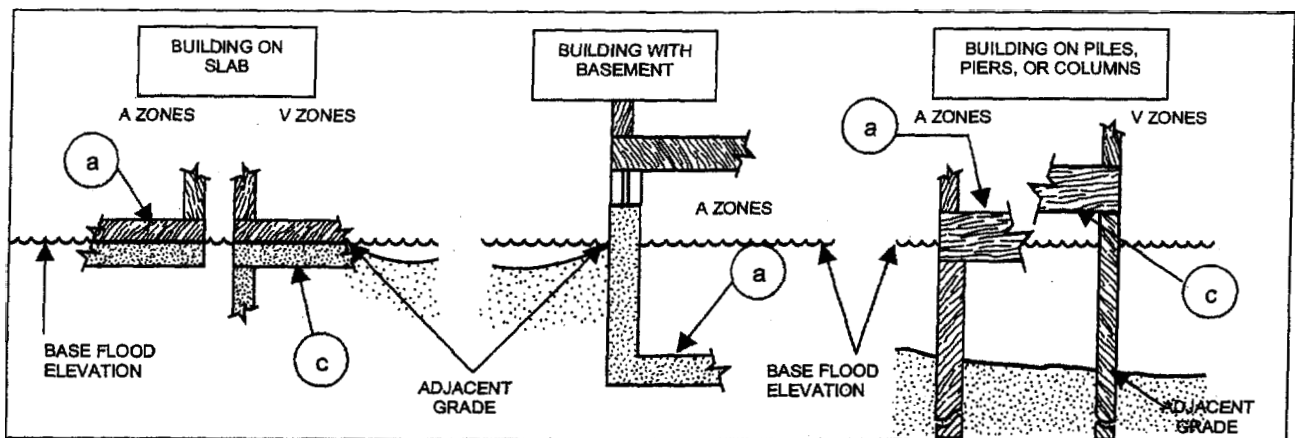
Item C1. Indicate whether the elevations to be entered in this section are based **on** construction **drawings**, a building under construction, or finished construction. For either of the first two choices, a post-construction Elevation Certificate will be

required when **construction** is complete. If the building is under construction, include **only** those elevations that *can* be surveyed in Items C3.a-g. Use the Comments area to provide elevations obtained **from** the construction plans or drawings. Select “*finished construction*” **only** when **all** machinery and/or equipment—furnaces, hot water heaters, heat pumps, *air* conditioners, and elevators and their associated equipment—have been installed and the **grading** around the building is completed.

Item C2. Select the diagram on pages 6 and 7 that best represents the building. Then enter the diagram number and use the **diagram** to identify and determine the appropriate elevations requested in Items C3.a-g. If you are unsure of the correct diagram, select the **diagram** that most closely resembles the building being certified, or provide a sketch or photograph of the building and enter all elevations in Items C3.a-g.

Item C3. Indicate whether the elevation reference mark (benchmark) used during the field survey is **an** elevation **mark** on the **FIRM**. If it is not, indicate the source and datum for the elevation. Vertical control benchmarks other than those shown on the **FIRM** are acceptable **for** elevation determinations. Show the conversion from the field **survey datum used** to the datum used for the BFE(s) entered in Item B9. All elevations for the certificate must be referenced to the **datum** on which the BFE is based. Show the **datum** conversion, if applicable, in **this section** or in the Comments area of Section D. For property experiencing **ground subsidence**, the most recently adjusted reference mark elevations must be used for determining building elevations. However, when subsidence is involved, the BFE should not be adjusted. Enter elevations in **Items C3.a-g** to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Items C3.a-d. Enter the building elevations (excluding the attached garage) indicated by the selected building **diagram (Item C2.)** in Items C3.a-c. If there is **an** attached garage, enter the elevation for top of attached garage slab in Item C3.d. (Because elevation for top of attached garage slab is self-explanatory, attached garages are not **illustrated** in the **diagrams**.) If the building is located in a **V zone** on the **FIRM**, complete Item C3.c. If the flood zone cannot be determined, enter elevations for all of Items C3.a-g. For buildings in **A zones**, elevations a, b, d, and e should be measured at the top of the floor. For buildings in **V zones**, elevation c must be measured at the bottom of the lowest horizontal structural member of the floor (see drawing below). For buildings elevated on a crawl space, Diagram 8, enter the elevation of the top of the crawl space floor in Item C3.a, whether or not the crawl space **has openings (Flood vents)**. *If any item does not apply to the building, enter “N/A” for not applicable.*



Item C3.e. Enter the lowest elevation of machinery and/or equipment—furnaces, hot water heaters, heat pumps, *air* conditioners, and elevators **and** their associated equipment—in **an** attached **garage** or enclosure or on an open utility **platform** that provides utility services for the building. If the machinery and/or equipment is mounted **is** mounted to a wall, pile, etc., enter the platform elevation **of** the machinery and/or equipment. Indicate machinery/equipment type in the Comments area of Section D or Section G, **as** appropriate. *If this item does not apply to the building, enter “N/A” for not applicable.*

Items C3.f-g. Adjacent grade is **defined as the** elevation of the ground, sidewalk, patio slab, or **deck** support **immediately** next to the building. **If** the certificate is to be used for a LOMA or LOMR-F, provide in the Comments area the lowest **adjacent** grade elevation measured at the deck support or stairs if that elevation is lower than the building’s lowest adjacent grade. For

Zone AO, use the natural grade elevation, if available. This measurement must be to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico) if this certificate is being used to support a request for a LOMA or LOMR-F.

Items C3.h-i. Enter the number of permanent openings (flood vents) in the walls supporting the building, including the attached garage, that are no higher than 1.0 foot above the adjacent grade. Determine the total area of all such openings in square inches (square cm, in Puerto Rico), and enter the total in Item C3.i. If the building has *no permanent openings* (flood vents) within 1.0 foot above adjacent grade, enter "0" (zero) for each of Items C3.h and C3.i. Enter in the Comments area whether the openings are on the foundation walls of the building and/or on the walls of the garage.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Complete as indicated. This section of the Elevation Certificate may be signed by only a land surveyor, engineer, or architect who is authorized by law to certify elevation information. Place embossed seal and signature in the box next to elevations in Section C. A flat stamp is acceptable only in states that do not authorize use of an embossed seal over the signature of a professional. You are certifying that the information in Sections A, B, and C on this certificate represents your best efforts to interpret the data available and that you understand that any false statement may be punishable by fire or imprisonment under 18 U.S. Code, Section 1001. Use the Comments area of Section D, on the back of the certificate, to provide datum, elevation, or other relevant information not specified on the front.

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO & ZONE A (WITHOUT BFE)

Complete Section E if the building is located in Zone AO or Zone A (without BFE). Otherwise, complete Section C instead.

Item E1. Select the diagram on pages 6 and 7 that best represents the building; then enter the diagram number. If you are unsure of the correct diagram, select the diagram that most closely resembles the building, or provide a sketch or photograph. Explain in the Comments area if the measurement provided under Item E.2, E.3, or E.4 is based on the "natural grade."

Item E2. Enter the height in feet and inches (meters and centimeters, in Puerto Rico) of the top of the bottom floor (as indicated in the applicable diagram) above or below the highest adjacent grade (HAG). For post-FIRM buildings in Zone AO, the community's floodplain management ordinance requires that this value equal or exceed the base flood depth on the FIRM. Buildings in Zone A (without BFE) may qualify for a lower insurance rate if an engineered BFE is developed at the site.

Item E3. For Building Diagrams 6-8 with proper openings (see page 7), enter the height in feet and inches (meters and centimeters, in Puerto Rico) of the next higher floor or elevated floor (as indicated in the applicable diagram) above the highest adjacent grade (HAG). Be sure that you have completed Items C3.h and C3.i on the front of the form to show the number of permanent openings (flood vents) within 1 foot above adjacent grade and the total area of the openings.

Item E4. Enter the height in feet and inches, in relation to the highest adjacent grade next to the building, of the platform that supports the machinery and/or equipment servicing the building. Indicate machinery/equipment type in the Comments area of Section E. *If this item does not apply to the building, enter "N/A" for not applicable.*

Item E5. For those communities where this base flood depth is not available, the community will need to determine whether the top of the bottom floor is elevated in accordance with the community's floodplain management ordinance.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

Complete as indicated. This section is provided for certification of measurements taken by a property owner or property owner's representative when responding to Sections A, B, C (Items C3.h and C3.i only), and E. The address entered in this section must be the actual mailing address of the property owner or property owner's representative who provided the information on the certificate.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Complete **as** indicated. The community official who is authorized by **law** or **ordinance** to **administer** the community's floodplain management ordinance can complete Sections **A, B, C** (or **E**), and **G** of this Elevation Certificate. If the authorized community official completes Sections **C, E**, or **G**, complete the appropriate item(s) and sign this section.

Check Item **G1**, if Section **C** is completed with elevation data from other documentation, including elevations obtained from the Community **Rating** System Elevation Software, that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. Indicate the source of the elevation data and the date obtained in the **Comments** area of Section **G**. If you are both a community official and a licensed land surveyor, engineer, or architect authorized by law to certify elevation information, **and** you **performed** the actual survey for a building in Zones **A1-A30, AE, AH, A** (with BFE), **VE, V1-V30, V** (with BFE), **AR, MA, AR/A1-A30, AR/AE, AR/AH, or AR/AO**, you must also complete Section **D**.

Check Item **G2**, if information is entered in Section **E** by the community for a building in Zone **A** (without a FEMA-issued or community-issued BFE) or Zone **AO**.

Check Item **G3**, if the information in Items **G4-G9** has been completed for community floodplain management purposes to document the as-built lowest floor elevation of the building. Section **C** of the Elevation Certificate records the elevation of various building components but does not determine the lowest floor of the building or whether the building, **as** constructed, complies with the community's floodplain management ordinance. This must be done by the community. Items **G4-G9** provide a way to document these determinations.

Item **G4**. Permit Number. Enter the permit number or other identifier to key the Elevation Certificate to the permit issued for the building.

Item **G5**. Date Permit Issued. Enter the date the permit was issued for the building.

Item **G6**. Date Certificate of Compliance Issued. Enter the **date** that the Certificate of Compliance or Occupancy or **similar** written official documentation of as-built lowest floor elevation was **issued** by the community **as** evidence that all work authorized by the floodplain development permit has been completed in accordance with the community's **floodplain** management laws or ordinances.

Item **G7**. New Construction or Substantial Improvement. Check the applicable box. "Substantial Improvement" means **any** reconstruction, rehabilitation, addition, or other improvement of a building, the cost of which equals or exceeds **50** percent of the market value of the building before the start of construction of the improvement. The term includes buildings that have incurred substantial damage, **regardless** of the actual repair work performed.

Item **G8**. As-built lowest floor elevation. Enter the elevation of the lowest floor (including basement) when the construction of the building is completed and a final inspection has been made to confirm that the building is built **in** accordance **with** the permit, the approved plans, and the community's **floodplain** management laws or ordinances. Indicate the elevation datum used.

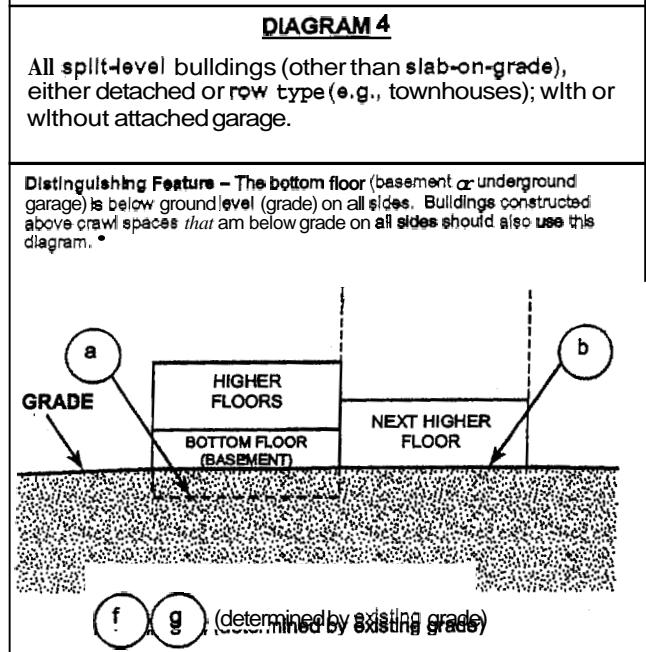
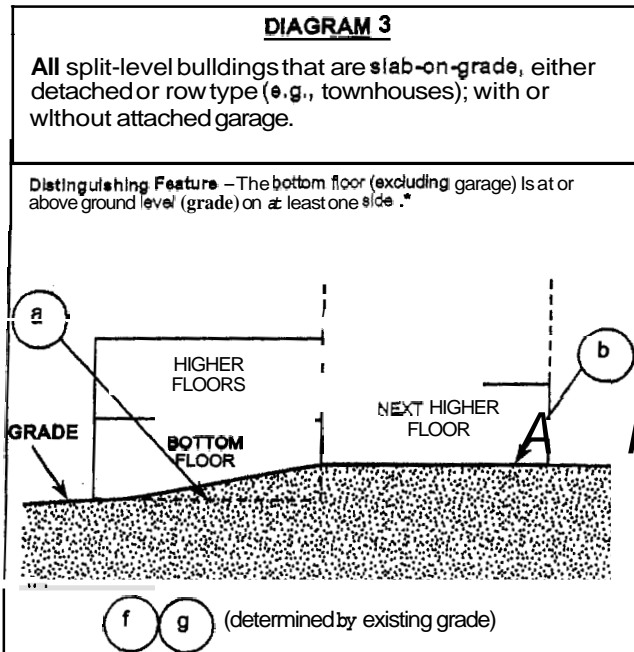
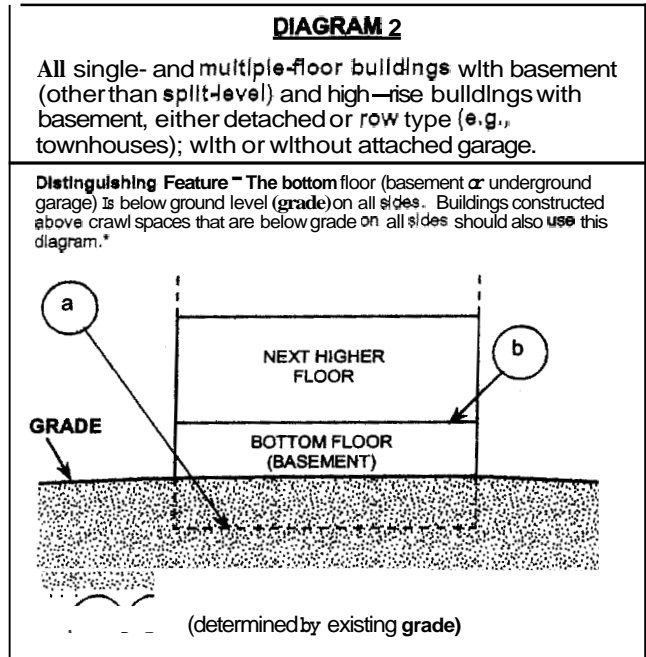
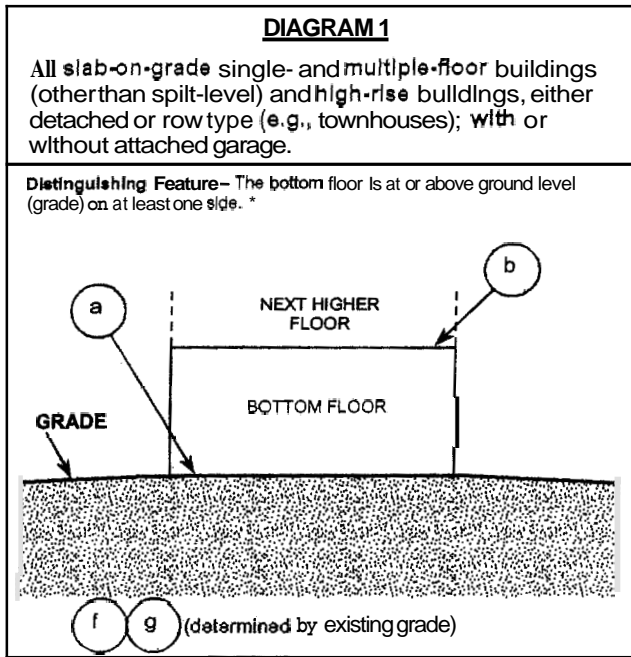
Item **G9**. **BFE**. Using the appropriate FIRM panel, **FIS, or other data source**, locate the property **and** enter the BFE (or base **flood depth**) of the building site. Indicate the elevation datum used

Enter your name, title, and telephone number, and the name of the community. **Sign** and enter the date in the appropriate blanks.

BUILDING DIAGRAMS

The following eight diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item C2. and the elevations in Item C3.a-C3.g.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).



garage, workshop, etc.



**CITY OF PORTLAND MAINE
DEPARTMENT OF PORTS & TRANSPORTATION
WATERFRONT DIVISION
FACILITIES ENGINEERING DEPARTMENT**

28 February 2005

City of Portland, Maine
Inspections Department
389 Congress Street
Portland, Maine 04101

ATT: M. Nugent

Attached is a building permit application and supporting documents for proposed construction at the Portland International Marine Terminal, 468 Commercial Street. This construction is required to accommodate Scotia Prince operations at their present location for the interim period during construction of the Ocean Gateway project at 40 Commercial Street, and the relocation of operations to the new site.

This project consists of the construction of a six thousand square foot manufactured warehouse building and installation of temporary manufactured office space as follows:

Warehouse Building

The warehouse building will consist of a six thousand square foot structure with dimensions of sixty by one-hundred feet and a maximum height of thirty feet, eight inches. This structure will be as manufactured by Rubb Building Systems of Sanford, Maine and have a tubular steel frame with PVC impregnated Polyester fabric covering material, and metal exterior siding **up** to a height of sixteen feet.


Office Space

The office space portion of this project is of a temporary nature and will consist of the erection of manufactured, modular units of wood fi-ame construction which will result in the creation of approximately four thousand, nine hundred square feet of office space which will provide private offices, break room, toilets, conference room, storage and ticket office. The spaces will be provided with heating and air-conditioning, and be ADA

compliant. It is expected that the office space will be in service for this sailing season only, following which they will be removed from service.

Thank you for your favorable action on this building permit application. If there is any additional information that you require or you have any questions on this project please contact me at any time.

Respectfully,


Paul H. Bradbury, P.E. *P.H.B.*
Facilities & Engineering Manager



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

*Lee Urban- Director of Planning and Development
Marge Schmuckal, Zoning Administrator*

March 8, 2005

Paul H. Bradbury
1001 Westbrook Street
Portland, ME 04102

RE: Floodplain forms for the International Marine Terminal (Scotia Prince) at 468
Commercial Street – 043-D-5-7 & 43-G-1-2 - WPD Zone – application #05-0203

Dear Paul,

I am enclosing the necessary floodplain forms for you to fill out and return to me. Please send the forms back to:

Marge Schmuckal
City Hall – Room 315
389 Congress Street
Portland, ME 04101

If you have any questions, please call me at 874-8695.

Thank you,

A handwritten signature in cursive script that reads "Marge Schmuckal".

Marge Schmuckal
Zoning Administrator

Cc: file

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: Pullen Bros Inc

Mailing Address of Owner/Applicant (if Different): 16 Hwy St. Augusta Me

Date Permit Issued: 13 18 06 Fee Charged: \$ 160.00 If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0640

43 005

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>TOWN HOUSE</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # _____
---	--	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			Total Fixtures	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	1011 West St Augusta Me

PROPERTY OWNERS NAME

Last:	First:
Applicant Name: Pullen Bros Inc	

Mailing Address of Owner/Applicant (if Different)	1011 West St Augusta Me
---	-------------------------

Date Permit Issued: 13 8/06	\$ 3400	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. # 0690
43 1005		

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant	Date
------------------------------	------

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature	Date Approved
------------------------------------	---------------

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>RESTAURANT</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # _____
---	--	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
OR TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			20	Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



This map is for flood insurance and flood plain management purposes only; it does not necessarily show all areas subject to flooding in the community or all planimetric features outside special flood hazard areas. The coastal flooding elevations shown may differ significantly from those developed by the National Weather Service for hurricane evacuation planning.

For adjoining map panels, see separately printed Index To Map Panels.

Coastal base flood elevations shown on this map include the effects of wave action.

Coastal base flood elevations apply only landward of 0.0 NGVD.

INITIAL IDENTIFICATION:

APRIL 29, 1977

FLOOD HAZARD BOUNDARY MAP REVISIONS:
NONE

FLOOD INSURANCE RATE MAP EFFECTIVE:

JULY 17, 1986

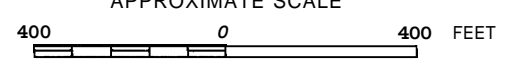
FLOOD INSURANCE RATE MAP REVISIONS:

Refer to the FLOOD INSURANCE RATE MAP EFFECTIVE date shown on this map to determine when actuarial rates apply to structures in the zones where elevations or depths have been established.

To determine if flood insurance is available in this community, contact your insurance agent, or call the National Flood Insurance Program, at (800) 638-6620.



APPROXIMATE SCALE



NATIONAL FLOOD INSURANCE PROGRAM

**FIRM
FLOOD INSURANCE RATE MAP**

**CITY OF
PORTLAND, MAINE
CUMBERLAND COUNTY**

PANEL 13 OF 17
(SEE MAP INDEX FOR PANELS NOT PRINTED)

**COMMUNITY-PANEL NUMBER
230051 0013 B**

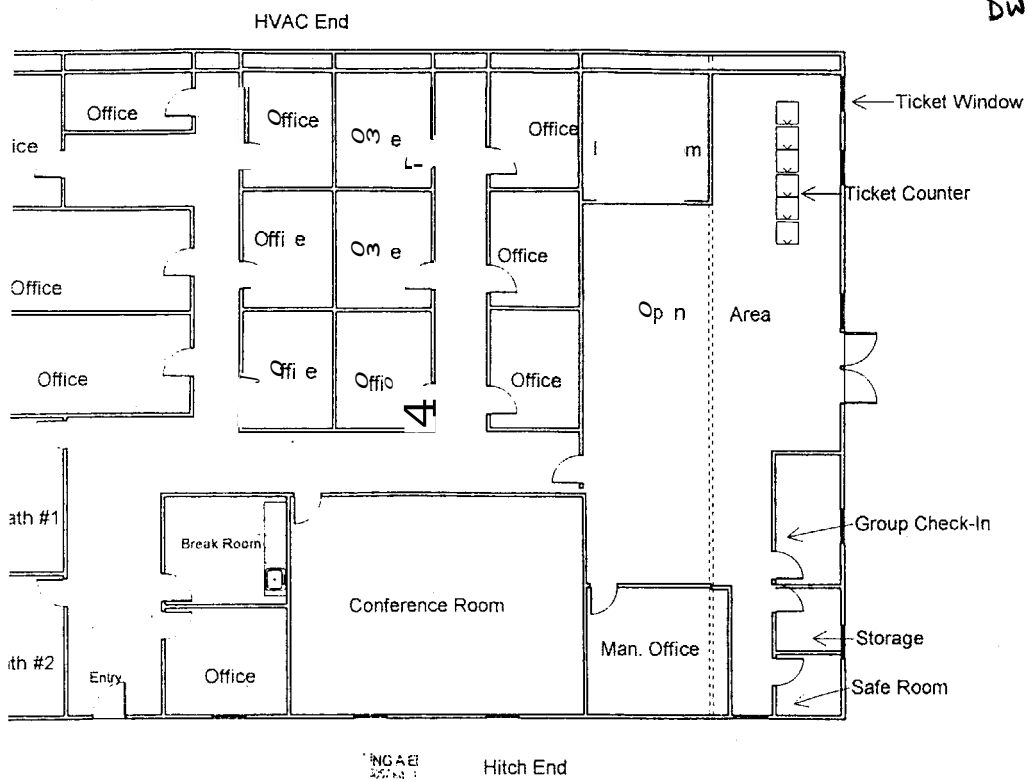
**EFFECTIVE DATE:
JULY 17, 1986**

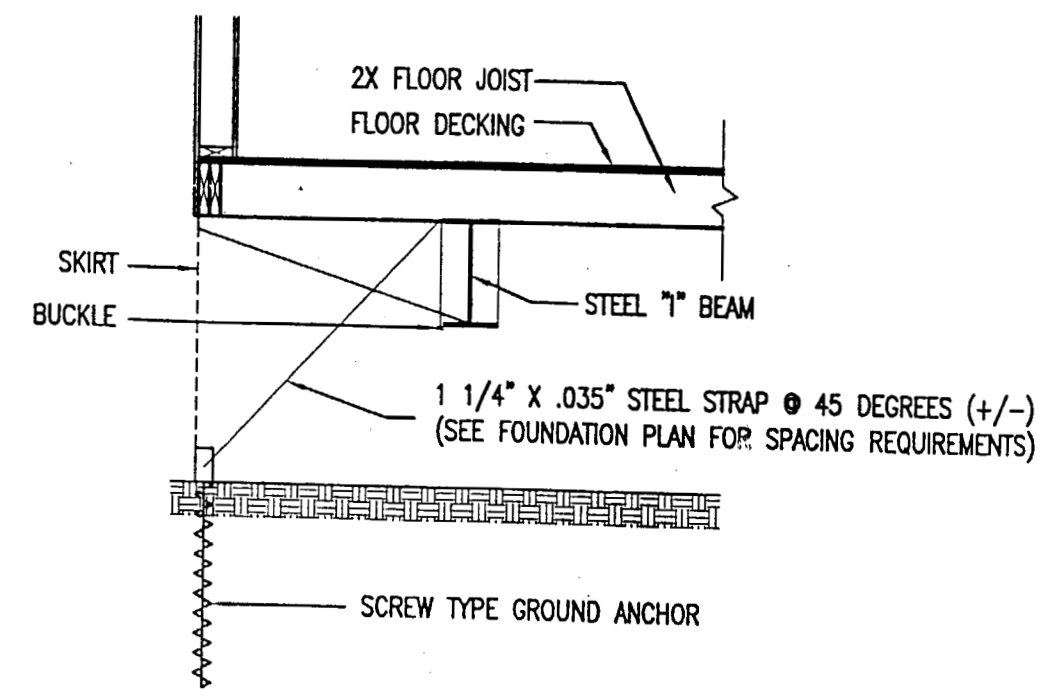
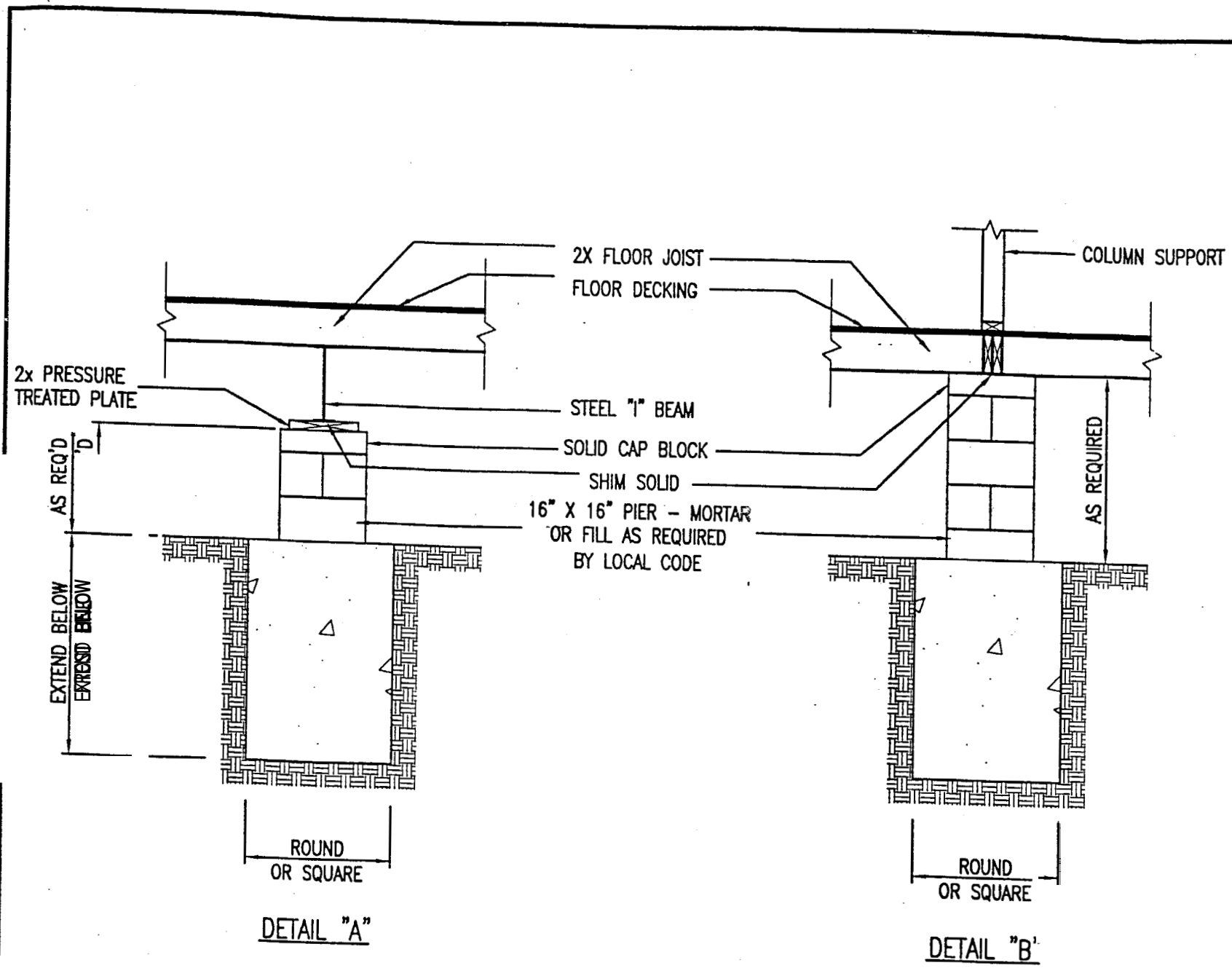


Federal Emergency Management Agency

COASTAL BASE FLOOD ELEVATIONS
APPLY ONLY LANDWARD OF 0.0 NGVD

DWG : 13





DETAIL "A"

DETAIL "B"

DETAIL "C"

- GE
1. ALL FOUNDATIONS, PIER LOCATIONS, DIMENSIONS SOIL BEARING CAPACITY, FROST LINE ETC. ARE THE RESPONSIBILITY OF THE GENERAL CONTRACTOR AND ARE SUBJECT TO LOCAL APPROVAL AND INSPECTION.
 2. DETAILS ARE RECOMMENDED BY P.L.H.
 1. ALL CONSTRUCTION TO MEET LOCAL REQUIREMENTS
 4. CONCRETE BLOCKS SHALL NOT BE DRY STACKED. TYPE "M" OR "S" MORTAR SHALL BE USED.

OUTRIGGER FRAME DETAILS

**GE Capital
Modular Space**

MANUFACTURED BY:
PENN LYON
 COMMERCIAL

APPROX. 800 BOX 27
 SELASGROVE, PA 17078
 (717) 831-4000
 (800) 786-4754
 WWW.PENNLION.COM

REVISIONS

NO.	DATE	BY

MFG:
PENN LYON HOMES, INC

DATE:
 02/11/2002

STATE:
 NH

CITY:
 NH, CT, NJ
 NY(LOCAL) W/PE SEAL

MODEL:
 82x60 Office

COMPANY:
 G E CAPITAL

PROJ:
 Gilbane-Parsons

SCALE:
 Not To Scale

TITLE:
 Pier Details
 Outrigger

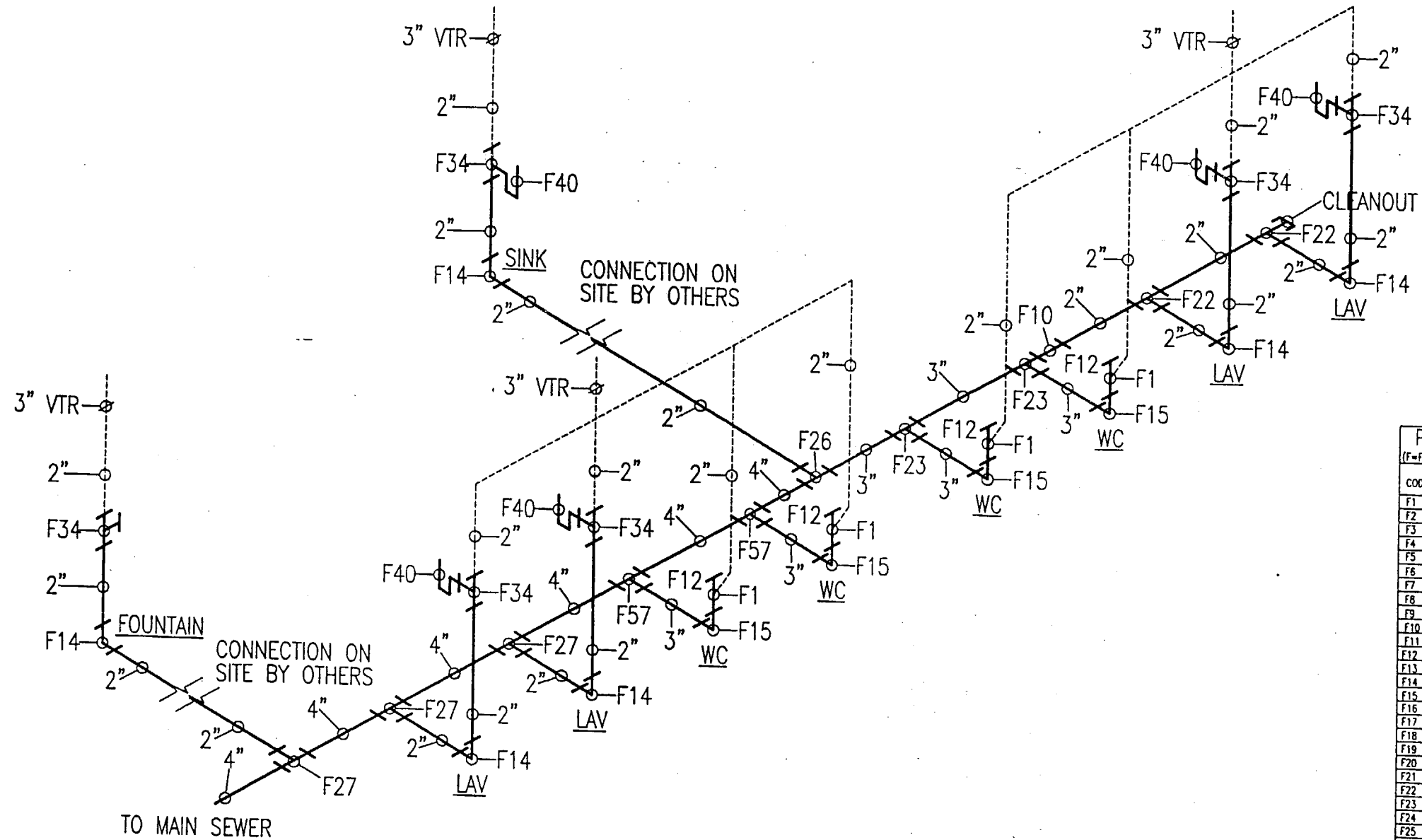
NO. / REV:
 54632

DWG:
 4b



REVISIONS		
NO.	DATE	BY
1	2/22/2002	BRS

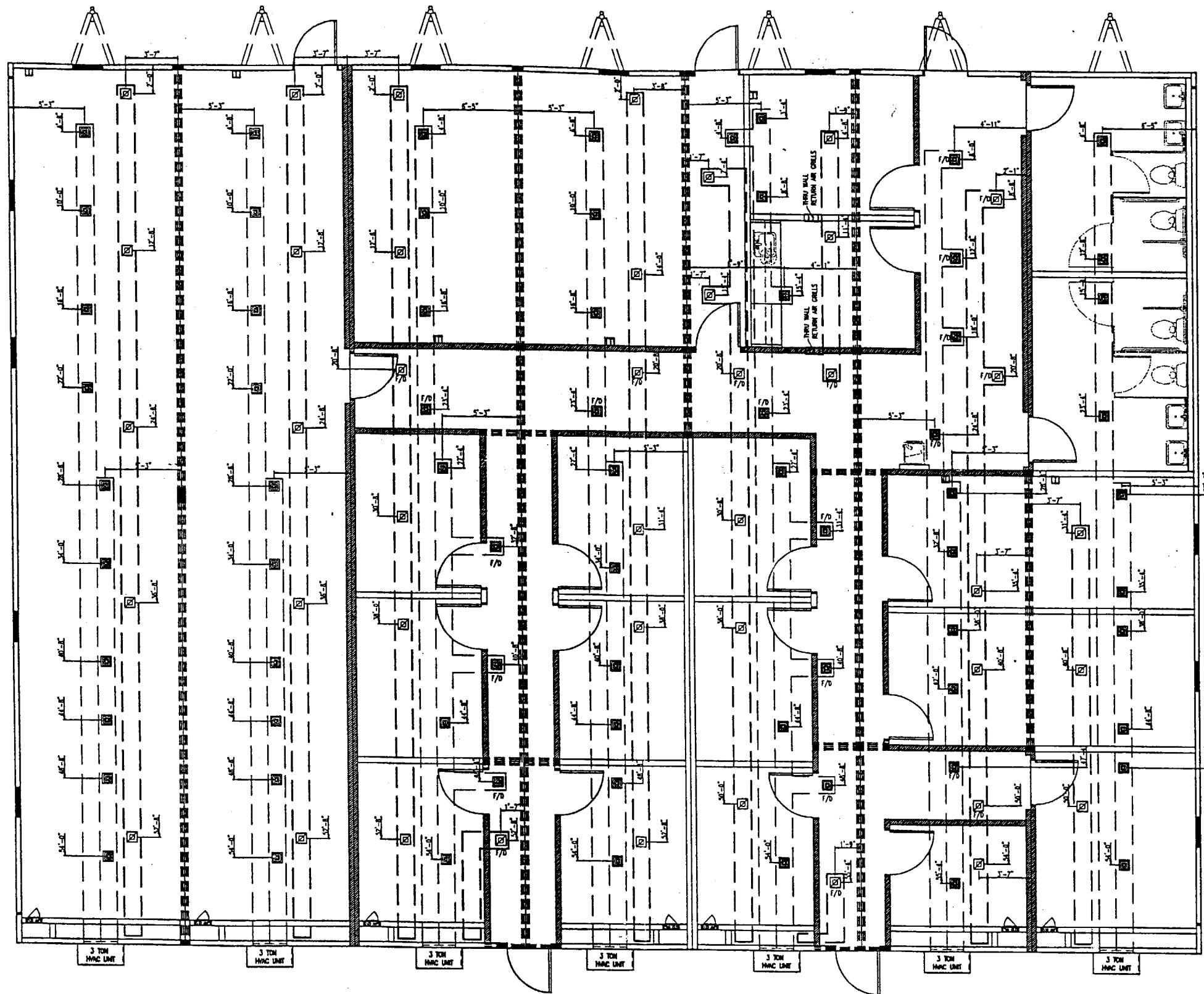
PRODUCTION SET



DWV SCHEMATIC
DWV TO BE CAST IRON

PLUMBING SCHEDULE	
(F=FITTINGS)	
CODE	DESCRIPTION
F1	3"x3"x2" Y
F2	2"x2"x1 1/2" Y
F3	1 1/2" Y
F4	2" Y
F5	1 1/2" COUPLING
F6	2" COUPLING
F7	3" COUPLING
F8	4" COUPLING
F9	1 1/2" x 2" PIPE INCREASER
F10	2" x 3" PIPE INCREASER
F11	3" x 4" PIPE INCREASER
F12	CLOSET FLANGE
F13	1 1/2" x 90 LONG SWEEP
F14	2" x 90 LONG SWEEP
F15	3" x 90 LONG SWEEP
F16	4" x 90 LONG SWEEP
F17	1 1/2" x 45 ELBOW
F18	2" x 45 ELBOW
F19	3" x 45 ELBOW
F20	4" x 45 ELBOW
F21	1 1/2" LONG TURN TEE WYE
F22	2" LONG TURN TEE WYE
F23	3" LONG TURN TEE WYE
F24	4" LONG TURN TEE WYE
F25	3" x 3" x 1 1/2" LONG TURN TEE WYE
F26	3" x 3" x 2" LONG TURN TEE WYE
F27	4" x 4" x 2" LONG TURN TEE WYE
F28	1 1/2" SANITARY TEE
F29	3" DBL LONG TURN TEE WYE
F30	3" x 3" x 2" x 2" DBL SANITARY TEE
F31	2" SANITARY TEE
F32	3" SANITARY TEE
F33	4" SANITARY TEE
F34	2" x 2" x 1 1/2" SANITARY TEE
F35	3" x 3" x 1 1/2" SANITARY TEE
F36	3" x 2" x 2" SANITARY TEE
F37	3" x 3" x 2" SANITARY TEE
F38	3" x 3" x 3" x 3" DOUBLE SANITARY TEE
F39	2" DOUBLE SANITARY TEE
F40	1 1/2" P-TRAP
F41	2" P-TRAP
F42	1 1/2" CONT WASTE
F43	1 1/2" - 90 ELBOW
F44	2" - 90 ELBOW
F45	3" - 90 ELBOW
F46	2" x 2" x 1 1/2" x 1 1/2" DOUBLE SANITARY TEE
F47	2" - 1/4" BEND 90° LONG STREET ELBOW
F48	2" - 1/8" BEND 45° STREET ELBOW
F49	4" x 4" x 3" COMBO WYE & 1/8" BEND REDUCING
F50	1 1/2" PLUG
F51	2" PLUG
F52	3" PLUG
F53	4" PLUG
F54	3" ROOF FLASHING
F55	2"x2"x2"x2" DBL SANITARY TEE

DATE:	2/11/2002
BY:	NH
PROJECT:	NH, CT, NJ, NY(LOCAL), W/PE SEAL
SCALE:	3/4"=1'-0"
DESCRIPTION:	Plumbing Schematic DWV
NO.:	54632



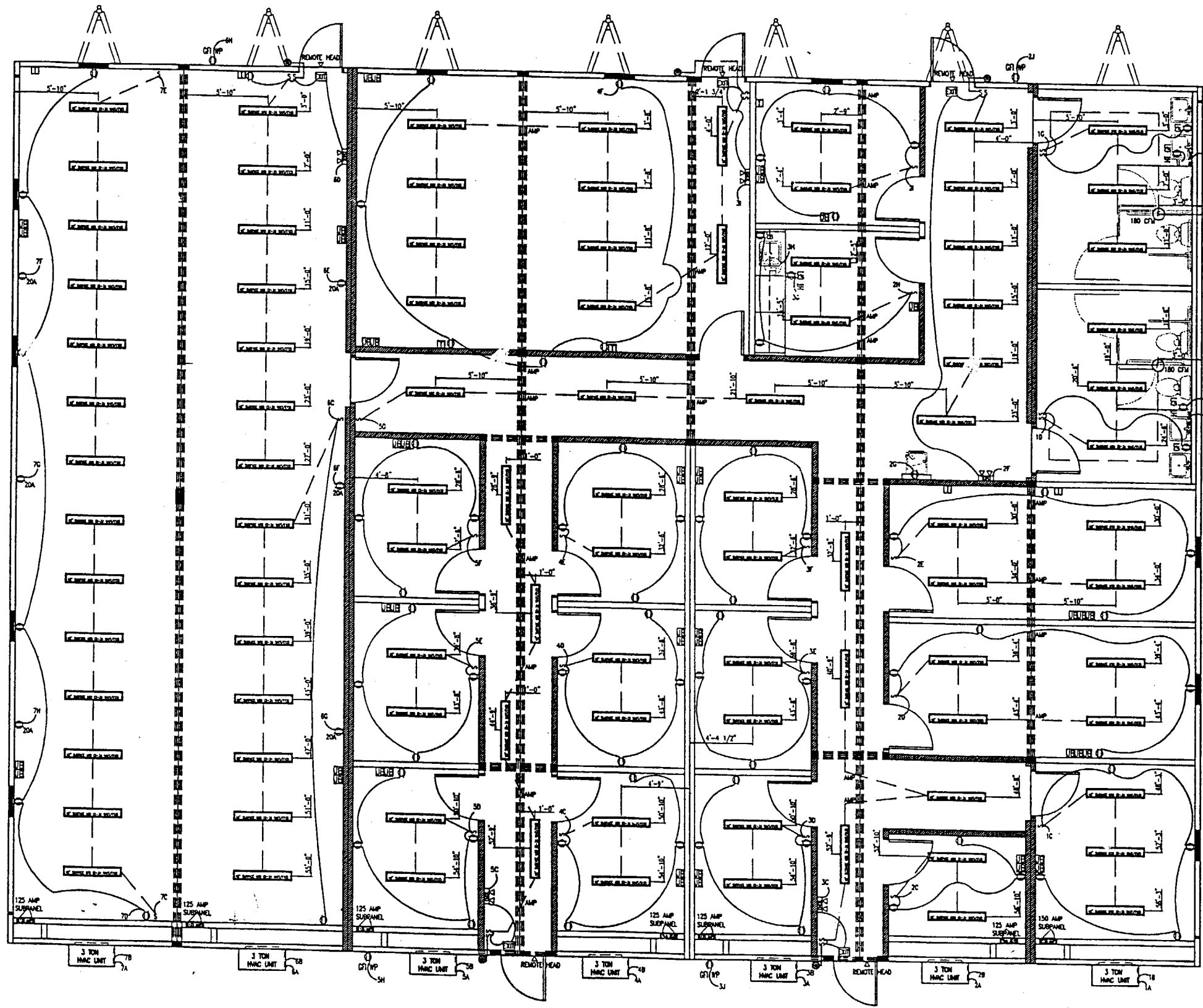
HVAC LEGEND	
THERMOSTAT	10" DIA. SUPPLY AIR DIFFUSER
8" x 8" RETN AIR DIFFUSER	6" DIA. SUPPLY AIR DIFFUSER
8" x 8" SUPPLY AIR DIFFUSER	6" DIA. RETURN AIR GRILLE
8" x 8" SUPPLY AIR DIRECTIONAL DIFFUSER	10" DIA. RETURN AIR GRILLE
F/D FIRE DAMPER	24" x 24" LAY-IN CEILING RETURN AIR GRILLE
	RETURN AIR GRILLE THROUGH WALL



REVISIONS		
NO.	DATE	BY
1	2/25/2002	BRS
PRODUCTION SET		

CLIENT:	PENN LYON HOMES, INC.
DATE:	2/13/2002
DESIGNER:	BRS
PROJECT:	NH, CT, NJ NY (LOCAL) W/PE SEAL
MODEL:	82x60 Office
EQUIPMENT:	G E CAPITAL
PROVIDER:	Gibone-Parsons
SCALE:	3/16"=1'-0"
TITLE:	HVAC PLAN
NO.:	54632

WATER



REVISIONS

NO.	DATE	BY
1	2/25/2002	BRS

PRODUCTION SET

PENN LYON HOMES, INC

2/12/2002

BRS

NH, CT, NJ
NY (LOCAL) W/PE SEAL

82x60 Office

G E CAPITAL

Gibbons-Parsons

3/16"=1'-0"

ELECTRICAL PLAN



REVISIONS

NO. DATE BY
1 2/25/2002 BRS

PRODUCTION SET

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PANEL NO. 1
150 AMP 1 PHASE SUBPANEL

MODULE "A"			
CIRCUIT	DESCRIPTION	BREAKER (AMPS)	AWG
1	A HVAC	60	6
2			
3	B HVAC	30	10
4			
5	C LIGHTS & RECEPTACLES	15	14
6	D LIGHTS, FAN, GFI	20	12
7	E DOUBLE EEMAX	30	10
8			
9	F HT GFI	20	12
10	G LIGHTS, FAN, GFI	20	12
11	H DOUBLE EEMAX	30	10
12			
13	I HT GFI	20	12

PANEL NO. 2
125 AMP 1 PHASE SUBPANEL

MODULE "B"			
CIRCUIT	DESCRIPTION	BREAKER (AMPS)	AWG
1	A HVAC	60	6
2			
3	B HVAC	30	10
4			
5	C LIGHTS & RECEPTACLES	15	14
6	D LIGHTS & RECEPTACLES	15	14
7	E LIGHTS & RECEPTACLES	15	14
8	F LIGHTS	15	14
9	G RECEPTACLE (WATER COOLER)	15	14
10	H LIGHTS & RECEPTACLES	20	12
11	I LIGHTS & RECEPTACLES	15	14
12	J EXT GFI	20	12

PANEL NO. 3
125 AMP 1 PHASE SUBPANEL

MODULE "C"			
CIRCUIT	DESCRIPTION	BREAKER (AMPS)	AWG
1	A HVAC	60	6
2			
3	B HVAC	30	10
4			
5	C LIGHTS	15	14
6	D LIGHTS & RECEPTACLES	15	14
7	E LIGHTS & RECEPTACLES	15	14
8	F LIGHTS & RECEPTACLES	15	14
9	G HT GFI	20	12
10	H 6 GAL. WATER HEATER	20	12
11	I LIGHTS	20	12
12	J EXT GFI	20	12

PANEL NO. 4
125 AMP 1 PHASE SUBPANEL

MODULE "D"			
CIRCUIT	DESCRIPTION	BREAKER (AMPS)	AWG
1	A HVAC	60	6
2			
3	B HVAC	30	10
4			
5	C LIGHTS & RECEPTACLES	15	14
6	D LIGHTS & RECEPTACLES	15	14
7	E LIGHTS & RECEPTACLES	15	14
8	F LIGHTS & RECEPTACLES	15	14
9			
10			
11			
12			

PANEL NO. 5
125 AMP 1 PHASE SUBPANEL

MODULE "E"			
CIRCUIT	DESCRIPTION	BREAKER (AMPS)	AWG
1	A HVAC	60	6
2			
3	B HVAC	30	10
4			
5	C LIGHTS	15	14
6	D LIGHTS & RECEPTACLES	15	14
7	E LIGHTS & RECEPTACLES	15	14
8	F LIGHTS & RECEPTACLES	15	14
9	G LIGHTS	15	14
10	H EXT GFI	20	12
11			
12			

PANEL NO. 6
125 AMP 1 PHASE SUBPANEL

MODULE "F"			
CIRCUIT	DESCRIPTION	BREAKER (AMPS)	AWG
1	A HVAC	60	6
2			
3	B HVAC	30	10
4			
5	C LIGHTS & RECEPTACLE	15	14
6	D LIGHTS & RECEPTACLE	15	14
7	E DEDICATED RECEPTACLE	20	12
8	F DEDICATED RECEPTACLE	20	12
9	G DEDICATED RECEPTACLE	20	12
10	H EXT GFI	20	12
11			
12			

PANEL NO. 7
125 AMP 1 PHASE SUBPANEL

MODULE "G"			
CIRCUIT	DESCRIPTION	BREAKER (AMPS)	AWG
1	A HVAC	60	6
2			
3	B HVAC	30	10
4			
5	C LIGHTS	15	14
6	D RECEPTACLES	15	14
7	E LIGHTS	15	14
8	F DEDICATED RECEPTACLE	20	12
9	G DEDICATED RECEPTACLE	20	12
10	H DEDICATED RECEPTACLE	20	12
11			
12			

ELECTRICAL NOTES:
1. MAIN DISCONNECT TO BE INSTALLED AT METER BASE, LOCATION ON SITE BY OTHERS
2. FIRE PROTECTION SIGNALING SYSTEM TO BE INSTALLED ON SITE BY OTHERS

ELECTRICAL LEGEND

	DUPLEX RECEPTACLE 16" TO CENTER		S SINGLE POLE SWITCH 48" TO CENTER		WP WEATHER PROOF
	QUADPLEX RECEPTACLE 16" TO CENTER		S ₃ THREE WAY SWITCH 48" TO CENTER		HVAC THERMOSTAT 48" TO CENTER
	GFI DUPLEX RECEPTACLE 48" CENTER @ 1/4" @ 48" CENTER @ CENTER		S ₄ FOUR WAY SWITCH 48" TO CENTER		EXTERIOR LIGHT 6" DOWN FROM DOOR HEADER
	JUNCTION BOX, 2x4 16" AFF TO CENTER		EXIT EXIT SIGN (AC/DC) 86" AFF TO CENTER, 2x4 BOX		EXHAUST FAN (THROUGH ROOF) WITH CFM
	METAL BOX 16" AFF TO CENTER		EMERGENCY LIGHT 86" AFF TO CENTER		FAN/LIGHT COMBO
	PULL STATION JUNCTION BOX 48" AFF TO CENTER		EMERGENCY LIGHT REMOTE HEAD 86" AFF TO BOTTOM OF UNIT		POWER VENT
	JUNCTION BOX, 4" OCTAGON		48" FLUORESCENT LIGHT (2)BULB, 7 1/2" 4"-0"		CAN LIGHT
	PANEL BOX 48" AFF TO 3/4" FROM R/W OF UNIT 86" AFF TO TOP FROM AFF		48" FLUORESCENT LIGHT (4)BULB, 2'-0" 4"-0"		DOMELIGHT
	SMOKE DETECTOR		NIGHT LIGHT CIRCUIT		2 HEAD FLOOD LIGHT
	O.S. OCCUPANCY SENSOR		O.S. TRANS OCCUPANCY SENSOR TRANSFORMER		

PENN LYON HOMES, INC.

2/12/2002

BRS

NH, CT, NJ
NY (LOCAL) W/PE SEAL

82x60 Office

G E CAPITAL

Gilbane-Parsons

3/16"=1'-0"

ELECTRICAL PANELS AND LEGEND

54632

FASTENING SCHEDULE

BUILDING ELEMENT	TYPE OF FASTENING	QUANTITY AND LOCATION	STANLEY STO
FLOOR			
LEDGER STRIP TO INNER BAND JOIST	NAIL 3 1/4" X .131"	4" O.C.	RH-SI2D131
DOUBLE PERIMETER BANDS	NAIL 3 1/4" X .131"	12 O.C. STAGGERED DIRECT	RH-SI2D131
DOUBLE JOIST (HEADER)	NAIL 3 1/4" X .131"	3 DIRECT (EACH JOIST)	RH-SI2D131
19/32" & 23/32" O.S.B. SUBFLOOR UNDERLAYMENT TO FLOOR JOISTS	GLUE EXCEEDS AFG-01 7/16" X 2" 16 GA STAPLE	90% ON ALL JOISTS 2 1/2" O.C. EDGES AND 4" O.C. FIELD	16S4-50GA
CEILING/ ROOF			
5/16" or 1/2" or 5/8" DRYWALL TO CEILING JOISTS/ TRUSSES	FOAMSEAL 1" BEAD MINIMUM	Per Manufacturers recommendations specifications (see note #1 below)	
5/8" DRYWALL TO CEILING JOISTS/ TRUSSES	1/4" HEADS #1 1/4" SCREWS, 6 GA	7" O.C. DIRECT EDGES & FIELD.	CSDW114
7/16" X 1 1/2" 46 GA W.V. STAPLE	7/16" X 1 1/2" 46 GA W.V. STAPLE	4 O.C. EDGE 8" O.C. FIELD	16S4-38G
FELT TO SHEATHING	1/2" X 5/16" 20 GA W.V. STAPLE	24 O.C. DIRECT	STCR5019 5/16
SHINGLES TO SHEATHING	1 1/4" X .120 DIA NUL W/ .385 DIA HEM	6- EACH SHINGLE	CR3DGA
DRIP EDGE TO SHEATHING	7/16" X 1 1/2" 16 GA W.V. STAPLE	16 O.C. DIRECT	16S4-38G
TRUSSES TO EXT. WALL	NUL 3 1/4" X .131	3 TOE-NAIL	RH-SI2D131
CEILING BAND JOIST TO PERIMETER WALLS	NAIL 3 1/4" X .131	TOE-NAILED 16" O.C.	RH-SI2D131
30 GA GALVANIZED METAL ROOF TO PERIMETER BAND	7/16" X 1" 19 GA GALV. STAPLE	8" O.C.	
METAL "J" RAIL TO PERIMETER BAND	#8 X 1" HEX HEAD GALV. SCREW	8" O.C.	
CEILING JOIST TO PERIMETER BAND	3/8" DIA X 3 1/4" NAILS		RH-SI2D131
PLYWOOD LAM BEAMS Reference A.P.A. Research Report 124-A, Supplement 5)	2" x 16ga Staple—Length to be 1" less than thickness of beam	Web(field) 6" grid pattern Web(joints and apices) 3" grid for 1st	
EXTERIOR AND INTERIOR WALLS:			
SOLE PLATE TO STUDS	NAIL 3 1/4" X .131	2 DIRECT	RH-SI2D131
TOP PLATE TO STUDS	NAIL 3 1/4" X .131	2 DIRECT	RH-SI2D131
5/32 OR 1/4" PANELING TO FRAMING	GLUE EXCEEDS AFG-01 3/16" X 1" 19 GA STAPLE	90% ON STUDS AND PLATES 4" O.C. DIRECT-EDGES 6" O.C. DIRECT-FIELD	SX5035 3/4G-0006
1/2" DRYWALL TO FRAMING (See Note #3)	Enerfoam 1/2" bead 1 1/2" 11 GA RING SHANK NAILS W/ 7/16" HEADS 1 1/4", 6 GA. SCREWS	continuous each stud, full length 4" O.C. DIRECT-EDGES, 7" O.C.-FIELD	CSDW114
7/16" FIBERBOARD TO EXT. WALL	1" Galvanized staple with 1 1/4" CROWN	3" O.C. DIRECT-EDGES 6" O.C.-FIELD	BCS1101
THERMOPLY SHEATHING	1" Galvanized staple with 1 1/4" CROWN	3" O.C. DIRECT-EDGES 6" O.C. FIELD	BCS1101
1/2" PLYWOOD OR 5/8" OSB SHEATHING	7/16" X 1 1/2" 16 GA STAPLE	3" O.C. DIRECT-EDGES 6" O.C. FIELD	16S4-38G
HEADERS	NAIL 3 1/4" X .131	16" O.C. STAGGERED, 2 DIRECT END/ MEMBER	RH-SI2D131
INSULATION TO STUDS	1/2" X 16 GA STAPLE	2 24" O.C. DIRECT EDGES 8" O.C. FIELD	STCR5019 5/16
"RESIDENTIAL" WINDOW TO EXT. WALL	1/4" GALV. ROOFING NAIL	1 EACH CORNER/12" O.C. PERIMETER	
"COMMERCIAL" WINDOW TO EXT. WALL	Screw #8x1"	4" O.C. Direct Perimeter	
Aluminum or Horizontal vinyl siding	1 7/8" ALUM. COIL NAIL 7/16" X 1" 16GA. GALVANIZED	16" O.C. DIRECT	16S4-25G
.019 Aluminum or .010 steel vertical siding	STAPLE 7/16" X 1" SCREW #8 X 1"	8" O.C. DIRECT VERTICAL EDGE 24" O.C. DIRECT EA. STUD	
EXT. WALL TO FLOOR	NAIL 3 1/4" X .131	12" O.C. DIRECT	RH-SI2D131
EXT. WALL TO INT. WALL	NAIL 3 1/4" X .131	10" O.C. DIRECT	RH-SI2D131
INT. WALL TO INT. WALL (NON-BEARING ONLY)	NAIL 3 1/4" X .131	24" O.C. DIRECT	RH-SI2D131
SINGLE TOP PLATE AND ALL BOTTOM PLATES	2 X 14" WOOD BLOCK	5- 7/16" X 3" X 14GA OR 10d NAILS EACH SIDE OF SPLICE	
Stud to Stud	NAIL 3 1/4" X .131	12" O.C. staggered	

NOTES:

1. FoamSeal Gypsum Bond applied according to manufacturer's instructions.
2. Fasteners other than that shown ore in compliance with standard engineering practice and governing code.
3. Does not apply to rated assemblies. For fastening of gypsum in rated assemblies, refer to the fastening schedule for that particular assembly.

COMPANY: G E CAPITAL	PROJECT: Gilbane-Parsons	DRAWING: Fastening Schedule	SHEET: Not To Scale	DATE: 02/11/2002	REVISIONS: NO. DATE	GE Capital Modular Spac
MODEL: 99-50N 04A	STATE: NH, CT, NJ NH (LOCAL) W/PE SEAL	DRAWING NO.: 54632	SHEET NO.: 11	DATE: 02/11/2002	REVISIONS: NO. DATE	PENNY LIXON ENGINEERING 1000 W. 10th St. Des Moines, IA 50319 (515) 281-1100 FAX: (515) 281-1101 WWW.PENNYLIXON.COM

