City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					Permit No: 07-1184	Issue Dat	e:	CBL: 061 F003	3001	
	ition of Construction: STORER ST	Owner Name: WAYNFLETE	SCHOO	OL THE	Owner Address: 256 SPRING ST REAR			Phone:		
Busi	ness Name:	Contractor Nan Stroudwater C		tion	9	ontractor Address 6 Ocean St unit 1			Phone 207650780	2
Less	ee/Buyer's Name	Phone:				e rmit Type: Educational				Zone:
Edu	Use: acational K-12 - Waynflete	Proposed Use: Educational K- School - Theat				ermit Fee: \$38,775.00	Cost of Wo \$3,868,0	00.00	CEO District: 2	
Sch	001	additon to exis Facility			F	IRE DEPT:	Approved Denied	INSPEC Use Gro	C TION: oup	Туре
Proposed Project Description: Waynflete School - Theater & Classroom additon to e Facility			existing	Education		ignature: EDESTRIAN ACTI	VITIES DIST	Signatur		
					А	ction Appro	ved 🗌 App	proved w	/Condition	Denied
		I	1		S	ignature:			Date:	
	nit Taken By: obson	Date Applied For: 09/24/2007					Approva	l		
1.	This permit application do		Special Zone or Reviews Zoning Appeal			Historic Preservation				
	Applicant(s) from meeting Federal Rules.	g applicable State and	Shoreland		Variance			Not in District or Landma		
2.	Building permits do not in septic or electrical work.	clude plumbing,	Wetland		Miscellaneou			Does Not Require Revie		
 Building permits are void if work is not started within six (6) months of the date of issuance. 		Flood Zon		Conditional Us			Requires Review			
False information may invalidate a building permit and stop all work		🗌 Su	bdivision		Interpre	etati		Approved		
			🗌 Si	te Plan		Approv	ed		Approved w/	Condition
			Ma [Mino M		Denied			Denied	
			Date:			Date:		Da	ate:	

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction:	Owner Name:	PLIE	Owner Address:		Phone:	
16 STORER ST	WAYNFLETE SCHOOL T	IHE	256 SPRING ST REAR		D1	
Business Name:	Contractor Name: Stroudwater Constructior		Contractor Address: 96 Ocean St unit 1 Portla	nd	Phone 2076507802	
7 (D 1 N				liu	1	
Lessee/Buyer's Name	Phone:		Permit Type: Educational		Z	Zone:
			Educational			
Dept: Historic Status: P	ending	Reviewer:	Deborah Andrews	Approval Dat	te:	
Note:					Ok to Issue:	
Dept: Zoning Status: A	pproved with Conditions	Reviewer:	Marge Schmuckal	Approval Dat	te: 09/24	/2007
Note:					Ok to Issue:	\checkmark
1) This permit is being approved on that work.	the basis of plans submitte	d. Any devia	ations shall require a sepa	rate approval b	efore starting	
2) Separate permits shall be required	for any new signage.					
3) A stamped approved site plan from		d by this divi	sion PRIOR to issuing a h	uilding permit	Received	
approved, stamped site plan from		u by uns urvi	sion r Krok to issuing a b	unding permit.	Received	
Dept: Building Status: A	pproved	Reviewer:	Mike Nugent	Approval Dat		/2007
Note:					Ok to Issue:	\checkmark
Dept: Fire Status: A	pproved with Conditions	Doviouron	Capt Greg Cass	Approval Dat	to: 10/22	/2007
Note:	pproved with Conditions	Reviewer	Capt Gleg Cass		Ok to Issue:	
					OK to issue:	
 The Fire alarm and Sprinkler syste Compliance letters are required. 	ems shall be reviewed by a l	licensed cont	ractor[s] for code complia	nce.		
2) Application requires State Fire M	arshal approval.					
3) A single source supplier should b	e used for all through pene	etrations.				
4) Installation of a Fire Alarm system	requires a Knox Box to be	installed per	city crdinance			
5) The sprinkler system shall be insta	lled in accordance with NF	FPA 13.				
6) Fire alarm system requires a Mast	erbox connection per city o	ordinance.				
7) Occupancies with an occupant loa	d of 100 persons or more r	equire panic	harware on all doors servi	ing as a means	of egress.	
8) All construction shall comply with	NFPA 101					
Comments:						
11/14/2007-ldobson: It is the Cities re Chapter 17 and then submit a stateme					ewed all of	
>>> Austin Smith <austin@simonsarc< td=""><td>hitects.com> 11/14/07 1:28</td><td>PM >>></td><td></td><td></td><td></td><td></td></austin@simonsarc<>	hitects.com> 11/14/07 1:28	PM >>>				
	CE	RTIFICATIO	N			

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 APPLICAN ADDRESS DATE PHO

Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOO	OL THE	Owner Address: 256 SPRING ST REAR	Phone:	
Business Name:	Contractor Name: Stroudwater Construct	ction	Contractor Address: 96 Ocean St unit 1 Portland	Phone 207650780)2
Lessee/Buyer's Name	Phone:		Permit Type: Educational		Zone:

Wednesday afternoon, November 14, 2007 Waynflete Arts Center Phase Two

We have a building committee meeting Thursday morning. I would like to report to our owner if additional testing is required for the areas other than structural listed below.

Thanks you for any answer you can provide.

Austin Smith AIA, Scott Simons Architects.

On Oct 31, 2007, at 3:48 PM, Austin Smith wrote:

> Wednesday afternoon, October 31, 2007

> Waynflete Arts Center

> Yesterday we had an one site meeting to review the schedule of

> special inspections for structural work.

> These include soils, concrete, structural steel and metal decking.

>

>

> Our structural engineer, contractor and material testing agent

> urged us to contact you and verify if there are any other areas of

> special inspections required?

> > Systems other than structural components include:

>

> Non-bearing masonry veneer

> EIFS (exterior insulation and finish system)

> Mechanical hangers

> Ceiling hangers

>

> Thanks for any advice or direction you can provide.

> > Austin Smith AIA

> Scott Simons Architects.

9/24/2007-mes: No stamped approved site plan from planning yet. I am passing on for further reviews.

CERTIFICATION

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО

Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOOL THE		Owner Address: 256 SPRING ST REAR	Phone:	
Business Name:			Contractor Address: 96 Ocean St unit 1 Portland	Phone 207650780)2
Lessee/Buyer's Name	Phone:		Permit Type: Educational		

11/29/2007-ldobson: Thursday afternoon, November 29, 2007 Waynflete Arts Center

Mike:

I have enclosed answers to the questions you forwarded on 11.24.07.

In the folder below are:

SSA memorandum dated 11.29.07 Alternating tread staircase specifications Life Safety plans of Ground, First and Second Floors. LS-1.1, LS-1.2 & LS-1.3. Revised Mechanical Plans M-1, M-2 & M-3 with fire dampers positioned.

I know you have difficulty in opening attachments to e-mails. All material will be printed and provided to inspections at city hall before the end of the day.

Please note, that I will be out of the office on Friday but will check with you first thing Monday morning.

Thanks very much Austin Smith Scott Simons Architects.

CERTIFICATION

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО

Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOO	OL THE	Owner Address: 256 SPRING ST REAR	Phone:	
Business Name:	Contractor Name: Stroudwater Construc	tion	Contractor Address: 96 Ocean St unit 1 Portland	Phone 207650780)2
Lessee/Buyer's Name	Phone:		Permit Type: Educational	•	

11/24/2007-Idobson: I'm nearly complete with the reveiw of the project and have some questions:

1) The Musical classroom, room 116 has a maximum potectial occupant load of but there is only a single means of egress. Please provide a code justification.

2) On the First floor plan view on page A-1.2, it appears that the only means of egress from this space is into the theater vestibule. I know I'm missing something, please explain. I see a second double door on fig. 1/A-3.2. Just want to make sure I have it right! With regard to overall occupant load, and because we are relying on existing egress components, Please provide a life safety plan that summarizes total occupant load of the entire area (existing and proposed) and all of the elements of egress, with their dimensions. Please review Section 1024.2 and provide compliance information. (Main Exit Requirements)

3) Please provide UL listings w/ approved specs for all required fir separation assemblies.

4) Because the stage is greater that 1000 sq.ft., Emergency ventilation is required pursuant to section 410.3.7. Please provide this information.

5) Please provide fire/smoke damper specific locations.

6) Please provide specs for the alternating tread stairs that establishes compliance with all elements of section 1009.10.

7) Please provide a guard detail for the guard shown on the lower right corner on fig. 2/A-3.2.

8) Please provide an Plumbing fixture number assessment for the existing and proposed occupant load that establishes compliance with the State Plumbing Code (based on the 2000 UPC)

9) A reminder that all existing walls that will be come party walls to the addition must be "fire walls" that meet all of the conditions of section 705, including existing elements such as doors and other openings.

Thanks. Mike Nugent **Consulting Plans Examiner** City of Portland

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK. TIT		DATE	РНО

Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHO	OL THE	Owner Address: 256 SPRING ST REAR	Phone:			
Business Name:	Contractor Name: Stroudwater Construction		Contractor Address: 96 Ocean St unit 1 Portland	Phone 20765078	02		
Lessee/Buyer's Name	Phone:		Permit Type: Educational	l	Zone:		
12/12/2007-ldobson: 12/12/2007 9:14	:16 PM Austin,						
Was a satisfactory COMcheck report	t provided? If not Pleas	e provide one w	hen you come to pick up the permit.				
Lannie, Please place this as a condition	on of approval.						
Thanks All!							
Mike							
>>> Austin Smith <austin@simonsar Mike:</austin@simonsar 	chitects.com> 12/05/07	11:26 AM >>>					
Hard copies of all material were sent attention. Please call us when you have had a c							
Thanks, Austin Smith Scott Simons Architects.							
On Dec 3, 2007, at 7:17 PM, MIke N	igent wrote:						
> My home edition of the City's We	b service does not open	1					
> attachments. Can > you provide hard copies to City Ha	all, attn. Mike Nugent	.thanks!					
> >>>> Austin Smith <austin@simons< td=""><td colspan="7">>>>> Austin Smith <austin@simonsarchitects.com> 11/29/07 1:26 PM >>> > Thursday afternoon, November 29, 2007</austin@simonsarchitects.com></td></austin@simons<>	>>>> Austin Smith <austin@simonsarchitects.com> 11/29/07 1:26 PM >>> > Thursday afternoon, November 29, 2007</austin@simonsarchitects.com>						
> >Mike:							
> > I have enclosed answers to the que	estions you forwarded or	n 11.24.07.					
> > In the folder below are:							
> > SSA memorandum dated 11.29.07 > Alternating tread staircase specific	eations						

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО

Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOO	OL THE	Owner Address: 256 SPRING ST REAR	Phone:	
Business Name:	Contractor Name:		Contractor Address:	Phone	
	Stroudwater Construc	tion	96 Ocean St unit 1 Portland	2076507802	
Lessee/Buyer's Name	Phone:		Permit Type: Educational		Zone:
			Educational		
> Life Safety plans of Ground, First ar	nd Second Floors. LS-1.1	, LS-1.2			
> & LS-1.3. > Revised Mechanical Plans M-1, M-	2 & M 2 with fire damp	ore positioned			
> Kevised Mechanical Flans M-1, M-	$2 \propto M-5$ with file damp	ers positioned.			
> I know you have difficulty in openi	ng attachments to e-mai	18.			
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> before the end of the day.	1	5			
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> Please note, that I will be out of the	office on Friday but wil	1			
> check with you first thing Monday	morning.				
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> Thanks very much					
> Austin Smith					
> Scott Simons Architects.					
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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
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Location of Construction: 16 STORER ST			Owner Address: 256 SPRING ST REAR	Phone:
Business Name:	Contractor Name: Stroudwater Con		Contractor Address: 96 Ocean St unit 1 Portland	Phone 2076507802
Lessee/Buyer's Name	Phone:		Permit Type: Educational	Zone:
12/12/2007-ldobson: I have review	ed the and have signed	d off on the perm	it I will bring it to City Hall in the Morn	ning.
Thank you all!				
Happy Holidays				
Mike				
>>> Austin Smith <austin@simons Mike:</austin@simons 	sarchitects.com> 12/10	0/07 10:32 AM >3	>>>	
The hardcopies of the material wer on Thursday, December 6. If they do not turn up, I can print a directly from us.	·			
We are quickly approaching the correquire a full permit to proceed. Please call us if you do not have the	-			
Austin Smith Scott Simons Architects.				
On Dec 9, 2007, at 9:11 AM, MIke	Nugent wrote:			
> I checked in at City Hall at 4pm of > not in	on Friday and this mate	erial was		
> my mailbox. > I'll check again on Monday				
> >>>> Austin Smith <austin@simon > Mike: ></austin@simon 	nsarchitects.com> 12/0)5/07 11:26 AM :	>>>	
> Hard copies of all material were > attention.	-	-		
> Please call us when you have ha	d a chance to review t	he package.		
 > Thanks, > Austin Smith > Scott Simons Architects. 				

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО

Location of Construction:	Owner Name:		Owner Address:	Phone:	
16 STORER ST	WAYNFLETE SCHOO	DL THE	256 SPRING ST REAR		
Business Name:	Contractor Name:		Contractor Address:	Phone	
	Stroudwater Construc	tion	96 Ocean St unit 1 Portland	207650780)2
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:
			Educational		
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> On Dec 3, 2007, at 7:17 PM, MIke N	lugent wrote:				
>	C				
>> My home edition of the City's We >> attachments. Can	eb service does not open				
>> you provide hard copies to City H	all, attn. Mike Nugent	.thanks!			
>>	, U				
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>>>> Austin Smith <austin@simons< td=""><td></td><td>7 1:26 PM >>></td><td></td><td></td><td></td></austin@simons<>		7 1:26 PM >>>			
>> Thursday afternoon, November 29	, 2007				
>> Waynflete Arts Center					
>>					
>> Mike:					
>> I have enclosed answers to the que	estions you forwarded o	n 11 24 07			
>> Thave enclosed answers to the que	estions you for warded of	111.24.07.			
>> In the folder below are:					
>>					
>> SSA memorandum dated 11.29.07					
>> Alternating tread staircase specific					
>> Life Safety plans of Ground, First a	and Second Floors. LS-1.	1, LS-1.2			
>> & LS-1.3.	10 PM 2 14 Cm 1 m				
>> Revised Mechanical Plans M-1, M	$1-2 \propto NI-3$ with fire dam	pers positioned.			
>> I know you have difficulty in oper	ing attachments to e-ma	vils			
>> All material will be printed and pro-					
>> before the end of the day.	I				
>>					
>> Please note, that I will be out of the		11			
>> check with you first thing Monday	morning.				
>>					
>> Thanks very much >> Austin Smith					
>> Scott Simons Architects.					
>> Scott Simons Architects.					
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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО

Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOO	OL THE	Owner Address: 256 SPRING ST REAR	Phone:	
Business Name:	Contractor Name: Stroudwater Construct	ction	Contractor Address: 96 Ocean St unit 1 Portland	Phone 207650780)2
Lessee/Buyer's Name	Phone:		Permit Type: Educational	·	Zone:

>> by Guinevere. Please see your system administrator for

>> more details

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CERTIFICATION

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOO	OL THE	Owner Address: 256 SPRING ST REAR	Phone:
Business Name:	Contractor Name: Stroudwater Construc	tion	Contractor Address: 96 Ocean St unit 1 Portland	Phone 2076507802
Lessee/Buyer's Name	Phone:		Permit Type: Educational	Zone:
12/9/2007-ldobson: I checked in at Cit I'll check again on Monday	y Hall at 4pm on Friday a	and this material	was not in my mailbox. 12/9/2007 9:1	1:30 AM
>>> Austin Smith <austin@simonsare Mike:</austin@simonsare 	chitects.com> 12/05/07 1	1:26 AM >>>		
Hard copies of all material were sent attention. Please call us when you have had a c				
Thanks, Austin Smith Scott Simons Architects.				
On Dec 3, 2007, at 7:17 PM, MIke Nu	gent wrote:			
> My home edition of the City's Well > attachments. Can > you provide hard copies to City Ha >	ll, attn. Mike Nugentt			
>>>> Austin Smith <austin@simonsa > Thursday afternoon, November 29, > Waynflete Arts Center ></austin@simonsa 		1:26 PM >>>		
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 > SSA memorandum dated 11.29.07 > Alternating tread staircase specific > Life Safety plans of Ground, First at > & LS-1.3. 	nd Second Floors. LS-1.1			
 > Revised Mechanical Plans M-1, M- > I know you have difficulty in open > All material will be printed and pro > before the end of the day. 	ing attachments to e-mai	ls.		

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО

Location of Construction: 16 STORER ST			Owner Address: 256 SPRING ST REAR	Phone:	
Business Name:			ontractor Address:Phone6 Ocean St unit 1 Portland207650780		2
Lessee/Buyer's Name	Phone:		Permit Type: Educational		Zone:

>

>

> Please note, that I will be out of the office on Friday but will

> check with you first thing Monday morning.

> Thanks very much

> Austin Smith

> Scott Simons Architects.

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> This message contained attachments that have been blocked

> by Guinevere. Please see your system administrator for

> more details

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CERTIFICATION

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOO	OL THE	Owner Address: 256 SPRING ST REAR	Phone:	
Business Name:	Contractor Name: Stroudwater Construc	tion	Contractor Address: 96 Ocean St unit 1 Portland	Phone 207650780)2
Lessee/Buyer's Name	Phone:		Permit Type: Educational	•	Zone:
12/5/2007-1dobson: Thank you Austi Friday 12/5/2007 6:42:32 PM	n, I checked in at 1pm too	day. I'm off tom	orrow (have a musical engagement!) but v	will check of	n
>>> Austin Smith <austin@simonsar Mike:</austin@simonsar 	chitects.com> 12/05/07 1	1:26 AM >>>			
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Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOO		Owner Address:Phone:256 SPRING ST REAR		
Business Name:	Contractor Name: Stroudwater Construc	tion	Contractor Address:Phone96 Ocean St unit 1 Portland20765078		2
Lessee/Buyer's Name	Phone:		Permit Type: Educational		Zone:

>

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> Please note, that I will be out of the office on Friday but will

> check with you first thing Monday morning.

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CERTIFICATION

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Business Name:	Contractor Name: Stroudwater Construct		Contractor Address: 96 Ocean St unit 1 Portland	Phone 207650780	12
Lessee/Buyer's Name	Phone:		Permit Type: Educational	·	Zone:

12/3/2007-ldobson: My home edition of the City's Web service does not open attachments. Can you provide hard copies to City Hall, attn. Mike Nugent...thanks! 12/3/2007 7:17:47 PM

>>> Austin Smith <austin@simonsarchitects.com> 11/29/07 1:26 PM >>> Thursday afternoon, November 29, 2007 Waynflete Arts Center

Mike:

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In the folder below are:

SSA memorandum dated 11.29.07 Alternating tread staircase specifications Life Safety plans of Ground, First and Second Floors. LS-1.1, LS-1.2 & LS-1.3. Revised Mechanical Plans M-1, M-2 & M-3 with fire dampers positioned.

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Location of Construction: 16 STORER ST	Owner Name: WAYNFLETE SCHOO	OL THE	Owner Address: Phone: 256 SPRING ST REAR		
Business Name:	Contractor Name: Stroudwater Construct	etion	Contractor Address:Phone96 Ocean St unit 1 Portland20765075)2
Lessee/Buyer's Name	Phone:		Permit Type: Educational		Zone:

10/16/2007-ldobson: <<20071010133527837.pdf>> Soil/Daily Reports from the Civil Engineer.

Please note that all soil reports (regarding excavation, lift placement of new material, etc.) have now been completed and forwarded. Compaction test results (prior to the paving/concrete work) will be performed in the spring of 2008.

The message is ready to be sent with the following file or link attachments:

20071010133527837.pdf

CERTIFICATION

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО