

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 020650

This is to certify that Androscoquin Savings Bank SELF
has permission to RePlace Roof System
AT 92 West Shore Dr Great Island 083E A005001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 when permission procured before this building or part thereof is started or occupied. **FOUR 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. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name


Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED		Permit No: 02-0650	Issue Date: JUN 12 2002	CBL: 083E A005001
Location of Construction: 92 West Shore Dr	Owner Name: Ernauld G Fitch Andros Savings Bank	Owner Address: 30 Lishport St GRAND ISLAND	Phone: 207-766-5886	
Business Name: n/a	Contractor Name: n/a SELF	Contractor Address: Portland	Phone:	
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Additions - Dwellings	Zone: IR-1	
Past Use: Vacant / Prior use WW II Power Plant	Proposed Use: Replace Roof System for Future Single Family Dwelling.	Permit Fee: \$233.00	Cost of Work: \$30,000.00	CEO District: 1
Proposed Project Description: RePlace Roof System - only		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: Vacant Type: 5B BOCA 1999	
		Signature:	Signature:	
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: 06/13/2002	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input checked="" type="checkbox"/> Shoreland <i>within 250' but just over 75' from water</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>6/19/02</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>ok with conditions</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
Department of Building Inspections

JUNE 13 2002

Received from

RONALD FITCH

Location of Work

Diamond Cove Lot #5

Cost of Construction

\$ 30,000.

Permit Fee

\$ 233.00

Building (B)

Plumbing (P)

Electrical (E)

Site Plan (S)

Other _____

City

088 E A 005

Check #

324

Total Collected \$ 233.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

City of Portland, Maine - Building or Use Permit

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

Permit No: 02-0650	Date Applied For: 06/13/2002	CBL: 083E A005001
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Location of Construction: 92 West Shore Dr, Diamond Cove	Owner Name: Androscoggin Savings Bank	Owner Address: 30 Lisbon St	Phone: 207-766-5886
Business Name: n/a	Contractor Name: n/a SELF	Contractor Address: Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Additions - Dwellings	

Proposed Use: Replace Roof System for Future Single Family Dwelling.	Proposed Project Description: RePlace Roof System
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 06/18/2002
Note: 92 West Shore Drive, Great Diamond Island			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1) The roof height shall not be raised to create a new story. The original building roof height shall be maintained. 2) The roof over hang shall not be more than 2 feet. 3) This permit is for the roof structure on the existing building only. A separate permit shall be required when any interior work is done to convert this vacant building to a single family home. 			

Dept: Building	Status: Approved	Reviewer: Tammy Munson	Approval Date: 07/10/2002
Note:			Ok to Issue: <input checked="" type="checkbox"/>

83E-A-005

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: <u>Diamond Cove Lot # 5</u>		
Total Square Footage of Proposed Structure <u>3000 ±</u>	Square Footage of Lot <u>47,881 ±</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>083</u> Block# <u>E</u> Lot# <u>A</u>	Owner: <u>Ronald G. Fitch</u>	Telephone: <u>766-5886</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Ronald G. Fitch</u> <u>Diamond Cove, OR 97109</u> <u>766-5886</u>	Cost Of Work: <u>\$30,000 -</u> Fee: <u>\$233.00</u>
Current use: <u>VACANT</u>		
If the location is currently vacant, what was prior use: <u>WW II Power Plant</u>		
Approximately how long has it been vacant: <u>57 Years</u>		
Proposed use: Single Family Dwelling <u>VACANT STRUCTURE</u>		
Project description: <u>REPLACE ROOF SYSTEM on building</u>		
Contractor's name, address & telephone: <u>Owner</u>		
Who should we contact when the permit is ready: <u>Owner</u>		
Mailing address:		
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: <u>766-5886</u>		

939-4339

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: <u>[Signature]</u>	Date: <u>6</u>
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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



Project No.: 1-000152.00

Type of Survey: Limited Ex. Cond.

Invoice # 1-000152.00-1

Job Name: Lot 5 Diamond Cove

Date: June 6, 2002

Location: Great Diamond Island

Page No. 1 of 1

Location: Portland, Maine

Sandy Fitch
Lot 5, West Shore Drive
Great Diamond Island
Portland, Maine

Professional Surveying Engineering Services performed from 06/03/02 - 06/06/02, as per our professional service contract dated: May 31, 2002.

~~LABOR~~

Professional Land Surveying Services

~~Expenses:~~

~~Total Current Charges~~

~~Due Upon Receipt~~

PER PHONE CALL on
6/12/02, with
TIM PATCH of SGC,
"BASED ON FIRMAR,
COMMUNITY PANEC
2300510009B, eff date
July 17, 1986, parcel 9 of 17,
the building is in zone C,
which is defined as
an area of minimal
flooding."
letter from
SGC furnished
upon request.

12 Westbrook Common, 2nd Floor • Westbrook, Maine • 04092

Phone: 207-856-0006 • Fax: 207-856-0007 • E-Mail: sgc@sgcinc.net

Diamond Cove, 7A
Great Diamond Island ME 04109-9999

207-766-2107

19 August 2002

Mike Nugent
City Inspections, Room 350
389 Congress St.
Portland ME 04101

207-874-8700
207-874-8703

Re: City of Portland, Maine - Building or Use Permit # 02-0650

Dear Mr. Nugent,

Ronald G. Fitch was issued Application ID Number 2-0650 on 6/18/2002 for 92 West Shore Drive, Great Diamond Island, ME 04109. The permits issued as of 8/16/02 were for partial electric and construction which states "for the roof structure on the existing building only. A separate permit shall be required when any interior work is done to convert this vacant building to a single family home. The roof height shall not be raised to create a new story. The original building roof height shall be maintained."

Would you please make a building inspection of this building site? Work to replace this roof was commenced before the permit was issued. 1. There appears to be non-permitted work on the interior of the building including walls and floors. 2. The original building roof height has been exceeded, in that the rafters that have been used are much higher than the original and the wall height was not reduced to compensate for this increased height. If a solid foam insulation is used on top of the present roof deck the original height limit will be exceeded even more. 3. There also appears to have been septic system plumbing work preformed on this site.

I am calling this to your attention early in the construction process so that there will not be a hardship problem with lowering the roof to the required height, as might be the case if it is not discovered until your normal inspection schedule.

Thank you, in advance for your attention to my concerns.

Yours truly,



W. Schafer Bean



Single - 14" BCI 900s

Job Name - FITCH
 Address -
 City, State, Zip - PORTLAND, ME
 Code Reports - NER 594, ICBO 5208

File Name: Fitch.bcc
 Customer:
 Specifier:
 Designer:
 Company:
 Misc:

RAFTER

2
 12

Standard Load - 60 PSF | 20 PSF | OC Spacing 18"

24'-3/4"
 B0
 720 lbs L
 249 lbs DL

1-3/4"
 B1
 720 lbs LL
 243 lbs DL

Total Horizontal Length - 18'-00-00

General Data		Load Summary								
Version:	US Imperial	ID Description	Load Type	Ref.	Start	End	Live	Dead	OC3	Dur.
Member Type:	Rafter	S Standard	Unif. Area Load	Left	00-00-00	18-00-00	60 PSF	20 PSF	18"	115
Number of Spans:	1	Controls Summary								
Left Cantilever:	No	Control Type	Value	% Allowable	Duration	Loadcase	Span Location			
Right Cantilever:	No	Moment	4335 ft-lbs	38.3%	@ 115%	2	1 - Internal			
Slope:	2/12	End Reaction	963 lbs	57.8%	@ 115%	2	1 - Left			
OC Spacing:	18"	Total Deflection	L/845 (0.339")	27.8%		2	1			
Repetitive:	Yes	Live Deflection	L/883 (0.284")	55.6%		2	1			
Construction Type:	na	Max. Defl.	0.339" (Limit: 1")	39.9%		2	1			
Live Load:	60 PSF	Span/Depth	15.4				1			
Dead Load:	20 PSF	Bearing Supports								
Part Load:	0 PSF	Name	Type	Dim. (L x W)	Value	% Allowed	Case	Material		
Duration:	118	B0	Wall/Plate	1-3/4" x 3-1/2"	963 lbs	37.0%	2	Spruce-Pine-Fir		
		B1	Wall/Plate	1-3/4" x 3-1/2"	963 lbs	37.0%	2	Spruce-Pine-Fir		

Disclosure

The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design properties and analysis methods. Installation of Boise Cascade engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)232-0788 before beginning product installation.

NOTES:

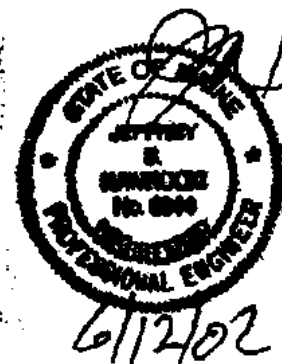
Design meets Code minimum (L/180) Total load deflection criteria.
 Design meets User specified (L/480) Live load deflection criteria.
 Design meets arbitrary (1") Maximum load deflection criteria.

Disclaimer:

The supplier acknowledges that it has requested JSN Associates, Inc. to review a pre-engineered building product identified as above for the span and loading conditions shown on this calculation sheet. The supplier further acknowledges that JSN Associates, Inc. will not engineer, design, manufacture or erect said item and is not responsible in any way for defects or deficiencies. Therefore, the supplier waves all claims against JSN Associates, Inc. arising in any way from any defects, deficiencies, errors or omissions in the load determination, design, fabrication or erection of said item.

Note:

Adequate design of supporting structure must be provided by others.



BOISE CASCADE - BC CALC™ 2001s DESIGN REPORT - US

Tuesday, June 11, 2002 14:57



Single - 5 1/4" x 15" V-L DF 3080

Job Name - FITCH

Address -

City, State, Zip - GREAT DIAMOND ISLAND, ME

Code Reports - ICBO 5082, NER 442

File Name

Fitch2.bcc

Customer

Specifier

Designer

Company

Misc

- WOOD STRUCTURES, INC

- WOOD STRUCTURES, INC

ROOF BEAM

7182 lbs LL
3814 lbs DL7182 lbs LL
3814 lbs DL

Total Horizontal Length - 16'-00-00

General Data

Version: US Imperial

Member Type: - Roof Beam

Number of Spans: - 1

Left Cantilever: - No

Right Cantilever: - No

Slope: 012

Tributary: 16'-00-00

Repetitive: n/a

Construction Type: n/a

Live Load: 42 PSF

Dead Load: 20 PSF

Part Load: 0 PSF

Duration: 115

Disclosure

The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design practices and analysis methods. Installation of Boise Cascade engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)222-0788 before beginning product installation.

Load Summary

ID	Description	Load Type	Ref.	Start	End	Live	Dead	Tot.	Dis.
S	Standard	Unf. Area Load	Left	00'-00'-00	16'-00'-00	42 PSF	20 PSF	16'-00'-00	115

Controls Summary

Control Type	Value	% Allowable	Duration	Loadcase	Span Location
Moment	46263 l-ba	75.9%	@ 115%	2	1 - Internal
End Shear	3187 lbs	90.1%	@ 115%	2	1 - Left
Total Deflection	1/273 (0.791")	65.9%		2	1
Live Deflection	1/410 (0.626")	68.4%		2	1
Max. Defl.	0.791" (Limit 1")	79.1%		2	1
Span/Depth	13.5				1

NOTES:

Design meets Code minimum (L/180) Total load deflection criteria.
 Design meets Code minimum (L/240) Live load deflection criteria.
 Design meets arbitrary (1") Minimum load deflection criteria.
 Minimum bearing length for 8D is 2-1/4".
 Minimum bearing length for 8T is 2-1/4".
 Member Slope = G, consider drainage.

Disclaimer:

The supplier acknowledges that it has requested JSN Associates, Inc. to review a pre-engineered building product identified as above for the span and loading conditions shown on this calculation sheet. The supplier further acknowledges that JSN Associates, Inc. will not engineer, design, manufacture or erect said item and is not responsible in any way for defects or deficiencies. Therefore, the supplier waives all claims against JSN Associates, Inc. arising in any way from any defects, deficiencies, errors or omissions in the final determination, design, fabrication or erection of said item.

Note:

Adequate design of supporting structure must be provided by others.



6/12/02

BOISE CASCADE - BC CALC™ 2001a DESIGN REPORT - US

Tuesday, June 11, 2002 13:17

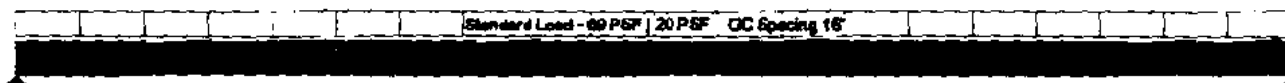


Single - 14" BCI 900s

Job Name - FITCH
 Address -
 City, State, Zip - PORTLAND, ME
 Code Reports - NER 584, ICBO 5208

File Name: Fitch.bct
 Customer:
 Specifier:
 Designer - WOOD STRUCTURES, INC.
 Company: WOOD STRUCTURES, INC.
 Misc.:

RAFTER

720 lbs L
243 lbs DL720 lbs L
243 lbs DL

Total Horizontal Length - 18-00-00

General Data

Version: US Imperial
 Member Type: - Rafter
 Number of Spans: - 1
 Left Cantilever: - No
 Right Cantilever: - No
 Slope: 2/12
 OC Spacing: 16"
 Repetitive: Yes
 Construction Type: n/a
 Live Load: 60 PSF
 Dead Load: 20 PSF
 Part Load: 0 PSF
 Duration: 115

Load Summary

ID	Description	Load Type	Ref	Start	End	Live	Dead	OCs	Dur.
S	Standard	Unif. Area Load	Left	00-00-00	18-00-00	60 PSF	20 PSF	16"	115

Controls Summary

Control Type	Value	% Allowable	Duration	Loadcase	Span Location
Moment	4335 ft-lbs	36.3%	@ 115%	2	1 - Internal
End Reaction	963 lbs	57.8%	@ 115%	2	1 - Left
Total Deflection	1/845 (0.339")	27.9%		2	1
Live Deflection	1/893 (0.254")	55.6%		2	1
Max. Defl.	0.339" (Limit: 1")	33.9%		2	1
Span/Depth	15.4				1

NOTES:

Design meets Code minimum (L/180) Total load deflection criteria
 Design meets User specified (L/480) Live load deflection criteria
 Design meets arbitrary (1") Maximum load deflection criteria.
 Minimum bearing length for B0 is 1-3/4"
 Minimum bearing length for B1 is 1-3/4".

Disclosure

The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design properties and analysis methods. Installation of Boise Cascade engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)232-0788 before beginning product installation.

BOISE CASCADE - BC CALC™ 2001a DESIGN REPORT - US

Tuesday, June 11, 2002 13:25

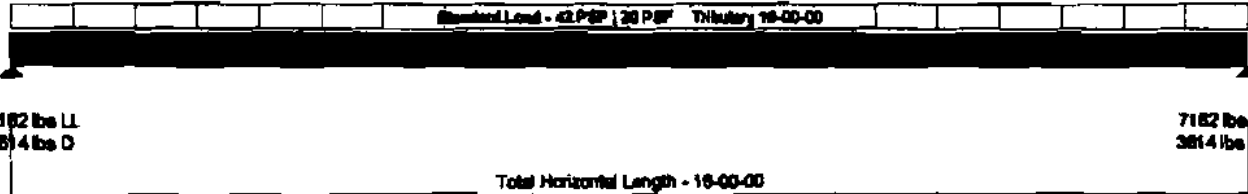


Single - 6 1/4" x 16" V-L OF 3080

Job Name - FITCH
 Address -
 City, State, Zip - GREAT DIAMOND ISLAND, ME
 Code Reports - ICBO 6063, NER 442

File Name: Fitch2.bos
 Customer: -
 Specifier: -
 Designer: - WOOD STRUCTURES, INC.
 Company: - WOOD STRUCTURES, INC.
 Mfr: -

ROOF BEAM



General Data

Version: US Imperial
 Member Type: - Roof Beam
 Number of Spans: - 1
 Left Cantilever: - No
 Right Cantilever: - No
 Slope: 0/12
 Tributary: 19-00-00
 Repetitive: n/a
 Construction Type: n/a
 Live Load: 42 PSF
 Dead Load: 20 PSF
 Part Load: 0 PSF
 Duration: 116

Disclosure

The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design practices and analysis methods. Installation of Boise Cascade engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)252-0788 before beginning product installation.

Load Summary

ID	Description	Load Type	Ref	Start	End	Live	Dead	Trib.	Dur.
S	Standard	Unf Area Load	Left	00-00-00	19-00-00	42 PSF	20 PSF	19-00-00	116

Controls Summary

Control Type	Value	% Allowable	Duration	Loadcase	Span Location
Moment	48383 ft-lb	75.9%	@ 115%	2	1 - Internal
End Shear	9167 lbs	80.1%	@ 115%	2	1 - Left
Total Deflection	L/273 (0.791")	66.9%		2	1
Live Deflection	L/410 (0.528")	56.4%		2	1
Max. Defl.	0.784" (Limit: 1")	78.1%		2	1
Span/Depth	13.6				1

NOTES:

Design meets Code minimum (L/180) Total load deflection criteria.
 Design meets Code minimum (L/240) Live load deflection criteria.
 Design meets arbitrary (1") Maximum load deflection criteria.
 Minimum bearing length for B0 is 2-1/4".
 Minimum bearing length for B1 is 2-1/4".
 Member Slope = 0, consider drainage.

BOISE CASCADE - BC CALC™ 2001 DESIGN REPORT - US

Tuesday, June 11, 2002 14:38



Single - 14" BCI 900s

Job Name - FITCH
 Address -
 City, State, Zip - PORTLAND, ME
 Code Reports - NER 594, ICBO 5208

File Name: Fich.bcc
 Customer -
 Specifier -
 Designer -
 Company -
 Misc: -

RAFTER

2
 12

Standard Load - 80 PSF | 20 PSF | OC Spacing 18"

201-348
 80
 720 lbs L
 243 lbs DL

1.34-88
 B1
 720 lbs LL
 243 lbs DL

Total Horizontal Length - 18-00-00

General Data
 Version: US Imperial
 Member Type: Rafter
 Number of Spans: 1
 Left Cantilever: No
 Right Cantilever: No
 Slope: 2/12
 OC Spacing: 18"
 Repetitive: Yes
 Construction Type: n/a
 Live Load: 80 PSF
 Dead Load: 20 PSF
 Part Load: 0 PSF
 Duration: 115

Load Summary

ID	Description	Load Type	Ref.	Start	End	Live	Dead	OCS	Dur.
S	Standard	Unf.Area Load	Left	00-00-00	18-00-00	80 PSF	20 PSF	18"	115

Controls Summary

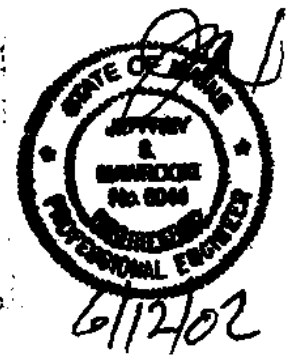
Control Type	Value	% Allowable	Duration	Loadcase	Span Location
Moment	4335 R-lbs	36.3%	@ 115%	2	1 - Internal
End Reaction	983 lbs	57.8%	@ 115%	2	1 - Left
Total Deflection	L/845 (0.338")	27.9%		2	1
Live Deflection	L/883 (0.254")	55.8%		2	1
Max. Defl.	0.338" (Limit: 1")	33.9%		2	1
Span/Depth	15.4				1

Bearing Supports

Name	Type	Dim. (L x W)	Value	% Allowed	Cases	Material
B0	Wall/Plate	1-3/4" x 3-1/2"	983 lbs	37.0%	2	Spruce-Pine-Fir
B1	Wall/Plate	1-3/4" x 3-1/2"	983 lbs	37.0%	2	Spruce-Pine-Fir

Disclosure
 The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design practices and analysis methods. Installation of Boise Cascade engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)232-0788 before beginning product installation.

NOTES:
 Design meets Code minimum (L/180) Total load deflection criteria.
 Design meets User specified (L/480) Live load deflection criteria.
 Design meets arbitrary (1") Maximum load deflection criteria.



Disclaimer:
 The supplier acknowledges that it has requested JSN Associates, Inc. to review a pre-engineered building product identified as above for the span and loading conditions shown on this calculation sheet. The supplier further acknowledges that JSN Associates, Inc. will not engineer, design, manufacture or erect said item and is not responsible in any way for defects or deficiencies. Therefore, the supplier waives all claims against JSN Associates, Inc. arising in any way from any defects, deficiencies, errors or omissions in the load determination, design, fabrication or erection of said item.
Note:
 Adequate design of supporting structure must be provided by others

RightFAX

6/11/2002 2:58 PAGE 1/1 RightFAX

BOISE CASCADE - BC CALC™ 2001a DESIGN REPORT - US

Tuesday, June 11, 2002 14:57



Single - 5 1/4" x 16" V-L DF 3080

Job Name - FITCH
 Address -
 City, State, Zip - GREAT DIAMOND ISLAND, ME
 Code Reports - ICBO 8083, NER 442

File Name - Fish2.boc
 Customer Specifier -
 Designer - WOOD STRUCTURES, INC.
 Company - WOOD STRUCTURES, INC.
 Misc. -

ROOF BEAM



7182 lbs LL
 3614 lbs DL

7182 lbs LL
 3614 lbs DL

Total Horizontal Length - 18'-00"-00

General Data

Version - US Imperial
 Member Type - Roof Beam
 Number of Spans - 1
 Left Cantilever - No
 Right Cantilever - No
 Slope - 0/12
 Tributary - 10'-00"
 Repetitive - n/a
 Construction Type - n/a
 Live Load - 42 PSF
 Dead Load - 20 PSF
 Part Load - 0 PSF
 Duration - 115

Disclosure

The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design practices and analysis methods. Installation of Boise Cascade engineered products must be in accordance with the current installation Guide and the applicable building codes. To obtain an installation Guide or if you have any questions, please call (800) 232-0788 before beginning product installation.

Load Summary

ID	Description	Load Type	Ref.	Start	End	Live	Dead	Trib.	Dur.
5	Standard	Unf. Area Load	Left	00'-00"-00	18'-00"-00	42 PSF	20 PSF	10'-00"-00	115

Controls Summary

Control Type	Value	% Allowable	Location	Loadcase	Span Location
Moment	48583 ft-lb	75.0%	@ 115%	2	1 - Internal
End Shear	2487 lbs	50.1%	@ -115%	2	1 - Left
Total Deflection	1.273 (0.791")	65.0%		2	1
Live Deflection	1.410 (0.828")	58.4%		2	1
Max. Defl.	0.791" (Limit: 1")	79.1%		2	1
Span Depth	13.5				1

NOTES:

Design meets Code minimum (L/180) Total load deflection criteria.
 Design meets Code minimum (L/240) Live load deflection criteria.
 Design meets arbitrary (1") Maximum load deflection criteria.
 Minimum bearing length for BO is 3-1/4".
 Minimum bearing length for BT is 2-1/4".
 Member Slope = 0, consider struts.



6/12/02

Disclaimer:

The supplier acknowledges that it has requested JSN Associates to review a pre-engineered building product identified as above for the span and loading conditions shown on this calculation sheet. The supplier further acknowledges that JSN Associates, Inc. will not engineer, design, manufacture or erect said item and is not responsible in any way for defects or deficiencies. Therefore, the supplier waives all claims against JSN Associates, Inc. arising in any way from any defects, deficiencies, errors or omissions in the load determination, design, fabrication or erection of said item.

Note:

Adequate design of supporting structure must be provided by others.

BOISE CASCADE - BC CALC™ 2001a DESIGN REPORT - US

Tuesday, July 02, 2002 18:36



Single - 5 1/4" x 16" V-L DF 3080

Job Name -
 Address -
 City, State, Zip -
 Code Reports - ICBO 5663, NER 442

File Name:
 Customer -
 Specifier -
 Designer - MICHELLE
 Company - WSI
 Misc: -

Untitled

10
 12'

Standard Load - 60 PSF | 16 PSF Tributary 18-04-00

3-1/2"
 B0
 8250 lbs L
 2689 lbs D

3-1/2"
 B1
 8250 lbs L
 2689 lbs D

Total Horizontal Length - 18-00-00

General Data

Version: US Imperial
 Member Type: - Roof Beam
 Number of Spans: - 1
 Left Cantilever: - No
 Right Cantilever: - No
 Slope: 0/12
 Tributary: 18-04-00
 Repetitive: n/a
 Construction Type: n/a
 Live Load: 50 PSF
 Dead Load: 16 PSF
 Part Load: 0 PSF
 Duration: 115

Disclosure

The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design properties and analysis methods. Installation of Boise Cascade engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)232-0788 before beginning product installation.

Load Summary

ID	Description	Load Type	Ref.	Start	End	Live	Dead	Trib.	Dur.
S	Standard	Unf. Area Load	Left	00-00-00	18-00-00	50 PSF	15 PSF	18-04-00	115

Controls Summary

Control Type	Value	% Allowable	Duration	Loadcase	Span Location
Moment	49137 ft-lbs	78.7%	@ 115%	2	1 - Internal
End Shear	8302 lbs	50.7%	@ 115%	2	1 - Left
Total Deflection	L/270 (0.8")	66.6%		2	1
Live Deflection	L/357 (0.604")	67.1%		2	1
Max. Defl	0.8" (Limit: 1")	80.0%		2	1
Span/Depth	13.5				1

Bearing Supports

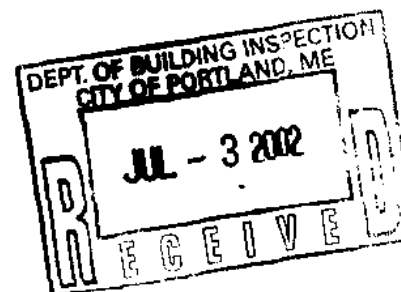
Name	Type	Dim. (L x W)	Value	% Allowed	Case	Material
B0	Wall/Plate	3-1/2" x 8-1/4"	10918 lbs	138.8%	2	Spruce-Pine-Fir
B1	Wall/Plate	3-1/2" x 8-1/4"	10919 lbs	139.3%	2	Spruce-Pine-Fir

CAUTIONS:

Bearing B0 cannot support a load of 10918 lbs.
 Bearing B1 cannot support a load of 10919 lbs.

NOTES:

Design meets Code minimum (L/180) Total load deflection criteria.
 Design meets Code minimum (L/240) Live load deflection criteria.
 Design meets arbitrary (1") Maximum load deflection criteria.
 Member Slope = 0, consider drainage.



Post-It® Fax Note 7671 Date 7/3 2002
 To TARMY MURPHY From Michelle
 Contact City of Portland City WSI
 Phone # Phone #

BOISE CASCADE - BC CALC™ 2001a DESIGN REPORT - US

Wednesday, July 03, 2002 12:14



Single - 14" BCI 900a

Job Name :
 Address : LOT 5 DIAMOND COVE
 City, State, Zip : PORTLAND, ME
 Code Reports : NER 994, ICBO 9208

File Name: - HILLSIDE LBR
 Customer: -
 Specifier: -
 Designer: - MICHELLE
 Company: - WSI
 Misc: -

Untitled



Standard Load - 80 PSF (20 PSF OC Spacing 16"	
2-1/2" B0 667 lbs L 200 lbs D	2-1/2" B1 667 lbs LL 268 lbs DL
Total Horizontal Length - 20-00-00	

General Data

Version: US Imperial

Member Type: - Rafter
 Number of Spans: - 1
 Left Cantilever: - No
 Right Cantilever: - No

Slope: 1/12
 OC Spacing: 16"
 Repetitive: Yes
 Construction Type: r/a

Live Load: 80 PSF
 Dead Load: 20 PSF
 Part Load: 0 PSF
 Duration: 115

Load Summary

ID	Description	Load Type	Ref.	Start	End	Live	Dead	OCB	Dur.
S	Standard	Unif Area Load	Left	00-00-00	20-00-00	80 PSF	20 PSF	16"	115

Controls Summary

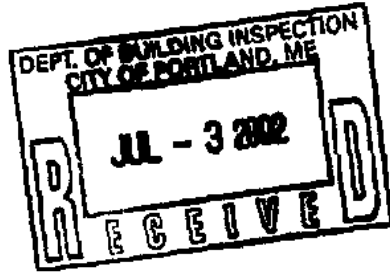
Control Type	Value	% Allowable	Direction	Locations	Span Locations
Moment	4871 ft-lbs	38.1%	⊙ 115%	2	1 - Internal
End Reaction	934 lbs	86.0%	⊙ 115%	2	1 - Left
Total Deflection	L/980 (0.43")	32.1%		2	1
Live Deflection	L/784 (0.307")	30.6%		2	1
Max. Defl.	0.43" (Limit: 1")	43.0%		2	1
Span/Depth	17.1				1

Bearing Supports

Name	Type	Dim. (L x W)	Value	% Allowed	Case	Material
B0	Wall/Plate	2-1/2" x 3-1/2"	934 lbs	25.1%	2	Spruce-Pine-Fir
B1	Wall/Plate	2-1/2" x 3-1/2"	934 lbs	25.1%	2	Spruce-Pine-Fir

Disclosure
 The completeness and accuracy of the input must be verified by anyone who would rely on the output as evidence of suitability for a particular application. The output above is based upon building code-accepted design properties and analysis methods. Installation of Boise Cascade engineered wood products must be in accordance with the current Installation Guide and the applicable building codes. To obtain an Installation Guide or if you have any questions, please call (800)232-0788 before beginning product installation.

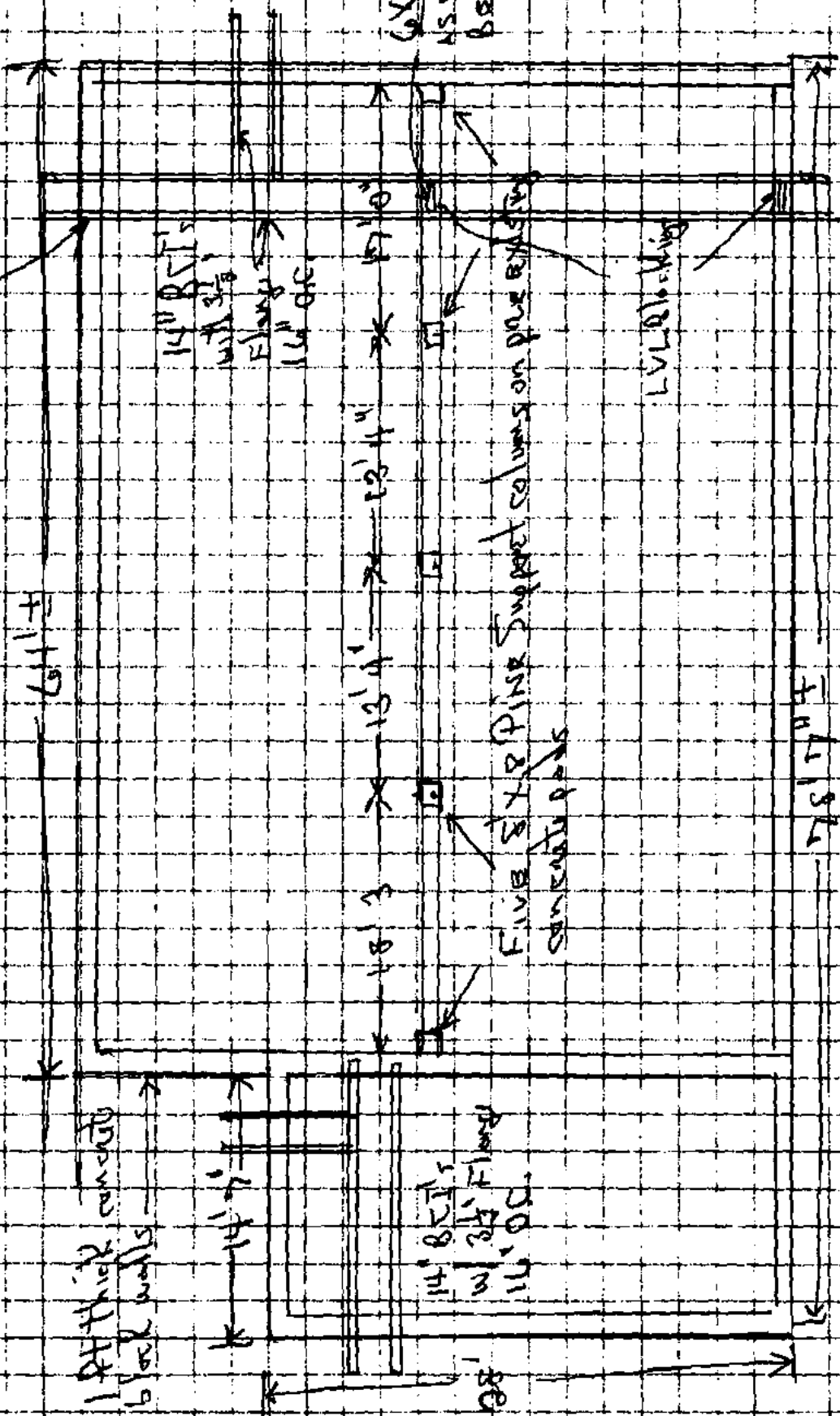
NOTES:
 Design meets Code minimum (L/180) Total load deflection criteria.
 Design meets Code minimum (L/240) Live load deflection criteria.
 Design meets arbitrary (1") Maximum load deflection criteria.



Existing Building 1st Floor Structural Frame (Birds Eye View)

Scale: 1/4" = 1'-0" (Not shown)

Hardware Stamps in all walls



All existing walls are constructed of 12 inch concrete block or 15" thick concrete masonry units.

EXISTING BUILDING LOT #5 DIAMOND COVE (EWS VIEW)

Scale: 1/4" = 1'-0"

RETAINS 14" BTI'S WITH 3/4" HANGY 16" O.C.

18'8" SPAN
SHORING 5" PLYWOOD

18'8" SPAN

STEEL BRACKET
STEEL BRACKET
BRACKET

6" X 16" LVL (NEW)

DOUBLE 2X8 JOIST (NEW)

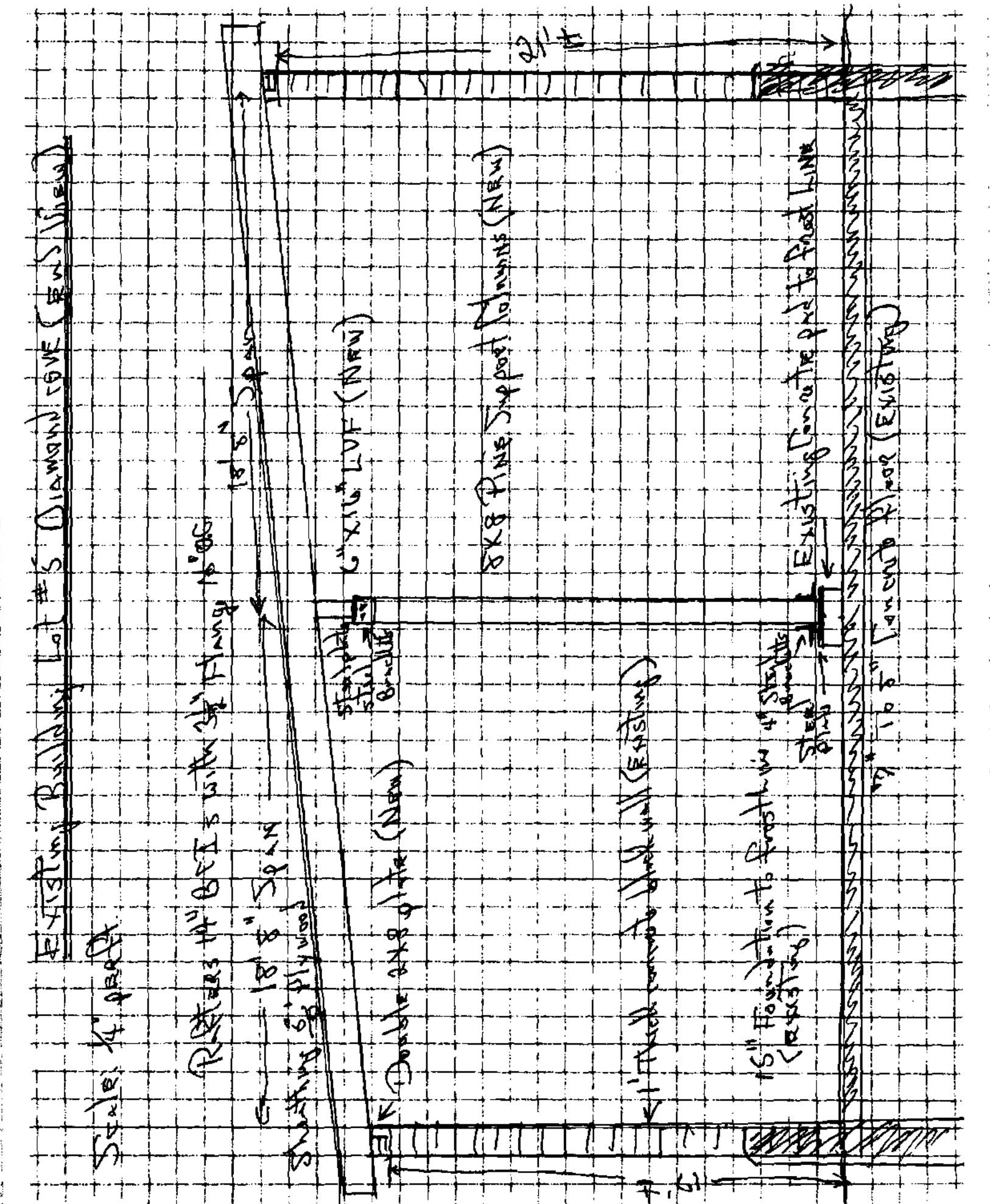
8X8 PINE SUPPORT COLUMN (NEW)

1" THICK CONCRETE BLOCK WALL (EXISTING)

15" FOUNDATION TO FOOTING W/ 4# STEEL REINFORCING (EXISTING)

EXISTING CONCRETE PAD TO FOOT LINE

10'8" CONC. FLOOR (EXISTING)



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 105
 (207) 287-5672 Fax: (207) 287-31

PROPERTY LOCATION

City, Town, or Plantation: **PORTLAND - GDI**
 Street or Road: **WEST SHORE DRIVE**
 Subdivision, Lot #: **LOTS 5, DIAMOND COVE**

PORTLAND
 Date Permit Issued: **4/19/02**
 Local Plumbing Inspector Signature: *[Signature]*
 8177 TOWN COPY
 \$ **1100** FEE Double Fee Charged
 L.P.I. # **06142**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **FITCH RONALD** Owner Applicant
 Mailing Address of Owner/Applicant: **DIAMOND COVE
 GREAT DIAMOND ISLAND 04109**
 Daytime Tel. #: **766-5886**

It is attached HERE by the Local Plumbing Inspector...
 authorize the owner or installer to install the disposal system in accordance
 with this application and the Maine Subsurface Wastewater Disposal Rules.
088 PA 005
 Municipal Tax Map # _____ Lot # _____

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

CAUTION: INSPECTION NEEDED
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
 (1st) date approved _____
 Local Plumbing Inspector Signature _____ (1st) date approved _____

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
 Type replaced: _____
 Year installed: _____
 3. Expanded System
 a. Minor Expansion
 b. Major Expansion
 4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES
 1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS
 1. Complete Non-engineered System
 2. Primitive System (graywater & sit. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Disposal Area
 5. Holding Tank, _____ gallons
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous Components

SIZE OF PROPERTY
47,881 SQ. FT. L ACRES
SHORELAND ZONING
 Yes No

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms: **2**
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: _____ (specify)
 Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY
 1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
 1. Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____
 CAPACITY: **1000** GAL.

DISPOSAL FIELD TYPE & SIZE
 1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other: **CAVIRO SEPTIC**
 SIZE: **222** sq. ft. in. ft.

GARBAGE DISPOSAL UNIT
 1. No 2. Yes 3. Maybe
 (If Yes or Maybe, specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. Increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW
220 gallons per day
 BASED ON:
 1. Table 601.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
SHOW CALCULATIONS
 --- for other facilities ---

SOIL DATA & DESIGN CLASS
 PROFILE CONDITION DESIGN
L1G1
 at Observation Hole # **2**
 Depth **30"**
 of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
 1. Small—2.0 sq. ft. / gpd
 2. Medium—2.6 sq. ft. / gpd
 3. Medium—Large 3.3 sq. ft. / gpd
 4. Large—4.1 sq. ft. / gpd
 5. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/LECTOR PUMP
 1. Not Required
 2. May Be Required
 3. Required
 Specify only for engineered systems:
 DOSE: _____ gallons

3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on **4/19/02** (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

[Signature]
 Site Evaluator Signature **185** SE # **4/25/02** Date
DAVID A. KAMILA
 Site Evaluator Name Printed

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

PORTLAND - GDI

Street, Road, Subdivision

LOT 5 WEST SHORE DRIVE

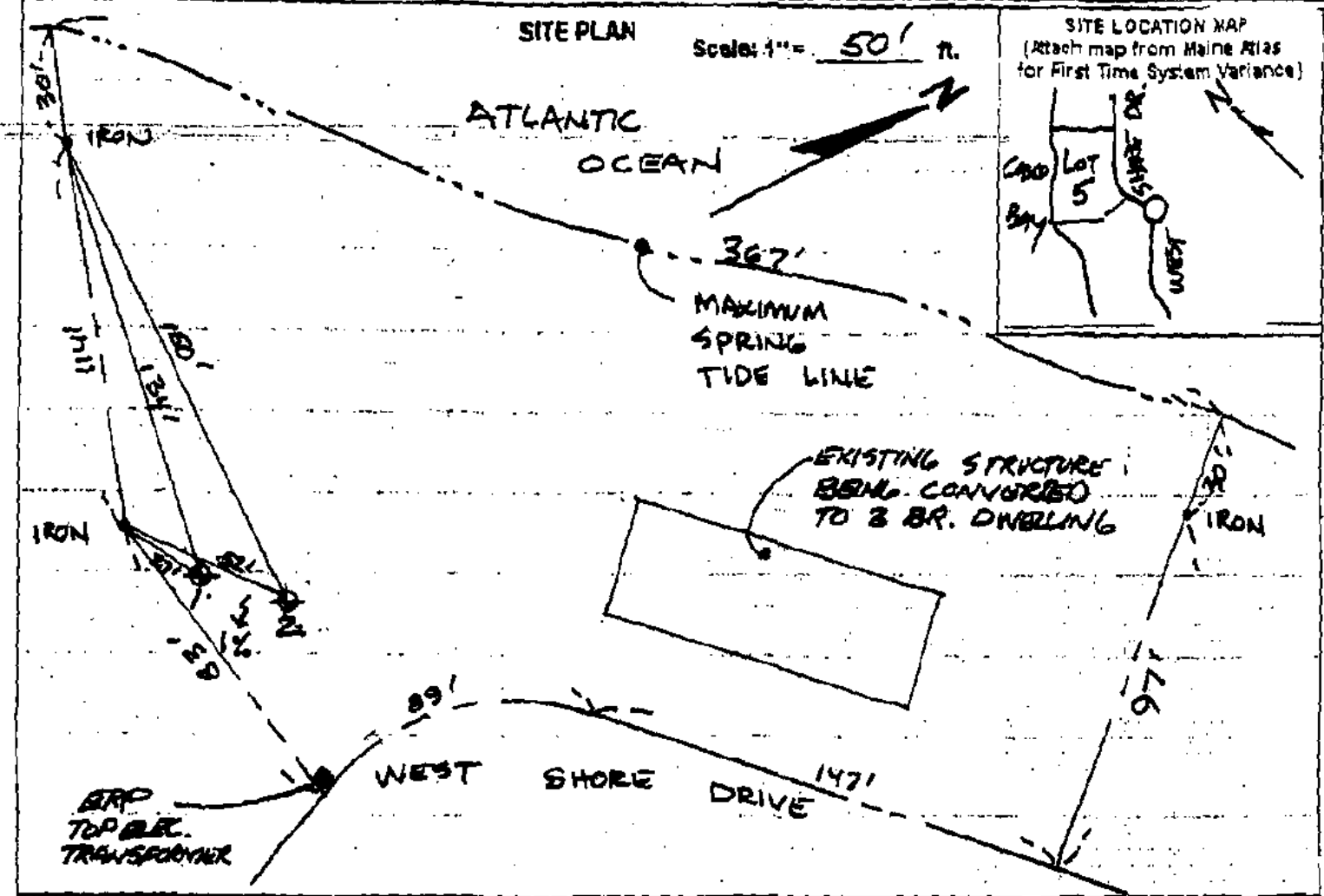
Owner or Applicant Name

RON FITCH

SITE PLAN

Scale: 1" = 50' ft.

SITE LOCATION MAP
 (Attach map from Maine Atlas for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # 1 Test Pit Boring

Depth below mineral soil surface (inches)	Depth of organic horizon above mineral soil			
	Texture	Consistency	Color	Mottling
0	SILT LOAM	FRAGILE	MED BROWN	
4	LOAMY SAND	LOOSE	LIGHT BROWN	
36				FEW
36				
40				
Soil Profile	Classification: <u>C</u>	Slope: <u>+</u>	Liming Factor: <u>36</u>	Groundwater
	Condition	Percent	Resin	Restrictive Layer
				Bedrock

Observation Hole # 2 Test Pit Boring

Depth below mineral soil surface (inches)	Depth of organic horizon above mineral soil			
	Texture	Consistency	Color	Mottling
0	SILT LOAMY	FRAGILE	DARK BROWN	
12			OLIVE	
18			BROWN	
36				FEW
36				ROOTS TO 36"
40				
48				
Soil Profile	Classification: <u>C</u>	Slope: <u>+</u>	Liming Factor: <u>30</u>	Groundwater
	Condition	Percent	Depth	Restrictive Layer
				Bedrock

David A. Keil

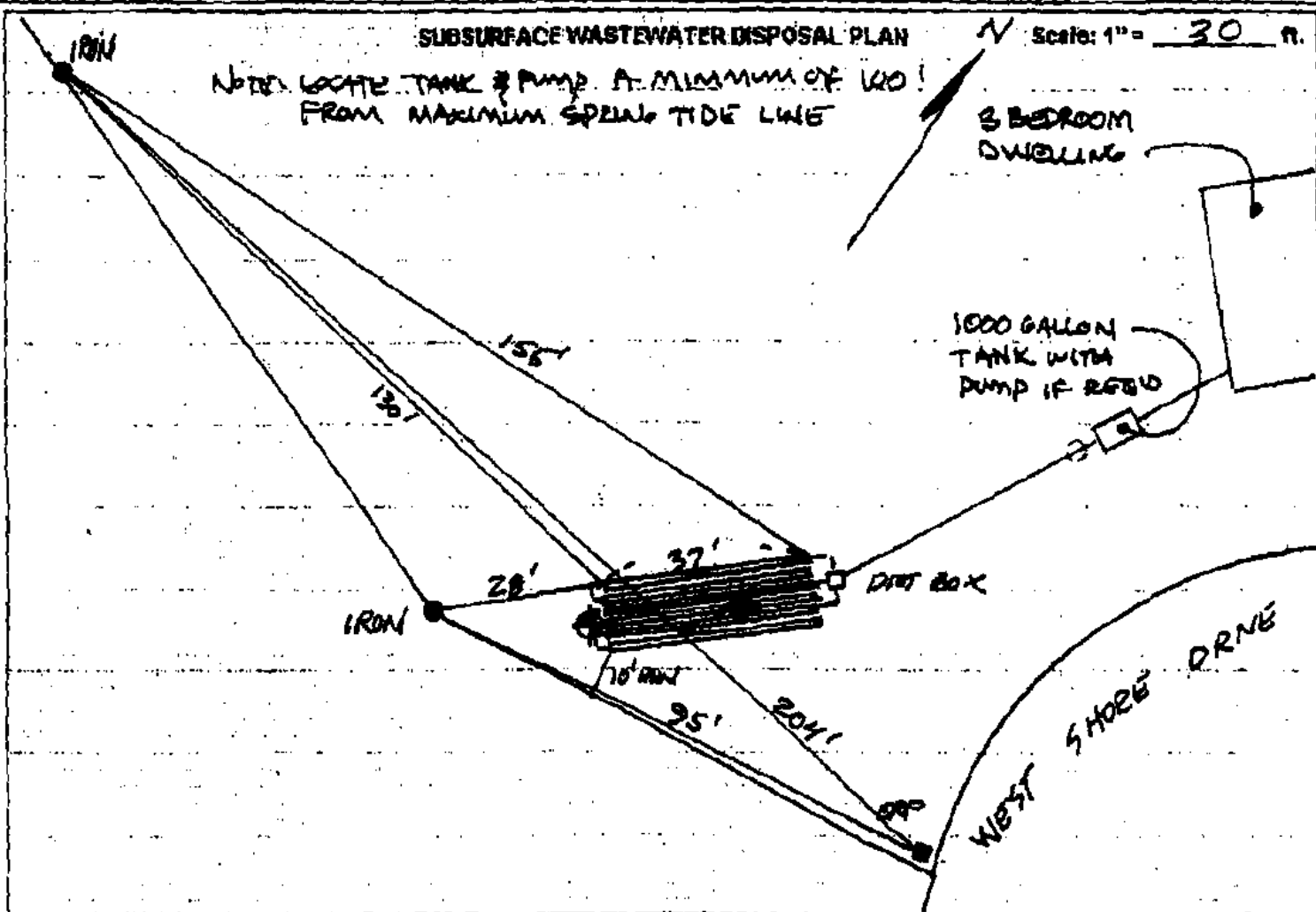
185

4/25/02

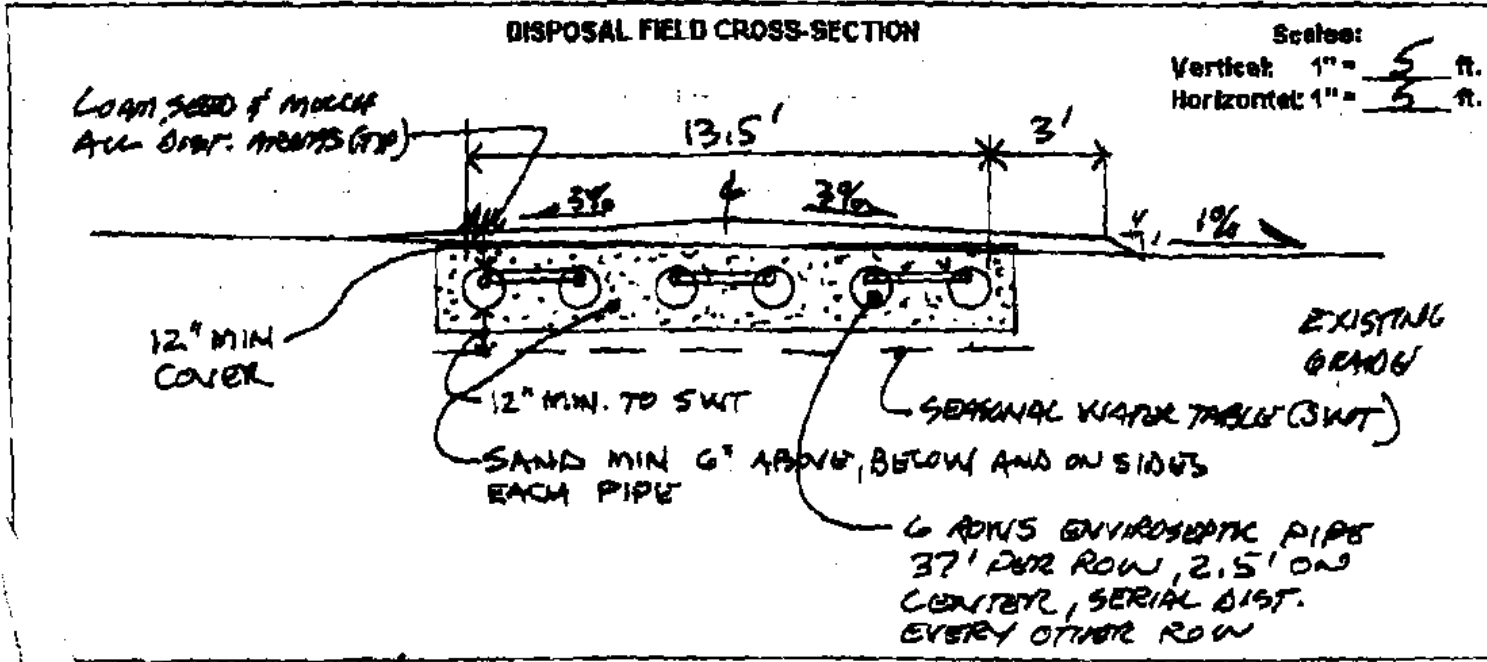
SEWER FACILITY WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-8872 FAX (207) 287-4172

Town, City, Plantation: **PORTLAND - GDI** Street, Road, Subdivision: **LOTS WEST SHORE DRIVE** Owner or Applicant Name: **RON FITCH**



BACKFILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Backfill (upslope) _____"	Finished Grade Elevation _____"	Location & Description: _____
Depth of Backfill (downslope) _____"	Top of Distribution Pipe or Proprietary Device _____"	Reference Elevation is: 0.0" or _____
DEPTH AT CROSS-SECTION (shown below)	Bottom of Disposal Field _____"	



[Signature]
 Site Evaluator Signature

185
 SE #

4/26/07
 Date

OWNER/APPLICANT/INSTALLER RESPONSIBILITIES

(revised March 17, 2000)

1. The owner/applicant named on this sub-surface wastewater disposal system application shall be responsible for the accuracy of the property line, well, underground utility, easement, dwelling size, bedroom count and other information depicted on this application which is not readily apparent and shall verify this information prior to signing this application. Land Use Consultants, Inc.(LUC) has relied on the representations by the owner/applicant for this information, and, if it is determined to be incorrect, the application shall be considered null and void. The owner/applicant shall indemnify and hold harmless LUC from any liability for any subsequent damages resulting therefrom. All costs associated with revisions, amendments and re-designs necessary to correct any owner/applicant misinformation will be billed to the owner/applicant.
2. The Maine Subsurface Waste Water Disposal Rules adopted by the State of Maine Department of Human Services pursuant to Title 22 MRSA §42 (State Plumbing Code) are incorporated in this application by reference and it is the responsibility of the owner/applicant and the installer to comply with all the requirements therein. The owner/applicant and the installer shall contact LUC with any questions related to this application. Any changes made to this application without the written consent of LUC shall render this application null and void and shall relieve LUC from any liability for any damages resulting therefrom.
3. The owner/applicant and the installer shall be responsible for compliance with all other applicable rules under local, state and federal jurisdiction including but not limited to; local zoning including Shoreland Zoning and flood plain ordinances, Natural Resources Protection Act, wetland regulations, subdivision regulations, Site Location of Development Law, Minimum Lot Size Law, Occupational Safety and Health Administration, and Dig Safe.
4. The owner/applicant or installer shall inform LUC if any local rules are more restrictive than the State Plumbing Code prior to construction and LUC will make any necessary revisions at no additional cost to the owner/applicant.
5. Garbage Disposals should not be installed without notifying LUC and will require increasing the septic tank size by 50% or installing a second tank in series.
6. You should have your septic tank pumped out and inspected every 3 years or sooner if signs of a malfunction occur such as slow draining, soft spots over the disposal bed or surfacing effluent.
7. Do not pour grease, oils, paint, chemicals or any commercial cleaners or additives to the system as they can cause premature failure.
8. Do not connect roof drains, foundation drains or water softeners to your system as they will

LAND USE CONSULTANTS INC

Cause hydraulic overload and failure of your system.

9. Keep a record of the location of your septic tank and the pumping schedule for future Reference.
10. Do not allow any vehicles or heavy loads over your septic tank or system unless they are Designed to handle them.
11. This application was prepared based on information provided by the owner/applicant at the Time of the site evaluation and any subsequent changes which may materially affect this design such as but not limited to installation of wells by an abutter within the required set-back distance should be reported to LUC or this application shall be null and void.

10-16-03

checked site & soil for
subsurface system to be
placed OK Pumping station
already in w/ electrical OK to
continue now

Webb Stree Dr.

PORTLAND
Permit
Number
10130104
Michael Wiley
Local Plumbing Inspector Signature

8782 TOWN COPY
\$ **1114.00** FEE
L.P.I. # **16,081**

Applicant Name: **Michael Wiley**
Address: **10130104**

Applicant Statement

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

Inspector Inspection Required

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

Signature of Applicant: _____ Date: _____ Local Plumbing Inspector Signature: _____ Date Applied: _____

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	3	Hosebibb / Sillcock	4	Bathtub (and Shower)
		Floor Drain	3	Shower (Separate)
		Urinal	5	Sink
OR HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet	1	Laundry Tub
	Other: _____		1	Water Heater
TRANSFER FEE (\$8.00)		Fixtures (Subtotal) Column 2	15	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			103	
			114	

114
104
114

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 9/27/02
 Permit # 2002-4308
 CBL# 083 EA005

LOCATION: 92 WEST SHORE DRIVE METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT ROMANO FITCH PHONE # _____

				TOTAL EACH FEE		
OUTLETS	Receptacles	<u>4</u>	Switches	Smoke Detector	.20	<u>.80</u>
FIXTURES	Incandescent		Fluorescent	Strips	.20	
SERVICES	Overhead		Underground	TTL AMPS (<u>200</u>) <800	15.00	<u>15.00</u>
	Overhead		Underground	>800	25.00	
Temporary Service	Overhead		Underground	TTL AMPS	25.00	
					25.00	
METERS	(number of)	<u>1</u>			1.00	<u>1.00</u>
MOTORS	(number of)				2.00	
RESID/COM	Electric units				1.00	
HEATING	oil/gas units		Interior	Exterior	5.00	
APPLIANCES	Ranges		Cook Tops	Wall Ovens	2.00	
	Insta-Hot		Water heaters	Fans	2.00	
	Dryers		Disposals	Dishwasher	2.00	
	Compactors		Spa	Washing Machine	2.00	
	Others (denote)				2.00	
	MISC. (number of)	Air Cond/win			3.00	
		Air Cond/cent		Pools	10.00	
		HVAC	EMS	Thermostat	5.00	
	Signs			10.00		
	Alarms/res			5.00		
	Alarms/com			15.00		
	Heavy Duty(CRKT)			2.00		
	Circus/Carnv			25.00		
	Alterations			5.00		
	Fire Repairs			15.00		
	E Lights			1.00		
	E Generators			20.00		
PANELS	Service		Remote	Main	4.00	
TRANSFORMER	0-25 Kva				5.00	
	25-200 Kva				8.00	
	Over 200 Kva				10.00	
				TOTAL AMOUNT DUE		<u>16.80</u>
				MINIMUM FEE/COMMERCIAL 45.00	35.00	<u>35.00</u>

CONTRACTORS NAME SEAWAST ELECTRICAL CO. MASTER LIC. # MS03088
 ADDRESS 74 GREENWOOD LANE LIMITED LIC. # _____
 TELEPHONE 797-4452

SIGNATURE OF CONTRACTOR Way C Papele

ELECTRICAL PERMIT

City of Portland, Me.



DEPT. OF BUILDINGS
CITY OF PORTLAND

DEC 19 2003

RECEIVED
Date 12/18/03

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Permit # 2003-5196
CBL# 083E A 005001

LOCATION: 92 WESTSHORE DRIVE METER MAKE & # _____
CMP ACCOUNT # _____ OWNER SANDRA JUDY FITCH
TENANT N/A PHONE # 766-5886

						TOTAL EACH FEE		
OUTLETS	<u>54</u>	Receptacles	<u>28</u>	Switches	<u>6</u>	Smoke Detector	.20	<u>17.60</u>
FIXTURES	<u>16</u>	Incandescent	<u>10</u>	Fluorescent		Strips	.20	<u>5.20</u>
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES	<u>1</u>	Ranges		Cook Tops		Wall Ovens	2.00	<u>2.00</u>
		Insta-Hot		Water heaters		Fans	2.00	
	<u>1</u>	Dryers		Disposals	<u>1</u>	Dishwasher	2.00	<u>4.00</u>
	<u>1</u>	Compactors		Spa	<u>1</u>	Washing Machine	2.00	<u>4.00</u>
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
		Air Cond/cent				Pools	10.00	
		HVAC		EMS		Thermostat	5.00	
		Signs					10.00	
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	
		Alterations					5.00	
		Fire Repairs					15.00	
	E Lights					1.00		
	E Generators					20.00		
PANELS		Service	<u>1</u>	Remote	<u>1</u>	Main	4.00	<u>8.00</u>
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		
						MINIMUM FEE/COMMERCIAL 45.00	MINIMUM FEE 35.00	<u>40.80</u>

CONTRACTORS NAME SEAWAST ELECTRICAL CO. MASTER LIC. # MS 03088
ADDRESS 74 GREENWOOD LANE LIMITED LIC. # _____
TELEPHONE 797-4452

SIGNATURE OF CONTRACTOR Dany G Papelee

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0146	Issue Date: MAR 09 2004	CBL: 083E A005001
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Location of Construction: 92 West Shore Dr	Owner Name: Ron Fitch	Owner Address: Diamond Cove, Great Diamond Island	Phone:
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Business Name: n/a	Contractor Name: David Hunter	Contractor Address: 11 Mountain Road Wiscasset	Phone: 841-7963 2078827963
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Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	Zone: IR-1
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Past Use: Single Family	Proposed Use: Single Family / Install 1000 gallon gas heating tank .	Permit Fee: \$111.00	Cost of Work: \$10,000.00	CEO District: 1	Shoreland
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Proposed Project Description: Install 1000 gallon gas heating tank.	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 LP Type: Tank NFA #58 HVAC
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Signature:	Signature: JMB. 3/9/04
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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: 02/20/2004	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland N/A <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision #030120 orig permit <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	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: JMB
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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

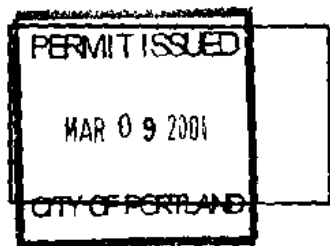
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



FILL IN AND SIGN WITH INK

04 0146

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

92 West Shore Dr. 083E A005

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL LOT 5 WEST SHORE DRIVE, DIAMOND COVE Use of Building RES Date 2/17/04

Name and address of owner of appliance RON FITCH, DIAMOND COVE
Great Diamond Is. 04109

Installer's name and address DAVID W HUNTER, 11 MOUNTAIN RD WISCASSIT ME
Telephone 882-7963

Location of appliance:

Basement Floor
 Attic Roof

Type of Fuel:

Gas Oil Solid

Appliance Name: MUNCHKIN M/W MLP 199

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacturer's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # PNT 877
 Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type PVC PIPE U.L. # M4127745

Type of Fuel Tank

Oil
 Gas

Size of Tank 1000 GAL Buried

Number of Tanks 1

Distance from Tank to Center of Flame 80 feet

Cost of Work: \$ 10,000

Permit Fee: \$ _____ 111.00

Approved

Approved with Conditions

Fire: _____
Ele.: _____
Bldg.: JMB

See attached letter or requirement

Inspector's Signature _____ Date Approved _____

Signature of Installer David W Hunter

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0146	Date Applied For: 02/20/2004	CBL: 083E A005001
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Location of Construction: 92 West Shore Dr	Owner Name: Ron Fitch	Owner Address: Diamond Cove, Great Diamond Island	Phone:
Business Name: n/a	Contractor Name: David Hunter	Contractor Address: 11 Mountain Road Wiscasset	Phone: (207) 882-7963
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	

Proposed Use: Single Family / Install 1000 gallon gas heating tank .	Proposed Project Description: Install 1000 gallon gas heating tank.
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Dept: Zoning **Status:** Not Applicable **Reviewer:** Jeanine Bourke **Approval Date:** 03/09/2004

Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 03/09/2004

Note: 2/25/04 left vm w/Dave Hunter to submit plot plan showing distances of tank from property lines and **Ok to Issue:**

principal structure, a floor plan for the furnace location and venting and if the furnace is in a room or open space.

3/9/04 owner came in with submissions. Ok to issue

- 1) Must inspect underground tank before backfill

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

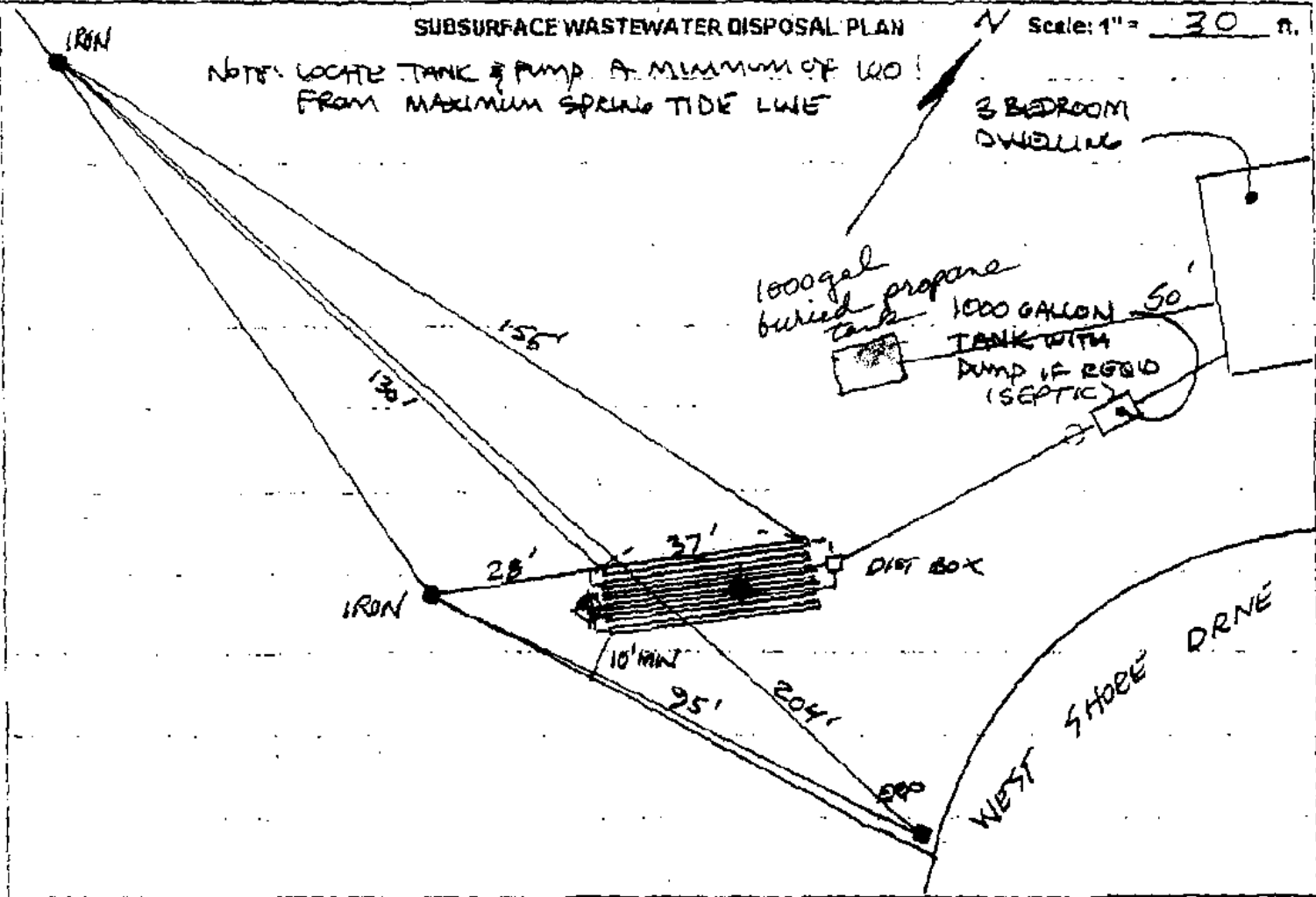
Street, Road, Subdivision

Owner or Applicant Name

PORTLAND - GDI

LOTS WEST SHORE DRIVE

RON FITCH



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) _____"
 Depth of Backfill (downslope) _____"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation _____"
 Top of Distribution Pipe or Proprietary Device _____"
 Bottom of Disposal Field _____"

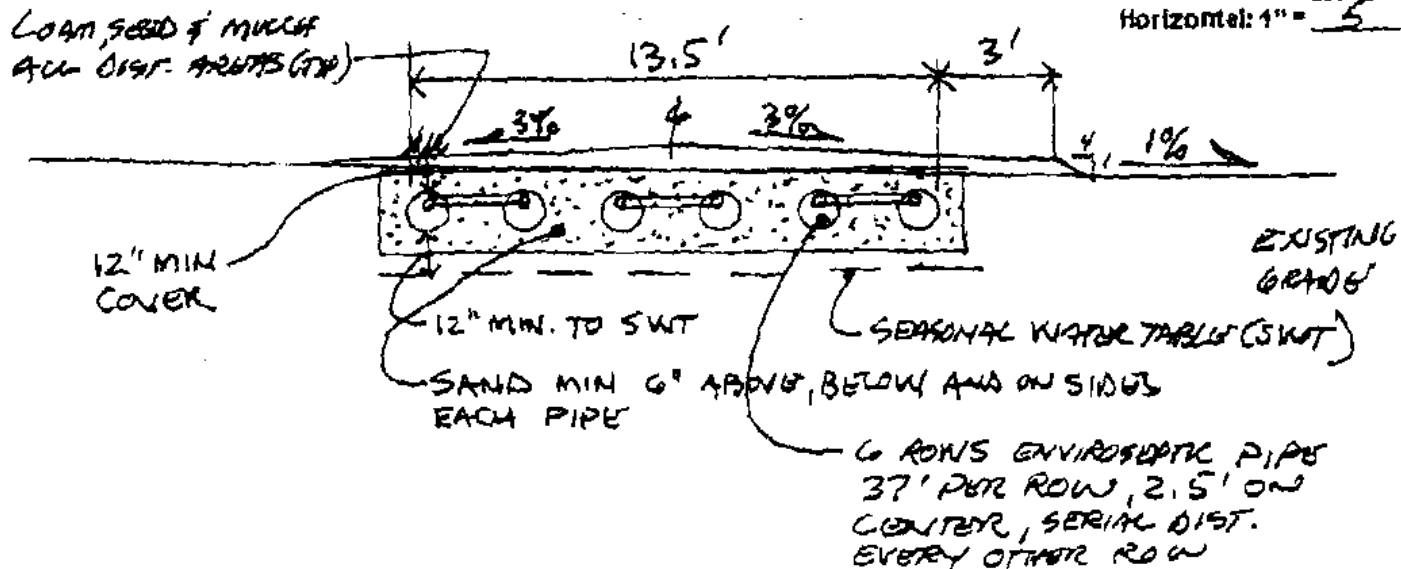
ELEVATION REFERENCE POINT

Location & Description: _____
 Reference Elevation is: 0.0" or _____

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = 5 ft.
 Horizontal: 1" = 5 ft.



David A. Fitch
 Site Evaluator Signature

185
 SEP

4/26/02
 SEP