

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: 03-1074	Issue Date: NOV 05 2003	CBL: 088 K035001
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Location of Construction: 30 Central Ave Ext <i>PT</i>	Owner Name: Grant Richard D &	Owner Address: 39 Myrtle St <i>CITY OF PORTLAND</i>	Phone: <i>(508) 415-8578</i>
Business Name:	Contractor Name: Keiser Industries	Contractor Address: P.O. Box 9000 Rte. 121 Oxford	Phone: 2075308883
Lessee/Buyer's Name:	Phone:	Permit Type: Single Family	Zone: <i>RR-1</i>

Past Use: vacant land	Proposed Use: 28' x 40' modular single family dwelling	Permit Fee: \$1,221.00	Cost of Work: \$125,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R 3</i> Type: <i>SB</i> <i>Modular/MEMAN Rules</i>

Proposed Project Description: 28' x 40' modular single family dwelling	Signature: _____ Signature: <i>JMB 11/05/03</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: kwd	Date Applied For: 09/05/2003	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 <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>2003-0104</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> Date: <i>10/16/03</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: _____
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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

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Permit No: 03-1074	Date Applied For: 09/05/2003	CBL: 088 K035001
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Location of Construction: 30 Central Ave Ext P.I.	Owner Name: Grant Richard D &	Owner Address: 39 Myrtle St	Phone:
Business Name:	Contractor Name: Keiser Industries	Contractor Address: P.O. Box 9000 Rte. 121 Oxford	Phone (207) 530-8883
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	

Proposed Use: 28' x 40' modular single family dwelling	Proposed Project Description: 28' x 40' modular single family dwelling
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/16/2003**Note:** The assessors's plan and the submitted plan of the site are different configurations - why? - subdivision? **Ok to Issue:**

10/1/03 - spoke with Don Hall in assessors - he isn't sure where the changes came from - I called Dick Grant - he says he has a subdivision plan from 1990 & will bring in - I also need a new plan showing one more parking space (2 required)
 1/2/03 Dick Grant brought in the subdivision plan which was approved by planning bd and recorded - The plan states that the City needs something from DEP before signing off.
 10/10/03 I received voice mail from Marybeth Richardson (after faxing copies of plans) saying she does not believe that a DEP permit would be required at this time.
 10/16/03 Received revised site plan showing the two parking spaces

- 1) Separate permits shall be required for future decks, sheds, pools, and/or garages. No decks or stairs, or garages are shown on the submitted plans, therefore none are being approved. You will need an amended permit to show any changes.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of the new site plan submitted on 10/16/03. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/05/2003**Note:** 10/21/03 Spoke w/ Keiser Rep and verified that 2x10 joists were used for the first floor framing. **Ok to Issue:**

Spoke w/Dick Grant about foundation plan and he said it will be a daylight. Asked for new elevation and foundation plans, as well as damproof & filter fabric.
 10/21/03 Rob Sherman from Hallmark Homes called and he will be submitting new plans for the foundation to reflect a daylight basement.
 10/30/03 Spoke w/ Nick Sherman and he will fax the elevations showing daylight basement w/ability to scale the height and mention damproof & filter fabric.
 11/03/03 New submissions reviewed ok to issue

- 1) A statement of third party inspection must be submitted to this office prior to issuance of the Certificate of Occupancy. A photo of the sticker stating third party inspection placed in the structure must be submitted to this office as well.
- 2) Separate permits are required for any electrical or plumbing work.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Comments:

09/05/2003-kwd: owner will bring deed, septic system application next week. Will provide construction detail once application is through zoning, as he must sign contract and make downpayment to modular construction company to get that.

09/11/2003-gg: received sub-surface application and deed. Kwd

10/16/2003-kwd: revised site plan received. Kwd

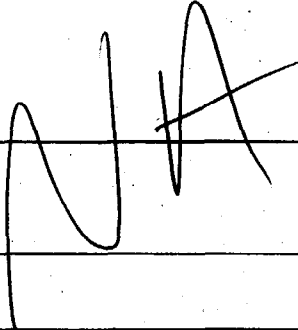
30 Central Ave
P.I.

88-K-35

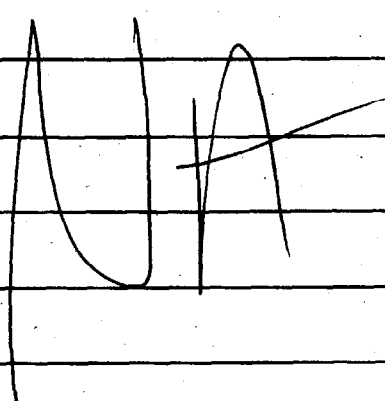
03-1074

ME Manufactured Housing Code

	7	
Soil type/Presumptive Load Value (Table 401.4.1)		
STRUCTURAL Footing Dimensions/Depth (Table 403.1.1 & 403.1.1(1), Section 403.1.2)	4' 16"x8"	OK
Foundation Drainage Dampproofing (Section 406)	? damp proof, filter	
Ventilation (Section 409.1) Crawls Space ONLY	? ventilation	
Anchor Bolts/Straps (Section 403.1.4)	1/2" 6' o.c. 4" off outer 12" corners/cats	OK
Lally Column Type, Spacing and footing sizes (Table 502.3.4(2))	3 1/2 concrete 2'x2'x8" 6'8" span	OK OK per MF Housing 6'2" max w/ 4-2x10
Built-Up Wood Center Girder Dimension/Type (Table 502.3.4(2))	4-2x10	OK
Sill/Band Joist Type & Dimensions		NA
First Floor Joist Species Dimensions and Spacing (Table 503.3.1(1) & Table 503.3.2(1))		

Second Floor Joist Species Dimensions and Spacing Table(503.3.1(1) & Table 503.3.2(1))			
Attic or additional Floor Joist Species Dimensions and Spacing(Table 802.4.2 or 503.3.1(1) & Table 503.3.2(1))			
Roof Rafter;Pitch, Span, Spacing& Dimension(Table 802.3.2(7))			
Sheathing; Floor, Wall and roof (Table 503.2.1(1)			
Fastener Schedule (Table 602.3(1) & (2))			

<p>Stairs Number of Stairways</p> <p>Interior 1</p> <p>Exterior</p> <p>Treads and Risers (Section 314)</p> <p>Width</p> <p>Headroom</p> <p>Guardrails and Handrails (Section 315)</p>	<p>Basement Rise 7 13/16 - 12 7 3/4 - 1 Tread 9"</p> <p>6'8"</p>	<p>OK ME per MF Housing Code</p>
<p>Private Garage Section 309 and Section 407 1999 BOCA) Living Space ? (Above or beside)</p> <p>Fire separation</p>		<p>NA</p>
<p>Fire rating of doors to living space Door Sill elevation (407.5 BOCA)</p>		
<p>Egress Windows (Section 310)</p>		

Roof Covering (Chapter 9)		
Safety Glazing (Section 308)		
Attic Access (BOCA 1211.1)		
Draft Stopping around chimney		
Header Schedule		
Type of Heating System		
Smoke Detectors Location and type/Interconnected		

See Chimney Summary Checklist

**TABLE 1003.1
SUMMARY OF REQUIREMENTS FOR MASONRY FIREPLACES AND CHIMNEYS**

NOTE: This table provides a summary of major requirements for the construction of masonry chimneys and fireplaces. Letter references are to Figure 1003.1, which shows examples of typical construction. This table does not cover all requirements, nor does it cover all aspects of the indicated requirements. For the actual mandatory requirements of the code, see the indicated section of text.

ITEM	LETTER	REQUIREMENTS	
		Summary	See Section
Hearth and hearth extension thickness	A	4-inch minimum thickness for hearth.	1003.9.1
		2-inch minimum thickness for hearth extension.	1003.9.2
Hearth extension (each side of opening)	B	8 inches for fireplace opening less than 6 square feet.	1003.10
		12 inches for fireplace opening greater than or equal to 6 square feet.	
Hearth extension (front of opening)	C	16 inches for fireplace opening less than 6 square feet.	1003.10
		20 inches for fireplace opening greater than or equal to 6 square feet.	
Hearth and hearth extension reinforcing	D	Reinforced to carry its own weight and all imposed loads.	1003.9
Firebox dimensions	E	20-inch minimum firebox depth.	1003.11
		12-inch minimum firebox depth for Rumford fireplaces.	
Thickness of wall of firebox	F	10 inches solid masonry or 8 inches where firebrick lining is used.	1003.5
Distance from top of opening to throat	G	8 inches minimum.	1003.7
Smoke chamber			
Wall thickness	H	6 inches lined; 8 inches unlined.	1003.8
Dimensions		Not taller than opening width; walls not inclined more than 45 degrees from vertical for prefabricated smoke chamber linings or 30 degrees from vertical for corbeled masonry.	1003.8.1
Chimney vertical reinforcing ^a	I	Four No. 4 full-length bars for chimney up to 40 inches wide. Add two No. 4 bars for each additional 40 inches or fraction of width, or for each additional flue.	1003.3.1
Chimney horizontal reinforcing ^a	J	1/4-inch ties at each 18 inches, and two ties at each bend in vertical steel.	1003.3.2
Fireplace lintel	K	Noncombustible material with 4-inch load-bearing length of each side of opening.	1003.7
Chimney walls with flue lining	L	4-inch-thick solid masonry with liner.	1001.7;
		1/2-inch grout or airspace between liner and wall.	1001.9
Effective flue area (based on area of fireplace opening and chimney)	M	See Section 1001.12.	1001.12
Clearances			
From chimney	N	2 inches interior, 1 inch exterior.	1001.15
From fireplace		2 inches front, back or sides.	1003.12
Combustible trim or materials		6 inches from opening.	1003.13
Above roof		3 feet above roof penetration, 2 feet above part of structure within 10 feet.	1001.6
Anchorage ^a			
Strap	O	3/16 inch by 1 inch.	1003.4
Number		Two.	
Embedment into chimney		12 inches hooked around outer bar with 6-inch extension.	
Fasten to		Four joists.	
Bolts	Two 1/2-inch diameter.		
Footing			
Thickness	P	12-inch minimum.	1003.2
Width		6 inches each side of fireplace wall.	

For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 square foot = 0.0929 m², 1 degree = 0.01745 rad.

^a Required only in Seismic Zones 3 and 4.

Sole plan
2003-0184

03-1074

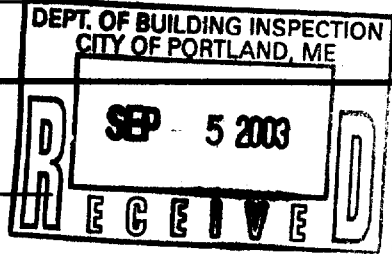
All Purpose Building Permit Application

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: 30 CENAO AVE PF		
Total Square Footage of Proposed Structure 1120 ^{sq}	Square Footage of Lot 40,245 <input checked="" type="checkbox"/>	
Tax Assessor's Chart, Block & Lot Chart# 88 Block# K Lot# 35	Owner: Richard & Audrey Grant	Telephone: 207-766-5002
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: ne	Cost Of Work: \$125,000 Fee: \$ bldg 1146.

Site 300.
Site cost 75.
1521.00

modular 40x28



land Grant

You must come in and pick up the permit and an Reviewer. A stop work order will be issued if not picked up. PHONE: 207-766-5002

PERMITS THE PERMIT WILL BE AUTOMATICALLY REVOKED IF THE PERMITTEE DOES NOT COMPLY WITH THE REQUIREMENTS, WE MAY REQUIRE ADDITIONAL PERMITS.

The owner of record authorizes the proposed work and that I am the authorized agent. I agree to conform to all applicable laws of this city. I certify that the Code Official's authorized representative will be available during business hours to enforce the provisions of the codes applicable to this work.

Dick Grant & Audrey Grant
766 1st St
10/1/03 - spoke with Don Hall - He's not sure where this configuration came from
We have a call into Bob Greenwood
Dick Grant - (508) 376-9632

<i>[Signature]</i>	Date:
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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

Applicant: Dick Grant

Date: 10/1/03

Address: 30 Central Ave Ext, RI C-B-L: 088-K-035

CHECK-LIST AGAINST ZONING ORDINANCE

Date - New Dwelling

Permit # 03-1074

Zone Location - IR-1

Interior or corner lot -

Proposed Use/Work - New single family home 28 x 40' (modular) NO GARAGE

Sewage Disposal - ^{private system} On City Water - Private Sewerage NO DECKS

Lot Street Frontage - 100' - 155' shown

Front Yard - 30' min - 50' shown

Rear Yard - 30' min - 67' shown

Side Yard - 20' min - 85' & 100' shown

Projections - None shown

Width of Lot - 100' - 100' + shown

Height - 35' max - 25' storage (33' to daylight basement JB)

Lot Area - 40,000 sq ft for 40,200 sq ft shown
^{2 story}
_{lots with water}

Lot Coverage/Impervious Surface - 20% max

80,490 sq ft max

Area per Family - 40,000

10/2/03 - will show me ~~new parking~~ space - 10/16/03 new plans submitted shown 2 pkgs SPS
Off-street Parking - 2 req - 1 shown

28 x 40 = 1120 sq ft

Loading Bays - NA

Site Plan - 2003-0184 minor/minor

Shoreland Zoning/Stream Protection ~~288'~~ 288' from wetlands
_{per 2003 map}

Flood Plains - Panel 15 - Zone C

Approved/recorded site plan received 10/2/03
_{subdivision}

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

Engineering Copy

2003-0184

Application I. D. Number

9/5/2003

Application Date

modular single family

Project Name/Description

Grant Richard D &

Applicant

39 Myrtle St, Millis, MA 02054

Applicant's Mailing Address

Consultant/Agent

Agent Ph:

Agent Fax:

Applicant or Agent Daytime Telephone, Fax

30 - 30 Central Ave Ext, Portland, Maine

Address of Proposed Site

088 K035001

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) _____

1120 s.f.

Proposed Building square Feet or # of Units

Acreeage of Site

IR-1

Zoning

Check Review Required:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Site Plan
(major/minor) | <input type="checkbox"/> Subdivision
of lots _____ | <input type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review |
| <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional
Use (ZBA/PB) | <input type="checkbox"/> Zoning Variance | | <input type="checkbox"/> Other _____ |

Fees Paid: Site Pla \$250.00 Subdivision _____ Engineer Review \$50.00 Date 9/5/2003

Engineering 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 Issue | _____ | | |
| | 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 |
| <input type="checkbox"/> Defect Guarantee Released | _____ | _____ | |
| | date | signature | |

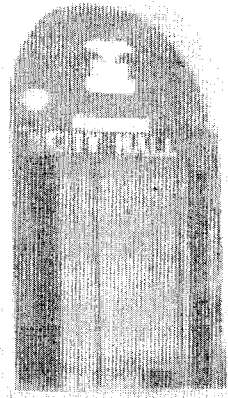
*Revised
10/16/03*

used for zoning

City of Portland
INSPECTION SERVICES

Room 315
389 Congress Street
Portland, Maine 04101

Telephone: 207-874-8703 or 207-874-8693
Facsimile: 207-874-8716



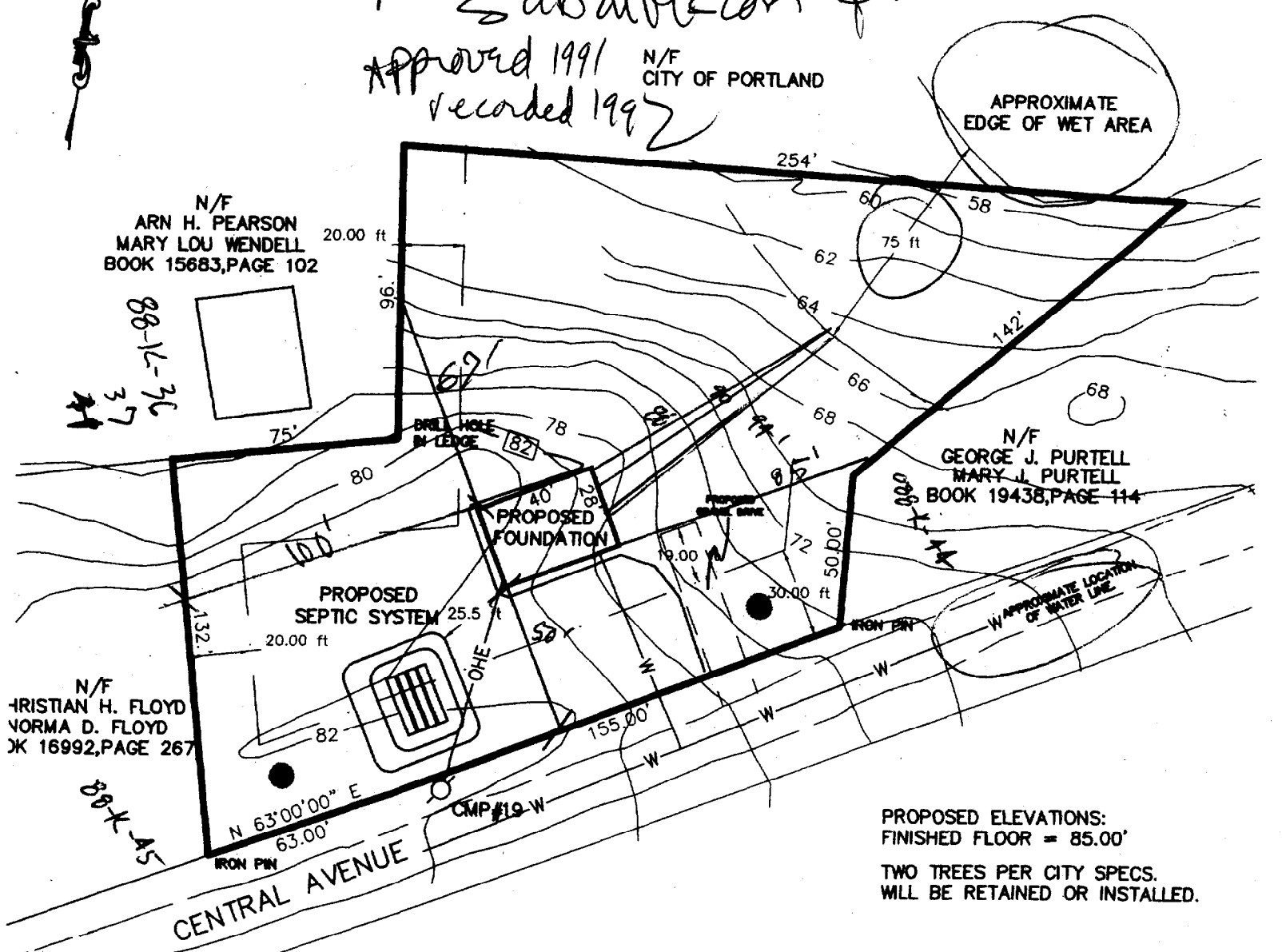
FACSIMILE TRANSMISSION COVER SHEET

TO: <u>Marybeth Richards</u>	FROM: <u>Marge Schmuclal</u>
FAX NUMBER: <u>822-6303</u>	NUMBER OF PAGES, WITH COVER: <u>5</u>
TELEPHONE: _____	RE: <u>30 Central AVE Ext, P.I</u>
DATE: <u>10/6/03</u>	_____

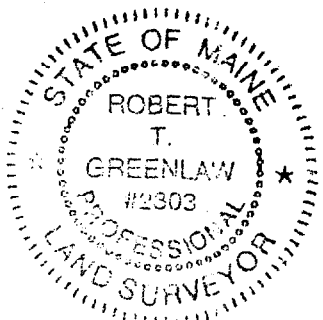
Comments: Marybeth -
I hope you can read these -
let me know if you would require
any permits. I don't think you
would, but I am required to
ask per the conditions on the
approved subdivision plat.

RE: 30 Central Ave Extension Peaks Island

Received Approved/Recorded
Subdivision plans
Approved 1991 N/F CITY OF PORTLAND
Recorded 1992

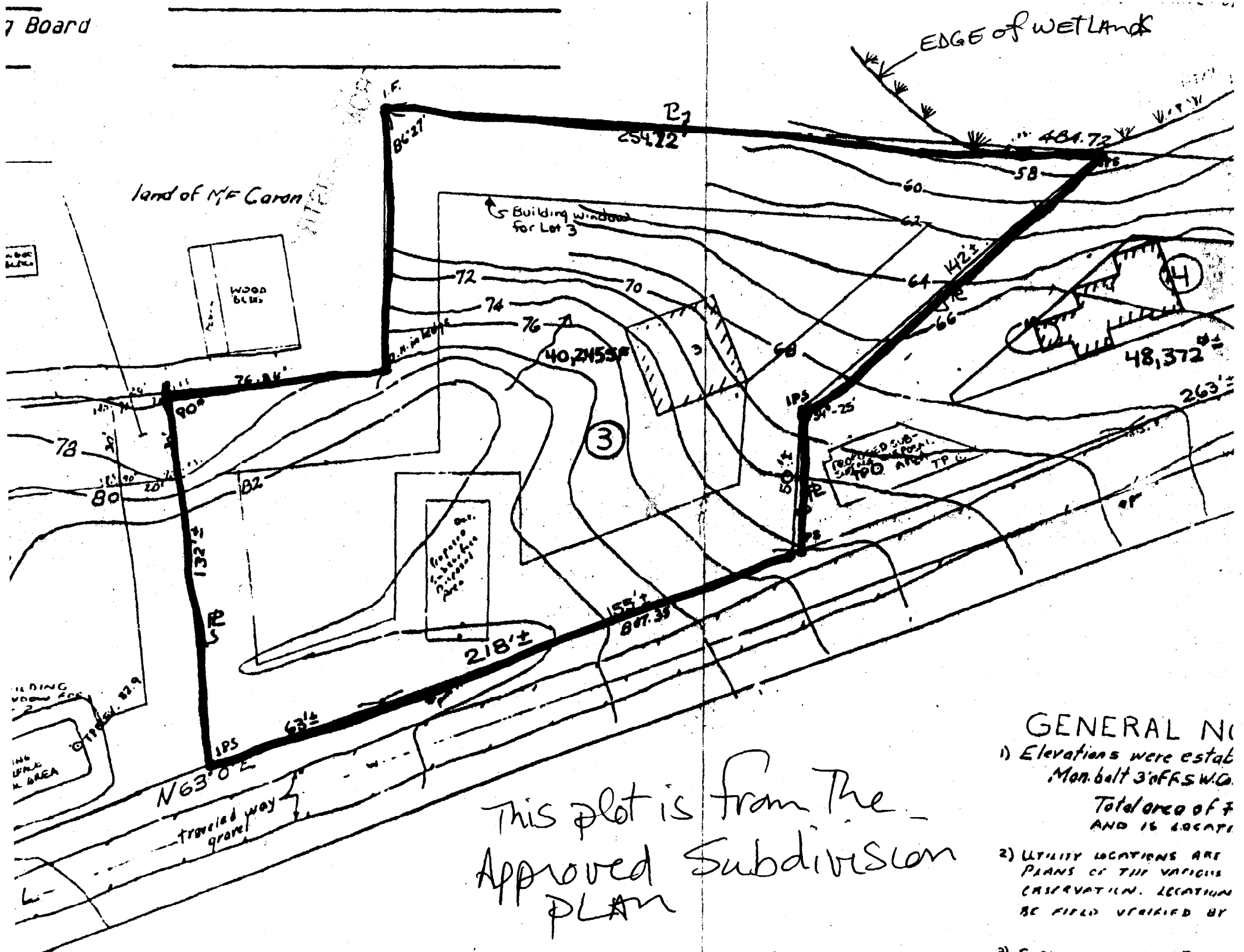


PROPOSED ELEVATIONS:
FINISHED FLOOR = 85.00'
TWO TREES PER CITY SPECS.
WILL BE RETAINED OR INSTALLED.



from the current submitted site plan for a building permit application

S
I
F
A
B
C
P
R
I
P



land of Mr. Coran



3

4

This plot is from the
Approved Subdivision
PLAN

GENERAL NOTES

- 1) Elevations were established
Mon. belt 3' off R.S.W.G.
Total area of 7
AND 16 ACRES
- 2) UTILITY LOCATIONS ARE
PLANS OF THE VARIOUS
CONSERVATION. LOCATION
BE FIELD VERIFIED BY

From: Marge Schmuckal
To: Jay Reynolds
Date: Wed, Oct 1, 2003 4:56 PM
Subject: RE: Central Avenue new single family 88-K-35

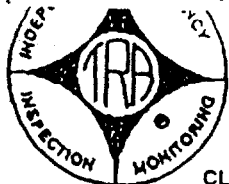
This is an update on this permit application. The owner has a Planning Board copy of a new subdivision plan that was approved in 1991/1992. He will be bringing that in to me tomorrow. Apparently this subdivision was done years ago and Assessor's were never notified.

But I will wait until I actually see this purported plan. I will get copies for folks if I can.

Marge

received 10/2/03

CC: Charlie Lane; Don Hall; Sarah Hopkins



Kim Zlatko

S-119 MOD. (12/09/94)

DWELLING UNITS

PLAN REVIEW CHECK LIST

CLIENT Keiser Industries FILE# 4026 W.O.# _____ DATE _____ LIMITED REV# _____

MODEL(S) 2x4x6 FREEDORT CAPE (REVISED) SYSTEM(S) _____ STATE(S) MAINE

CODE(S) 1992 CABO CLIENT GRANT REVIEWED BY _____ PERA SEAL REQUIRED? _____

BUILDING PLANNING SYS.OK _____ HALLMARK MECHANICAL SYS.OK _____

- _____ LIGHT, VENT. BATH VENT.
- _____ EXIT DOORS:
 - LOCATION
 - SIZE
- _____ BEDROOM EGRESS - WINDOW SCHEDULE
- _____ ROOM SIZES
- _____ HALL/EGRESS PATH WIDTH
- _____ CEILING HEIGHT.
- _____ ATTIC ACCESS
- _____ EXTERIOR ELEVATIONS
- _____ SHEETS NUMBERED
- _____ STATE/TRA INSIGNIA LOCATIONS
- _____ DATA PLATE LOCATION
- _____ COVER SHEET
- _____ SAFETY GLASS

- _____ FURNACE LOCATION
- _____ WATER HEATER/BOILER LOCATION
- _____ COMBUSTION AIR
- _____ DUCT WORK - INSULATION
- _____ P/A GRILLE - SIZE/CFM
- _____ DIFFUSERS - SIZE/CFM/LOCATIONS
- _____ GAS INLET SIZE/LOCATION
- _____ MAX APPLIANCE INPUT (BTUH)
- _____ THERMOSTAT(S) LOCATION

FOSSIL FUELS

PLUMBING SYS.OK _____

- _____ ANTI-SCALD MFGR. & MODEL
- _____ SUPPLY PIPING - MATERIAL/SIZING
- _____ SUPPLY PIPING - INLET/GATE VALVE
- _____ SHUT OFF
- _____ 1.6 GAL/FLUSH W.C.
- _____ DWV SIZES & FITTING SWEEP
- _____ TRAP ARM OFFSET -90° OR 2-45° MAX.
- _____ CLEANOUTS
- _____ EACH FIXTURE VENTED
- _____ NO HORIZONTAL DRY VENTS
- _____ DRAINAGE (D.F.U.) LOADING

CONSTRUCTION - STRUCTURAL SYS.OK _____

- _____ BASEMENT POSTS
- _____ FOUNDATION DESIGN
- _____ PIER/POST SPACINGS & FOOTINGS.
- _____ PIER ORIENTATION - SIZE
- _____ FOOTING SCHEDULE
- _____ CONCRETE PSI
- _____ MIN. SOIL BEARING _____ PSF
- _____ ANCHOR BOLT OR STRAP SPACING
- _____ CRAWL SPACE ACCESS
- _____ CRAWL SPACE VENTILATION
- _____ FOUNDATION DISCLAIMER
- _____ FLOOR JOIST/SIZE/GRADE-SPECIE
- _____ JOIST BEARING - LEDGER/HANGER
- _____ FLOOR GIRDER - DESIGN/SPICING
- _____ BEARING WALL HEADERS/LAMBS
- _____ RIDGE BEAM
- _____ ROOF TRUSSES - PE SEAL?

ELECTRICAL SYS.OK _____

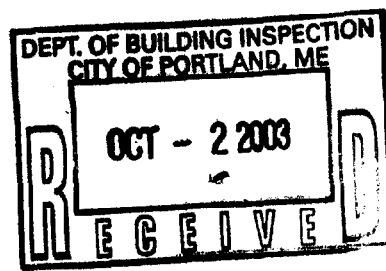
- _____ PANELBOARD LOCATION
- _____ PANELBOARD CLEARANCE
- _____ BREAKERS & WIRE SIZES
- _____ MIN. 2 - 20A APPLIANCE CIRCUITS
- _____ MIN. TWO (2) KITCHEN COUNTER RECEPTS (GFCI)
- _____ 20 AMP LAUNDRY CIRCUIT - DRYER CIRCUIT
- _____ GFCI RECEPTS BATH AND EXTERIOR
- _____ EXTERIOR LIGHTS/RECEPTS - WP
- _____ RECEPT SPACING (7'-5"-12" - S.G.D.)
- _____ SWITCHED LIGHTING EACH ROOM (FAN W/LITES)
- _____ BASEBOARD HEATERS (NO RECEPTS ABOVE)
- _____ HALL LIGHT(S) / UTILITY ROOM LIGHT
- _____ CLOSET LIGHT CLEARANCE
- _____ EXTERIOR ENTRANCE LIGHTING - WP
- _____ LIGHTS IN ATTIC/CRAWL SPACE (IF EQUIP. INSTLD.)
- _____ ALL CIRCUITS IDENTIFIED (FIXTURES, LIGHTS & RECEPTACLES) WIRE RUNS
- _____ FEEDER LOAD CALCULATIONS

FIRE PROTECTION SYS.OK _____

- _____ FIRE SEPARATION WALL-J.L. REF
- _____ PROTECTION TO ROOF SHEATHING
- _____ FIRE AND DRAFT STOPPING
- _____ GLAZING AT RANGE
- _____ SMOKE DETECTOR LOCATION/INTERCONNECT

SUBPART F - THERMAL SYS.OK _____

- _____ INSTALLED INSULATION R/W/F _____
- _____ HEAT LOSS CALCULATIONS _____



Third Party Stamped Plan Information Sheet

Structure Type: REVISED FREEPORT CAPE Job Number: KIMZ676

On-Line Date: _____

Builder Name: HALLMARK HOMES


Address: PO. Box 113

City, State ZIP: TOPSHAM, ME 04086

Structure Width: 27'-4³/₄"

Structure Length: 40'-0"

This plan conforms to the approved Keiser Industries, Inc. integrated building system (IBS)

Signed: 

Date: 9.22.03

No. _____

Certificate of Inspection

The fabricator indicated on this Certificate of Inspection hereby certifies that the factory built structures and/or components identified below were fabricated in accordance with the fabrication specifications adopted by the MAINE MANUFACTURED HOUSING BOARD under its regulations described as 1993 BOCA CODES, 1996 NEC, NEPA # 31, NEPA 101.

MODEL FREEPORT CAPE (REVISED)

Fabricator KEISER INDUSTRIES

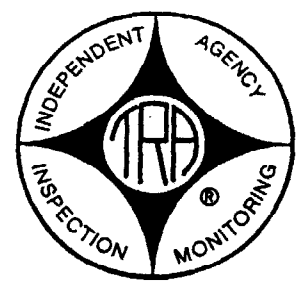
UNIT SERIAL NO. KIM 2676

By: John Tredwell III

PLAN REVIEW No. N/A

Signed: John Tredwell III

IT IS FURTHER CERTIFIED that the product bearing this certificate has been inspected by a representative of T. R. Arnold & Associates, Inc. and, in the opinion of this representative, the product appears to meet the specifications listed hereon.



Registered Trademark of
T. R. Arnold & Associates, Inc.

T. R. ARNOLD & ASSOCIATES, INC.

Robert W. Tanger
Robert W. Tanger, President

By: [Signature]
Authorized TRA Representative

Date: SEP 24 2003

Keiser Industries
 Rt 121, PO Box 9000
 Oxford, ME 04270

207-539-8883

207-539-4446

2676 Sep 22, 2003

HALLMARK/GRANT - 28x40 REV. FREEPORT CAPE

Total Btuh 28698 @ 92 Dtd Total Cfm = 1434.8 Total Gpm 2.9 Trunk = 8 by 21

Total Radiation Feet = 52.2 @ 180 F. Radiation output: 550 Btu per Foot

Room Number	1	2	3	4
Room Name	KITCHEN	BATH1	OFFICE	LIVING
Height	8.	8.	8.	8.
Length	18.6	8.4	13.1	17.3
Width	13.7	13.7	13.7	13.7
Exp Glass Area	68.5	8.	17.	33.
Exp Wall Length	32.3	8.4	26.8	31.
Sun Heat /SqFt Kilowatts				
People x 1000				
R INFILTRATION	3807	651	948	1321
F CEILING	22 1066	22 481	22 751	26 839
A FLOOR	22 1066	22 481	22 751	22 991
C PARTITION				12 577
T WALL	20 874	20 272	20 908	20 989
O GLASS	3 2101	3 245	3 521	3 1012
R SUN LOAD				
S KW BTUH				
BTUH	8913	2131	3879	5729
CFM	446	107	194	286
# 6in DUCTS	5.	1.2	2.2	3.2
Radiation Ft	16.2	3.9	7.1	10.4
	16'	6'	8'	12'
Room Number	5	6	7	8
Room Name	FOYER	DINING	□□□□□□□□	□□□□□□□□
Height	8.	8.		
Length	8.4	14.3		
Width	13.7	13.7		
Exp Glass Area	20.	33.		
Exp Wall Length	8.4	28.		
Sun Heat /SqFt Kilowatts				
People x 1000				
R INFILTRATION	1029	1321		
F CEILING	26 407	26 693		
A FLOOR	22 481	22 819		
C PARTITION	12 577			
T WALL	20 217	20 879		
O GLASS	3 613	3 1012		
R SUN LOAD				
S KW BTUH				
BTUH	3324	4724		
CFM	166	236		
# 6in DUCTS	1.8	2.6		
Radiation Ft	6.	8.6		
	7'	10'		

NOTES:
 The Model Energy Codes referenced by the State Building Codes require either; R-19 1st floor insulation or proper foundation insulation. This Heat Loss calculation has assumed that R-19 1st floor insulation is used, provided and installed by others. Without the floor insulation or equivalent foundation wall insulation the home does not have enough heat to properly warm the house.

HOLMAN & HOWARD

ATTORNEYS AT LAW
298 MAIN STREET
YARMOUTH, ME 04096

088 K 035

Lewis A. Holman
John C. Howard

Telephone: (207) 846-6111
Fax: (207) 846-6113
Email: Holman@compuserve.com

FAX TRANSMISSION COVER SHEET

TO: Dick Grant

FROM: Lewis A. Holman, Esq.

DATE: September 5, 2003

TIME:

DESTINATION FAX NUMBER: 508-376-6258

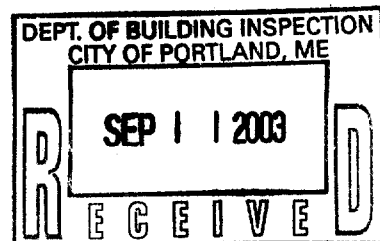
NUMBER OF PAGES INCLUDING THIS COVER SHEET: 3

ORIGINAL TO BE DELIVERED BY MAIL: YES NO

Comments:

THIS COMMUNICATION IS INTENDED FOR THE USE OF THE ADDRESSEE NAMED HEREIN AND MAY CONTAIN LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION. IF YOU ARE NOT THE INTENDED RECIPIENT OF THIS FACSIMILE, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY LEWIS A. HOLMAN BY TELEPHONE AND RETURN THE ORIGINAL COMMUNICATION TO US AT THE ABOVE ADDRESS VIA THE UNITED STATES POSTAL SERVICE. WE WILL REIMBURSE ANY REASONABLE COSTS YOU INCUR IN NOTIFYING US AND RETURNING THE COMMUNICATION TO US. THANK YOU.

**If you do not receive this complete transmission
please call (207) 846-6111.**



000508

BK7581PG0061

WARRANTY DEED
Joint Tenancy**Know all Men by these Presents,****That** I, Lucia B. Connelly

in consideration of One Dollar (\$1.00) and other valuable considerations,

paid by Richard D. and Audrey E. Grant

whose mailing address is 39 Myrtle Street, Millis, Massachusetts 02054

the receipt whereof I do hereby acknowledge, do hereby give, grant, bargain, sell and convey unto the said Richard D. and Audrey E. Grant

as joint tenants and not as tenants in common, their heirs and assigns forever,

A certain lot or parcel of land on the northerly side of Central Avenue on Peaks Island in said Portland and bounded and described as follows, viz:

Beginning at a point on the northerly side of Central Avenue at the southeasterly corner of land of one Rand; thence easterly by Central Avenue to a point on Central Avenue fifty-five (55) feet, more or less, from the westerly side of the Government Reservation; thence westerly in a straight line to land of one Jordan; thence southerly by said Jordan's land eighty-two and one-half (82 1/2) feet, more or less, to Ledgewood Road; thence same course across said Ledgewood Road to the southerly side thereof, thence westerly by said southerly side of said Ledgewood Road to the northeasterly corner of said Rand land two hundred and two (202) feet, more or less, to Central Avenue and the point of beginning, containing four (4) acres, more or less.

Together with another parcel of land on the northerly side of Central Avenue on Peaks Island in said City of Portland and State of Maine, bounded and described as follows, viz:

Beginning at the intersection of the northerly side of said Central Avenue and the westerly side of the Government Reservation; thence northerly along a wire fence and said Government Reservation one hundred fifty (150) feet, more or less, to a cedar post; thence westerly at right angles to last-named course one hundred fifty (150) feet, more or less, to a post and land now or formerly of Charles Tolford; thence

southerly along said Tolford land one hundred sixty-eight (168) feet, more or less, to a point at the southeasterly corner of said Tolford land; thence easterly eighty-three (83) feet, more or less, to a point on Central Avenue; thence easterly along said Central Avenue fifty-five (55) feet, more or less, to the point of beginning.

Continued...

BK 7581PG0069

To have and to hold the aforegranted and bargained premises, with all the privileges and appurtenances thereof, to the said Richard D. and Audrey E. Grant as joint tenants and not as tenants in common, their heirs and assigns, to their own use and behoof forever.

And I do covenant with the said Grantees, their heirs and assigns, that I am lawfully seized in fee of the premises, that they are free of all encumbrances,

that I have good right to sell and convey the same to the said Grantees to hold as aforesaid; and that I and my heirs shall and will warrant and defend the same to the said Grantees, their heirs and assigns forever, against the lawful claims and demands of all persons.

In Witness Whereof, I the said

Lucia B. Connelly, being a widow,

xxx

~~Appld. to the Court~~

~~being to be sold to the Court~~ relinquishing and conveying all rights by descent and all other rights to the above described premises, have hereunto set my hand and seal this 29th day of the month of December, A.D. 19 86.

Signed, Sealed and Delivered

in presence of

Leir P. Holman.....

Lucia B. Connelly.....
Lucia B. Connelly

.....
.....
.....
.....
.....

Then personally appeared the above named Lucia B. Connelly

and acknowledged the foregoing instrument to be her free act and deed.

Before me,

Lewis A. Holman

Nutary Public
Attorney at Law

Printed Name, *Lewis A. Holman*

RECEIVED
RECORDED REGISTRY OF DEEDS

1987 JAN -6 AM 10:13

CUMBERLAND COUNTY

James C. L. ...

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

2003-0184
Application I. D. Number

9/5/2003
Application Date

modular single family
Project Name/Description

Grant Richard D &
Applicant
39 Myrtle St , Millis , MA 02054
Applicant's Mailing Address

Consultant/Agent
Agent Ph: _____ Agent Fax: _____
Applicant or Agent Daytime Telephone, Fax

30 - 30 Central Ave Ext, Portland, Maine
Address of Proposed Site
088 K035001
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) _____

1120 s.f. _____ IR-1
Proposed Building square Feet or # of Units _____ Acreage of Site _____ Zoning _____

Check Review Required:

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

Fees Paid: Site Pla \$250.00 Subdivision _____ Engineer Review \$50.00 Date 9/5/2003

Building Approval Status:

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 Issue	_____		
	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
<input type="checkbox"/> Defect Guarantee Released	_____	_____	
	date	signature	

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

2003-0184

Application I. D. Number

09/05/2003

Application Date

modular single family

Project Name/Description

Grant Richard D &

Applicant

39 Myrtle St , Millis , MA 02054

Applicant's Mailing Address

Consultant/Agent

Agent Ph:

Agent Fax:

Applicant or Agent Daytime Telephone, Fax

30 - 30 Central Ave Ext, Portland, Maine

Address of Proposed Site

088 K035001

Assessor's Reference: Chart-Block-Lot

Approval Conditions of DRC

- 1 THIS LOT CONTAINS WETLANDS WHICH CANNOT BE DISTURBED WITHOUT PERMITS FROM THE MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION. A STATEMENT AND/OR A SEPARATE PERMIT FROM THE D.E.P. IS REQUIRED FOR THIS DEVELOPMENT.
- 2 Erosion and Sedimentation control shall be established prior to soil disturbance, and shall be done in accordance with Best Management Practices, Maine Department of Environmental Protection Technical and Design Standards and Guidelines.

088 K 035

2003-6012

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	PORTLAND Date Permit Issued: <u>10/15/03</u> <i>Samuel Bourke</i> Local Plumbing Inspector Signature	8644 TOWN COPY
Street or Road	CENTRAL AVENUE, LOT 3		\$ <u>1101.00</u> <input type="checkbox"/> Double Fee Charged
Subdivision, Lot *	30 Central Ave Ext.		L.P.I. # <u>0.73.2</u>
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	GRANT RICHARD		
Mailing Address of	39 MYRTLE STREET MILLS, MA 02054		
Daytime Tel. *	766-5002		

Owner or Applicant Statement	Caution: Inspections Required
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.	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Signature of Owner/Applicant _____ Date _____	Local Plumbing Inspector Signature _____ (1st) Date Approved _____ _____ (2nd) Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY 40,000 +/- <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input checked="" type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>9/0</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 20 ELJEN IN-DRAIN UNITS	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW 270 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - 3 BEDROOMS AT 90 GALLONS PER DAY EACH = 270 GPD
SOIL DATA & DESIGN CLASS PROFILE <u>2</u> / CONDITION <u>A/C</u> / DESIGN <u>1</u> AT Observation Hole • <u>TP A</u> Depth <u>34</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	PUMPING 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	3. <input type="checkbox"/> _____ (other readings) ATTACH COPY OF _____

SITE EVALUATOR STATEMENT

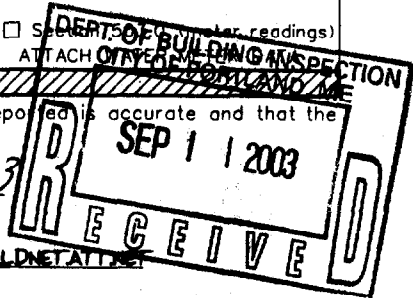
I certify that on 7/7/03 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: Albert Frick Date: 7/31/2003

ALBERT FRICK Telephone Number: (207) 839-5563 E-mail Address: ALBERTFRICK@WORLDNET.AT.TEL

Site Evaluator Name Printed: ALBERT FRICK ASSOCIATES - 85A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
PORTLAND, PEAKS ISLAND

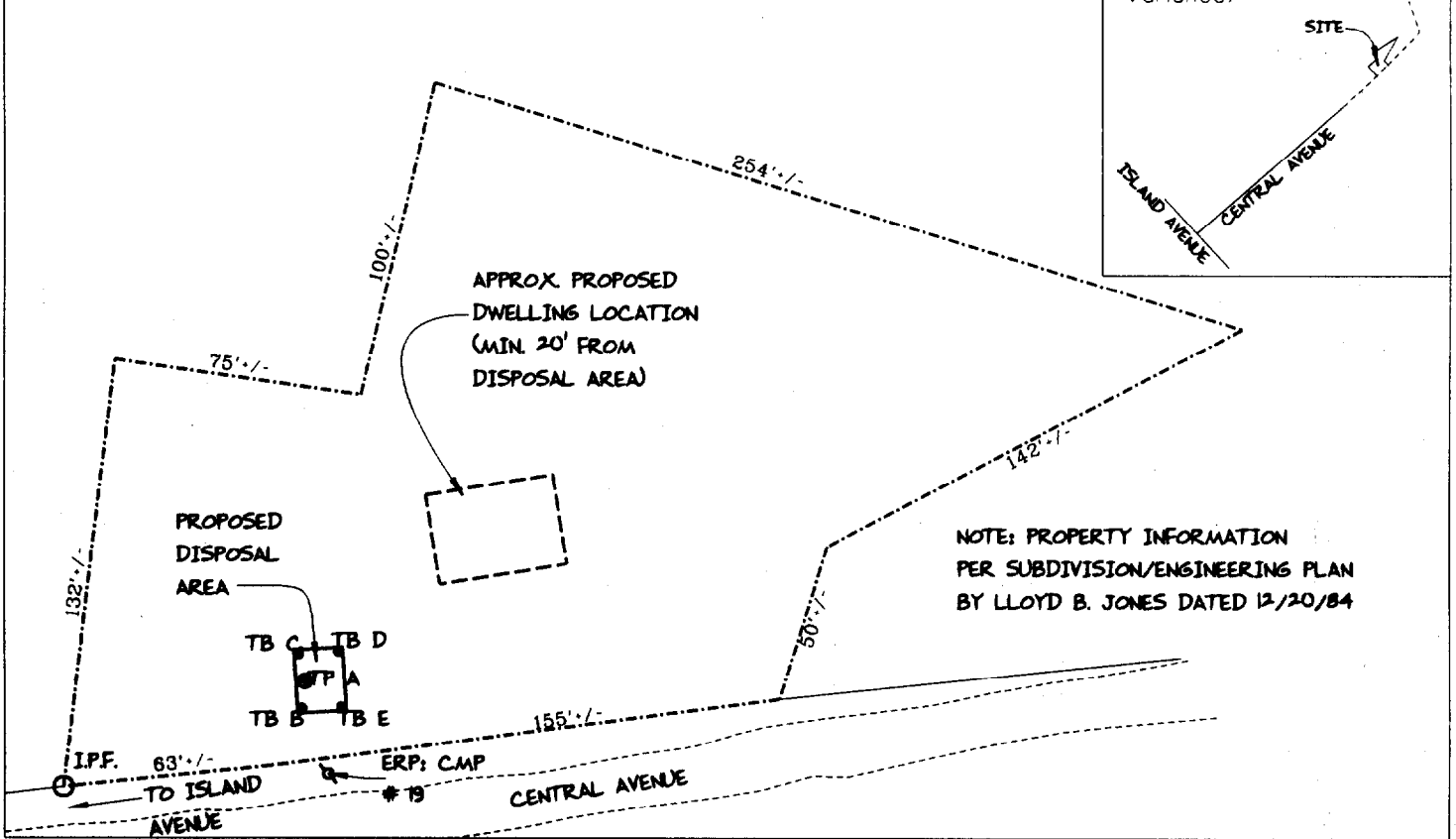
Street, Road Subdivision
CENTRAL AVENUE, LOT 3

Owner's Name
RICHARD GRANT

SITE PLAN

Scale 1" = 60 Ft.
or as shown

SITE LOCATION PLAN
(Attach Map from Maine Atlas for New System Variance)



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

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

Observation Hole TB B-E Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
		DARK BROWN	
		ALBIC	
SANDY LOAM	FRIABLE	DARK YELLOWISH BROWN	
		YELLOWISH BROWN	FEW FAINT
REFUSAL			

Texture	Consistency	Color	Mottling
TB B = 36" TO REFUSAL			
TB C = 34" TO REFUSAL			
TB D = 34" TO REFUSAL			
TB E = 34" TO REFUSAL			

Soil Classification: 2 A/C
Slope: _____ %
Limiting Factor: 34"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification: _____
Slope: _____ %
Limiting Factor: _____
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
Site Evaluator Signature

63
SE *

7/31/2003
Date

Page 2 of 3
HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

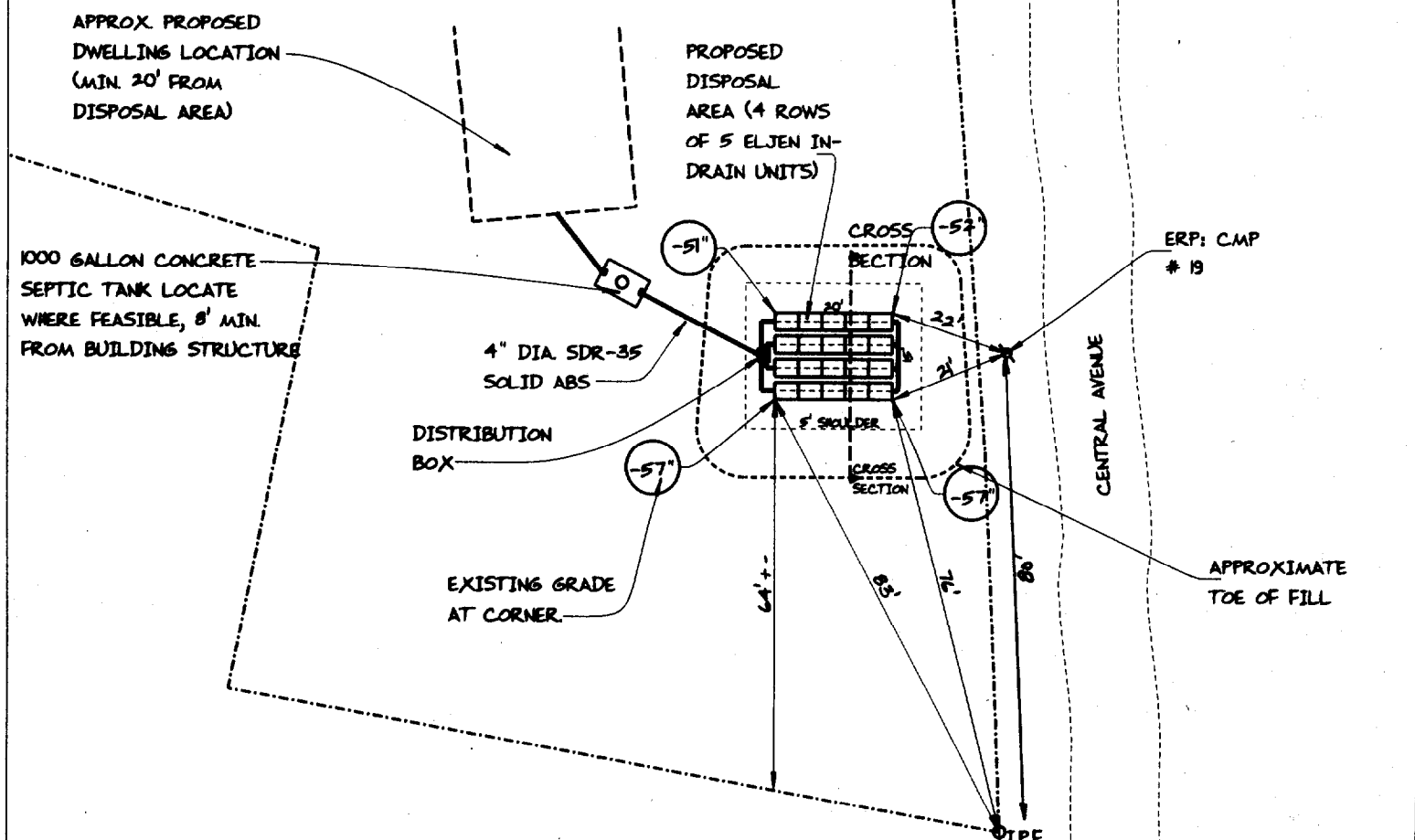
PORTLAND, PEAKS ISLAND

CENTRAL AVENUE, LOT 3

RICHARD GRANT

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 30 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 19" - 20"
 Depth of Fill (Downslope) : 25"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area

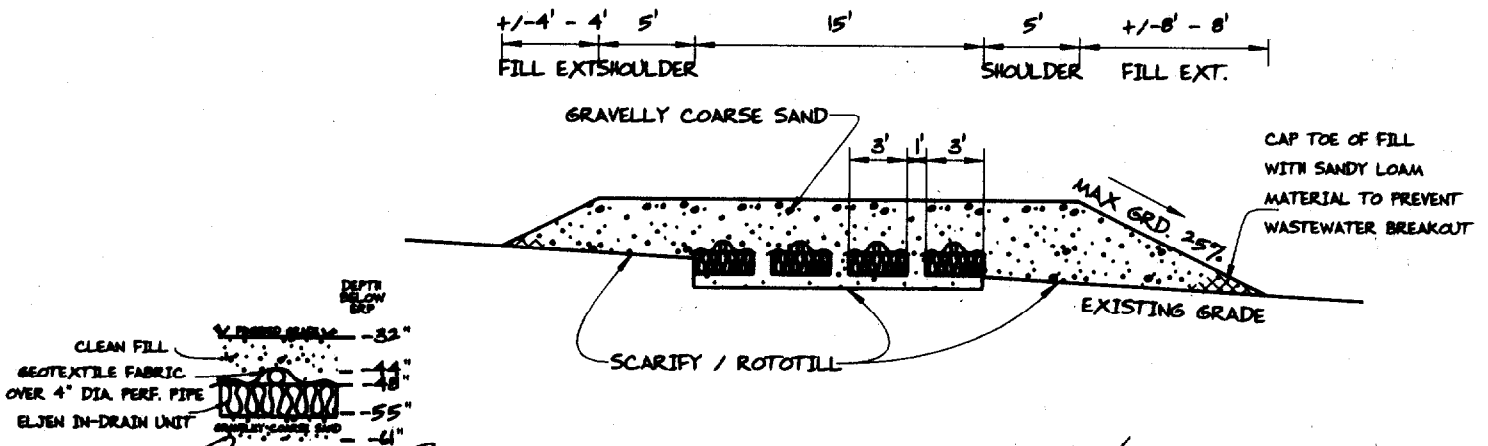
SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

Location & Description NAIL 53" ABOVE
 BASE OF CAMP POLE # 19
 Reference Elevation is: 0.0" or -----

DISPOSAL AREA CROSS SECTION

SCALE:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 10 FT



Site Evaluator Signature

63
 SE •

Date

Page 3 of 3
 HHE-200 Rev. 10/02



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5563

PORTLAND, PEAKS ISLAND

CENTRAL AVENUE, LOT 3

RICHARD GRANT

TOWN

LOCATION

APPLICANT'S NAME

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system Installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system Installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Albert Frick Associates, Inc of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter should be connected in series to the proposed septic tank.

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/ or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

PORTLAND, PEAKS ISLAND

CENTRAL AVENUE, LOT 3

RICHARD GRANT

TOWN	LOCATION	APPLICANT'S NAME
------	----------	------------------

6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than every three years.

7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu. ft.) x 7.48 cu. ft. (gallons per cu. ft.) divided by the # of days in period).

8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.

9) When a gravity system is proposed: BEFORE CONSTRUCTION/INSTALLATION BEGINS, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirement. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Also, when pumping is required of a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.

10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.

11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay).

12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.

13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5563

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

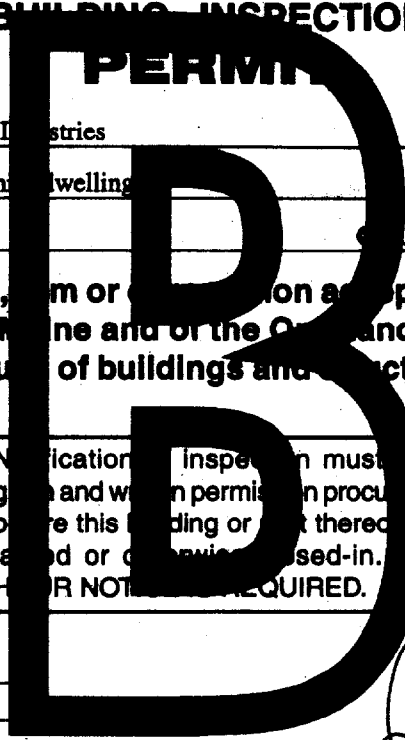
BUILDING INSPECTION

PERMIT ISSUED

Permit Number: 031074

NOV 05 2003

Please Read Application And Notes, If Any, Attached



This is to certify that Grant Richard D & /Keiser Industries
has permission to 28' x 40' modular single family dwelling
AT 30 Central Ave Ext 088 K035001

CITY OF PORTLAND

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 occupied or otherwise used-in. HOUR NOT 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

Jeanie Bourke 10/5/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD