

- 14 Sept. OK - NO work, &
- 20 Sept 2K - NO work &
- 13 OCT - NO work - Langford & Low Trailer on site.
- 20 OCT - Ground - Clearing &
- 3 NOV - Site work - digging for Foundation &
- 7 NOV. - Check for set-backs OK - Frost wall will be protected from Frost action with insulation. &
- 15 NOV. - Form set checked Forms OK. &
- 30 NOV - Foundation placed - STEEL next week. &
- 8 DEC - underground plbg. &
- 19 DEC. STARTED TO erect STEEL - &
- 29 DEC. Steel erected - starting exterior sheathing. &
- 3 Jan - Exterior siding. &
- 9 Jan Exterior siding roofing - &
- 17 Jan. Heating interior of addition to place slab. &
- 25 Jan. Placing interior floor slab - Frost out of ground - Asked for new plans showing mezz. &

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 56 Evergreen Drive

CBL 139 A00300101

Issued to ImmuCell Corp.

Date of Issue 08/23/2001

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 00-0956, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Use Group B/S1/F1
Type of Const. 3B
Boca 1999

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

23/08/01 [Signature]
(Date) Inspector

[Signature]
Inspector of Buildings

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

08/24/01 [Handwritten marks]

TO: Sam Hoffses, Chief Building Inspector
Inspections

FROM: Jay Reynolds, Development Review Coordinator

DATE: August 24, 2001

RE: C.O. inspection for #56 Evergreen Drive / Immucell Corporation
(CBL 329-A-003) (ID# 2000-0072)

After visiting the site, I have the following comments:

All work complete.

At this time, I recommend issuing the Permanent Certificate of Occupancy.

Please contact me if you have any questions or comments.
Thank You.

Cc: Sarah Hopkins, Development Review Services Manager
Mike Nugent, Inspection Services Manager

File: O:\drc\immucell1.doc

PLUMBING APPLICATION

TOWN OR PLANTATION PORTLAND

STREET SUBDIVISION LOT # 56 EVERGREEN DRIVE

PROPERTY OWNERS NAME
IMMUELL

Last: _____ First: _____

Applicant Name: JOHNSON AND JORDAN

Mailing Address of Owner/Applicant (if Different): 18 MULLY RD
SCARBOROUGH, ME 04474

Caution: Permit Required

Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules.

Owner/Applicant Statement

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

CHRISTOPHER JORDAN 12/01/00

Signature of Owner/Applicant Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>PRODUCTION</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>02460</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	2	Hosebibb / Sillcock		Bathtub (and Shower)
	9	Floor Drain		Shower (Separate)
		Urinal	8	Sink
		Drinking Fountain	3	Wash Basin
	1	Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
OR TRANSFER FEE (\$6.00)		Fixtures (Subtotal) Column 2	15	
			12	Total Fixtures
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			162.-	
			10.-	
			172.-	Permit Fee (Total)

FAX COPY NOT PERMIT