

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: 03-1453	Issue Date: JAN 26 2004	CBL: 153 A025001
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Location of Construction: Majors Ct	Owner Name: Nial Construction Inc	Owner Address: 191 State Rd Ste # 20 CITY OF PORTLAND	Phone: 207-878-0680
Business Name: n/a	Contractor Name: Nial Construction	Contractor Address: 15 Garsoe Drive Portland	Phone: 2078780680
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Multi Family	Zone: R3PRU

Past Use: 33 Unit PRUD	Proposed Use: Units 27-33 of 33 unit PRUD	Permit Fee: \$7,638.00	Cost of Work: \$813,000.00	CEO District: 4
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Proposed Project Description: Units 27-33 of 33 Unit PRUD	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group 23 Type 3-25 1/22/04 Signature: [Signature]
	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: g	Date Applied For: 11/21/2003	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p>Shoreland <i>NA</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone <i>panel 17 zone X</i></p> <p><input checked="" type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan <i>originally 2002-060</i></p> <p>Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>12/1/03</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-1453	Date Applied For: 11/21/2003	CBL: 153 A025001
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Location of Construction: Majors Ct (Units 27-33)	Owner Name: Nial Construction Inc	Owner Address: 191 State Rd Ste # 2	Phone: 207-878-0680
Business Name: n/a	Contractor Name: Nial Construction	Contractor Address: 15 Garsoe Drive Portland	Phone (207) 878-0680
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Multi Family	

Units 27-33 of 33 unit PRUD

Units 27-33 of 33 Unit PRUD

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 12/01/2003
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 01/22/2004
Note: **Ok to Issue:**

1) Need information on guards and fire separation assembly clarification on page A313, Mike Charek has agreed permit released with this condition.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 12/01/2003
Note: **Ok to Issue:**

1) smoke detectors shall be installed in accordance with NFPA 72 standards



CITY OF PORTLAND MAINE

389 Congress St., Rm 315

Portland, ME 04101

Tel. - 207-874-8104

Fax - 207-874-8716

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

FROM DESIGNER: Michael P. Charek
Michael Charek Architects

DATE: 9/10/02

Job Name: Radcliffe Glen

Address of Construction: Harvard St, Portland, ME

THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION

To the best of my belief, Construction project was designed according to the building code criteria listed below:

Building Code and Year BOCA 1999 Use Group Classification(s) R-3
Type of Construction 5B Bldg. Height 26'-0" to 70' Per Bldg. Ground Floor = 6160 sf
Bldg. Sq. Footage End Floor = 1752 sf

Seismic Zone _____ Group Class 1-C

Roof Snow Load Per Sq. Ft. P_f = 50 Dead Load Per Sq. Ft. 15

Basic Wind Speed (mph) 90 Effective Velocity Pressure Per Sq. Ft. 20.7

Floor Live Load Per Sq. Ft. 50

Structure has full sprinkler system? Yes _____ No X Alarm System? Yes _____ No X
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

Is structure being considered unlimited area building: Yes _____ No X

If mixed use, what subsection of 313 is being considered _____

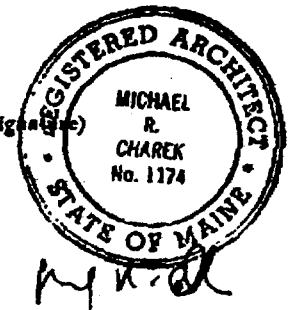
List Occupant loading for each room or space, designed into this Project.

→ Seismic Hazard Exposure Group = 1
Seismic Performance Category = C

PSH 6/07/2K

occupant load 200 sf/person
of gross building area

(Designers Stamp & Signature)





CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE

Designer: Michael R. Charek

Address of Project Harvard St, Portland, ME

Nature of Project Planned Residential Unit Development/
Condominium

Date 9/18/02

The undersigned, to the best of his knowledge, agrees that

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

(SEAL)

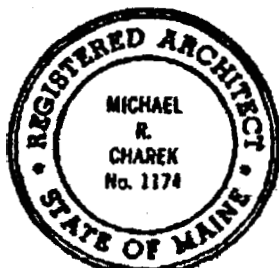
Signature M.R.C.


Title Principal

Firm Michael Charek Architects

Address 25 Hartley St
Portland, ME 04103

Telephone 761-0556



Header Schedule	2-2X8'S OR LVL'S	
Type of Heating System	Oil Fired Furn	
Stairs		
Number of Stairways	2 PER UNIT	
Interior	1 INTERIOR NET GARAGE	
Exterior	1 PER UNIT ENTRY WAY - 10" TREAD w/ 3/4" nosc	
Treads and Risers (Section 314)	7-5/8" RISER	
Width	36"	
A room	7'	
Guardrails and Handrails (Section 315)		
Smoke Detectors	AS PER CODE	
Location and type/Interconnected		
Plan Reviewer Signature		

See Chimney Summary Checklist

RADCLIFF GREEN UNITS 27 THRU 33

Soil type/Presumptive Load Value (Table 401.4.1)	3000 PSF	Inspection/Date/Findings
Component	Plan Reviewer	Inspection/Date/Findings
STRUCTURAL Footing Dimensions/Depth (Table 403.1.1 & 403.1.1(1), Section 403.1.2)	22" x 12" Full Found	
Foundation Drainage Dampproofing (Section 406)	NOT SHOWN	
Ventilation (Section 409.1) Crawls Space ONLY		
Anchor Bolts/Straps (Section 403.1.4)	5/8" 4' O.C.	
Lally Column Type, Spacing and footing sizes (Table 502.3.4(2))	3 1/2" WCH STEEL	
Built-Up Wood Center Girder Dimension/Type (Table 502.3.4(2))	MAIN-W/12 x 50 STEEL - SEE PLANS FOR ORANGE	
Sill/Band Joist Type & Dimensions	SILL - 2x6 B.P. BAND 2x10	
First Floor Joist Species Dimensions and Spacing (Table 503.3.1(1) & Table 503.3.2(1))	2x10 S / 6.0. C. MAX SPAN 12 FEET	
Second Floor Joist Species Dimensions and Spacing Table(503.3.1(1) & Table 503.3.2(1))	2x10 S / 6.0. C. MAX SPAN 11 FEET	

~~ASPHALT~~

WHAT IS THERE R STC + RAFTING IN ATTIC OF 2" PANEES
 ASOI FIG 3 FIRE RATING

Attic or additional Floor Joist Species Dimensions and Spacing (Table 802.4.2 or 503.3.1(1) & Table 503.3.2(1))	TRUSSES	
Roof Rafter; Pitch, Span, Spacing & Dimension (Table 802.3.2(7))	T-SPRUSSED 2.0.0.0.0	
Fastener Schedule (Table 602.3(1) & (2))	ROOF - 2x4 PLY & 4x4 ROOF - 2x4 PLY & 4x4	1 PLY
Private Garage Section 309 and Section 407 1999 BOCA Living Space? (Above or beside)		
Fire separation	1 HR w 4x6 studs	
Fire rating of doors to living space Door Sill elevation (407.5 BOCA)	45 MIN - 1 3/4 STEEL DOORS	
Egress windows (Section 310)	YES SEL. WINDOW SILLING	
Roof Covering (Chapter 9)	ASPHALT	
Safety Glazing (Section 308)		
Attic Access (BOCA 1211.1)	22" x 30" EACH UNIT	
Draft Stopping around chimney	AS PER CODE	

(ALL PENETRATIONS
 SEE NOTE 5 ON COVER
 SHEET)

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation

Street Subdivision Lot #

PROPERTY OWNERS NAME

Last First

Applicant Name

Mailing Address of Owner/Applicant (If Different)

Owner/Applicant Statement

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

Signature of Owner/Applicant

Date

2004-8068

Date Permit Issued:

2/27/04

\$

119025

Double Fee
 Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 00941

153 A 025

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

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

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

Column 2 Number Type of Fixture

Column 1 Number Type of Fixture

	Hosebibb / Sillcock		Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Urinal	1	Sink
	Drinking Fountain		Wash Basin
	indirect Waste		Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	1	Clothes Washer
	Grease / Oil Separator	1	Dish Washer
	Dental Cuspidor	1	Garbage Disposal
	Bidet		Laundry Tub
	Other: _____		Water Heater
	Fixtures (Subtotal) Column 2	1, 2	Fixtures (Subtotal) Column 1
		1, 2	Fixtures (Subtotal) Column 2
		1, 4	Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name	
Mailing Address of Owner/Applicant (If Different)	

Owner/Applicant Statement

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

Signature of Owner/Applicant _____ Date _____

2004-8069

Date Permit Issued: 12/27/04	\$ 111.00	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>	L.P.I. # 0999	

153A 025

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 checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> 7 MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	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 # 11111
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebibb / Sillcock Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain Floor Drain		Shower (Separate)
OR <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	12	Fixtures (Subtotal) Column 1
			14	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
Total Fixtures: 14 Fixture Fee: _____ Transfer Fee: _____ Hook-Up & Relocation Fee: _____ Permit Fee (Total): 70				

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Applicant Name	<i>S. H. ...</i>
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Mailing Address of Owner/Applicant (If Different)	<i>173 ...</i>
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2004-8065

Date Permit Issued: <u>2/27/04</u> Local Plumbing Inspector Signature: <i>[Signature]</i>	\$ <u>118.00</u> <input type="checkbox"/> Double Fee FEE Charged L.P.I. # <u>0999</u>
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153 A 25

Owner/Applicant Statement

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

Signature of Owner/Applicant: *[Signature]* Date: 2/27/04

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 checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	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>61154</u>
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Hook-Up & Piping Relocation Maximum of 1-Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture		
<p>OR</p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p>TRANSFER FEE [\$6.00]</p>	2	2		
	Hosebibb/ Sillcock	1	Bathtub (and Shower)	
	1	Floor Drain	1	Shower (Separate)
	1	Urinal	1	Sink
	1	Drinking Fountain	3	Wash Basin
	1	Indirect Waste	3	Water Closet (Toilet)
	1	Water Treatment Softener, Filter, etc.	1	Clothes Washer
	1	Grease / Oil Separator	1	Dish Washer
	1	Dental Cuspidor	1	Garbage Disposal
	1	Bidet	1	Laundry Tub
1	Other: _____	1	Water Heater	
	1,2	1,2	Fixtures (Subtotal) Column 1	
	1,2	1,2	Fixtures (Subtotal) Column 2	
	1,5	1,5	Total Fixtures	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
		76	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Applicant Name	
Mailing Address of Owner/Applicant (If Different)	

Owner/Applicant Statement

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

Signature of Owner/Applicant

Date

2004-8064

Date Permit Issued: 12/27/04 \$ 1190.00 If Double Fee Charged

[Signature]
Local Plumbing Inspector Signature

L.P.I. # 09991

153 A 025

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 checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	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 checked="" type="checkbox"/> PROPERTY OWNER <p style="text-align: right; font-size: 24px;">75</p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR	2	Hosebibb/ Sillcock	1	Bathtub (and Shower)
	1	Floor Drain	1	Shower (Separate)
OR	1	Urinal	1	Sink
	1	Drinking Fountain	1	Wash Basin
OR	1	Indirect Waste	3	Water Closet (Toilet)
	1	Water Treatment Softener, Filter, etc.	1	Clothes Washer
OR	1	Grease / Oil Separator	1	Dish Washer
	1	Dental Cuspidor	1	Garbage Disposal
OR	1	Bidet	1	Laundry Tub
	1	Other: _____	1	Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	12	Fixtures (Subtotal) Column 1
		1	2	Fixtures (Subtotal) Column 2
			14	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			20	Permit Fee (Total)

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation

Street Subdivision Lot #

PROPERTY OWNERS NAME

Last First

Applicant Name

Mailing Address of Owner/Applicant (If Different)

2004 8063

Date Permit Issued: 12/27/11

Local Plumbing Inspector Signature: [Signature]

L.P.I. # 0999

Double Fee Charged

153 A 025

Owner/Applicant Statement

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

Signature of Owner/Applicant Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture	
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.			
		Hosebibb/ Sillcock	2
		Floor Drain	
		Urinal	1
		Drinking Fountain	
		Indirect Waste	
		Water Treatment Softener, Filter, etc.	1
		Grease / Oil Separator	1
		Dental Cuspidor	
		Bidet	
	Other: _____		
	Fixtures (Subtotal) Column 2	1, 2	
		Fixtures (Subtotal) Column 1	
		Fixtures (Subtotal) Column 2	
		Total Fixtures	
		Fixture Fee	
		Transfer Fee	
		Hook-Up & Relocation Fee	
		Permit Fee (Total)	

Handwritten notes: \$6.00, \$100, \$120, \$130, \$140, \$150, \$160, \$170, \$180, \$190, \$200, \$210, \$220, \$230, \$240, \$250, \$260, \$270, \$280, \$290, \$300, \$310, \$320, \$330, \$340, \$350, \$360, \$370, \$380, \$390, \$400, \$410, \$420, \$430, \$440, \$450, \$460, \$470, \$480, \$490, \$500.

3-19-04
Checked Jetbeds
foundations forms up
Footy in place
MM

3/23/04 Checked rock drain
side & felt of tarred foundation
walls OK MM

4/19/04 Final on unit #26 [27 SULLIVAN CT] OK. For
issuance of c/o JR

5/1/04 Spoke w/ M Collins Fire walls okay 4-4-7

3/5/04 → Framing/Close in (Mike Collins present) OK. to
Close in JR

5/17/04 Final w/ Lt. Mac. D Floor heating grates must be installed
- Units 28+29 (Sullivan)

② Street signs must be in place (PER Lt Mac) ③ Need DRC memo. JR

5/18/04 Called by Lt. Mac. New owner of #28 is moving in w/
no c/o. Called Larry Stordovant.

NOTE: SIGNS ARE NEW IN

NO C/O UNTIL WE RECEIVE DRC MEMO JR