

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 02-1039	Issue Date:	CBL: 212-04 207 A003001
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Location of Construction: 22 Cobb Ave	Owner Name: Thurston, Paul	Owner Address: 22 Cobb Ave	Phone:
Business Name:	Contractor Name: Quality Design	Contractor Address: 17 Kelly Road Falmouth	Phone: 2077561724
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R-2

Past Use: Single Family	Proposed Use: Single Family	Permit Fee: \$170.00	Cost of Work: \$21,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB BOA 99	

Proposed Project Description:  
14' x 22' Addition/Bedroom and Bath Space  
*2nd Floor of existing*

Signature: *[Signature]*

Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: gad	Date Applied For: 09/16/2002	<b>Zoning Approval</b>	
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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><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>9/23/02</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>
	<p><i>Not kitchen facilities to be added</i></p> <p><i>to remain 1 family only</i></p>		

**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 \_\_\_\_\_

10/2/02 pre-con w/ contractor M

11/25/02 Close in - Plumbing test not on - need to see,  
Electrical + Framing ok to close walls. Egress  
windows not installed yet (see electrical permit) JB

12/13/02 . Checked Plumbing - Test on OK - grounds  
in for ~~sub~~ tub - checked egress windows OK  
OK to finish closing  
in

2/14/03 OK for final except near  
siding! AR  
Tom M



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

September 16 20 02

Received from

Terry Hor / Quality Design

Location of Work

24 Cobb Road

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 170.<sup>00</sup>

Building (I1)  Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 207-A-003

Check #: 2472

Total Collected \$ 170.<sup>00</sup>

# 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



# ELECTRICAL PERMIT

## City of Portland, Me.



37

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 11/20/02  
 Permit # 20024932  
 CBL# 212 A035

LOCATION: 19 COBB ROAD METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER PAUL THURSTON  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

					TOTAL EACH FEE				
OUTLETS	15	Receptacles	10	Switches	3	Smoke Detector	28	.20	5.60
FIXTURES	6	Incandescent		Fluorescent		Strips	6	.20	1.20
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	3	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	3	Service	3	Remote	3	Main	3	4.00	
TRANSFORMER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva						10.00	
					TOTAL AMOUNT DUE				6.80
					MINIMUM FEE/COMMERCIAL 45.00		MINIMUM FEE 35.00		35.00

CONTRACTORS NAME DAN FLYNN MASTER LIC. # 9241  
 ADDRESS PO Box 1282 - SACO, ME 04072 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 207-282-8896

SIGNATURE OF CONTRACTOR Dan Flynn

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

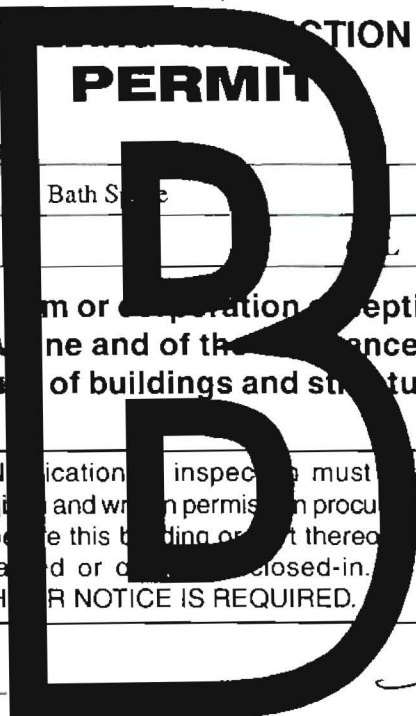
## PERMIT

Permit Number: 021039

Please Read Application And Notes, If Any, Attached

This is to certify that Thurston, Paul/Quality Design  
has permission to 14' x 22' Addition/Bedroom Bath Suite  
AT 22 Cobb Ave PORTLAND, OREGON 97207 A003001

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 of Oregon 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 closed-in. **HEAR 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**

02-1039

# 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>22-24 Cobb Rd</u>		
Total Square Footage of Proposed Structure <u>308 SF</u>	Square Footage of Lot <u>23236 SF</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>207</u> Block# <u>A</u> Lot# <u>003</u>	Owner: <u>Paul Thurston</u>	Telephone: <u>756-1724</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Terry Horr</u> <u>Quality Design</u> <u>17 Kelly Rd</u> <u>Falmouth, Me 04105</u>	Cost Of Work: \$ <u>21,000</u> Fee: \$ <u>170.<sup>00</sup></u>
Current use: <u>Single Family Home</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: <u>2ND Floor Addition over Rear Ell</u>  <u>14' x 22' Bedroom Space + Bathroom</u>		
Contractor's name, address & telephone: <u>Quality Design</u>		
Who should we contact when the permit is ready: <u>Terry Horr</u>		
Mailing address: <u>17 Kelly Rd</u> <u>Falmouth, Me 04105</u>		Phone: <u>756-1724</u>

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: 	Date: <u>9/16/02</u>
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This is not a permit, you may not commence ANY work until the permit is issued



# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
 Street Subdivision Lot #: 19 Cobb St

## PROPERTY OWNERS NAME

Last: Thornton First: Paul  
 Applicant Name: Craig R. ABC  
 Mailing Address of Owner/Applicant (If Different): 19 ABC Westbury Falls NH 04155

2002-8396

PORTLAND Date Permit Issued: 12/9/02 B288 \$ 30.00 TOWN COPY  Double Fee Charged  FEE Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0640

212 4035

## 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: 12/9/02

## 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: [Signature] Date Approved: 12/13/02

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>168106</u></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
<p><b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center; font-size: 2em;"><b>OR</b></p> <p><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.</p> <p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<p><b>OR</b></p> <p>TRANSFER FEE [\$6.00]</p>		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
<p><b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b></p>				
<p><b>Total Fixtures</b></p>				
<p><b>Fixture Fee</b></p>				
<p><b>Transfer Fee</b></p>				
<p><b>Hook-Up &amp; Relocation Fee</b></p>				
<p><b>Permit Fee (Total)</b></p>				



# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street: 19 Cobb St  
Subdivision Lot #

## PROPERTY OWNERS NAME

Last: Thurston First: Paul  
Applicant Name: Graig R. Nube  
Mailing Address of Owner/Applicant (If Different): 19 Nube Woodway, Falmouth ME 04105

2002-8396

PORTLAND Date Permit Issued: 12/9/02 8268 TOWN COPY \$ 30.00  If Double Fee Charged  
Local Plumbing Insector Signature: [Signature] L.P.I. # 06,40

212 A035

## 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] 12/9/02  
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.  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 \_\_\_\_\_

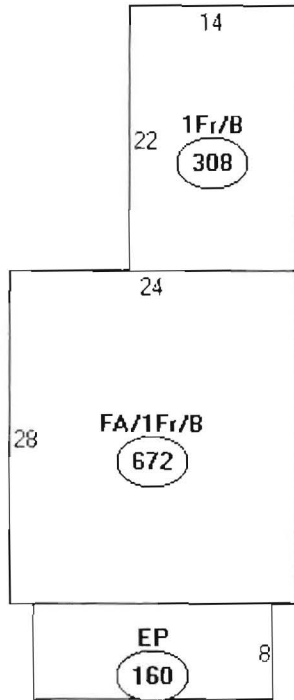
### Plumbing To Be Installed By:

1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D. HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER  
LICENSE # 168,181

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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>







Descriptor/Area

A: FA/1Fr/B  
672 sqft

B: 1Fr/B  
308 sqft

C: EP  
160 sqft



Application ID Number:

Department:

Status:

Reviewer:

Comments:

Approval Date:

Given On Date:

OK to Issue Permit    Name:     Date:     Date 2:

Conditions Section:

As discussed on 09/24/2002, you will have safety glazing in the windows in the bathroom. You will have one egress window in the bedroom. A hard wired smoke detector w/battery backup will be installed and tied in with the existing.



Create Date:  By:  Update Date:  By:

Application ID Number: 2-1039

Delete Review

Save

Close

Department: Zoning

Status: Approved with Conditions

Reviewer

Marge Schmuckal

Comments: 22 Cobb Ave

Approval Date: 09/23/2002

Given On Date: 09/17/2002

OK to Issue Permit

Name: Marge Schmuckal

Date: 09/23/2002

Date 2:

Conditions Section:

Add New Condition  
From Default List

Add New Condition

Delete Condition

This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.

Create Date: 09/17/2002

By: gad

Update Date: 09/23/2002

By: mes



Delete Schedule Add End Images Print Permit Print C of O Print Insp Taxes Due Close

Prmt Text93 28790 Constr Type New Num1 21039

Permit Nbr 02-1039 Location of Construction 22 Cobb Ave Appl. Date 09/16/2002  
Status Pending Permit Type Additions - Dwellings Issue Date  
CBL 207 A003001 Territory Nbr 3 Estimated Cost \$21,000.00 Date Closed

Comment Date	Comment	Add	Delete	Save
09/24/2002	Went over the above w/builder - ok to issue now.			
	Name tmm	Follow Up Date		Completed <input type="checkbox"/>
09/24/2002	Need header schedule, egress window in bedroom and safety glazing in bathroom, and need smoke detectors. Called builder and owner.			
	Name tmm	Follow Up Date		Completed <input type="checkbox"/>

CreatedBy gad CreateDate 09/17/2002 ModBy tmm ModDate 09/24/2002

24 Cobb Rd

Job	Truss	Truss Type	Qty	Ply	WSI Stock-Trusses 1/1/99	Sheet 1 R-2
ST67545	514	KINGPOST	50	1	11/3/99	

WOOD STRUCTURES INC., BIDDEFORD, ME 4.0-32 s Sep 7 1999 MiTek Industries, Inc. Wed Nov 03 11:45:35 1999 Page 1

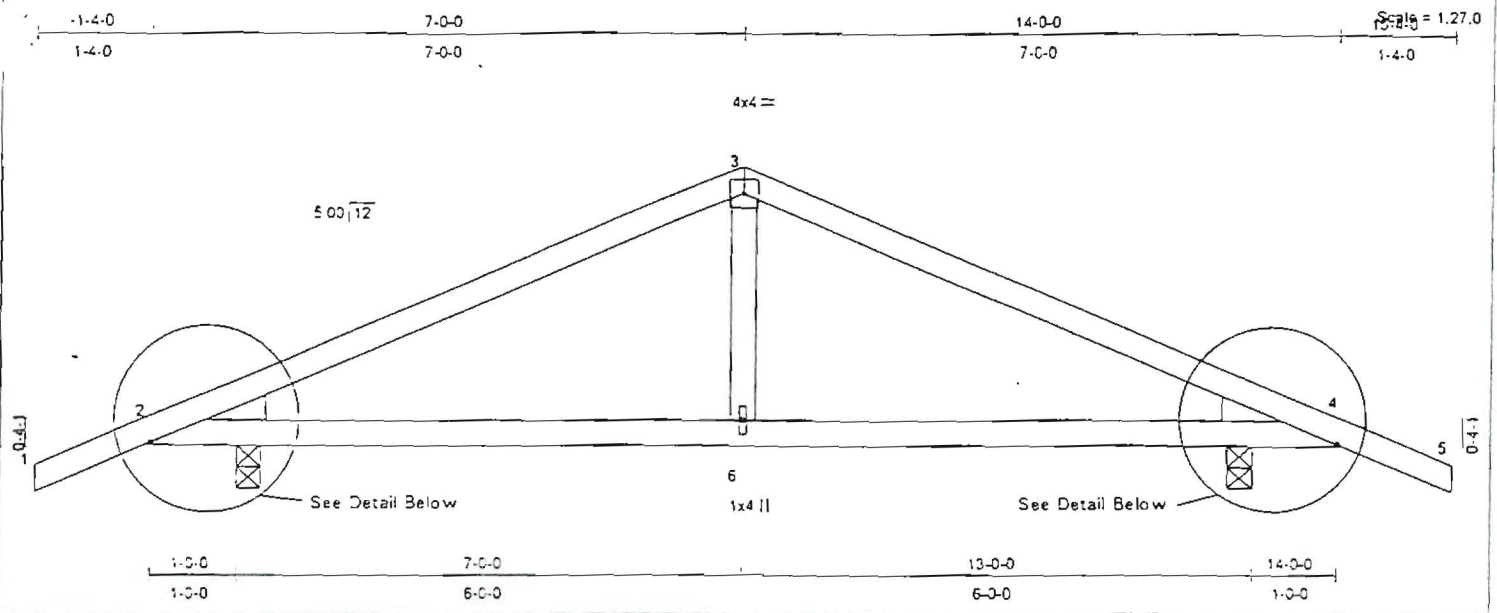
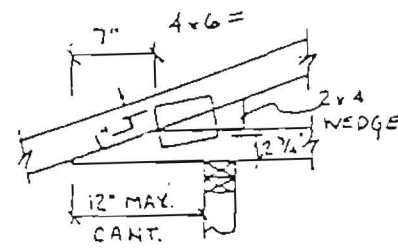


Plate Offsets (X, Y): [2'-0"-1'-14'-0"-2], [2'-0"-11'-14'-0"-1'-12], [4'-0"-1'-14'-0"-2], [4'-0"-11'-14'-0"-1'-12]

LOADING (psf)	SPACING	2'-0"-0	CSI	DEFL (in)	(loc)	l/defl	PLATES	GRIP
TCLL 42.0	Plates Increase	1.15	TC 0.96	Vert(LL) -0.04	6	> 999	M20	169/123
TCDL 7.0	Lumber Increase	1.15	BC 0.55	Vert(TL) -0.09	2-6	> 999		
BCLL 0.0	Rep Stress Incr	YES	WB 0.07	Horz(TL) 0.02	4	n/a		
BCDL 10.0	Code	BOCA/ANSI95		1st LC LL Min l/defl =	240			Weight: 41 lb

**LUMBER**  
 TOP CHORD 2 X 4 SPF 1650F 1.5E  
 BOT CHORD 2 X 4 SPF No. 2  
 WEBS 2 X 4 SPF-S Stud  
 BRACING  
 TOP CHORD Sheathed or 1-6-0 on center purlin spacing.  
 BOT CHORD Rigid ceiling directly applied or 10-0-0 on center bracing.

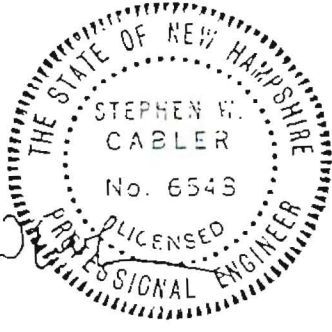
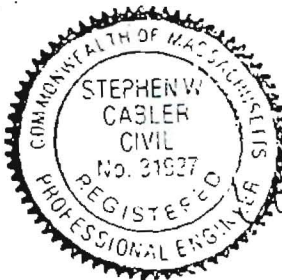
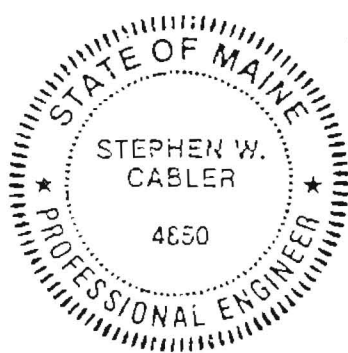
REACTIONS (lb/size) 2 = 954/0-3-2, 4 = 954/0-3-8  
 FORCES (lb) - First Load Case Only  
 TOP CHORD 1-2 = 24, 2-3 = -1023, 3-4 = -1023, 4-5 = 24  
 BOT CHORD 2-6 = 940, 4-6 = 940  
 WEBS 3-6 = 137



**NOTES**  
 1) This truss has been checked for unbalanced loading conditions.  
 2) All plates are M20 plates unless otherwise indicated.  
 3) This truss has been designed for a live load of 20 Dpsf on the bottom chord in all areas with a clearance greater than 3-6-0 between the bottom chord and any other members.  
 4) This truss has been designed with ANSI/TPI 1-1995 criteria.

LOAD CASE(S) Standard  
 DESIGN LOADING:  
 TCLL TOTAL (PSF)  
 42.59 @ 24" oc.  
 53.74 @ 18" oc.  
 63.89 @ 16" oc.

Quality Design  
 17 Kelly Road  
 Falmouth, ME 04105  
 (207) 781-5405



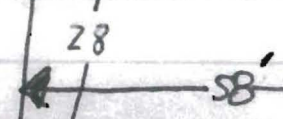
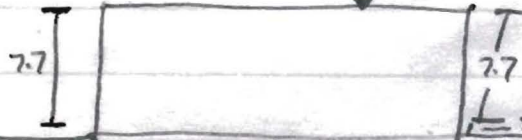
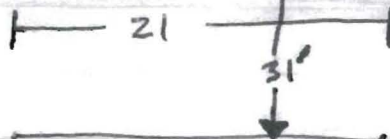
NOV 04 1999

**WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.**  
 Design valid for use only with Miller connectors. This design is based only upon parameters shown, and is for an individual building component to be installed and loaded vertically. Applicability of design parameters and proper incorporation of component & responsibility of building designer; not truss designer; bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction & the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing consult CSI-88 Quality Standard, CSI-86 Bracing Specification, and HIS-91 Handling, Installing and Bracing Recommendation available from Truss Plate Institute, 5622 Onondaga Drive, Madison, WI 53716.





24 COBB AVE

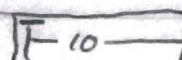


House

side

50

Existing

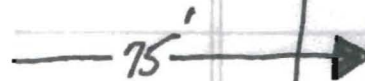


22

Garage

68'

28



14

20

ADDITION -  
ON Existing flat  
roof E11

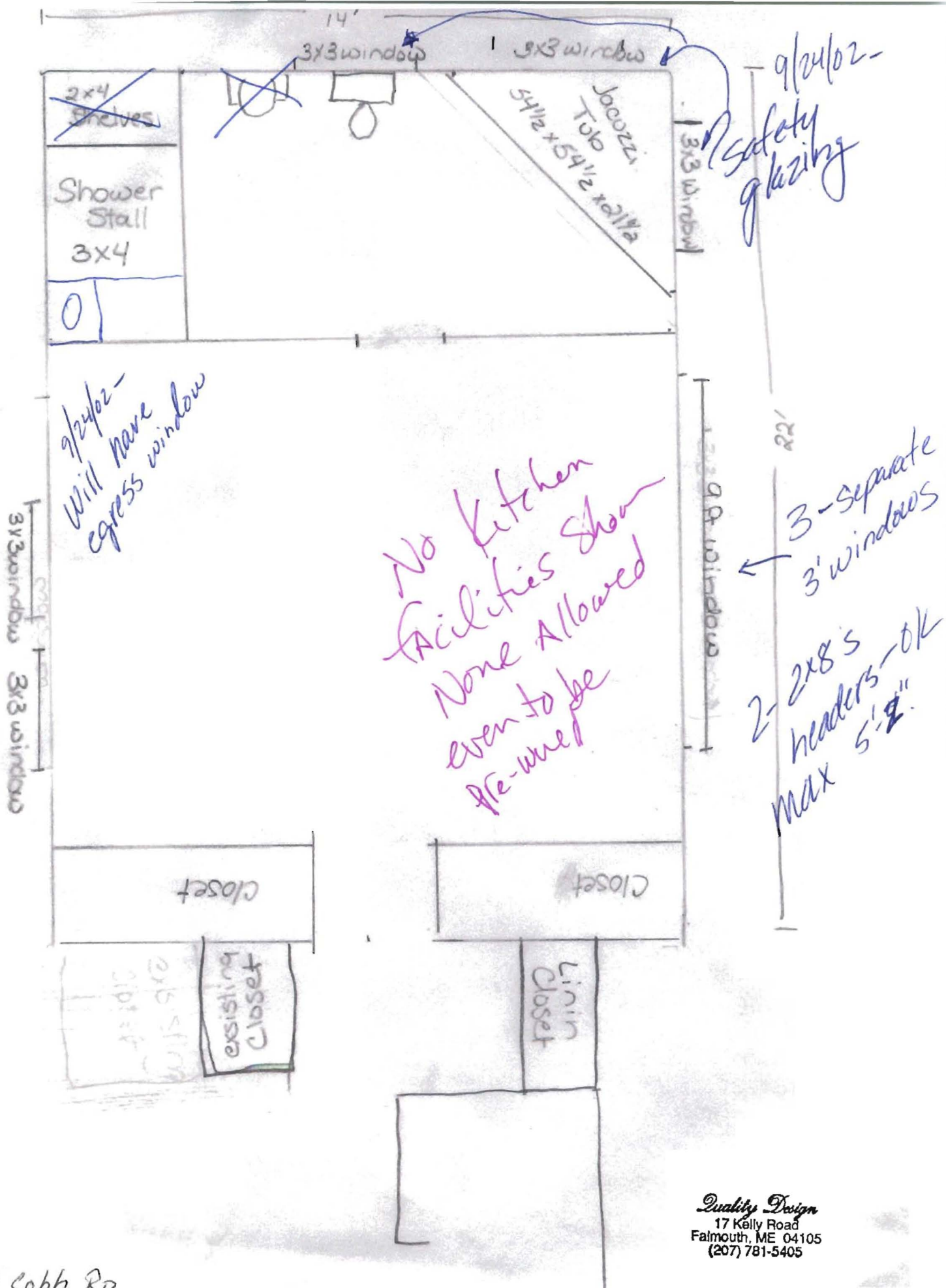
60'

can't be  
right  
REAR

R-2 Zone  
on Existing Bldg  
Now 2 (Story)

Easements

Quality Design  
17 Kelly Road  
Falmouth, ME 04105  
(207) 781-5405



24 Cobb Rd

Quality Design  
 17 Kelly Road  
 Falmouth, ME 04105  
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24 Cobb Rd

