

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0399	Issue Date:	CBL: 238 A002001
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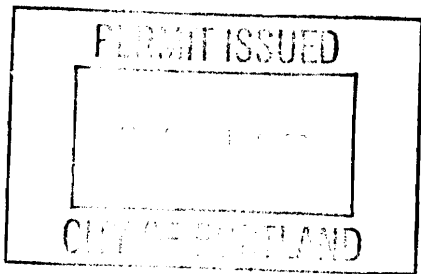
Location of Construction: 49 BLUEBERRY RD	Owner Name: MANSIR LLC	Owner Address: 40 MERCIER WAY	Phone:
Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone: 2077742300
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: E-M

Past Use: Commercial - Camp Bow Wow - Connected w/ permit#071180	Proposed Use: Commercial - Camp Bow Wow - Connected w/ permit#071180 - install York Furnace/Airhandlers & Outdoor Condensing units	Permit Fee: \$500.00	Cost of Work: \$48,000.00	CEO District: 3
Proposed Project Description: install York Furnace/Airhandlers & Outdoor Condensing units		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>V/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>H/A/C</i> <i>1000003</i>	
		Signature:	Signature: <i>[Signature]</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: Idobson	Date Applied For: 04/23/2008	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 type="checkbox"/> Site Plan Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM Date: <i>4/24/09</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

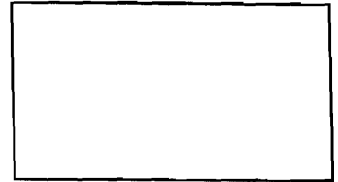
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location / CBL 49 Blueberry Rd. Use of Building dog day care Date 4/17/08
Name and address of owner of appliance Camp Bow Wow

Installer's name and address AIRTEMP 11 Wallace Ave.
South Portland, ME 04106 Telephone 774-2300

Location of appliance:

- Basement
- Floor
- Attic
- Roof

above suspended ceiling

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: YORK

U.L. Approved Yes No

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

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # PMT 1977
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____
- Metal
Factory Built U.L. Listing # _____

Direct Vent
Type PVC Pipe UL# _____

Type of Fuel Tank

- Oil N/A
- Gas N/A

Size of Tank N/A

Number of Tanks N/A

Distance from Tank to Center of Flame N/A feet.

Cost of Work: \$ 48,000

Permit Fee: \$ 500

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Signature of Installer [Signature]

Approved with Conditions

- See attached letter or requirement

Inspector's Signature _____

Date Approved _____

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 41

PROPERTY OWNERS NAME

Last: John First: White
Applicant Name: John White
Mailing Address of Owner/Applicant (If Different): 1000 Main St, Portland, ME

238 A002

PORTLAND PERMIT # 10592 TOWN COPY

Date Permit Issued: 4/14/08 \$ 1196 Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

2008-8094

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: 4/9/08

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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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>See Diagram</u>	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>U5595</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.	16	Hosebibb / Sillcock	2	Bathtub (and Shower)
	1	Floor Drain	1	Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Urinal	2	Sink
	1	Drinking Fountain	2	Wash Basin
OR TRANSFER FEE [\$6.00]	1	Indirect Waste	2	Water Closet (Toilet)
	1	Water Treatment Softener, Filter, etc.	1	Clothes Washer
OR SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE	1	Grease / Oil Separator	1	Dish Washer
	1	Roof Drain	1	Garbage Disposal
TRANSFER FEE [\$6.00]	1	Bidet	2	Laundry Tub
	1	Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	17	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

ELECTRICAL PERMIT

City of Portland, Me.



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

Date 5/28/08
 Permit # 2008-4338
 CBL# 238-A-002

LOCATION: 49 BLUEBERRY RD. PORTLAND, ME METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER GARY MANSIR
 TENANT CAMP Bow-wow PHONE # (207) 222-2341

						TOTAL EACH FEE		
OUTLETS		Receptacles		Switches		Smoke Detector	.20	
FIXTURES		Incandescent		Fluorescent		Strips	.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		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	
FIRE & BURGLAR 2			Alarms/com				15.00	30.00
			Heavy Duty(CRKT)				2.00	
			Circus/Carnv				25.00	
		Alterations				5.00		
		Fire Repairs				15.00		
		E Lights				1.00		
		E Generators				20.00		
PANELS		Service		Remote		Main	4.00	
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		
✓ MINIMUM FEE/COMMERCIAL 55.00						MINIMUM FEE	45.00	55.00

CONTRACTORS NAME WIREPRO, INC. MASTER LIC. # MC 60017390
 ADDRESS 22 SMADA DR. SANFORD, ME 04073 LIMITED LIC. # LM 50013927
 TELEPHONE (207) 324-7195

SIGNATURE OF CONTRACTOR Robert M. Herzig
 White Copy - Office • Yellow Copy - Applicant

ELECTRICAL PERMIT

City of Portland, Me.



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

Date _____
 Permit # 2008-4274
 CBL# 238A2-

LOCATION: 49 Blueberry METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Camp Bow Wow
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	36	Receptacles	2c	Switches		Smoke Detector	.20	11.20	
FIXTURES		Incandescent	43	Fluorescent		Strips	.20	8.60	
SERVICES		Overhead	✓	Underground	400amp	TTL AMPS <800	15.00	15.00	
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
							25.00		
METERS	1	(number of)					1.00	1.00	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING	1	oil/gas units		Interior		Exterior	5.00		
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00		
		Insta-Hot		Water heaters	2	Fans	2.00	4.00	
	1	Dryers		Disposals		Dishwasher	2.00	2.00	
		Compactors		Spa	1	Washing Machine	2.00	2.00	
		Others (denote)					2.00		
MISC. (number of)		Air Cond/win					3.00		
	5	Air Cond/cent				Pools	10.00	50.00	
		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	1	Service		Remote		Main	4.00	4.00	
TRANSFORMER		0-25 Kva					5.00		
		25-200 Kva					8.00		
		Over 200 Kva					10.00		
TOTAL AMOUNT DUE								97.80	
MINIMUM FEE/COMMERCIAL 55.00							MINIMUM FEE	45.00	

CONTRACTORS NAME Arbe - Plamondon INC MASTER LIC. # MS6009875
 ADDRESS P.O. Box 1161 BUDDEFO RD LIMITED LIC. # _____
 TELEPHONE 985-9744

SIGNATURE OF CONTRACTOR [Signature]

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 267-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation: Portland

Street or Road: Blueberry Road

Subdivision, Lot #: Camp Bow Wow

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

PORTLAND PERMIT # 10523 APPLICANTS COPY

Date Permit Issued: 02105108 \$ 1110 If Double Fee Charged

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Patco Construction Owner Applicant

Mailing Address of Owner/Applicant: 1293 Main Street
Sanford, ME 04073

Daytime Tel. #: (207) 324-5574

Chet S. N...
Local Plumbing Inspector Signature

L.P.I. # 110101st

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

OWNER OR APPLICANT STATEMENT

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

K. Smith 2/4/08
Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Chet S. N... see Letter of Rule
Local Plumbing Inspector Signature (1st) date approved 7/24/08

(2nd) date approved C. G. ...

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Type replaced: _____

Year installed: _____

3. Expanded System

a. Minor Expansion

b. Major Expansion

4. Experimental System

5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance

2. First Time System Variance

a. Local Plumbing Inspector Approval

b. State & Local Plumbing Inspector Approval

3. Replacement System Variance

a. Local Plumbing Inspector Approval

b. State & Local Plumbing Inspector Approval

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System

2. Primitive System (graywater & alt. toilet)

3. Alternative Toilet, specify: _____

4. Non-engineered Treatment Tank (only)

5. Holding Tank, _____ gallons

6. Non-engineered Disposal Field (only)

7. Separated Laundry System

8. Complete Engineered System (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment, specify: _____

12. Miscellaneous Components

SIZE OF PROPERTY

1.68± SQ. FT. ACRES

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: _____

2. Multiple Family Dwelling, No. of Units: _____

3. Other: canine boarding facility
(specify)

Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete

a. Regular

b. Low Profile

2. Plastic

3. Other: _____

CAPACITY: 1500 GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench

3. Proprietary Device

a. cluster array c. Linear

b. regular load d. H-20 load

4. Other: _____

SIZE: 1650 sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe

If Yes or Maybe, specify one below:

a. multi-compartment tank

b. _____ tanks in series

c. Increase in tank capacity

d. Filter on Tank Outlet

DESIGN FLOW

500 gallons per day

BASED ON:

1. Table 501.1 (dwelling unit(s))

2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities

2 wash stations @ 100 gpd = 200 gpd

20 employees @ 15 gpd = 300 gpd

500 gpd

3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN

7 / C / 1

at Observation Hole # TP-1

Depth 36"

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Small---2.0 sq. ft. / gpd

2. Medium---2.6 sq. ft. / gpd

3. Medium---Large 3.3 sq. ft. / gpd

4. Large---4.1 sq. ft. / gpd

5. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required

2. May Be Required

3. Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 43 d 39 m 10 s

Lon. 70 d 19 m 55 s

SITE EVALUATOR STATEMENT

I certify that on 7-11-07 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Gary M. Fullerton 355 Revised 1-31-08
Site Evaluator Signature SE # Date

Gary M. Fullerton (207) 856-0277 gfullerton@sebagotech.com
Site Evaluator Name Printed Telephone Number E-mail Address



Note: Changes to or deviations from the FEB 2008 Form are confirmed with the Site Evaluator. HHE-200 Rev. 4/05