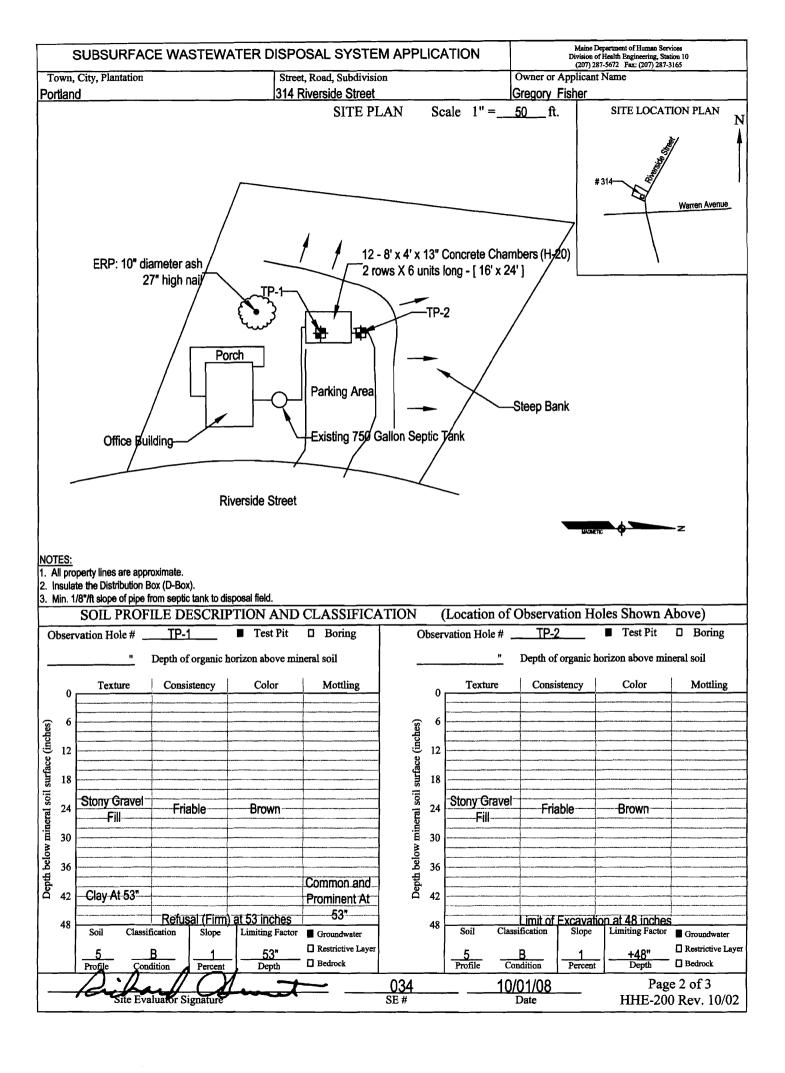
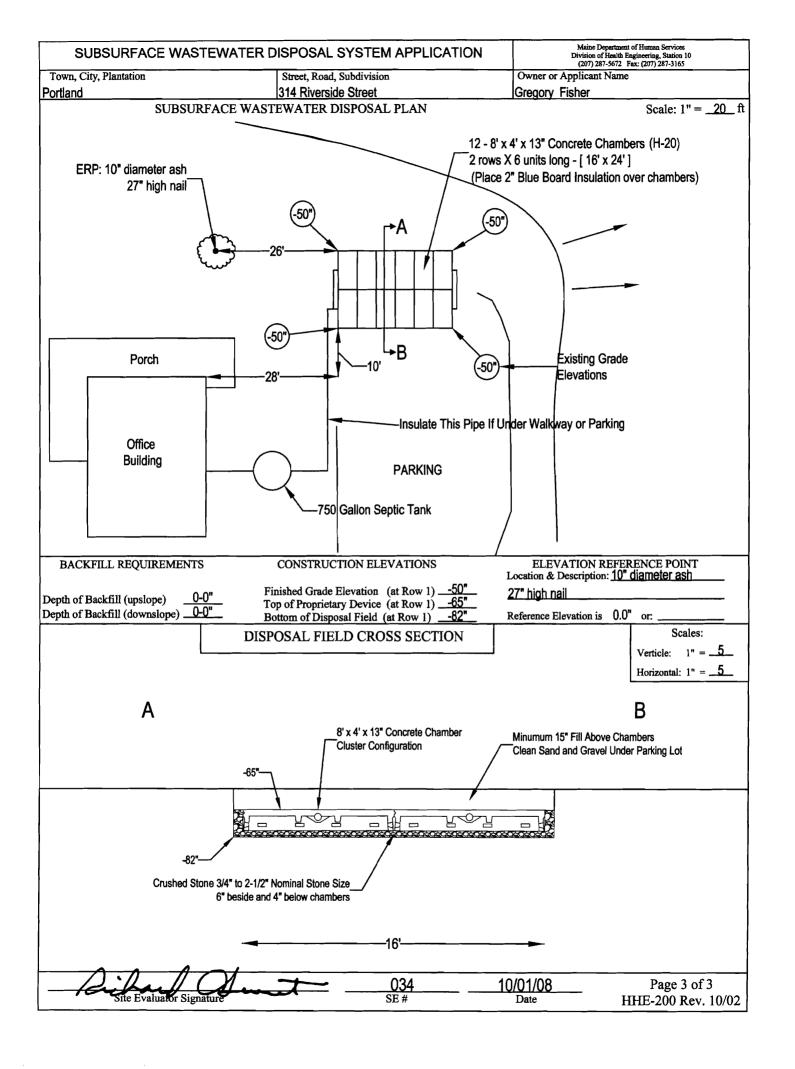
SUBSURF	ACE W	ASTEWATER DISP					Maine Department of Human Services Division of Health Engineering, 10 SHS (207) 287-5672 Fax: (207) 287-3165	
////////	PRÓPÉRTY	LOCATION ////////////////////////////////////		CAUTION: PER	RMIT REQUIRE	D - ATTACI	H IN SPACE BELOW	
City, Town.	Portland							
Street or Road	314 Rivers	side Street		//////////////////////////////////////	// <i>OXA</i> VAL	/ <b>)//</b> /////////////////////////////////	TOWN COPY	
Subdivision, Lot#			Date	<del>-</del>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	1 • A   n #	
/////OWNE	Ρ/ΔΡΡΙΙΟΔ	NT INFORMATION/////	Pern	nit   2017).^	00	\$ /	Double Fee FEE Charged	
Name (last, first, MI)	IVAL I LION	■ Owner	17	som	Bomba	1 PI #C	7.3.2	
Fisher, Gregor	ry	Applicant_	<del>(^)</del>	Local Plumbing Inspect	or Signature			
Owner/Applicant	314 Ri	verside St, Maine 04103			//48/1/9		V1 <del>4</del> 78 <b>4</b> V/1/////	
Daytime Tel. #	207-77	4-2146 /232-68	7// 1/	<i></i>	lunicipal Tax Map #	Lot :	#	
OWN	NER OR APPLICA	<del></del>			CAUTION: INSPECTION	ON REQUIRED	-010W IST	
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 Dismissing Inspector to depose Primit.    Application							tion.	
Signal	ture of Owner of		DANIT	INFORMATION	Plumbing Inspector Sign	///////////////////////////////////////	//////////////////////////////////////	
TYPE OF APPLI	CATION	THIS APPLICATION		<del></del>		SAL SYSTEM	COMPONENTS	
1. First Time Syste		■ 1. No Rule Variance	ricaon	NEO .			gineered System	
2. Replacement S		2. First Time System Variand	A		_	nitive System (graywater & alt. toilet)		
Type replaced: Trel	-	☐ a. Local Plumbing Inspecto		val		rnative Toilet,		
Year installed:		☐ b. State & Local Plumbing	Inspecto	r		-engineered Treatment Tank (only) ling Tank,gallons		
☐ 3. Expanded Syste	tem	3. Replacement System Vari	riance 6. Non-		n-engineered Disposal Field (only)			
☐ a. Minor Expansion ☐ a. Local Plumbing Inspecto			Inspector 1 7.590			arated Laundr	, ,	
□ b. Major Expansion □ 4. Minimum Lot Size Variance							red System (2000 gpd or more) ment Tank (only)	
☐ 4. Experimental System ☐ 5. Seasonal Conversion Perr			nit			•	sal Field (only)	
5. Seasonal Conversion					☐ 11. Pre	-treatment, sp	ecify:	
SIZE OF PROPERTY  DISPOSAL SYSTEM TO SEF				drooms:	☐ 12. Mis	cellaneous Co	mponents	
20,560 +- SQ. FT.					TYPE	OF WATER	SUPPLY	
■ 3. Other: Dentist Office					☐ 1. Drilled V	Vell 🛮 2. Dug	Well 3. Private	
SHORELAND ZONING (specify)					■ 4. Public	☐ 5. Other		
☐ Yes ☐ No Current Use ☐ Seasonal ☐ Year Ro					- 6000 60 60 60	- E3:77777		
		DESIGN DETAILS (		<del> </del>	<del> </del>	E-3)/////		
TREATMENT	TANK	DISPOSAL FIELD TYPE & S  1. Stone Bed 2. Stone Trend		GARBAGE DIS		ĺ	DESIGN FLOW	
a. Regular			If Yes of Maybe, specify one below:			295	gallons per day	
b. Low Profile		■ a. cluster array □ c. Linear		a. multi-compartment tank		1	ASED ON:	
2. Plastic		☐ b. regular load ☐ d. H-20 loa	nd				501.1 (dwelling unit(s)) 501.1 (other facilities)	
3. Other:		☐ 4. Other:	}	c. increase in tank capacity		SHOW	CALCÙLATIONS	
CAPACITY:7	7 <u>50</u> gal	SIZE: <u>768</u> ■ sq. ft. ☐ lin	. ft.	d. Filter on Tank		1 Medica	ther facilities— Il Staff, 15 Patients/Day,	
	SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING			EFFLUENT/EJ	ECTOR PUMP	2 Employ	OVEES tion 503.0 (meter readings)	
1	PROFILE CONDITION DESIGN 1. Small—2.0 sq. ft. / gpd			1. Not Required	3. Sect		503.0 (meter readings) WATER METER DATA	
5 / B	<u>_/_2</u>	■ 2. Medium—2.6 sq. ft. / gpd		□ 2. May Be Requ	ired	<u> </u>	ATITUDE AND LONGITUDE	
at Observation Hole #	#TP-1	☐ 3. Medium—Large 3.3 sq. f.t / g	gpd ☐ 3. Required			L	at center of disposal area	
Depth >48""			Specify only for engineered systems:			3 d 41 m 14.05 s		
of Most Limiting Soil Factor 5.6 Extra Large—5.0 sq. ft. / gpd Groundwater				DOSE: gallons			<u>'0_d19m_44.07</u> s state margin of error:20'	
V/////////////////////////////////////		///////////////SITE EV	ΤΑΙΙΙΑ					
certify that on 9-22-08 (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).								
034 10/01/08								
Site Evaluator Signature SE # Date								
Richard A. Sweet				797-211	797-2110 dick@sweetassociates.c		etassociates com	
Site Evaluator Name Printed						ail Address		
Note: Changes t	to or deviation	ons from the design should be	e confir	•			Designed with SeptiCAD HHE-200 Rev. 4/05	

## Revision 2008-6006

SUBSUR	FACE W	ASTEWATER DISP	OSA	AL SYSTEM	APPLICA	TION	Division of Health Engineering, 10 SHS (207) 287-5672 Fax: (207) 287-3165		
////////PROPERTY LOCATION /////////				CAUTION: PER	RMIT REQUIRE	D - ATTACH	I IN SPACE BELOW		
City, Town,	Portland								
Street or Road	314 Riverside Street			<i>\( \                                  </i>					
Subdivision, Lot#			The Subsurface Wastewater Disposal System shall not be installed until a						
/////OWNE	Ř/ÁPPĹÍĆÁ	NT INFORMATION//////	Permit is attached HERE by the Local Plumbing Inspector. The Permit shall						
Name (last, first, MI)		■ Owner	authorize the owner or installer to install the disposal system in accordance						
<u>Fisher, Grego</u>	ory	Applicant	with this application and the Maine Subsurface Wastewater Disposal Rules.						
Mailing Address of			X////////// <del>//////////////////////////</del>						
Owner/Applicant			<u> </u>						
Daytime Tel. #			Municipal Tax Map # Lot #						
ow	NER OR APPLIC	ANT STATEMENT			CAUTION: INSPECTI				
I state and acknowledg my knowledge and und	e that the informa lerstand that any i	tion submitted is correct to the best of falsification is reason for the Department			the installation authorizate Wastewater Dispos		und it to be in compliance		
and/or Local Plumbing	Inspector to deny	a Permit.					(1st) date approved		
Signa	ature of Owner or				lumbing Inspector Sig	nature	(2nd) date approved		
				INFORMATION		<u>////////</u>			
TYPE OF APPL		THIS APPLICATION	REQUI	RES			COMPONENTS		
□ 1. First Time Sys ■ 2. Replacement S		■ 1. No Rule Variance	□ 2. Pri			mplete Non-engineered System mitive System (graywater & alt. toilet)			
Type replaced: Tre	•	<ul><li>2. First Time System Varianc</li><li>a. Local Plumbing Inspecto</li></ul>		val		emative Toilet, specify:			
Year installed:	Year installed:			Inspector U 4. Non-engil			engineered Treatment Tank (only) ng Tank,gallons		
3. Expanded Sys	tem	<ul> <li>☐ 3. Replacement System Varia</li> <li>☐ a. Local Plumbing Inspecto</li> </ul>	mance			on-engineered Disposal Field (only)			
☐ a. Minor Expansion ☐ b. State & Local Plumbing			Inspector   8. C			eparated Laundry System omplete Engineered System (2000 gpd or more)			
□ b. Major Expansion □ 4. Minimum Lot Size Varianc □ 4. Experimental System □ 5. Constant Constant Res					☐ 9. Eng	ingineered Treatment Tank (only)			
☐ 5. Seasonal Conversion ☐ 5. Seasonal Conversion Pen			nit 			gineered Dispos -treatment, spe			
SIZE OF PROF	SIZE OF PROPERTY DISPOSAL SYSTEM TO SE					cellaneous Cor	•		
20,560 +-	■SQ. FT. □ACRES	<ul><li>☐ 1. Single Family Dwelling Unit, No.</li><li>☐ 2. Multiple Family Dwelling, No. of</li></ul>			TYPE	OF WATER S	UPPLY		
	■ 3. Other: Dentist Office			or or a			Well □ 3. Private		
SHORELAND ZONING (specify)			Baund □ Hadausland ■ 4. Public			-			
☐ Yes ☐ No ☐ Current Use ☐ Seasonal ☐ Year									
TREATMENT	////////	DISPOSAL FIELD TYPE & S		GARBAGE DIS	<del> </del>	E 3)//////	<u>/////////////////////////////////////</u>		
■ 1. Concrete	IANK	☐ 1. Stone Bed ☐ 2. Stone Trend		■ 1. No □ 2. Ye			DESIGN FLOW		
a. Regular		■ 3. Proprietary Device		If Yes of Maybe, specify one below:		295	gallons per day SED ON:		
□ b. Low Profile		a. cluster array C. Linear	. 4	a. multi-compart	rtment tank		3ED ON. 31.1 (dwelling unit(s))		
☐ 2. Plastic ☐ 3. Other:		□ b. regular load ■ d. H-20 loa	d	D btanks in s	series 2. Table		01.1 (other facilities)		
	750 GAL	SIZE: 768 ■ sq. ft. □ lin.	.ft. /	d. Filter on Tank		— for ot	her facilities—		
SOIL DATA & DES		E d. 1 little of 12			ECTOR PUMP	12 Medical	Staff, 15 Patients/Day		
PROFILE CONDIT	ION DESIGN	N ☐ 1. Small—2.0 sq. ft. / gpd ■ 1. Not Require				☐ 3. Section	CCS 503.0 (meter readings)		
5_/B	_/ <u>_2</u>			☐ 2. May Be Requ	ired		NATER METER DATA		
at Observation Hole Depth >48" "	# <u>IP-1</u>	- 3. Medium—Large 3.3 sq. f.t / gpd 3. Required		☐ 3. Required		) a	center of disposal area		
of Most Limiting Soil	Factor	☐ 4. Large—4.1 sq. ft. / gpd ☐ 5. Extra Large—5.0 sq. ft. / gpd Specify only for €			ngineered systems:		3 d <u>41 m 14.05</u> s ) d <u>19 m 44.07</u> s		
	Groundwater			DOSE: gallons if g.p.s.s			ate margin of error: 20'		
		///////////////SITE EV/	ÁLÚÁ	TOR STATEMEN	VΤ///////				
certify that on _	9-22-08	(date) I completed a sit	e eval	uation on this pro	operty 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 (10-144) CMR 241).									
	Last	(X)		034		0/02/08	_ 3 2		
100	ite Evaluato	r Signature		SE#		Date	- * <0 <sub>03</sub> :		
Richard A. Sweet				797-2110 d		ick@ewee	tassociates com		
Site Evaluator Name Printed			Telephone Number		dick@sweetassociates.com  Email Address				
N ( 0)	4	ons from the design should be	6	•			Designed with SeptiCAD		

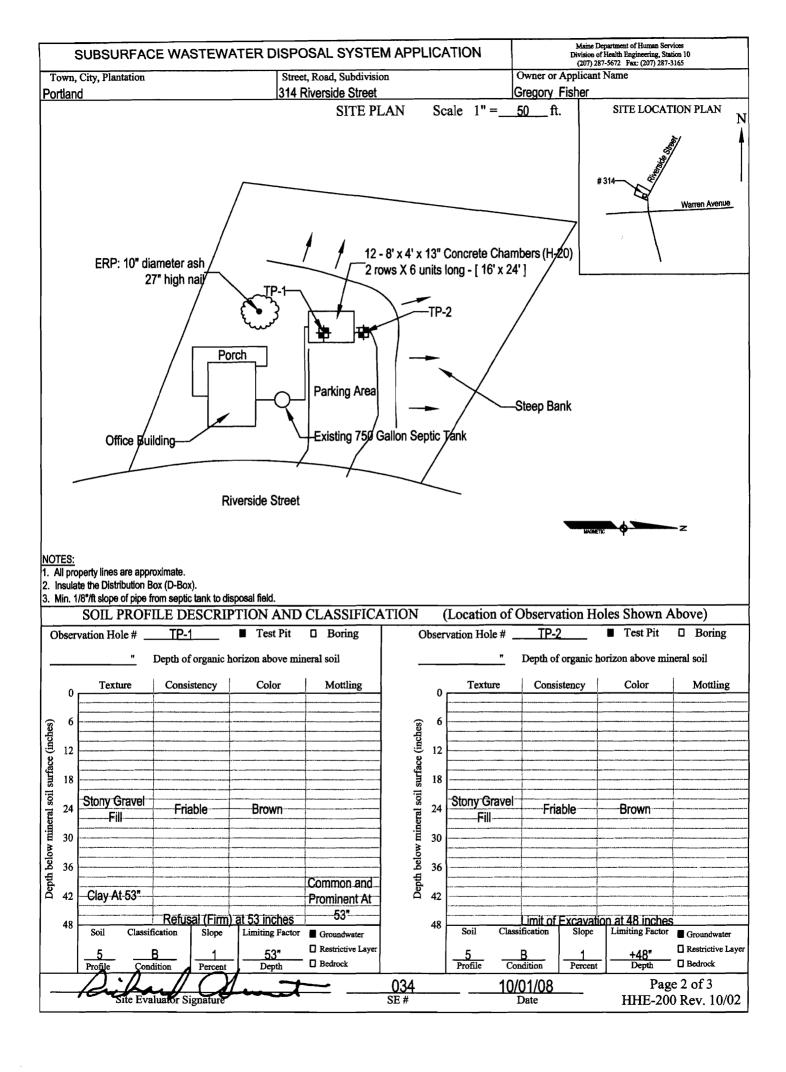


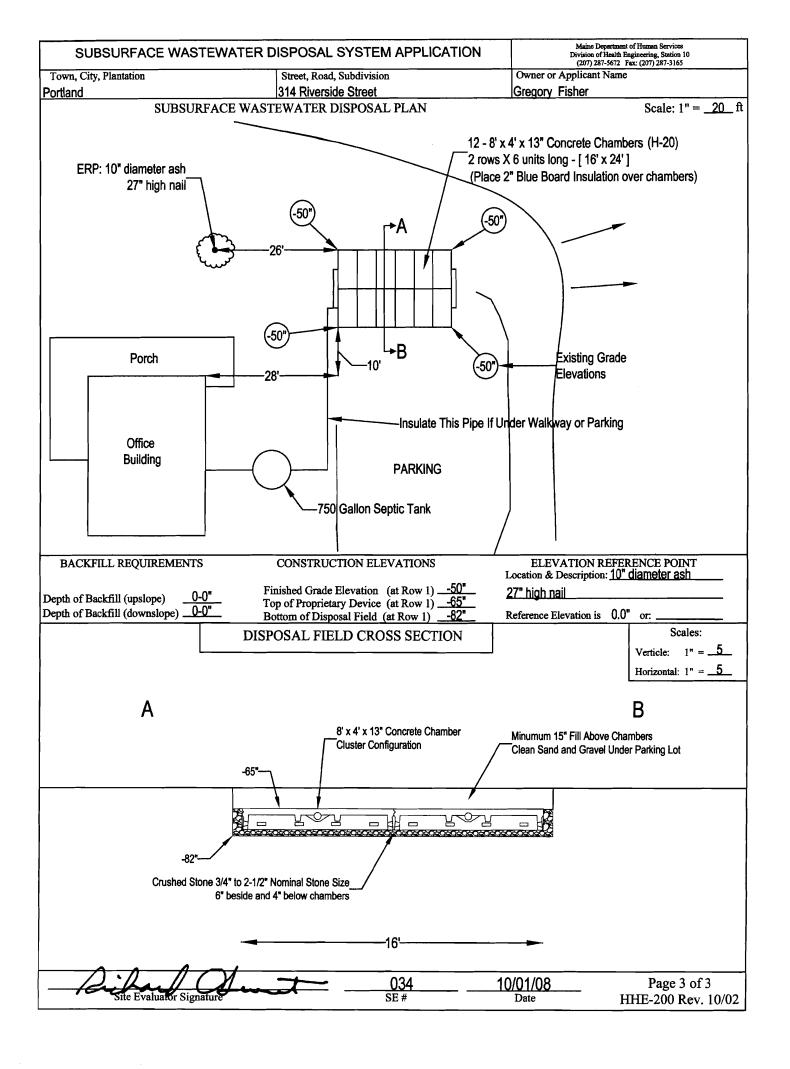


SUBSUR	FACE W	ASTEWATER DISP	OSA				Maine Department of Human Services Division of Health Engineering, 10 SHS (207) 287-5672 Fax: (207) 287-3165		
	PROPERTY	LOCATION ////////////////////////////////////		CAUTION: PER	RMIT REQUIRE	D - ATTACH	I IN SPACE BELOW		
City, Town, or Plantation	Portland								
Street or Road	314 Rivers	side Street	[[]]			// <b>//////</b> //			
Subdivision, Lot#			PORTLAND PERMIT # 10801 STATE COPY  Date Permit   //3 / 3 . \						
		NT INFORMATION/////		sued:	100	\$	FEE Charged		
Name (last, first, MI) Fisher, Grego	orv	<ul><li>■ Owner</li><li>□ Applicant</li></ul>		Local Plumbing Inspect	tor Signature	L.P.I.# 🗲	17.32		
Mailing Address of	~	verside Street			\/\ <b>\</b> \\\\/\/	// <b>//</b> ////////////////////////////////	<b></b>		
Owner/Applicant	Portland	Maine 04103	///////// <del>////////////////////////////</del>						
Daytime Tel. #	907-7	74-2146			unicipal Tax Map#	Lot #	<u> </u>		
I state and acknowled	ge that the informa derstand that any f	ANT STATEMENT tion submitted is correct to the best of alsification is reason for the Department a Reminit.		I have inspected	CAUTION: INSPECTION  the installation authorize  CE Wastewater Dispose	ed above and fo	und it to be in compliance tion. (1st) date approved		
- Valor	ature prowner or	Applidant Delte		Local F	Plumbing Inspector Sign	nature	(2nd) date approved		
	1/8////		ŔMÍŤ	INFORMATION		///////			
TYPE OF APPL	ICATION	THIS APPLICATION				SAL SYSTEM	COMPONENTS		
☐ 1. First Time Sys	stem	■ 1. No Rule Variance					ineered System		
2. Replacement	System	2. First Time System Variance	е		_	mitive System (graywater & alt. toilet)			
Type replaced: Tr	•	a. Local Plumbing Inspecto	r Appro		_	ernative Toilet, specify: n-engineered Treatment Tank (only)			
Year installed:		☐ b. State & Local Plumbing	Inspecto				• • • • • • • • • • • • • • • • • • • •		
3. Expanded Sys	etom.	☐ 3. Replacement System Varia		_	_	n-engineered Disposal Field (only)			
a. Minor Expa		a. Local Plumbing Inspecto				System			
☐ b. Major Expa		☐ 4. Minimum Lot Size Variance	. U 8. Con				red System (2000 gpd or more)		
4. Experimental	System	_	D 9. CI			•	nent Tank (only)		
☐ 5. Seasonal Cor	version	☐ 5. Seasonal Conversion Perm	nrt				sal Field (only)		
SIZE OF PROPERTY DISPOSAL SYSTEM TO SE				drooms:		-treatment, spe cellaneous Co	• ————		
20,560 +- SQ. FT. 2. Multiple Family Dwelling, No. o						OF WATER			
SHORELAND	ZONING	■ 3. Other: Dentist Office		<del>-</del>	1. Drilled V	Vell 2. Dug	Well 3. Private		
SHOREDAND ZONING (specify)  ☐ Yes ■ No Current Use ☐ Seasonal ■ Year			Round F	7 Lindeveloped	■ 4. Public	☐ 5. Other			
		////DESIGN DETAILS (			ÓWN ÓN PÁGI	=3\////			
77////////////////////////////////////		DISPOSAL FIELD TYPE & S		GARBAGE DIS	<del> </del>	-9/////	DEGICAL EL CIAL		
TREATMEN	IIANK	☐ 1. Stone Bed ☐ 2. Stone Trend				ĺ	DESIGN FLOW		
1. Concrete		3. Proprietary Device	ch ■ 1. No □ 2. Yes □ 3. Maybe  If Yes of Maybe, specify one below:			! 295	gallons per day		
■ a. Regular  □ b. Low Profile	1	■ a. cluster array □ c. Linear	a. multi-compartment tank			_	SED ON:		
2. Plastic		□ b. regular load □ d. H-20 loa	•			01.1 (dwelling unit(s))			
3. Other:		☐ 4. Other:	c. increase in tank capacity				i01.1 (other facilities) CALCULATIONS		
CAPACITY:	750 GAL	SIZE: <u>768</u> ■ sq. ft. 🗆 lin.	1			for o	ther facilities—_		
SOIL DATA & DES		DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP			1 Месіса	Staff, 15 Patients/Day,		
PROFILE CONDI		☐ 1. Small—2.0 sq. ft. / gpd	■ 1. Not Required			Z EMPIO	/ <del>CCS</del> 503.0 (meter readings)		
5 / B	1 2	■ 2. Medium2.6 sq. ft. / gpd		, –	:d	ATTACH	WATER METER DATA		
at Observation Hole	# TP-1	☐ 3. Medium—Large 3.3 sq. f.t / g	ba	☐ 2. May Be Requ	irea	L	ATITUDE AND LONGITUDE		
Depth <u>&gt;48" *</u>	/" <del></del> _	☐ 4. Large4.1 sq. ft. / gpd		3. Required			at center of disposal area		
of Most Limiting So	il Factor	5. Extra Large—5.0 sq. ft. / gpd		Specify only for er	ngineered systems:		3 <u>d 41 m 14.05</u> s 0 d 19 m 44.07s		
Groundw				DOSE:	gallons		tate margin of error: 20'		
		//////////SITE EV	ÁĽÚÁ	TÓR STÁTÉMEN	iT///////				
I certify that on9-22-08 (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).									
034 10/01/08									
Site Evaluator Signature SE # Date									
Richard A. Sweet				797-2110 dick@swe		etassociates.com			
Si	te Evaluator I	Name Printed		Telephone Nur	nber	TO Ema	ail Address		
Note: Changes	Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.  Designed with SeptiCAD HHE-200 Rev. 4/05								

## Revision 2008-6006

SUBSUR	FACE W	ASTEWATER DISP	OSA	L SYSTEM	APPLICA	TION	Maine Department of Human Services Division of Health Engineering, 10 SHS	
/////////PROPERTY LOCATION /////////			CAUTION: PERMIT REQUIRED - ATTAC				(207) 287-5872   Fax: (207) 287-3165   H IN SPACE BELOW	
City, Town, or Plantation	Portland							
a	314 Riverside Street							
Subdivision, Lot #			The Subsurface Wastewater Disposal System shall not be installed until a					
	R/ÁPPÍ ICA	NT INFORMATION/////	Permit is attached HERE by the Local Plumbing Inspector. The Permit shall					
Name (last, first, MI)		■ Owner	authorize the owner or installer to install the disposal system in accordance					
Fisher, Grego	ry	Applicant	with this application and the Maine Subsurface Wastewater Disposal Rules.					
Mailing Address of Owner/Applicant								
Daytime Tel. #			Municipal Tax Map # Lot #					
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.			CAUTION: INSPECTION REQUIRED  I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.  (1st) date approved					
Signa	ture of Owner or		<del>/////</del>	<del> </del>	Plumbing Inspector Sig	nature	(2nd) date approved	
TYPE OF APPLI	CATION	THIS APPLICATION F		NFORMATION	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	SAL SVETEM	//////////////////////////////////////	
1. First Time Syst		1. No Rule Vanance	KEQUIK	.20	1		gineered System	
2. Replacement S		2. First Time System Variance	8				tive System (graywater & alt. toilet)	
Type replaced: Tre	nch	a. Local Plumbing Inspector	r Approv			native Toilet, specify: engineered Treatment Tank (only)		
Year installed:	U D. State & Local Plumbing			5. Holding			ing Tank,gallons	
3. Expanded Syst		a. Local Plumbing Inspector	or Approval		n-engineered Disposal Field (only) parated Laundry System			
□ a. Minor Expansion □ b. State & Local Plumbing □ b. Major Expansion				·	· ·		red System (2000 gpd or more)	
☐ 4. Experimental S	System	<ul><li>☐ 4. Minimum Lot Size Variance</li><li>☐ 5. Seasonal Conversion Perm</li></ul>	) U 9. Engi			₹	ment Tank (only)	
5. Seasonal Conversion						gineered Dispo e-treatment, spo	sal Field (only) ecify:	
SIZE OF PROPERTY DISPOSAL SYSTEM TO SE						cellaneous Co	• ———	
20,560 +-	SQ. FT.	☐ 1. Single Family Dwelling Unit, No☐ 2. Multiple Family Dwelling, No. of			OF WATER S	SUPPLY		
■ 3. Other: Dentist Office				_	☐ 1. Drilled V	Vell 2. Dug	Well ☐ 3. Private	
SHORELAND ZONING (specify)					4. Public	□ 5. Other		
☐ Yes	■ No	Current Use Deasonal Year R			_			
TREATMENT	///////	DISPOSAL FIELD TYPE & SIZ		GARBAGE DISI	<del> </del>	= <u>3)/////</u>		
1. Concrete	IAM	1. Stone Bed 2. Stone Trench		■ 1. No □ 2. Ye			DESIGN FLOW	
a. Regular	■ 3. Proprietary Device		/	If Yes of Maybe, specify one below:		295	gallons per day SED ON:	
☐ b. Low Profile		a. cluster array C. Linear	اکر:	a. multi-compart	compartment tank		i01.1 (dwelling unit(s))	
2. Plastic 3. Other:		☐ b. regular load ■ d. H-20 load ☐ 4. Other:	<b>ا</b> ( ۵	□ b tanks in series □ c. increase in tank capacity			01.1 (other facilities) CALCULATIONS	
	'50 GAL	SIZE: 768 sq. ft Dilin. ft. d. Filter on Ta				for o	ther facilities	
SOIL DATA & DESI	GN CLASS	DISPOSAL FIELD SIZING		EFFLUENT/EJECTOR PUMP		12 Medica	Staff, 15 Patients/Day,	
PROFILE CONDITI				■ 1. Not Required			/ees 503.0 (meter readings)	
5 / B	<u>_/_2</u>				ired	WATER METER DATA ATITUDE AND LONGITUDE		
Depth >48" "	Hole # 3. Medium—Large 3.3 sq. f.t / gpd			☐ 3. Required		, s	t center of disposal area	
of Most Limiting Soil						<u>3_d_41_m_14.05</u> s 0_d <u>_19_m_44.07</u> s		
Groundwa	Groundwater			DOSE: gallons if g.p.s. s			tate margin of error: 20'	
//////////////////////////////////////								
certify that on9-22-08 (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 (19-144A CMR 241).								
-/-	Harl	(Aunt		034	1	0/02/08	<u>( )</u>	
Si	ite Evaluato	Signature		SE#	• •	Date	J <sup>2</sup> 22	
Richard A. Sweet				797-2110	797-2110 dick@swe		etassociates.com	
		Name Printed	- —	Telephone Nun			nil Address	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.  Designed with SeptiCAD HHE-200 Rev. 4/05								





## **BUILDING PERMIT INSPECTION PROCEDURES**

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon	receipt of your building permit.
X Disposal field location and preparation	prior to cover fill
X Final inspection required at completion	of work.
Certificate of Occupancy is not required for certain p your project requires a Certificate of Occupancy. Al	
If any of the inspections do not occur, the project REGARDLESS OF THE NOTICE OR CIRCUM	•
CERIFICATE OF OCCUPANICES MUST BE IS THE SPACE MAY BE OCCUPIED.	SSUED AND PAID FOR, BEFORE
Ing, Justin	10/3/08
Signature of Applicant/Designee	Date '
Signature of Instantions Official	- 10.3.08 
Signature of Inspections Official	Date

CBL: #Name? Building Permit #: 2008-6006