



CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 22 DEDHAM ST

CBL 336 D003001

Issued to Grandview M & M Llc /Mainely Properties & ConstructionDate of Issue 05/11/2011

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. 10-076, shas 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
 Single Family Home

 Use Group R-3
 Type 5B

 IRC-2003
 This is a temporary occupancy certificate which expires on May 31, 2011, see attached memo.

Approved:	//	
(Date)	Inspector	Inspector of Buildings

City of Portland, M	aine - Bui	lding or Use I	Permit Application	n Permit No:	Issue Date:	CBL:
389 Congress Street, 0		-				336 D003001
Location of Construction:		Owner Name:		Owner Address:		Phone:
0 DEDHAM ST (17-	22/	GRANDVIEW	M & M LLC	PO BOX 6012		
Business Name:	<u> </u>	Contractor Name	:	Contractor Address:		Phone
		Mainely Prope	rties & Construction,	P.O. Box 6012 F	almouth	2074089535
Lessee/Buyer's Name		Phone:		Permit Type:		Zone:
		[Single Family		R-2
Past Use:		Proposed Use:		Permit Fee:	Cost of Work:	CEO District:
Vacant Land		Single Family	Home - New 3	\$945.00	\$85,000.00	5
bedroom w/(1 (1) ½ bath 24 10' x 10' deck]		x 36' 2 story home w/		Approved INSJ Diffed Use	Group: R. 3 Type: S	
Proposed Project Description	1:				/	~ 1
Build New 3 bedroom w			1⁄2 bath 24' x 36' (2)	Signature:	Ÿ	nature:
story home w/ 10' x 10' d	deck NO gara	age		PEDESTRIAN ACT	IVITIES DISTRIC	Г (P.A.D.)
				Action: 🗌 Appro	ved 🗌 Approved	w/Conditions Denied
					ved 🗌 Approved	
ermit Taken By:	Date A	pplied For:		Signature:		Date:
ermit Taken By: Idobson		pplied For: 9/2010		Signature:	ved Approved	
Idobson	06/29	9/2010	Special Zone or Revie	Signature: Zoning		
Idobson	06/29	9/2010 preclude the	Special Zone or Revie	Signature: Zoning	Approval	Date:
 Idobson This permit applicat Applicant(s) from m Federal Rules. Building permits do 	06/29 tion does not neeting applic	9/2010 preclude the cable State and		Signature: Zoning	s Approval ng Appeal c	Date: Historic Preservation
 Idobson This permit applicat Applicant(s) from m Federal Rules. Building permits do septic or electrical w Building permits are 	tion does not neeting applic o not include j work. e void if work	9/2010 preclude the cable State and plumbing, k is not started	 □ Shoreland √/A □ Wetland √/A □ Flood Zone 	Signature: Zoning ws Zoni Varianc Miscell	s Approval ng Appeal c	Date: Historic Preservation
 Idobson This permit applicat Applicant(s) from m Federal Rules. Building permits do septic or electrical v Building permits are within six (6) month False information m permit and stop all v 	tion does not neeting applic o not include j work. e void if work ns of the date aay invalidate	9/2010 preclude the cable State and plumbing, k is not started of issuance. a building	□ Shoreland √/A □ Wetland √/A	Signature: Zoning ws Zoni Varianc Miscell	s Approval ng Appeal e aneous onal Use	Date: Historic Preservation
 Idobson This permit applicat Applicant(s) from m Federal Rules. Building permits do septic or electrical w Building permits are within six (6) month False information m 	tion does not neeting applic o not include j work. e void if work ns of the date aay invalidate	9/2010 preclude the cable State and plumbing, k is not started of issuance. a building	 ☐ Shoreland √/A ☐ Wetland √/A, ☐ Flood Zone Part 1 ~ Zone C ☐ Subdivision √ Site Plan 	Signature: Zoning ws Zoni Varianc Miscell Conditi	g Approval ng Appeal e aneous onal Use tation	Date: Historic Preservation Not in District or Land Does Not Require Revi Requires Review
 This permit applicat Applicant(s) from m Federal Rules. Building permits do septic or electrical v Building permits are within six (6) month False information m permit and stop all v 	tion does not neeting applic o not include j work. e void if work ns of the date may invalidate work	9/2010 preclude the cable State and plumbing, k is not started of issuance. a building	 ☐ Shoreland √/A ☐ Wetland √/A. ☐ Flood Zone Pred 1 ~ Zone C ☐ Subdivision ☑ Subdivision ☑ Site Plan 길 2 10 ~ 00 11 Maj □ Minor □ MM 	Signature: Zoning ws Zoni Varianc Miscell Conditi Interpre Approv	g Approval ng Appeal e aneous onal Use tation	Date: Historic Preservation Not in District or Lands Does Not Require Revi Requires Review
 Idobson This permit applicat Applicant(s) from m Federal Rules. Building permits do septic or electrical v Building permits are within six (6) month False information m permit and stop all v 	tion does not neeting applic o not include j work. e void if work ns of the date aay invalidate	9/2010 preclude the cable State and plumbing, k is not started of issuance. a building	 ☐ Shoreland √/A ☐ Wetland √/A. ☐ Flood Zone pack 1 - Zane C ☐ Subdivision ☑ Site Plan ∂210 - 0011 	Signature: Zoning ws Zoni Varianc Miscell Conditi Interpre Approv	g Approval ng Appeal e aneous onal Use tation	Date: Historic Preservation Not in District or Lands Does Not Require Revi Requires Review Approved Approved w/Condition

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

8-31-10,5 Northeost survey in the sed letter 16" fedels 8" fates pour No Robon Kyus, Submit plans for as built plans for site plan NO Billetlear in plan 10/22/10 Mark Moran will submit! 1-site plan w/no garage, bulkhead on right & deck on left & Front purch on right Ite cannot get new building Plans, Bo This is confirmation That the house design is mirrored from the approved plans. 2- Survey letter stating location of building 100mplys w/sethack 10/27/10 Received Ferised plot plan & survey letter guilt

City of Portland, Maine - Bui	lding or Use Permit	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel:	•		j 10-0768	06/29/2010	336 D003001
Location of Construction:	Owner Name:		Owner Address:		
0 DEDHAM ST	GRANDVIEW M & M	M LLC	PO BOX 6012		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Mainely Properties &	Construction,	P.O. Box 6012 Fal	mouth	(207) 408-9535
Lessee/Buyer's Name	Phone:		Permit Type:		
			Single Family		
Proposed Use:		Propos	ed Project Description:		
Single Family Home - New 3 bedroo (1) ½ bath 24' x 36' 2 story home w/			New 3 bedroom w/) story home w/ 10'		bath (1) ½ bath 24' x ge
Dept:ZoningStatus:Note:1)1)As discussed during the review prequired setbacks must be establelocated by a surveyor.		st be clearly ider			Ok to Issue: ✓ npliance with the
2) Separate permits shall be require	d for future decks, sheds	, pools, and/or g	garages. A garage is	not part of this per	mit application.
 This property shall remain a sing approval. 	le family dwelling. Any	change of use s	hall require a separa	te permit applicatio	n for review and
 This permit is being approved or work. 	the basis of plans submi	itted. Any devis	ations shall require a	a separate approval	before starting that
Dept: Building Status:	Approved with Condition	ns Reviewer	: Tammy Munson	Approval D	ate: 08/05/2010
Note:					Ok to Issue: 🛛 🖍
1) The basement is NOT approved use of this space.	as habitable space. A cod	le compliant 2n	d means of egress m	ust be installed in c	rder to change the
 Hardwired interconnected batter every level. 	y backup smoke detector	s shall be instal	led in all bedrooms,	protecting the bedr	ooms, and on
 Permit approved based on the pl noted on plans. 	ans submitted and review	/ed w/owner/co	ntractor, with addition	onal information as	agreed on and as
 Separate permits are required for pellet/wood stoves, commercial part of this process. 	• • • •		•		-
 Application approval based upon and approrval prior to work. 	information provided by	y applicant. Any	deviation from app	proved plans require	es separate review
6) Those building a new single fam detection must be powered by th				r giving access to b	edrooms. That
Dept: DRC Status:	Approved with Condition	ns Reviewer	Philip DiPierro	Approval D	ate: 07/27/2010
Note:					Ok to Issue: 🗸
 Erosion and Sedimentation contr disturbance, and shall be done in Technical and Design Standards maintaned daily. 	accordance with Best M	lanagement Prac	tices, Maine Depart	ment of Environme	ental Protection
 The Development Review Coord necessary due to field conditions 	-	to require addit	ional lot grading or	other drainage impr	ovements as
3) A street opening permit(s) is req licensed by the City of Portland		e contact Carol	Merritt ay 874-8300	, ext. 8822. (Only	exeavators

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Location of Construction:	Owner Name:	Owner Address:	Phone:
0 DEDHAM ST	GRANDVIEW M & M LLC	PO BOX 6012	
Business Name:	Contractor Name:	Contractor Address:	Phone
	Mainely Properties & Construction,	P.O. Box 6012 Falmouth	(207) 408-9535
Lessee/Buyer's Name	Phone:	Permit Type:	
		Single Family	

- 4) All damage to sidewalk, curb, street, or public utilities shall be repaired to City of Portland standards prior to issuance of a certificate of occupancy.
- 5) The Development Review Coordinator (874-8632) must be notified five (5) working days prior to date required for final site inspection. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. Please schedule any property closing with these requirements in mind.
- 6) Two (2) City of Portland approved species and size trees must be planted on your street frontage prior to issuance of a Certificate of Occupancy.
- 7) All Site work (final grading, landscaping, loam and seed) must be completed prior to issuance of a certificate of occupancy.

Comments:

7/6/2010-amachado: Left vcm for Mainel; y Propeties & Construction to call.

-Need an 11" x 17" or pdf of siteplan submittals

-footprint on the siteplan is a mirror image of the building plans

-Is the garage being built at this point or not - says future garage on siteplan, shows foundation for garage but no structural plans & not on elevations - if not building it now remove it from site plan and from foundation plan.

-building plans show a 4' x 11'4" entry porch & 9' x 12' rear dcck but siteplan does not - arear deck will not meet the rear setback -does not show two parking spaces beyond the 25' front setback.

7/8/2010-amachado: Spoke to Lee Allen form Northeast Civil Solutions. Told him how the site plan differed from the building plans. He is going to wait until he hears from Phil to make any changes.

7/22/2010-amachado: Received revised plans 7/20/10.

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.
- X Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers
- <u>X</u> Foundation Inspection: Prior to placing ANY backfill for below grade occupiable space
- X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling
- X Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

408-9535 mainelyprop @aol.com

ATTN - TAMMY Monson

AND TWO FAMILY PLAN REVIEW CHECKLIST ONE Soil type/Presumptive Load Value (Table R401.4.1) Submitted Plan Findings/Revisions/Dates Component STRUCTURAL Footing Dimensions/Depth NO SHOUN PRINT NOW (Table R403.1 & R403.1(1), (Section R403.1 & R403.1.4.1) 11 Foundation Drainage, Fabric, Damp proofing (Section R405 & R406) Ventilation/Access (Section R408.1 & R408.3) Crawls Space ONLY ON PUNT NON SHOKIN Anchor Bolts/Straps, spacing (Section R403.1.6) Lally Column Type (Section R407) N/A Girder & Header Spans (Table R 502.5(2)) Built-Up Wood Center Girder N.A Dimension/Type 2×6 Sill/Band Joist Type & Dimensions First Flour Juist Species Dimensions and Spacing AT. 520 24 Dept. of Building Inspection City of Portland Maine (Table R502.3.1(1) & Table R502.3.1(2)) 2010 **Second Floor Joist Species** AJSZO ZY! Dimensions and Spacing (Table R502.3.1(1) & 4 Table R502.3.1(2)) AUG ШШ TRUSSES Attic or additional Floor Joist Species Dimensions and Spacing (Table R802.4(1) and

R802.4(2))

Pitch, Span, Spacing& Dimension (Table R802.5.1(1) - R 802.5.1(8)) Roof Rafter: Framing & Connections (Section R802.3 & R802.3.1) Sheathing: Floor, Wall and roof (Table R503.2.1.1(1))

Fastener Schedule (Table R602.3(1) & (2)) Private Garage (Section R309) Living Space ? (Above or beside)

Fire separation (Section R309.2) Opening Protection (Section R309.1)

Mergency Escape and Rescue Openings (Section R310)

Roof Covering (Chapter 9)

Safety Glazing (Section R308)

Attic Access (Section R807)

Chimney Clearances/Fire Blocking (Chap. 10)

Header Schedule (Section 502.5(1) & (2) Unergy Efficiency (N1101.2.1) R-Factors of Walls, Floors, Ceilings, Building Envelope, U-

TANGES 12/2 WALL FLOR ? ON PMNT NOW KER IRC NOT STONN PMNT ON PRINT NOW NOT SHOWN CAPARES - GAS FIRERACE 6 AS OF NON Not Stown ON PRINT R-38 Poor 1st R-19 Wares NEER R-15 DN MINT

Factor Fenestration -ON-PRINT NOT STICKN Type of Heating System Means of Egress (Sec R311 & R312) Basement Number of Stairways Interior Exterior Print ΔN **Treads and Risers** N STAIK (Section R311.5.3) Width (Section R311.5.1) Headroom (Section R311.5.2) Guardrails and Handrails (Section R312 & R311.5.6 - R311.5.6.3) NOT SHOWN Smoke Detectors (Section R313) VRINT Location and type/Intercounected Dwelling Unit Separation (Section R317) and (LBC - 2003 (Section 1207) No DETAIL OF FRUNT REAR DECK ON PRINT Deck Construction (Section R502.2.1)

10.0768

mainelypop & acl. com

	ONE AND TWO FAMILY	PLAN REVIEW	CHECKLIST
	Soil type/Presumptive Load Value (Table R401.4	.1)	
	Component	Submitted Plan	Findings/Revisions/Dates
\bigcirc	STRUCTURAL Footing Dimensions/Depth (Table R403.1 & R403.1(1), (Section R403.1 & R403.1.4.1)	pot shown -	OK A-2
	Foundation Drainage, Fabric, Damp proofing (Section R405 & R406)		
	Ventilation/Access (Section R408.1 & R408.3) Crawls Space ONLY	N/A	
a	Anchor Bolts/Straps, spacing (Section R403.1.6)	Not shown -	-01< A-2
	Lally Column Type (Section R407) Girder & Header Spans (Table R 502.5(2))	N/A	
	Built-Up Wood Center Girder Dimension/Type	NA	
	Sill/Band Joist Type & Dimensions	2×6 PT	
	First Floor Joist Species Dimensions and Spacing (Table R502.3.1(1) & Table R502.3.1(2))	AJ 520, 24'	
	Second Floor Joist Species Dimensions and Spacing (Table R502.3.1(1) & Table R502.3.1(2))	AJ 520 - 24'	
	Attic or additional Floor Joist Species Dimensions and Spacing (Table R802.4(1) and	Trusses	

10.0768

R802.4(2))		
Pitch, Span, Spacing& Dimension (Table R802.5.1(1) - R 802.5.1(8)) Roof Rafter: Framing & Connections (Section R802.3 & R802.3.1)	Trusses	
Sheathing; Floor, Wall and roof (Table R503.2.1.1(1)	To Root / Mewall -	- Ploor? OK
Fastener Schedule (Table R602.3(1) & (2))	PFIRC	
Private Garage (Section R309) Living Space ? (Above or beside) Fire separation (Section R309.2)	NA	
Opening Protection (Section R309.1)	V/A	
Emergency Escape and Rescue Openings (Section R310)	Not shown -	-ok
Roof Covering (Chapter 9)	Asphilt	
Safety Glazing (Section R308)	J/A	
CEXTLic Access (Section R807)	Not show -	-010
Chimney Clearances/Fire Blocking (Chap. 10)	Clearances - gas fire	place ? - N/A. Removed
Header Schedule (Section 502.5(1) & (2)	Not show -	ebce ? - N/A. Removed - 3-2×85
Energy Efficiency (N1101.2.1) R-Factors of Walls, Floors, Ceilings, Building Envelope, U-	R. 38 Roof 5 1st Floor	? Nud R.M.
	R. 38 Roof 1st Floor R-19 walls 1 U-Value	e 0.35 or lower

10-0768

	Factor Ferestration		
(- 1/
NO	Type of Heating System	Not shown r	0
\cup	Means of Egress (Sec R311 & R312)		
	Basement		
(a)	Number of Stairways		
U U	Interior	10"T ail 1%R	
	Exterior	is 7%R	
	Exterior Treads and Risers (Section R311.5.3)		
	Width (Section R311.5.1)	_ 36''	
	Headroom (Section R311.5.2)		
~	Guardrails and Handrails	- 36 "	
(H)	Smoke Detectors (Section R313) Location and type/Interconnected	No Show 20 -	0K
	Dwelling Unit Separation (Section R317) and IBC – 2003 (Section 1207)	V/A	
	Deck Construction (Section R502.2.1)	No details on front	+ rear deck

ta da pa

Location/Address of Construction: Toral Square Footage of Proposed S	DEDHAW Structure/Aren Squ	
632		
Tax Assessor's Chart, Block & Lot Chart# Block# Lo 336 D 3,4,5	Applicant * 10445 5, 10 Address P.O.	533
336 7 002	To 5 City, State & Zip	
Lessee/DBA (If Applicable)	Owner (if differe Name	Work: \$ 70,000
	Address Ciry, State & Zip	Cof O Fee: <u>\$ 1500</u> Site 300.0 Total Fee: \$
Current legal use (i.e. single family) If vacant, what was the previous use Proposed Specific use:	PART LOT Number	NE 24 2 36 25 00 () F " 3
Project description: 3 640100 With A 10 x10 Dec Contractor's name: Mathewe	y No GANAGE IS	celle /2 Buttotas 1,245.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portiendwelsie.gov; or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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 order applicable to this permit.

Signaturé: Date: This is not a permit; you may not commence ANY work until the permit is issued



General 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 atrangements must be made before permits of any kind are accepted.

Location/Address of Construction:	DEDWAM ST (IF-	-22)
Total Square Footage of Proposed Structure/A	ren Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot	Applicant * must be owner, Lessee or Buy	yer* Telephone:
Chart# Block# Lot# 336 D 3,4,5,10	Name GRANDUFEN MEM LU	
	Address P.O. Box 6012	
336 D 003 TO 5	City, State & Zip FALMOUTH, ME OY	1105
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of
	Name	Work: \$ 0000
	Address	Cof O Fee: \$ 75.00
	City, State & Zip	SITE 300.00 Total Fcc: \$
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: SHIGH: FAMILY HOME Is property part of a subdivision? Project description: SHONOOM STAGLE FAMILY HOME With A 10 X10 Deer No GAMAGE DEVILUE But of a good of the Constractor's name: MALLY HASKANES A CONST Address: P.D. Lex 60/2		
City, State & Zip FALMOUTY , ME OV Who should we contact when the permit is read Mailing address: Samue	$(\Lambda \Lambda A A)$	Telephone: <u>207-408</u> 9335 Telephone: SAME

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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 dovered by this permit at any reasonable hour to enforce the provisions of the other applicable to this permit.

Signature: Date: This is not a permit; you may not commence ANY work until the permit is issued

Applicant: bandwaw Migh, LLC Date:
$$71640$$

Address: Rodhom St (18-22) CBL: $3.54 - 2003$ (004, 0078010)
CHECK-LIST AGAINST ZONING DIDINANCE -0705.
CHECK-LIST AGAINST ZONING DIDINANCE -0705.
CHECK-LIST AGAINST ZONING DIDINANCE -0705.
Third plan z cannod 71201 to
review back on the:
Zone Location - RQ.
(Interid) or corner tot-
Proposed Use/Work-
Servage Disposal - prot
Loi Street Frontage - 50 mm - 90's irm
Front Yard - 25'mm - 21's im EP
Rear Yard. 25'mm - 25'm + 4cct OP
Side Yard. 25'mm - 35'm back OP
Hidth of Lot - 80 mm - 90's ison D
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#### CITY OF PORTLAND, MAINE DEVELOPMENT REVIEW APPLICATION PLANNING DEPARTMENT PROCESSING FORM

2010-0016

j.

|                                                                              |                           | Zoning Copy                               | Application I. D. Number      |
|------------------------------------------------------------------------------|---------------------------|-------------------------------------------|-------------------------------|
| Grandview M & M Llc                                                          | Ma                        | rge Schmuckal                             | /29/2010                      |
| Applicant                                                                    |                           | - ge 201111 201111 A                      | Application Date              |
| Po Box 6012 , Falmouth, ME 04105                                             |                           | s                                         | Single Family Home            |
| Applicant's Mailing Address                                                  |                           |                                           | Project Name/Description      |
| Mark                                                                         |                           | Dedham St, Portland, Maine                |                               |
| Consultant/Agent                                                             |                           | Address of Proposed Site                  |                               |
| Agent Ph: (207)408-9 <u>535</u> Agent F                                      | ax:                       | 336 0003001                               |                               |
| Applicant or Agent Daytime Telephone, Fax                                    |                           | Assessor's Reference: Chart-Bloc          | k-Lot                         |
| Proposed Development (check all that apply) Manufacturing Marehouse/Distribu |                           | Building Addition 📋 Change Of Use 📝       | Residential 🗌 Office 🗌 Retail |
|                                                                              |                           |                                           |                               |
| Proposed Building square Feet or # of Units                                  | Acreage of Site           | Proposed Total Disturbed Area of the Site | Zoning                        |
|                                                                              |                           |                                           |                               |
| Check Review Required:                                                       |                           |                                           | Design Review                 |
| Site Plan (major/minor)                                                      | Zoning Conditional - PB   | Subdivision # of lots                     | DEP Local Certification       |
| Amendment to Plan - Board Review                                             | Zoning Conditional - ZBA  | Shoreland Historic Preserv                | ation 📋 Site Location         |
| Amendment to Plan - Staff Review                                             |                           | Zoning Variance 📋 Flood Hazard            | Housing Replacement           |
| After the Fact - Major                                                       |                           | Stormwater Traffic Movemen                |                               |
| After the Fact - Minor                                                       |                           | PAD Review 14-403 Streets F               |                               |
| -<br>Fees Paid: Site Plan <b>\$50.00</b>                                     | Subdivision               | Engineer Review \$250.00                  | Date 6/29/2010                |
|                                                                              |                           | Reviewer                                  |                               |
| Zoning Approval Status:                                                      |                           |                                           |                               |
|                                                                              | Approved w/Conditions     | 🔲 Denled                                  |                               |
|                                                                              | See Attached              |                                           |                               |
| Approval Date A                                                              | proval Expiration         | Extension to                              | Additional Sheets             |
| Condition Compliance                                                         |                           |                                           | Attached                      |
|                                                                              | signature                 | date                                      |                               |
| Performance Guarantee                                                        | Required*                 | Not Required                              |                               |
| * No building permit may be issued until a pe                                | rformance guarantee has t | peen submitted as indicated below         |                               |
| Performance Guarantee Accepted                                               |                           |                                           |                               |
|                                                                              | date                      | amount                                    | expiration date               |
| Inspection Fee Paid                                                          |                           |                                           |                               |
|                                                                              | date                      | amount                                    |                               |
| Building Permit Issue                                                        |                           |                                           |                               |
|                                                                              | date                      |                                           |                               |
| Derfermence Cuare-tee Deduced                                                |                           |                                           |                               |
| Performance Guarantee Reduced                                                | date                      | remaining balance                         |                               |
|                                                                              | Vale                      | •                                         | signature                     |
| Temporary Certificate of Occupancy                                           |                           | Conditions (See Attached)                 |                               |
|                                                                              | date                      |                                           | expiration date               |
| Final Inspection                                                             |                           |                                           |                               |
|                                                                              | date                      | signature                                 |                               |
| Certificate Of Occupancy                                                     |                           |                                           |                               |
|                                                                              | date                      |                                           |                               |
| Performance Guarantee Released                                               |                           |                                           |                               |
| -                                                                            | date                      | signature                                 |                               |
| Defect Guarantee Submitted                                                   |                           |                                           |                               |
|                                                                              | submitted date            | amount                                    | expiration date               |
| Defect Guarantee Released                                                    |                           |                                           |                               |
|                                                                              | date                      | signature                                 |                               |



SURVEYING ENGINEERING LAND PLANNING

# Northeast Civil Solutions

www.northeastcivilsolutions.com

July 20, 2010

## RECEIVED

| 153 U.S. Route 1<br>Scarborough | Mr. Phil Dipierro<br>City of Portland<br>389 Congress Street<br>Portland, ME 04101                                                                                                                                                                                                                                                                                                                                                                                                                  | JUL 2 0 2010<br>Dept. of Building Inspections<br>City of Portland Maine                                                                                                                                                                       |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maine 04074                     | RE: Grandview M&M, LLC, Dedham Stree                                                                                                                                                                                                                                                                                                                                                                                                                                                                | et                                                                                                                                                                                                                                            |
|                                 | Dear Phil,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |
| <b>tel</b><br>207.883.1000      | Enclosed please find revised plans for the Ded<br>Based on conversations with Ann Machado and<br>received and have been addressed in bold.                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |
| 800.882.2227                    | COMMENTS FROM ANN MACHADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               |
| fax<br>207.883.1001             | <ol> <li>Send a .pdf of the site plan to the Plann<br/>has been emailed to Ann Machado a</li> <li>The footprint of the house plan does not<br/>corrected the floor plan now matche</li> <li>Do not show the location of the future<br/>future garage has not been shown.</li> <li>The deck and front entry do not show to<br/>moved forward and now indicates a<br/>architectural plans.</li> <li>Applicant must show room to park two<br/>shown parked beyond the setback (A<br/>used).</li> </ol> | nd you.<br>ot match the plan. This has been<br>as the architectural plans.<br>garage. The dashed footprint of the<br>up on the site plan. The building was<br>deck and front porch as shown on the<br>o cars beyond the setback. Two cars are |
|                                 | COMMENTS FROM PHIL DIPIERRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
|                                 | <ol> <li>The driveway must be 12 feet in width<br/>width.</li> <li>A foundation drain outlet should be prospected by a shown with an outlet invert elevation</li> </ol>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |
|                                 | <ol> <li>Sewer must be more than 200 feet awa<br/>has been added to the plan that the r<br/>building is 262 ft away.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                     | y in order ti use a septic system. A note                                                                                                                                                                                                     |
|                                 | <ol> <li>All 2:1 slopes must be stabilized. All 2<br/>plan, are to be treated with erosion of</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                            | control matting.                                                                                                                                                                                                                              |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ry survey shall be set. On the boundary ate that four property pins must be set.                                                                                                                                                              |

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Please feel free to contact me with any questions or concerns.

Sincerely, Northeast Civil Solutions, Inc.

Lee allen

Lee Allen, P.E. Vice President

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Cc: Mark Moran, Grandview M&M, LLC

#### Ann Machado - 0 Dedham Street, new single family, siteplan #2010-0016

| From:    | Ann Machado                                             |
|----------|---------------------------------------------------------|
| To:      | Philip DiPierro                                         |
| Date:    | 7/6/2010 2:47 PM                                        |
| Subject: | 0 Dedham Street, new single family, siteplan #2010-0016 |

Phil -

÷.

I have done my initial review, and I have many issues.

-Need an 11" x 17" or pdf of siteplan submittals

-footprint on the siteplan is a mirror image of the building plans

-Is the garage being built at this point or not - says future garage on siteplan, shows foundation for garage but no structural plans & not on elevations - if not building it now remove it from site plan and from foundation plan.

-building plans show a 4' x 11'4" entry porch & 9' x 12' rear deck but siteplan does not - arear deck will not meet the rear setback

-does not show two parking spaces beyond the 25' front setback.

Phil - they appear to be showing a septic system. Is that OK?

I left a message for the owner/contractor but if I talk to him I will tell him to wait for your review. Let me know when you are done with your review.

Thanks Ann



NORTHEAST CIVIL SOLUTIONS, INC. 153 U.S. Route 1 Scarborough, Maine 04074 (800) 882-2227/ (207) 883-1000 FAX: (207) 883-1001 www.northeastcivilsolutions.com

#### LETTER OF TRANSMITTAL

| То: | TO: PHIL DIPIERRO, DEVELOPMENT REVIEW<br>COORDINATOR<br>CITY OF PORTLAND |     | DATE: JUNE 28, 2010<br>JOB NO.: 31890.1 |  |  |  |
|-----|--------------------------------------------------------------------------|-----|-----------------------------------------|--|--|--|
|     |                                                                          |     |                                         |  |  |  |
| }   | 389 Congress St                                                          |     | FROM: LEE ALLEN                         |  |  |  |
|     | PORTLAND, ME 04101                                                       |     |                                         |  |  |  |
| RE: | 63 KELLOGG STREET CONDOMINIUM                                            | Lei | dhan St - Single family home            |  |  |  |

PLEASE BE ADVISED THAT WE ARE ENCLOSING THE FOLLOWING:

| No. | COPIES   | DESCRIPTION           |
|-----|----------|-----------------------|
| 1   | 4        | Application and Plans |
|     |          |                       |
|     |          |                       |
|     |          |                       |
|     | <u>_</u> |                       |
|     | <u> </u> |                       |
|     |          |                       |

Mark Moran will be dropping off a check to cover the application fee (\$300) this morning. Please feel free to contact me with any questions.

Copy to

file

Signed Let al

#### SHORT FORM WARRANY DEED

DONNA RUSSO, of Portland, County of Cumberland, and State of Maine, for consideration paid, grants to GRANDVIEW M&M, LLC, a Maine Limited Liability Company with a mailing address of P.O. Box 6012, Falmouth, Maine, 04105, with Warranty Covenants, the premises located in the City of Portland, County of Cumberland and State of Maine, as described on Schedule A attached hereto and made a part hereof.

WITNESS my hand and seal this 2nd day of May, 2010.

Donna Russo

STATE OF MAINE CUMBERLAND, SS. June 2 May , 2010

Then personally appeared the above-named Donna Russo and acknowledged the foregoing instrument to be her free act and deed.

Before me,

otar Bablic/Attomey Law

Patrick D. Thornton, Eq. Printed Name

MAINE REAL ESTATE TAX PAID

#### SCHEDULE A

A certain lot or parcel of land located on the easterly side of Hingham Street in the City of Portland, County of Cumberland and State of Maine, said parcel being:

Lot #336 as shown on a plan entitled "Plan of Woodfords Gardens" made by Ernest W. Branch, C.E., dated November 16, 1916 and recorded in the Cumberland County Registry of Deeds in Plan Book 13, Page 75, to which plan reference is made for a more particular description.

Reference may be had to a Deed from the Portland Water District to Donna Russo, dated July 3, 1986, recorded in the Cumberland County Registry of Deeds in Book 7344, Page 232.

Drafter has neither searched title nor verified the description to this property.

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Received Recerved Rurister of Books Jun 12:-2010 12:-32:17P Canburlan County Pantia E. Lovies

#### WARRANTY DEED

#### **Maine Statutory Short Form**

Know all Men by these presents, that JOSEPH A. RUSSO of Portland, County of Cumberland and State of Maine, for consideration paid, grants to GRANDVIEW M&M, LLC, a Maine Limited Liability Company with a mailing address of P.O. Box 6012, Falmouth, Maine 04105, with Warranty Covenants, the land in the City of Portland, County of Cumberland and State of Maine, as more particularly described on the attached Schedule A.

Also hereby convoying all rights, easements, privileges, and appurtenances belonging to the premises hereinabove described.

Witness my hand this 15<sup>th</sup> day of March, 2010.

WITNESS:

STATE OF MAINE CUMBERLAND, SS.

March 15, 2010

Then personally appeared the above named Joseph A. Russo and acknowledged the foregoing instrument to be his free act and deed.

Before me B. Thornton, Esc. Maine Attorney at Law

SCHEDULE A

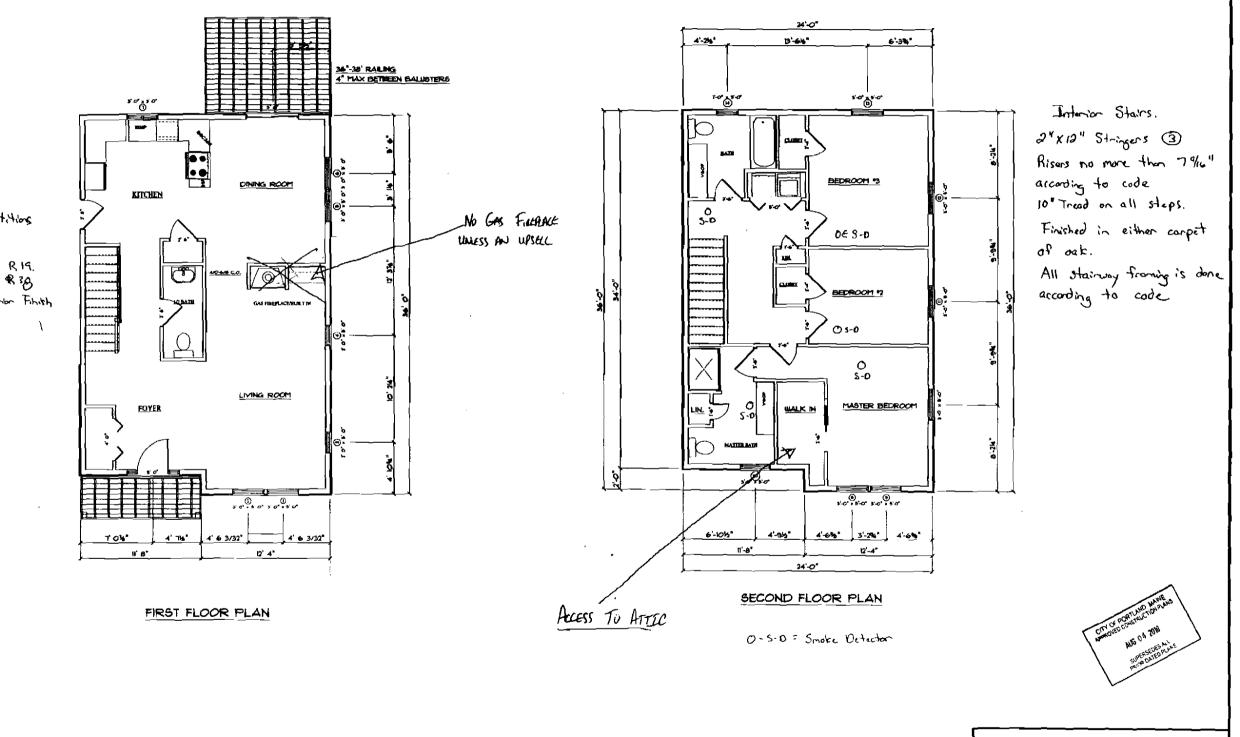
Three certain lots or parcels of land situated on Dedham Street in Portland in the County of Cumberland and State of Maine, being lots numbered three hundred fifty-one (351), three hundred fifty-two (352) and three hundred fifty-three (353), as shown on plan of lots at Woodfords Gardens belonging to J. W. Wilbur Co., Inc., said plan being made by Ernest W. Branch, C.E. dated November 16, 1916, and recorded in Cumberland County Registry of Deeds, Plan Book 13, Page 75. Said lots measure each thirty (30) feet in width, by one hundred (100) feet in depth, and contain each according to said plan, three thousand square feet (3,000) more or less. Together with the fee in so far as the said Corporation has the right so to convey the same, of all the streets and ways shown on said plan, in common with the owners of the other lots shown on said plan, and subject to the right of all the said lot owners to make any customary use of said streets and ways.

Reference may be made to Decd from Stuart H. Herbert to the Grantor herein, recorded July 28, 1986 in the Cumberland County Registry of Deeds in Book 7291, Page 42.

Received Recurded Resister of Deads the 14:2010 10:57:142A Custoriand Counts Panels E. Lovies



3/4" T.G. Advorteck Floo Sheathing 2"rb" 16" O.C. Stud Wall 1/2" O.S.B. Wall Sheathing S/8" O.S.B. Roof Sheathing 0"x 4" 16" O.C Interior Portitions 2"x 8" 16" O.C Ceiling Joist Fiberglass Batt Insulation R 19. Fiberglass Batt Insulation R 38 1/2" Gypson Wallboard Interior Finish



Dunham Street Portland Me.

SCALE 1/4".1" APPROVED DATE February 02, 2010

Floor Plans

Mainely Properties

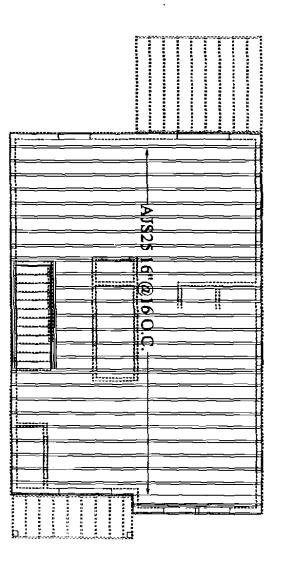
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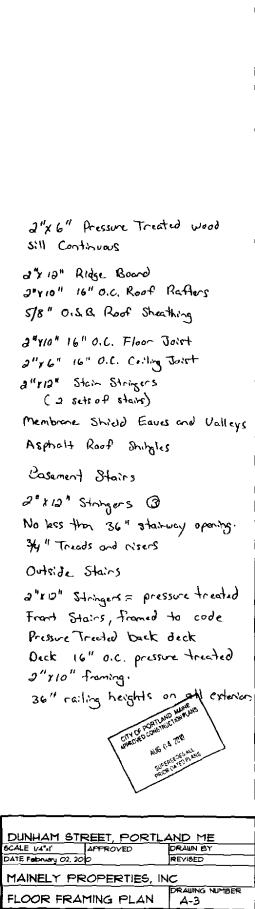
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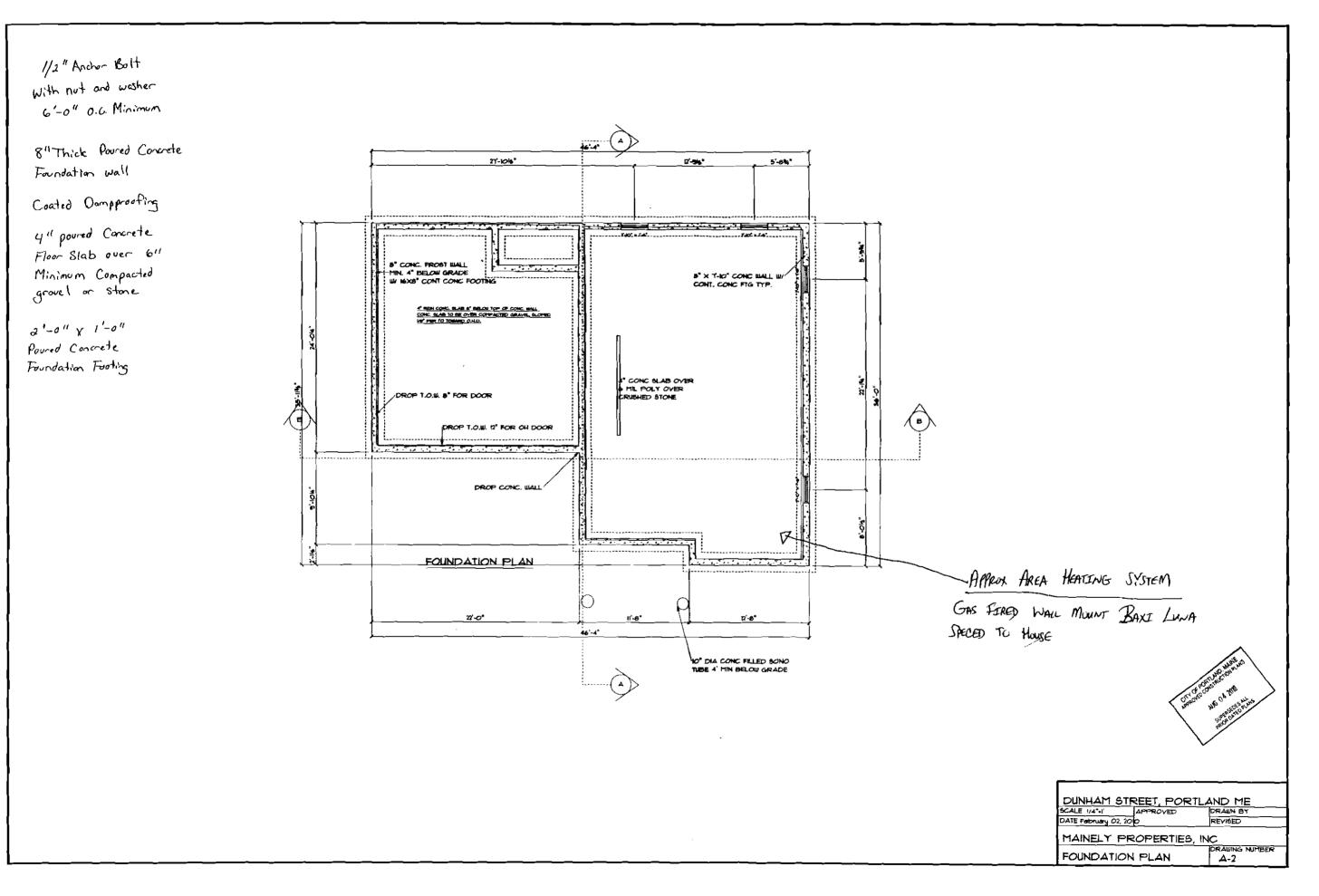


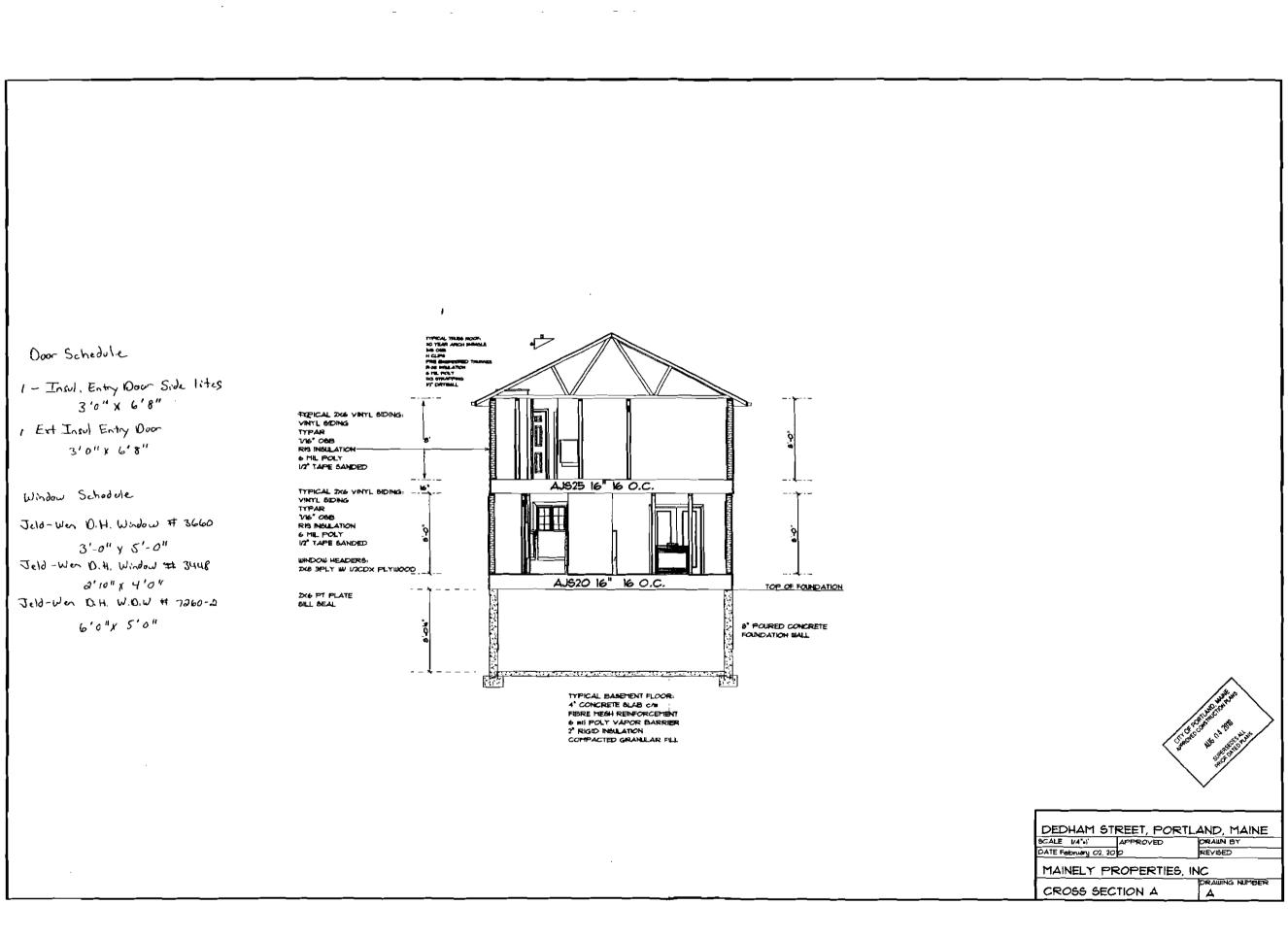
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## **CITY OF PORTLAND**

### **DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**

389 Congress Street Portland, Maine 04101

## **INVOICE FOR FEES**

Location: 22 DEDHAM ST

CBL:

336 D003001

**Invoice Date:** 05/11/2011

| Fee Description          |                      | Fee Charge |
|--------------------------|----------------------|------------|
| 11/01/2010 RE INSPECTION |                      | \$75.00    |
| Ck#1319                  |                      |            |
|                          | <b>Total Billed:</b> | \$75.00    |
|                          | <b>Total Paid:</b>   | \$75.00    |
|                          | Amount Due:          | \$0.00     |

Detach and remit with payment

 CBL
 336 D003001

 Invoice Date:
 05/11/2011

 Invoice No:
 1200

 Total Amt Due:
 \$0.00

 Payment Amount:
 \$

Bill to: GRANDVIEW M & M LLC PO BOX 6012 FALMOUTH, ME 04105

Make checks payable to the City of Portland, Inspections Division, Room 315, 389 Congress Street, Portland, ME 04101.



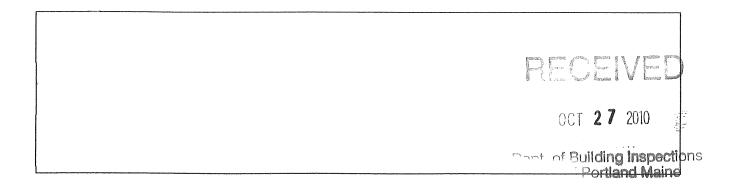
Northeast Civil Solutions, Inc. 153 U.S. Route 1 Scarborough, Maine 04074 (800) 882-2227/ (207) 883-1000 FAX: (207) 883-1001 www.northeastcivilsolutions.com

#### LETTER OF TRANSMITTAL

| To: JEANIE BURKE<br>CITY OF PORTLAND<br>389 Congress St<br>Portland, ME 04101 | DATE: OCOTBER 27, 2010<br>JOB NO.: 31890.1<br>FROM: SHAWN ALLARD |  |  |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|--|--|
| RE: DEDHAM STREET                                                             |                                                                  |  |  |

#### PLEASE BE ADVISED THAT WE ARE ENCLOSING THE FOLLOWING:

| No. | COPIES | DESCRIPTION |
|-----|--------|-------------|
|     | 1      | Site Plan   |
|     |        |             |
|     |        |             |
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|     | L      |             |
|     |        |             |



Copy to file

Signed



SURVEYING ENGINEERING LAND PLANNING

# Northeast Civil Solutions

www.northeastervilsolutions.com

October 27, 2010

Jeanie Bourke153 U.S. Route 1City of Portland Room 315<br/>389 Congress Street<br/>Portland, ME 04101Mame 04074**RE: Grandview M&M, LLC, Dedham Street**<br/>Dear Jeanie,tel<br/>207.883.1000During the week of October 25, 2010, we located the existing foundation. NCS found<br/>that the foundation was completed in accordance with the City of Portland required<br/>setbacks as shown and submitted on the plan.

Please feel free to contact me with any questions or concerns.

fax 207.883.1001 Sincerely, Northeast Civil Solutions, Inc.

M. Johann Buisman, PLS Vice President

Cc! Mark Moran, Grandview M&M, LLC

RECEIVED Dept. of Building Inspections City of Portland Maine



SURVEYING ENGINEERING LAND PLANNING

# Northeast Civil Solutions

www.northeastcivilsolutions.com

October 27, 2010

153 U.S. Route 1Jeanie BourkeScaeboroughCity of Portland Room 315389 Congress StreetPortland, ME 04101

Scarborough Maine 04074

207.883.1000

800.882.2227

tel

RE: Grandview M&M, LLC, Dedham Street

Dear Jeanie,

During the week of October 25, 2010, we located the existing foundation. NCS found that the foundation was completed in accordance with the City of Portland required setbacks as shown and submitted on the plan.

Please feel free to contact me with any questions or concerns.

 fax
 Since

 207.883.1001
 Nor

Sincerely, Northeast Civil Solutions, Inc.

M. Johann Buisman, PLS Vice President

Cc! Mark Moran, Grandview M&M, LLC  $\checkmark$ 

SEP 2010 Suilding I Portland Spections Naine

### Memorandum Department of Planning and Development Planning Division



| TO:   | Inspections Department                                                                              |
|-------|-----------------------------------------------------------------------------------------------------|
| FROM: | Philip DiPierro, Development Review Coordinator                                                     |
| DATE: | May 10, 2011                                                                                        |
| RE:   | C. of O. for # 18-22 Dedham Street, Moran Single Family Home<br>(Id # 2010-0016) (CBL 336 D 003001) |

After visiting the site, I have the following comments:

Site work incomplete:

4

- 1. Paved driveway apron,
- 2. 2 Street trees,
- 3. Finish grading, loaming, seeding, and mulching.

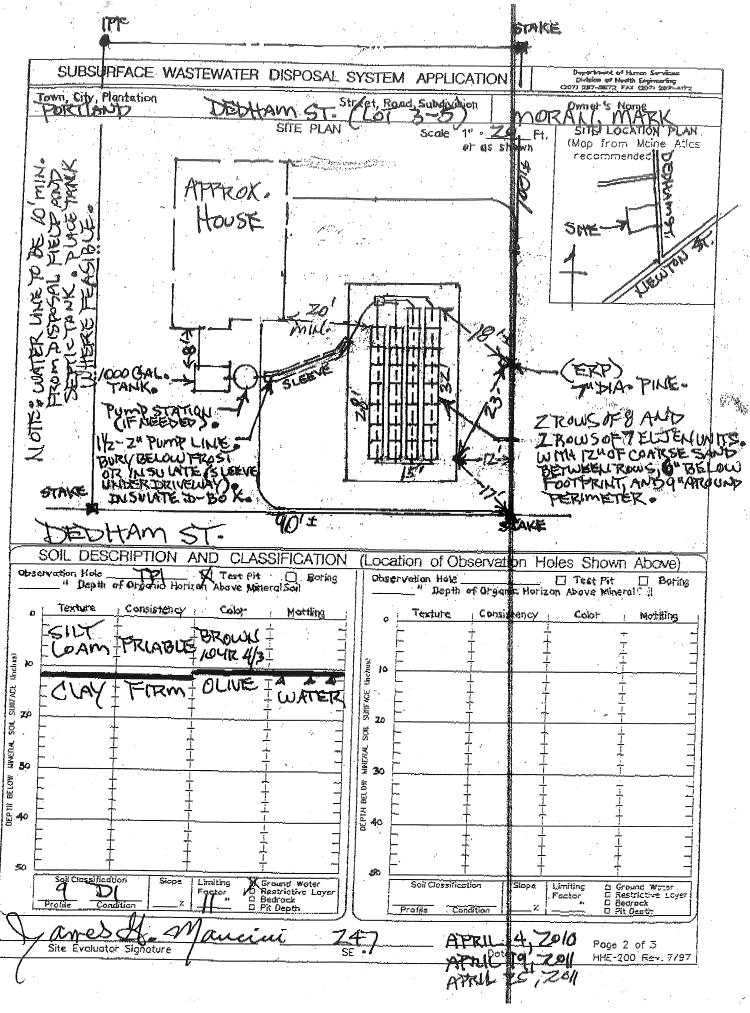
I anticipate this work can be completed by May 31, 2011.

At this time, I recommend issuing a temporary Certificate of Occupancy.

Cc: Inspection Services Manager File: Barbara Barhydt, Development Review Services Manager File: Urban Insight

|                                                                                                                                          |                                                                                                                    | 1 ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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Par (207) 287-3189                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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10-144 CMR 241



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Dépertitions of re-Division of Machine Englaceding (2011) 187-5572 Fax (2011) 187-4372 Town, City, Plantation Street, Road, Subdivision Owner's Name PORTLAND DEDHAM St. 165 3-5 PRALL MARK SUBSURFACE WASTEWATER DISPOSAL PLAN SCALE 1 = ZO FT. SEE PAGE ZOFZ CAPEOUS CAPEOUS CONSTRUCTION ELEVATIONS ELEVATION REFERENCE POINT الله Frished Grade Elevation PINE 52" OF GRA Top a (Distribution Pipe) or Propriotury Derice Depth of Fill(Dawnslope) n Bottom of Disposed Area (6"SAND BASE Reference Elevation AT OO CROSS SECTION SCALE VERTICAL = 5 = 10 UCREZIONTAL: TO SOIL. 11 24 SAND. BLELA REPLACEW SPEC STRIP 6" OF LOAM , ERP ELEV. 244 COALSE SAND CAPYOE EUNELOPEO GLEAN FILL UNHOLA GEOTECHNICAL FABRIC 38<sup>u</sup> or Loam TYPE B ELJEN IN-DRAIN UNIT -5\* G"MIN. COARSE SAND-DETAIL (NO SCALE avein Z = Tくプムロ Site Evoluator Signature SE \* Page 3 of 3 HHE-200 Rev. 7/97 Τa Amu ZOU C

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| Year Instance:<br>II 3. Expansion System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D D. Stele & Local Flumbing<br>D 3. 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B. State & Local Plumbing<br>D. A. 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| SAZE OF PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DISPOSAL SYSTEM                                                     | TO SERVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 口 16. 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| TREATMENT TANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DEBISN DETAILS (SYST                                                | HILLY & PERSON AND A PROPERTY AND A DESCRIPTION OF A PROPERTY AND  | , the state of the |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| M. 1. 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Proprietary Device<br>💢 a. Closter array 🗔 c. Line             | If Yes of Mayos, is<br>Dar Die Multi-pop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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Pagular load () d. 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| CAPACITY /ODO pattore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SIZE 1411 X SQ. 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Small - 2.0 sq. b./gpd)<br>[1] 2. Madium - 2.6 sq. b./opd     | CI 1, Noi Radah<br>X 2, May Ba Bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LATITUDE AND LONGITUDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| al Checkyshop Hole # IPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | II. 3. Monthern-Lerge - 3.3 sq. ft.                                 | god C 3. 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Excelance - 5.0 sq. 11/200     | d DOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | goneered sys<br>gallo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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## ALMS License Information : DUSTIN T. FOGG

| Maine.gov Agencies             | Online Services   Help Page Tools                                                                                                                                                                                                                  |                                                                                                      |                                                                                                                             | State Search:                                                                |  |  |  |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|
| 6.82                           | STATE OF MAINE                                                                                                                                                                                                                                     |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
| ALMS                           | Online Services                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
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| AGENCY LI                      | CENSE MANAGEMENT SYSTEM                                                                                                                                                                                                                            |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
| ALMS Online Services Cont      | act Us More Online Services                                                                                                                                                                                                                        |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
| ALMS SEARCHES                  | Search for an Individual > Search Res                                                                                                                                                                                                              | ults                                                                                                 |                                                                                                                             |                                                                              |  |  |  |
| Home                           | _                                                                                                                                                                                                                                                  |                                                                                                      |                                                                                                                             | Printer Friendly Versio                                                      |  |  |  |
| ICENSES/PERMITS                |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                             | 4/29/2011 9:24:01 A                                                          |  |  |  |
| Search for an Individual       | - 222                                                                                                                                                                                                                                              | DU                                                                                                   | STIN T. FOGG                                                                                                                | 725/2011 5:24:01 A                                                           |  |  |  |
| Search for a Company           |                                                                                                                                                                                                                                                    | TAA B                                                                                                |                                                                                                                             |                                                                              |  |  |  |
| Search for a Worksite          |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
| Search for an Event            |                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
| Other License Search           |                                                                                                                                                                                                                                                    |                                                                                                      | SIONAL AND FINANCIA                                                                                                         |                                                                              |  |  |  |
| LICENSE/DISCIPLINARY           |                                                                                                                                                                                                                                                    |                                                                                                      | NSING AND REGISTRA<br>NS EXAMINING BOARI                                                                                    |                                                                              |  |  |  |
| Search for                     | JOURNEYMAN ELECT                                                                                                                                                                                                                                   |                                                                                                      | IND EVAMINING DOAKI                                                                                                         | ,                                                                            |  |  |  |
| License/Disciplinary<br>Action | License Number: JY40<br>Status: Activ                                                                                                                                                                                                              | 0090502                                                                                              | Mailing Address: 2<br>G                                                                                                     | 37 SOUTH ST<br>ORHAM, ME 04038-1987                                          |  |  |  |
| COURSES/PROVIDERS              | Expiration Date: 09/:                                                                                                                                                                                                                              | 30/2011                                                                                              |                                                                                                                             | 1 (207) 831-9900                                                             |  |  |  |
| Search for a Course            |                                                                                                                                                                                                                                                    |                                                                                                      | Philidly Phone . T                                                                                                          | 1 (207) 831-9900                                                             |  |  |  |
| Search for a Provider          | History                                                                                                                                                                                                                                            |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
|                                | License Type<br>JOURNEYMAN ELECTRICIAN                                                                                                                                                                                                             | Start Date                                                                                           | End Date                                                                                                                    |                                                                              |  |  |  |
|                                | JOORNETMAN ELECTRICIAN                                                                                                                                                                                                                             | 09/06/2007                                                                                           | 09/30/2011                                                                                                                  |                                                                              |  |  |  |
|                                | License/Disciplinary A                                                                                                                                                                                                                             | Action                                                                                               |                                                                                                                             |                                                                              |  |  |  |
|                                | No Records.                                                                                                                                                                                                                                        |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
|                                | ELECTRICIANS HELP                                                                                                                                                                                                                                  | PER                                                                                                  |                                                                                                                             |                                                                              |  |  |  |
|                                | License Number: HP2                                                                                                                                                                                                                                | 0029767                                                                                              | Mailing Address: 2                                                                                                          | 37 SOUTH ST                                                                  |  |  |  |
|                                | Status:<br>Withdrawn/Terminated by                                                                                                                                                                                                                 | / Licensee                                                                                           | G                                                                                                                           | ORHAM, ME 04038-1987                                                         |  |  |  |
|                                | Expiration Date: 09/0                                                                                                                                                                                                                              |                                                                                                      | Primary Phone : +:                                                                                                          | L (207) 831-9900                                                             |  |  |  |
|                                | History                                                                                                                                                                                                                                            |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
|                                | License Type                                                                                                                                                                                                                                       | Start Date                                                                                           | End Date                                                                                                                    |                                                                              |  |  |  |
|                                | ELECTRICIANS HELPER                                                                                                                                                                                                                                | 01/16/2001                                                                                           | 09/06/2007                                                                                                                  |                                                                              |  |  |  |
|                                | *** NOT ACTIVE ***<br>ELECTRICIANS HELPER                                                                                                                                                                                                          | 12/01/2000<br>11/16/1998                                                                             | 01/15/2001<br>11/30/2000                                                                                                    |                                                                              |  |  |  |
|                                |                                                                                                                                                                                                                                                    |                                                                                                      | 11/50/2000                                                                                                                  |                                                                              |  |  |  |
|                                | License/Disciplinary Action<br>No Records.                                                                                                                                                                                                         |                                                                                                      |                                                                                                                             |                                                                              |  |  |  |
|                                |                                                                                                                                                                                                                                                    | Action                                                                                               |                                                                                                                             |                                                                              |  |  |  |
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|                                | No Records.                                                                                                                                                                                                                                        | ION                                                                                                  |                                                                                                                             |                                                                              |  |  |  |
|                                | No Records.<br>GENERAL INFORMAT<br>Gender: Male<br>The Office of Licensing and Regist                                                                                                                                                              | <b>TION</b>                                                                                          |                                                                                                                             |                                                                              |  |  |  |
| v                              | No Records.<br>GENERAL INFORMAT<br>Gender: Male<br>The Office of Licensing and Regist                                                                                                                                                              | ration presents the a                                                                                | fy the accuracy of the posted inf                                                                                           | ormation. In addition, there may be a                                        |  |  |  |
| ¥                              | No Records.<br><b>GENERAL INFORMAT</b><br>Gender: Male<br>The Office of Licensing and Regist<br>believes the information to be reli<br>delay in posting and updating info<br>January 1, 2000 is unavailable.                                       | ration presents the a<br>table, we do not certil<br>prmation. The information be subject to limitati | fy the accuracy of the posted inf<br>ition may not show a complete<br>ons and restrictions as a result o                    | ormation. In addition, there may be a                                        |  |  |  |
| v                              | No Records.<br><b>GENERAL INFORMAT</b><br>Gender: Male<br>The Office of Licensing and Regist<br>believes the information to be reli<br>delay in posting and updating info<br>January 1, 2000 is unavailable.<br>An active license/permit may still | ration presents the a<br>table, we do not certil<br>prmation. The information be subject to limitati | y the accuracy of the posted inf<br>ition may not show a complete<br>ons and restrictions as a result o<br>plinary actions. | ormation. In addition, there may be a<br>history. Licensing history prior to |  |  |  |

| II Addr       PO BOX 6012       FALMOUTH, ME 04105       Min Fee:       \$45.00       Fee Pai         Other Permits Referenced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E-Mai        | II CMP                       |                                                                                                                  |               | Schedule  | Inspection   | Invoicing     | Add     | Eind    |
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| Iner GRANDVIEW M & M LLC C Tract: 21.02 Res or Comm: R Date Closed<br>H Addr PO BOX 6012 FALMOUTH, ME 04105 Min Fee: \$45.00 Fee Pal<br>441184174001<br>Other Permits Referenced<br>Search By: Company Name Add New<br>License Number Electrician's Name<br>License # MS10016408 License Status: A JOSEPH J. FALCONE<br>Company Name<br>First Name JOSEPH Middle J Last FALCONE Suffix FALCONE<br>Address: 137 DAGGETT ST Phone (207)787-3900<br>PORTLAND, ME 04103 Cell Phone (207)781-31900<br>PORTLAND, ME 04103 Cell Phone (207)781-31900<br>PORTLAND, ME 04103 Cell Phone (207)7318-5144<br>Beeper (207)718-5144<br>Beeper (207)718-5144<br>Beeper (207)781-5144<br>Beeper (207)781-5144 |              |                              |                                                                                                                  |               | 0         | CBL          | 336 D003001   | Appl    | Date:   |
| II Addr       PO BOX 6012       FALMOUTH, ME 04105       Min Fee:       \$45.00       Fee Pai         sc:       441184174001       Min Fee:       \$45.00       Fee Pai         Other Permits Referenced       Search By:       Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | uilding Perm | and the second second second | and the second | District:     | 5         | Status:      | Open          | Issue   | Date:   |
| sc: 441184174001<br>Other Permits Referenced<br>Search By: Company NameAdd New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wner         | GRANDV                       | IEW M & M LLC                                                                                                    | C Tract:      | 21.02     | Res o        | r Comm: R     | Date    | Closed  |
| Other Permits Referenced         Search By:       Company Name         License Number       Electrician's Name         License #       MS10016408       License Status:         Add New       JOSEPH J. FALCONE         Company Name       First Name       JOSEPH Middle         First Name       JOSEPH       Middle         JOSEPH       Middle       Last       FALCONE         Suffix       PORTLAND, ME 04103       Cell Phone       [207)787-3900         PORTLAND, ME 04103       Cell Phone       [207) 318-5144         Beeper       PORTLAND       ME       4103         License Date:       2/21/1997       Issue Date:       8/8/2002       ExpDate:       8/31/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ail Addr     | PO BOX 6                     | 6012                                                                                                             | FALMOU        | TH, ME 04 | 105          | Min Fee:      | \$45.00 | Fee Pai |
| Other Permits Referenced         Search By:       Company Name         License Number       Electrician's Name         License #       MS10016408       License Status:         A       JOSEPH J. FALCONE         Company Name       First Name         First Name       JOSEPH         Middle       J         Last       FALCONE         Suffix       Gottom         First Name       JOSEPH         Middle       J         Last       FALCONE         Suffix       Gottom         PORTLAND, ME 04103       Cell Phone         PORTLAND       ME         4103       ExpDate:         8/8/2002       ExpDate:         8/31/2012       Suffix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | esc:         | 44118417                     | 4001                                                                                                             |               | 5. st     |              |               |         |         |
| License # MS10016408 License Status: A JOSEPH J. FALCONE Company Name First Name JOSEPH Middle J Last FALCONE Suffix Address: 137 DAGGETT ST Phone (207)787-3900 PORTLAND, ME 04103 Cell Phone (207) 318-5144 Beeper PORTLAND ME 4103 License Date: 2/21/1997 Issue Date: 8/8/2002 ExpDate: 8/31/2012 CreatedBy Idobson CreateDate 10/26/2010 ModBy Idobson ModDate 10/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> </u>     | : Com                        | npany Name                                                                                                       |               |           |              |               | Add New |         |
| Company Name         First Name       JOSEPH       Middle       J       Last       FALCONE       Suffix         Address:       137 DAGGETT ST       Phone       (207)787-3900         PORTLAND, ME 04103       Cell Phone       (207) 318-5144         Beeper       PORTLAND       ME       4103         License Date:       2/21/1997       Issue Date:       8/8/2002       ExpDate:       8/31/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | Lice                         | nse Number                                                                                                       |               | Electi    | rician's Nan | ne            |         | 1969.0  |
| First Name       JOSEPH       Middle       J       Last       FALCONE       Suffix         Address:       137 DAGGETT ST       Phone       (207)787-3900       (207) 318-5144         PORTLAND, ME 04103       Cell Phone       (207) 318-5144       Beeper         PORTLAND       ME       4103         License Date:       2/21/1997       Issue Date:       8/8/2002       ExpDate:       8/31/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | License #    |                              | MS10016408                                                                                                       | License Statu | ıs: A     | los          | SEPH J. FALCO | NE      |         |
| Address:       137 DAGGETT ST       Phone       (207)787-3900         PORTLAND, ME 04103       Cell Phone       (207) 318-5144         Beeper       PORTLAND       ME         PORTLAND       ME       4103         License Date:       2/21/1997       Issue Date:       8/8/2002         ExpDate:       8/31/2012       8/31/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Company I    | Name                         |                                                                                                                  |               | -         |              |               |         |         |
| PORTLAND, ME 04103         Cell Phone         (207) 318-5144           Beeper         PORTLAND         ME         4103           License Date:         2/21/1997         Issue Date:         8/8/2002         ExpDate:         8/31/2012           CreatedBy         Idobson         CreateDate         10/26/2010         ModBy         Idobson         ModDate         10/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | First Name   | JOSEPI                       | H Middle J                                                                                                       |               | Last      | FALCON       |               | Suffix  |         |
| Beeper       PORTLAND     ME       License Date:     2/21/1997       Issue Date:     8/8/2002       ExpDate:     8/31/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ac           | ddress:                      | 137 DAGGETT ST                                                                                                   |               | Phone     | (207)787-    | 3900          |         |         |
| PORTLAND     ME     4103       License Date:     2/21/1997     Issue Date:     8/8/2002     ExpDate:     8/31/2012       CreatedBy     Idobson     CreateDate     10/26/2010     ModBy     Idobson     ModDate     10/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                              | PORTLAND, ME 04103                                                                                               | C             | ell Phone | (207) 318    | -5144         |         |         |
| PORTLAND     ME     4103       License Date:     2/21/1997     Issue Date:     8/8/2002     ExpDate:     8/31/2012       CreatedBy     Idobson     CreateDate     10/26/2010     ModBy     Idobson     ModDate     10/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                              |                                                                                                                  |               | Beeper    | ĺ            |               |         |         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | 1                            | Time                                                                                                             |               |           | -, 1,00000   |               |         | 10/2    |

ж.

Form # P 01

## **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:

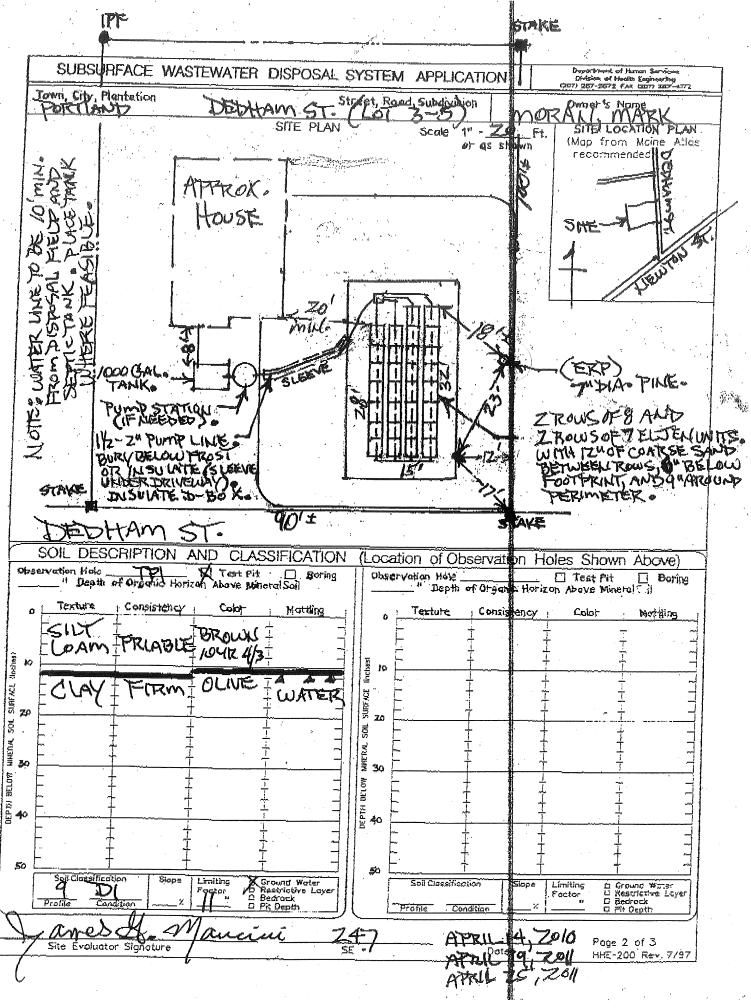
| Date   | OCT   | 24   | 1 201 | 0  |
|--------|-------|------|-------|----|
| Permit | # 20/ | 'D - | 47    | 46 |
| CBL# _ | 3     | 36   | - D-  | 3  |

| LOCATION: <u>/8</u><br>CMP ACCOUNT # <u>4</u> | De | idham St |  | METER M |  | &#</th><th></th><th></th></tr><tr><th>CMP ACCOUNT # _4</th><th>41 -</th><th>1841741001</th><th></th><th>OWNER _</th><th>A</th><th>the tran</th><th>d Viz</th><th>en Momu</th></tr><tr><th>TENANT</th><th></th><th></th><th></th><th> PHONE #</th><th>?</th><th>07 - 408 - 9535</th><th></th><th></th></tr><tr><td>Jana</td><td></td><td></td><td></td><td></td><td></td><td></td><td>. EACH</td><td>FEE</td></tr><tr><th>OUTLETS</th><th>42</th><th>Receptacles</th><th>38</th><th>Switches</th><th>6</th><th>Smoke Detector</th><th>.20</th><th>17.20</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>FIXTURES</td><td>18</td><td>Incandescent</td><td>5</td><td>Fluorescent</td><td>4</td><td>Strips</td><td>.20</td><td>5.40</td></tr><tr><td>SERVICES</td><td>P</td><td>Overhead</td><td></td><td>Underground</td><td></td><td>TTL AMPS <800</td><td>15.00</td><td>15.00</td></tr><tr><td>JENVIOLO</td><td></td><td>Overhead</td><td></td><td>Underground</td><td></td><td>>800</td><td>25.00</td><td>18.</td></tr><tr><td></td><td></td><td>Overneau</td><td></td><td>Onderground</td><td></td><td></td><td>20.00</td><td></td></tr><tr><td>Temporary Service</td><td></td><td>Overhead</td><td></td><td>Underground</td><td></td><td>TTL AMPS</td><td>25.00</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>ondorground</td><td></td><td></td><td>25.00</td><td></td></tr><tr><td>METERS</td><td>1</td><td>(number of)</td><td></td><td></td><td></td><td></td><td>1.00</td><td>1.00</td></tr><tr><td>MOTORS</td><td></td><td>(number of)</td><td></td><td></td><td></td><td></td><td>2.00</td><td></td></tr><tr><td>RISID/COM</td><td></td><td>Electric units</td><td></td><td></td><td></td><td></td><td>1.00</td><td>· · ·</td></tr><tr><td>HEATING</td><td>î</td><td>oil/gas units</td><td></td><td>Interior</td><td></td><td>Exterior</td><td>5.00</td><td>5.00</td></tr><tr><td>APPLIANCES</td><td>1</td><td>Ranges</td><td></td><td>Cook Tops</td><td></td><td>Wall Ovens</td><td>2.00</td><td>1.00</td></tr><tr><td></td><td>/</td><td>Insta-Hot</td><td></td><td>Water heaters</td><td>ŝ</td><td></td><td>2.00</td><td>6,00</td></tr><tr><td></td><td>1</td><td>Dryers</td><td></td><td>Disposals</td><td><u>                                     </u></td><td>Dishwasher</td><td>2.00</td><td>6.00</td></tr><tr><td><u>                                     </u></td><td>/</td><td>Compactors</td><td></td><td>Spa</td><td>/</td><td>Washing Machine</td><td>2.00</td><td>. 27</td></tr><tr><td></td><td></td><td>Others (denote)</td><td></td><td>Spa</td><td></td><td>Washing Machine</td><td>2.00</td><td>2.00</td></tr><tr><td>MICC (number of)</td><td></td><td>Air Cond/win</td><td></td><td>· ·</td><td></td><td></td><td>3.00</td><td></td></tr><tr><td>MISC. (number of)</td><td></td><td>Air Cond/win</td><td></td><td></td><td></td><td>Pools</td><td>10.00</td><td></td></tr><tr><td></td><td></td><td>HVAC</td><td></td><td>EMS</td><td></td><td>Thermostat</td><td>5.00</td><td>· · · · · · · · · · · · · · · · · · ·</td></tr><tr><td></td><td></td><td>Signs</td><td></td><td>LIVIS</td><td></td><td>memosia</td><td>10.00</td><td></td></tr><tr><td></td><td></td><td>Alarms/res</td><td></td><td></td><td></td><td></td><td>5.00</td><td></td></tr><tr><td></td><td></td><td>Alarms/com</td><td></td><td></td><td></td><td>- IED-</td><td>15.00</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>AFILER</td><td>2.00</td><td></td></tr><tr><td><u>                                     </u></td><td></td><td>Heavy Duty(CRKT)</td><td></td><td></td><td></td><td>BEUL</td><td>25.00</td><td></td></tr><tr><td>ġ.</td><td></td><td>Circus/Carnv</td><td></td><td>·</td><td></td><td></td><td></td><td>·</td></tr><tr><td></td><td></td><td>Alterations</td><td></td><td></td><td></td><td>00126</td><td>5.00</td><td></td></tr><tr><td></td><td></td><td>Fire Repairs</td><td></td><td></td><td></td><td><u>UU</u></td><td>15.00</td><td></td></tr><tr><td></td><td></td><td>E Lights</td><td></td><td></td><td></td><td>inding Inspect</td><td>1.00</td><td></td></tr><tr><td></td><td></td><td>E Generators</td><td></td><td></td><td></td><td>of Bundhand Ma.</td><td>20.00</td><td></td></tr><tr><td>DANIEL O</td><td></td><td></td><td></td><td>Densets</td><td></td><td>Dept. of Building Inspectic<br>Dept. of Portland Maine<br>Main</td><td>1.00</td><td>10 / 80</td></tr><tr><td>PANELS</td><td></td><td>Service</td><td></td><td>Remote</td><td></td><td>Main</td><td></td><td>4.00</td></tr><tr><td>TRANSFORMER</td><td></td><td>0-25 Kva</td><td></td><td></td><td></td><td></td><td>5.00</td><td></td></tr><tr><td></td><td>·</td><td>25-200 Kva</td><td></td><td></td><td></td><td></td><td>8.00</td><td></td></tr><tr><td>n de la companya de l</td><td></td><td>Over 200 Kva</td><td></td><td></td><td></td><td></td><td>10.00</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>TOTAL AMOUNT DUE</td><td></td><td>\$ 63.60</td></tr><tr><td></td><td></td><td>MINIMUM FEE/CO</td><td>MME</td><td>RCIAL 55.00</td><td></td><td>MINIMUM FEE 45.00</td><td></td><td><u>                                     </u></td></tr><tr><td>CONTRACTORS NAM</td><td>AE</td><td>Joe Falcone</td><td></td><td></td><td></td><td>MASTER LIC. # MS 10016</td><td>408</td><td></td></tr><tr><td>ADDRESS 37</td><td></td><td>lassett st</td><td>~</td><td></td><td></td><td>_LIMITED LIC. #</td><td></td><td></td></tr><tr><td>TELEPHONE <u>入つ</u></td><td></td><td></td><td>L</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>(1, 2)</td><td>Th</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>SIGNATURE OF CON</td><td>TRA</td><td>CTOR Hall</td><td>42</td><td>M</td><td></td><td></td><td></td><td></td></tr></tbody></table> |
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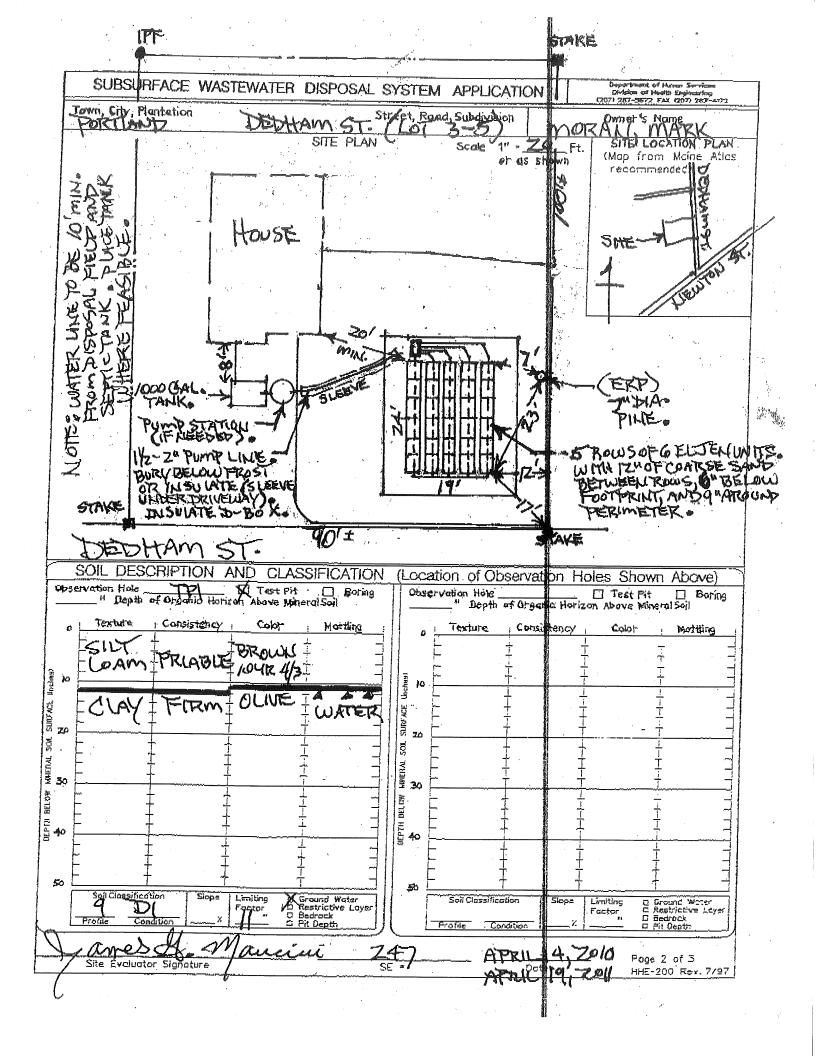
| INSPECTION: | Service           | by                                                                                                               |   | N Ine   | Owner<br>Date o |                                          |
|-------------|-------------------|------------------------------------------------------------------------------------------------------------------|---|---------|-----------------|------------------------------------------|
|             | Service called in | ו                                                                                                                |   |         |                 | ELEC<br>Permit N                         |
|             | Closing-in        | by                                                                                                               |   | spector | er<br>of Permit | ELECTRICA<br>Permit Number _<br>Location |
| PROGRESS IN | ISPECTIONS: _     |                                                                                                                  | / |         |                 | LINST                                    |
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| DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REMARKS:                              |   |
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| Halario                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |   |
| 11/2/200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | New att PASS BKL                      |   |
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| Anthropping and a second filling of property grant and the second s |                                       |   |
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Dista interat of St. on Sand Division of Harris Engineering (207) 207-2672 Fras. (207) 287-4492 Town, City, Plantation Street, Road, Subdivision Owner's Mamo PORTLAND DEDHAM ST. (LOT 3-5 NOT MARK SUBSURFACE WASTEWATER DISPOSAL PLAN SCALE 1' = ZO FT SEE PAGE ZOFZ Dapter of FRANSISCA CONSTRUCTION ELEVATIONS ELEVATION REFERENCE PORT الک Finished Grode Elevation PINE-1524 OF GRA Depth of Fill(Downslope) Top a Distribution Pipe) or Proprietory Daries 11 Bottom of Disposed Area (615AND BASE Reference Elevation TOO. OSAL AREA CROSS SECTION SCALE VERTICAL; 70 HORIZONTAL D. BLELTD 4" INTO SOIL . REPLACE W/SPEC DAMY ERP OF ELEV. COALSE SAVD 14 CAPYOE EUNELOPE GLEAN FILL UNH CIA GEOTECHNICAL FABRIC 38<sup>u</sup> lotz Loam TYPE"B" ELJEN IN-DRAIN UNIT G"MIN. COARSE SAND DETAIL (NO SCALE) aucia ZÆT and 7010 Site Evoluator Signature SE -Page 3 of 3 20L HHE-200 Rev. 7/97 a APPRIL STLOU



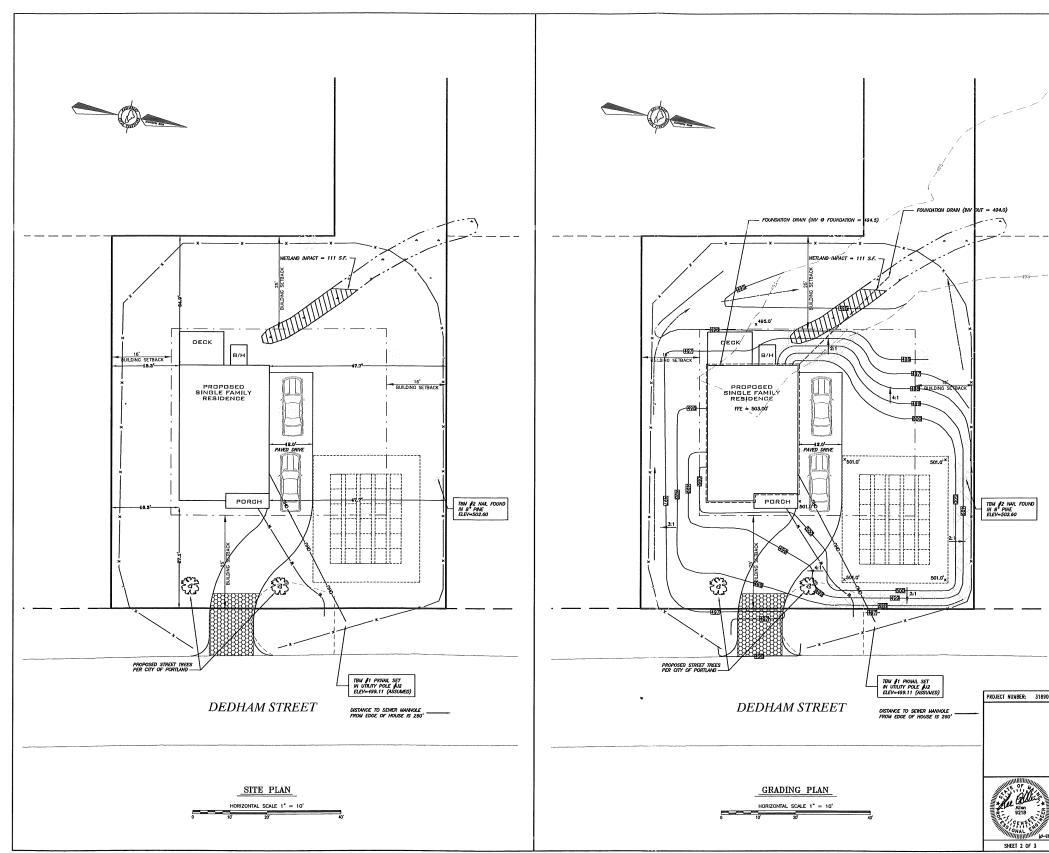
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| PROPERTY I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OCATION MUSIC MUSIC                                                                                              | >> Caution P                                                                                                    | ermit Require                          | i — Amach in Space Below <                                                                                              |  |  |
| City. Town,<br>or Plantallon POR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (TAHD                                                                                                            |                                                                                                                 |                                        |                                                                                                                         |  |  |
| Street or Road DEDH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AM STREET                                                                                                        |                                                                                                                 |                                        |                                                                                                                         |  |  |
| Substitution, Lot # (LOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -3-5)                                                                                                            |                                                                                                                 |                                        | I System shall not be installed until a<br>I Plumbing Inspector. The plannil shall                                      |  |  |
| Name (last, first, MI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and the second | I sumoize the owner                                                                                             | or installer lins                      | tell the disposal system in accordance in<br>Industrie Westewater Disposal Rules.                                       |  |  |
| MORAN, MAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SK Applican                                                                                                      |                                                                                                                 |                                        |                                                                                                                         |  |  |
| Mailing Address of P.O. Bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0× 6012                                                                                                          |                                                                                                                 |                                        |                                                                                                                         |  |  |
| Daytime Tel # 408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WTH I ME. 04105<br>9535                                                                                          |                                                                                                                 |                                        |                                                                                                                         |  |  |
| Owner or Applie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12.35<br>ant Statement                                                                                           | Musipal Tax a                                                                                                   |                                        | Lol#                                                                                                                    |  |  |
| I state and acknowledge that the Into<br>best of my knowledge and understains<br>the Department and/or Local Para                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | mation submitted is correct to the<br>t that any taislification is reason for                                    | i have inspected the ini<br>with the Butistical Me                                                              | mailation sub-time                     | d above and found it to be in compliance                                                                                |  |  |
| Signature of Owner or Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | cent Oute                                                                                                        | Local Phund                                                                                                     | ing inspector Sig                      | nature (2nd) Date Approved                                                                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PERMIT                                                                                                           | T INFORMATION H                                                                                                 |                                        | a a in a a a a a a a                                                                                                    |  |  |
| TYPE OF APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | THIS APPLICATION                                                                                                 | i rechnres                                                                                                      | <b>A</b> SP                            | OSAL SYSTEM COMPONENTS                                                                                                  |  |  |
| X 1. Parist Times System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X 1. No Rule Variance                                                                                            |                                                                                                                 | XL 1. Complet                          | la Non-engèneersa System                                                                                                |  |  |
| 🖸 2. Replacement System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 2. First Time System Variance                                                                                  |                                                                                                                 |                                        | · Syntani (graywater & alt. tolat)                                                                                      |  |  |
| Type Replaced:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D a. Local Plumbing imposite                                                                                     |                                                                                                                 |                                        | ve Tollef, specify:                                                                                                     |  |  |
| U 3. Expanded System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul> <li>D. Slate &amp; Local Flumbhug Inspector Approval</li> <li>Q. Replacement System Variance</li> </ul>     |                                                                                                                 | CL 5. Huttern                          | renginaeteti Treatment Tank (only)<br>Tanu Tanki, gallans                                                               |  |  |
| C) a. Minor Expansion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D a. Local Plumbing Inspecto                                                                                     |                                                                                                                 | TI & Noders                            | engineered Disposal Field (only)                                                                                        |  |  |
| CI b. Major Expansion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 b. State & Local Planbing                                                                                      | Inspector Approval                                                                                              | D 7. Sectorat                          | ed Laundry System                                                                                                       |  |  |
| 🖽 4. Experimental System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D 4. Minimum Lat Siz Variance                                                                                    |                                                                                                                 | CI 8. Contract                         | origination Engineered System (2000 and or more                                                                         |  |  |
| D 5. Sexecute Conversion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CI 5. Seesonal Conversion Appr                                                                                   | ÖVÄ<br>                                                                                                         |                                        | red Treatmant Tank (oray)<br>156 Disposal Field (oray)                                                                  |  |  |
| SIZE OF PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DISPOSAL SYSTEM                                                                                                  | TO SERVE                                                                                                        | 111. Pseeding                          |                                                                                                                         |  |  |
| 2000 Km.t.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Single Family Owening Link                                                                                    | L No. of begrooms.                                                                                              |                                        | neous Openponents                                                                                                       |  |  |
| SHORELAND ZOWING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TI I Million                                                                                                     |                                                                                                                 |                                        | TYPE OF WATER SUPPLY                                                                                                    |  |  |
| - Yae X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Current Use. El Seasonel El Year                                                                                 |                                                                                                                 | D 1. Control V<br>DX 4. Public         | 後期 日 2. Dug We8 日 3. Private  <br>日 6. OSter:                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ALC DESIGN DETAILS (SYST                                                                                         | AN CALEMAN IN CALEMAN CALEMAN AND AND AND AND AND AND AND AND AND A                                             | <b>G</b> (                             |                                                                                                                         |  |  |
| TREATMENT TANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DISPORAL FIELD TYPE & S                                                                                          |                                                                                                                 | NSPOSAL UNIT                           | > - DESIGN FLOW                                                                                                         |  |  |
| X 1. Constate<br>X 8. Regular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 1, Stone Bed .D 2. Stone "                                                                                     |                                                                                                                 |                                        |                                                                                                                         |  |  |
| LI B. LOW PHISTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25.3: Proprietary Device<br>Sola: Chustar amay 🗇 c. Unit                                                         | <b>i</b>                                                                                                        | specily one linew<br>impartment fack   |                                                                                                                         |  |  |
| CI Z. Plastic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X h. Regular loed C d. H-2                                                                                       |                                                                                                                 | anks in Series                         | [1] Z. Table 502.2 (other facilities)                                                                                   |  |  |
| D.S. ODEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A Other                                                                                                          | 2                                                                                                               | s in Tank Gapaci                       | y SHOW CALCULATIONS                                                                                                     |  |  |
| CAPACITY 1000 pations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Star 1 TEL X sq. d. O                                                                                            |                                                                                                                 |                                        | - D 3. Section 503.0 (meter readings)                                                                                   |  |  |
| BOIL DATA & DESIGN CLASS<br>PROFILE CONDITION DESIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DISPOSAL FIELD SIZING                                                                                            | CI 1. Noi Requi                                                                                                 | LIECTOR PMP                            | ATTACH WATER METER DATA                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 2. Machine - 2.6 sq. A./god                                                                                    | X 2. May Be R                                                                                                   | ···                                    | LATITUDE AND LONGITUDE                                                                                                  |  |  |
| at Observation Hole # TPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | () 3. Modern Lauge - 3.3 sq. ft.                                                                                 |                                                                                                                 | n (* 182 -                             | Lot. 4 d. 42 m 3 c                                                                                                      |  |  |
| Depth 11." Elevation -67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cl 4. Large - 4.1 sq. ft./gpd                                                                                    |                                                                                                                 | ngmaanad si <b>al</b> ism              | 1 Lon 10 + 18 m 14                                                                                                      |  |  |
| OF MUST LINETING SCHL FACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | K6. Exta-Large - 50 St. 1 App                                                                                    | 1411M.datararia.chikadari.chikadari.chikadari.chikadari.chikadari.chikadari.chikadari.chikadari.chikadari.chika |                                        | DOPS, state margin of anor GoodLE                                                                                       |  |  |
| certify that in 12/1/09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  | UATOR STATEMENT                                                                                                 | II.                                    |                                                                                                                         |  |  |
| consed system is in completice with t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ione) i companies a site site<br>ing State of Maine Subsurface Way                                               | numon on this property in<br>Revelar Chaposal Rules (1                                                          | ni sidile Utaliane (<br>0-1444 CMS 241 | ista reported and anninate and first lins<br>).                                                                         |  |  |
| James A. M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Jancin                                                                                                           | 7 1-1                                                                                                           | EC. 3.                                 | ~                                                                                                                       |  |  |
| Site Evaluator Signatu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ICINI 89                                                                                                         | 12-9498 P                                                                                                       | TPIZIE 4                               | 12010 + APRIL 19, 2011                                                                                                  |  |  |
| Ole Collinson have been been and the second of the second | inen<br>Dis from the distan should b                                                                             | Highoro #                                                                                                       | Enter Addres                           | 「神動」を描いた措施していた。 しんしょう しんぼう ひんねつ 読んで                                                                                     |  |  |
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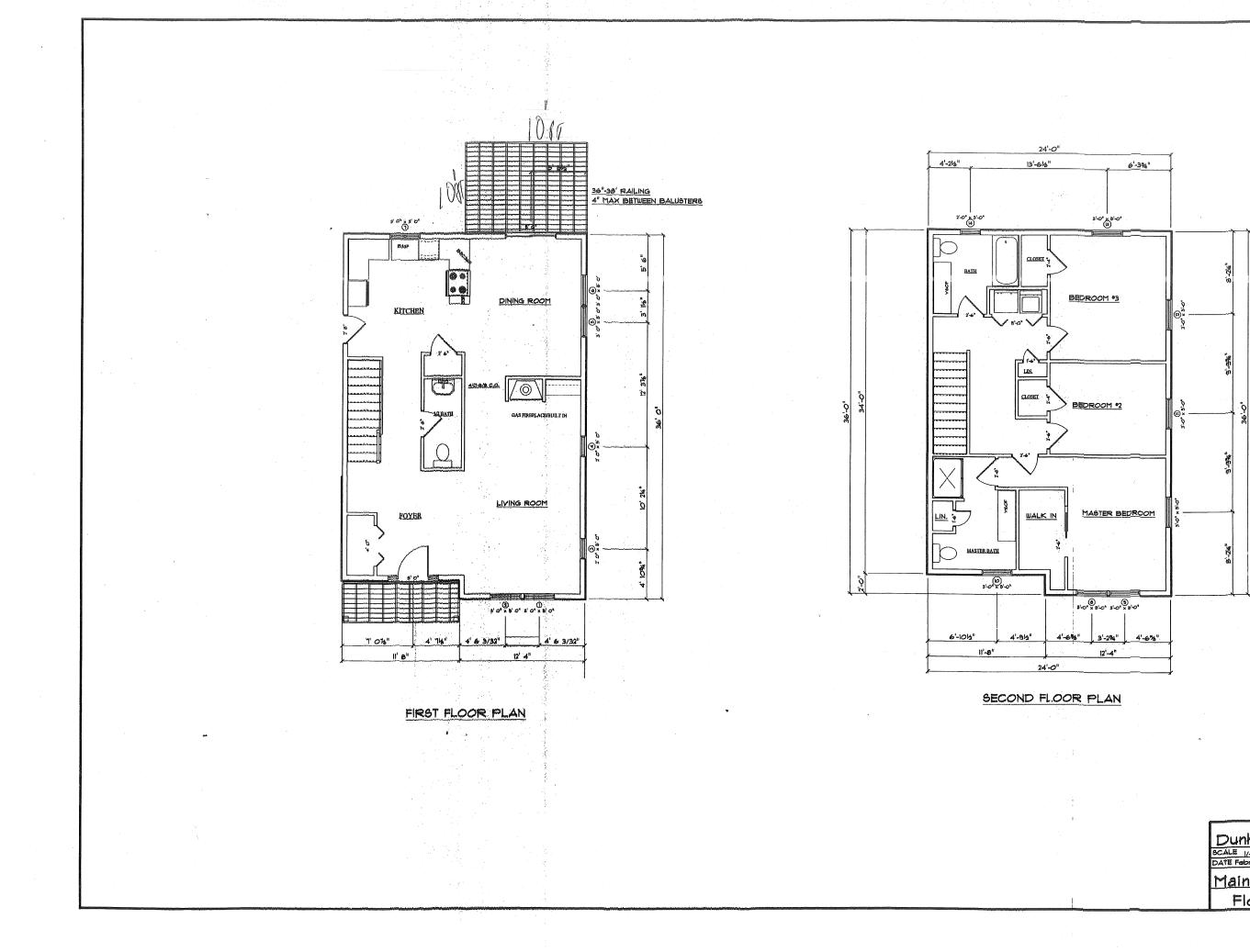
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Department of Manna Sector 071 257-5572 FAX 12073 267-6572 Town, City, Plantation Street, Road, Subdivision Owner's Mame ORTLAND DEDHAM UT 3-5 Stil NORAL MARK SCALE I' = ZO SUBSURFACE WASTEWATER DISPOSAL PLAN FT. EEPAGE ZOFZ CONSTRUCTION ELEVATIONS APOVE ARADE ELEVATION REFERENCE FORT 4N Finished Grade Elevation Location & Description MAIL IA **Å** Top a (Distribution Fipo) or Proprietury Device Bottom of Clapsed Are (65AHD BASE PINE-1524 Depth of Fill(Downslops) ST.  $\mathcal{O}\mathcal{O}$ OSAL AREA CROSS SECTION SCALE VERTICAL 1 = 5 1 = **10** HORIZONTAL: TOSOIL BLELED 4" IN SAND+ REPLACE W/SPEC DAM ERR ELEV. 24 COARSE SAND CAPYOE ELINGLOPE GLEAN FILL WITHCH GEOTECHNICAL FABRIC OVER 4" DIA.PERE PIPE or Loan TYPE B ELJEN IN-DRAIN UNIT G"MIN. COARSE SAND 111 DETAIL (NO SCALE) Z =Ø and Win APRIL Zolo Site Evaluator Signature Page 3 of 3 SE \* Aprilita ۰, 201 HHE-200 Rev. 7/97 \$

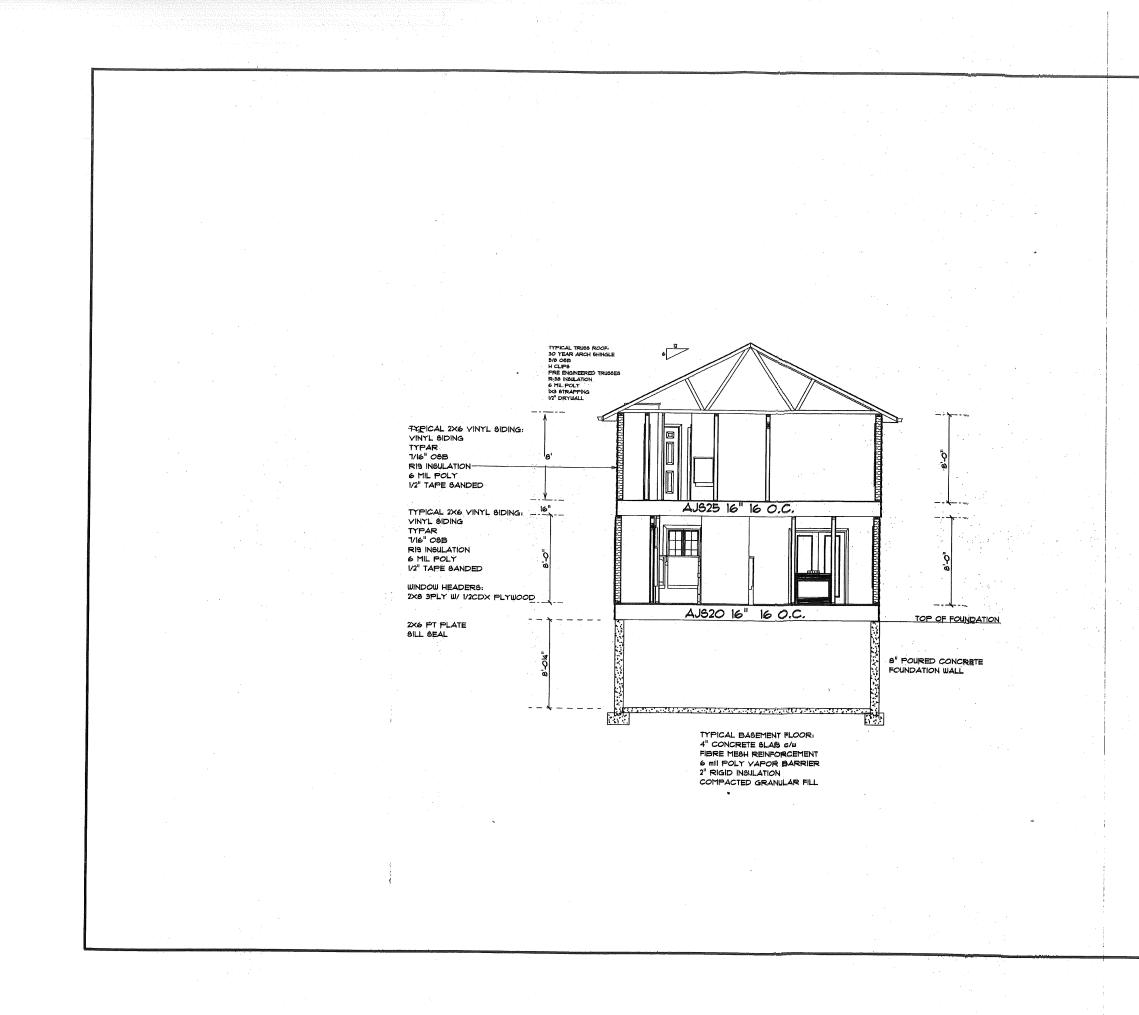


|             | LECEND                                                                                                                                                 |                                                                         |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
|             | LEGEND                                                                                                                                                 |                                                                         |
|             | BOUNDARY LINE<br>EDGE OF PAVEMENT                                                                                                                      |                                                                         |
|             | EUGE OF PAVEMENT                                                                                                                                       |                                                                         |
|             |                                                                                                                                                        |                                                                         |
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| <i>_</i>    |                                                                                                                                                        |                                                                         |
|             | BUILDING SETBACK                                                                                                                                       |                                                                         |
|             | EXISTING UTILITY POLE                                                                                                                                  |                                                                         |
|             | EXISTING CONTOURS                                                                                                                                      |                                                                         |
|             | WETLAND                                                                                                                                                |                                                                         |
|             | PROPOSED CONTOUR                                                                                                                                       |                                                                         |
|             | PROPOSED GRAVEL                                                                                                                                        |                                                                         |
|             |                                                                                                                                                        |                                                                         |
|             |                                                                                                                                                        |                                                                         |
| -           | PROPOSED DRAIN LINE                                                                                                                                    |                                                                         |
|             | × SILT FENCE/MULCH BERM                                                                                                                                |                                                                         |
|             |                                                                                                                                                        |                                                                         |
|             | HAY BALE BARRIER                                                                                                                                       |                                                                         |
|             | EROSION CONTROL MATTING                                                                                                                                |                                                                         |
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|             |                                                                                                                                                        |                                                                         |
|             | NOTES                                                                                                                                                  |                                                                         |
|             | 1. ELEVATIONS AND CONTOURS ARE BASED ON AN                                                                                                             |                                                                         |
|             | ASSUMED DATUM. SEE PLAN FOR TBM DESCRIPTION.                                                                                                           |                                                                         |
|             | 2. THE UTILITIES SHOWN ON THIS PLAN WERE FROM FIELD<br>OBSERVATION ONLY. THERE MAY BE OTHER UTILITIES<br>EXISTING THAT ARE NOT SHOWN. CONTACT DIG-SAFE |                                                                         |
|             | (888)DIG-SAFE PRIOR TO ANY EXCAVATION WORK.                                                                                                            |                                                                         |
|             | SOILS LEGEND                                                                                                                                           | Rr-                                                                     |
|             | SVILS LEGEND<br>SYMBOL SOIL TYPE HSG                                                                                                                   | "CCr.                                                                   |
|             | Sn SCANTIC SILT LOAM D                                                                                                                                 |                                                                         |
|             | THE SOURCE OF THE SOIL TYPES AND BOUNDARIES IS THE                                                                                                     | -VEN                                                                    |
|             | NATIONAL COOPERATIVE SOIL SURVEY (NCSS).                                                                                                               | OCT -                                                                   |
|             | <i>D</i> _                                                                                                                                             | ~ 25 200                                                                |
|             | 00                                                                                                                                                     | - <u10< th=""></u10<>                                                   |
|             | (                                                                                                                                                      | Sity of Vildin                                                          |
|             |                                                                                                                                                        | RECEIVED<br>OCT 25 2010<br>Sity of Portlan Inspon                       |
|             | THIS PLAN IS FOR REVIEW PURPOSES ONLY AND<br>IS NOT INTENDED FOR CONSTRUCTION OR                                                                       | St. of Building Inspections                                             |
|             | RECORDING                                                                                                                                              | "aine" is                                                               |
| -           | Earblan, Byr Dole: Changes                                                                                                                             |                                                                         |
|             |                                                                                                                                                        |                                                                         |
|             | 2 SAA 10-25-10 EMED NOV E RULORUM LOCUTOR POR CUOT<br>1 LOA 7-18-10 EXHED FOR CAT OF FORTUNE CREATS                                                    |                                                                         |
| 90          | ACAD FILE: 31890-SITE.DWG SCALE: 1" = 10' DATE: JUNE 23, 2010                                                                                          |                                                                         |
|             | SITE/GRADING PLAN                                                                                                                                      |                                                                         |
|             | high Bank<br>DEDHAM STREET                                                                                                                             | SHE DAG                                                                 |
|             | DEDHAM STREET, PORTLAND, MAINE 04101                                                                                                                   | et 2 i ex                                                               |
|             | GRANDVIEW M&M, LLC C/O MARK MORAN<br>PO BOX 6012, FALHOUTH, MAINE 04105                                                                                | and Jule - well ("Alternand") Tangkan Jule - well ("Anton ("Alternand") |
|             | Northeast Civil Solutions                                                                                                                              | ۶۰ ۲۶۵<br>۱                                                             |
|             | INCORPORATED                                                                                                                                           | UN-1 IERO                                                               |
|             | IS3 US ROUTE 1, SCARBOROUGH, MAINE 04074                                                                                                               | 8 i 7 i                                                                 |
| ≈<br>-15-10 | tel fox e-mol<br>207.883.1000 207.883.1001 bio for or the stick visual ution s. com<br>800.882.2227                                                    | Leonal of                                                               |
|             | 0 10' 20' 40'                                                                                                                                          | C/W0                                                                    |
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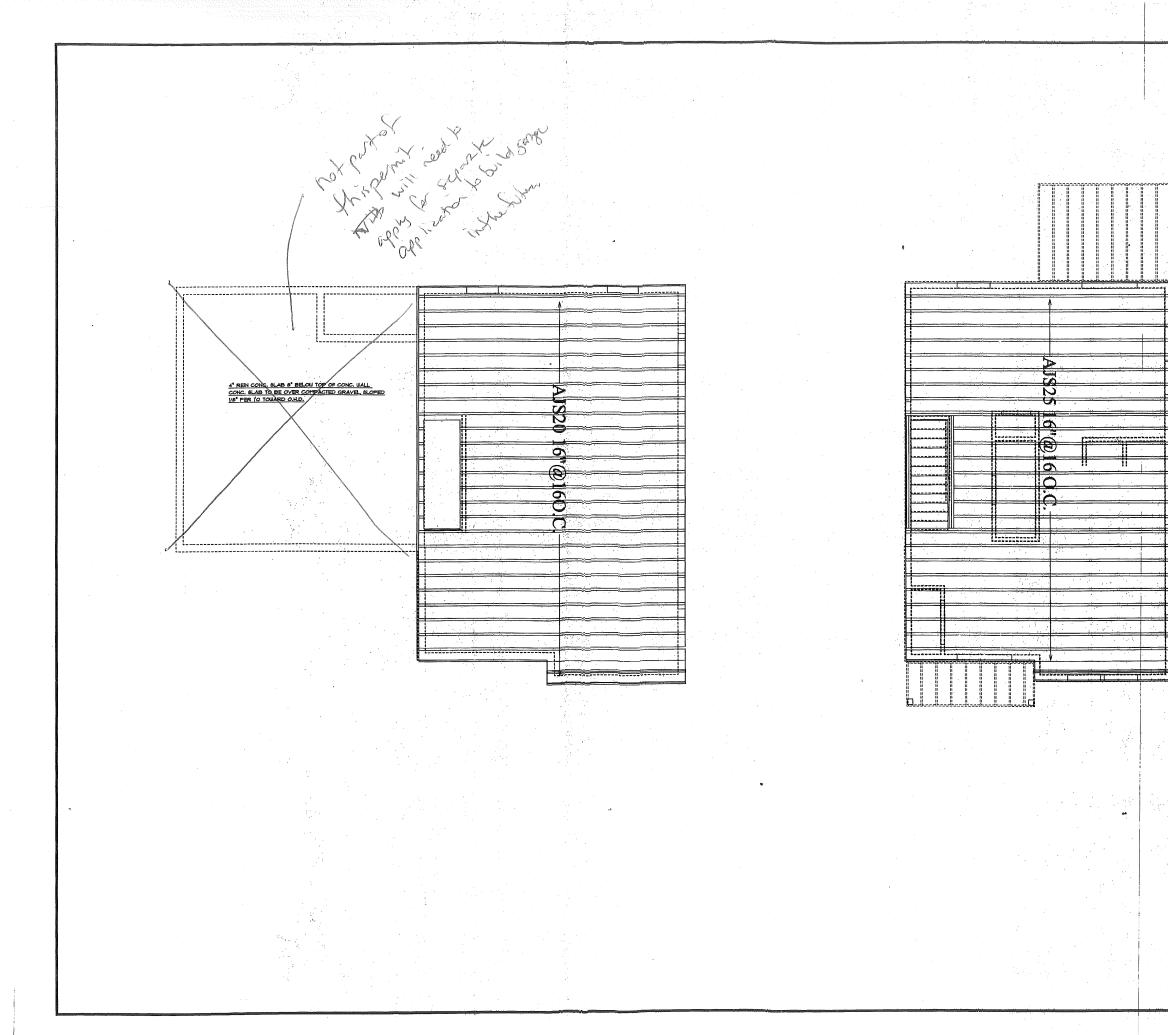




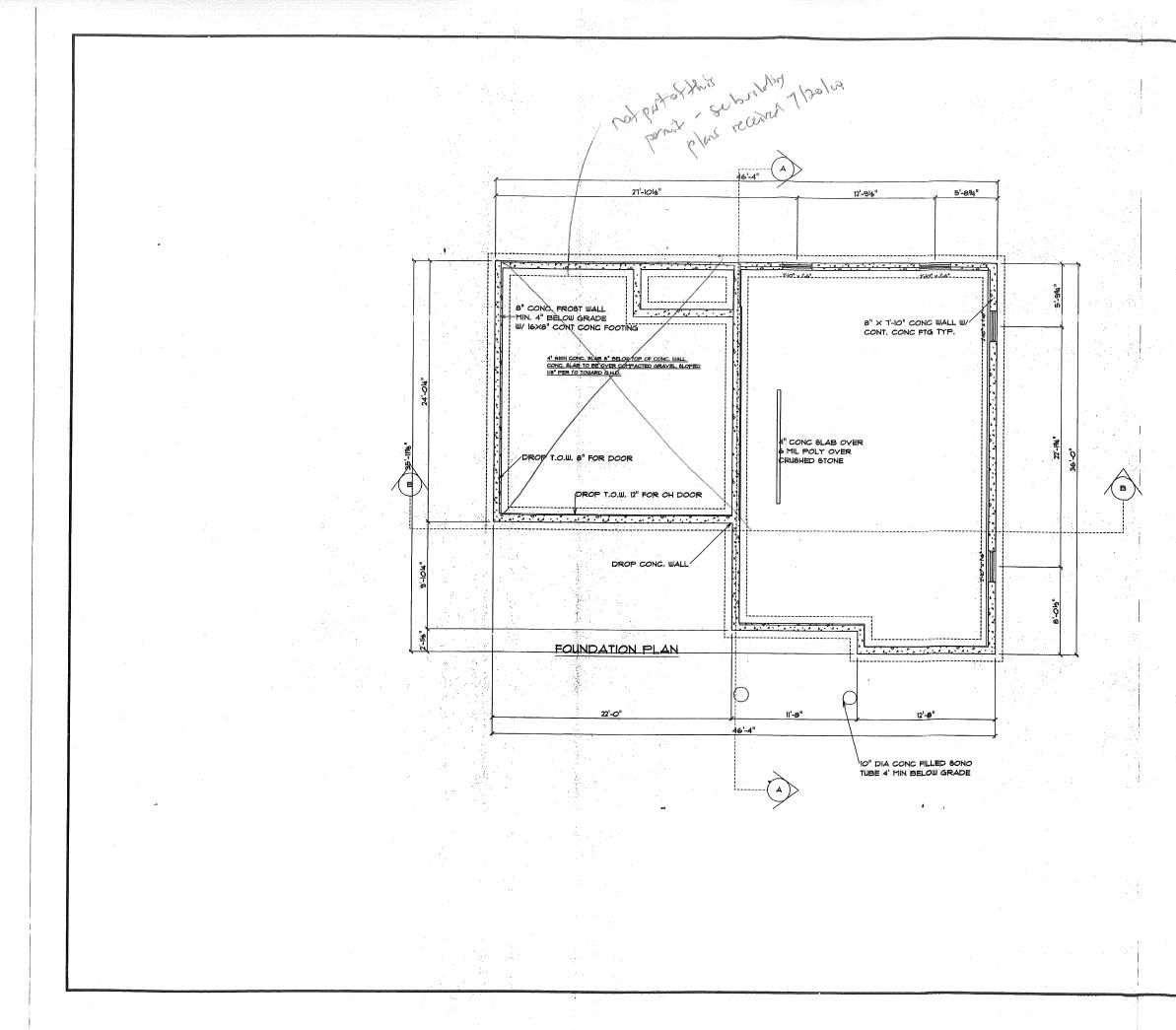
| 18-22 Didban St      |           |                |  |  |  |  |
|----------------------|-----------|----------------|--|--|--|--|
| Dunham S             | treet Por | tland Me.      |  |  |  |  |
| SCALE 1/4"=1'        |           | DRAWN BY       |  |  |  |  |
| DATE February 02, 20 | þ         | REVISED 2/1/10 |  |  |  |  |
| Mainely Properties   |           |                |  |  |  |  |
| Floor F              |           | DRAWING NUMBER |  |  |  |  |



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| 18-22 Dedha                                     | nSt.                                   |    |
| DEDHAM STREET, PORTL                            |                                        |    |
| BCALE 1/4"=1' APPROVED<br>DATE February 02, 200 | DRAWN BY                               |    |
| MAINELY PROPERTIES, IN                          | ************************************** |    |
| CROSS SECTION A                                 | DRAWING NUMBER                         |    |
| LORODO DECTION A                                | A                                      |    |
|                                                 |                                        |    |



. 18-22 Dedham St DUNHAM STREET, PORTLAND ME 6CALE 1/4"«1' APPROVED DRAWN BY DATE February 02, 200 REVIGED MAINELY PROPERTIES, INC FLOOR FRAMING PLAN A-3



| ł | ſ                                         | 18-22               | Disha     | nSt                        |   |
|---|-------------------------------------------|---------------------|-----------|----------------------------|---|
|   | DUNHAM<br>BCALE 1/4"""<br>DATE February C | STREET, 1<br>APPROV |           | ND ME<br>RAWN BY<br>EVIGED |   |
|   | MAINELY                                   | PROPER              | TIES, INC |                            | R |