

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 080258

Please Read Application And Notes, If Any, Attached

This is to certify that HOME SWEET HOME APARTMENTS LLC (Custom Built Homes)
has permission to Single Family Home Amendment to permit #07-002-24' x 24' x 24' cape with full dormer on rear
AT 39 BRAINTREE ST 336 F023001 MAY 20 2008

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is laid or closed-in. **24 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 5/20/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

All permits closed

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City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0258	Issue Date:	CBL: 336 F023001
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Location of Construction: 39 BRAINTREE ST	Owner Name: HOME SWEET HOME APARTME	Owner Address: 49 NORTHERN OAKS DR	Phone: 892-3149
Business Name:	Contractor Name: Custom Built Homes	Contractor Address: 35 Main St Windham	Phone: 2078923149
Lessee/Buyer's Name Custom Built Homes of ME, Inc.	Phone:	Permit Type: Amendment to Single Family	Zone: R-2

Past Use: Vacant Land	Proposed Use: Single Family Home - Amendment to permit #07-0902. - 24' x32' cape with full dormer on rear	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 5
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 2003</i> Signature: <i>[Signature]</i>
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Proposed Project Description:
 Single Family Home - Amendment to permit #07-0902 - 24' x 32' cape with full dormer on rear

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
	<input checked="" type="checkbox"/> Denied	
Signature:	Date:	

Permit Taken By: lmd	Date Applied For: 03/21/2008	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <i>N/A</i> <input type="checkbox"/> Wetland <i>N/A</i> <input type="checkbox"/> Flood Zone <i>panel 1-zone C</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>007-0128 (original)</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> <i>ok w/conditions</i> Date: <i>5/1/08</i> <i>ARM</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>ARM</i> Date:
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

200 - follow plans w/ permit # 02 0238

5/28/08 - checked stakes for sethacks - will be getting letter from surveyor for sethacks - looks OK to start!

Jim M

6/2/08 - Backfill - OK, drain tile lamp post, stone + filter in place - OK TM

6/6/08 - Checked drainage field inlet - connected - TM

6/16/08 - checked Framing/ plumbing/ electric for close in - test on plumbing OK - electrical OK - NO stairs on front of house yet - all else OK to close in. Jim M

7/18/08 - Checked subsurface waste system before backfill - all OK - did new 4" E 2" with new dividers (Mark Langton) Jim M

7/20/08 final - C.O. O.K. to ISSU - re-inforce + Guard @ (Patio down run) STAPLE - w.r.s.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 39 BRAINTREE ST CBL 336 F023001

Issued to HOME SWEET HOME APARTMENTS LLC /Custom Built Date of Issue 07/22/2008

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. 08-0258, has 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

ENTIRE

APPROVED OCCUPANCY

Single Family
R-3, Type 5B
IRC2003

Limiting Conditions: None

This certificate supersedes
certificate issued

Approved:

(Date)

[Signature]
Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Service
Division of Health Engineering, 10 SH
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

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

City, Town, or Plantation: **PORTLAND**

Street or Road: **39 BRAINTREE STREET**

Subdivision, Lot #:

2006-607A

PORTLAND PERMIT # 10424 TOWN COPY

Date Permit Issued: **8/28/07** \$ **1100** FEE Charged Double Fee

L.P.I. # **07,44**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **HOME SWEET HOME APTS, LLC** Owner Applicant

Mailing Address of Owner/Applicant: **49 NORTHERN OAKS DRIVE RAYMOND, ME 04071**

Daytime Tel. #: **(207) 831-8505**

336 F 23

Municipal Tax Map # _____ Lot # _____

OWNER OR APPLICANT STATEMENT

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

Signature of Owner or Applicant: **Thomas W. Burnell** Date: **9/6/07**

CAUTION: INSPECTION REQUIRED

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

(1st) date approved: **6/18/08**

(2nd) date approved: _____

Local Plumbing Inspector Signature: **Thomas W. Burnell**

PERMIT INFORMATION

TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Disposal Area <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 10,000± <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 1350 Xsq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 9 / D / 3 at Observation Hole # 1 Depth 12 " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small---2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large---4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 5. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 43 d 42 m 02 s Lon. 70 d 18 m 19 s if g.p.s. state margin of error: ±10'

SITE EVALUATOR STATEMENT

I certify that on **8/15/07** (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: **Alan L. Burnell** SE #: **267** Date: **8/23/07**

Site Evaluator Name Printed: **ALAN L. BURNELL** Telephone Number: **781-5242** E-mail Address: **ABURNELL@PINKHAMANDGREER.COM**

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

HHE-200 Rev. 8/01

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