Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

Permit Number: 041351

This is to certify that_	Deschambault Susan/Owner			2004
nas permission to	Build 10 ' x 26' Breezeway o	rear of home		
AT 23 Samuel Rd	141		437 D007001	

provided that the person or persons, irm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Name 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.

ication inspec must and wr n permis procu gi e this t ding or be t thereo d or d losed-in. R 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

PENALTY FOR REMOVING THIS CARD

City of Portland, M 389 Congress Street, 0					04-1351	Issue Date	:	437 DO	007001
Location of Construction:	4101 161: (Owner Name:	, rax.		Owner Address:			Phone:	707001
23 Samuel Rd		Deschambault	t Susan		62 Farragut St			797-6922)
Business Name:		Contractor Name			Contractor Address			Phone	,
Dusiness Name.		Owner	•		Portland			I mone	
Lessee/Buyer's Name		Phone:		1	Permit Type:				Zone:
Dessee Buyer's Ivanie		I mone.		l [Additions - Dw	ellings			23
Past Use: Proposed Use		Proposed Use:		<u> </u>	Permit Fee:	Cost of Wor	·k· C	EO District:	71 /01
single family		Single Family	Home -		\$285.00		00.00	4	Shorebu
Single failing		30 Breezeway			FIRE DEPT:		INSPECT		
		141				Approved			Type: //
		1. /				Denied	1 K		50
							B	oca 1999 DMB 1	Ì
Proposed Project Description								SAAR.	Market
Build 10 ' x 30' Breezew	ay on rear of	home			Signature:		Signature	AMP	0/26/09
14'				ľ	PEDESTRIAN ACT	FIVITIES DIS	TRICT (P.A	A.ID.)	1 1
				9	Action: Appro	oved Ap	proved w/C	onditions [Denied
					Signature:		Ι	Date:	
Permit Taken By:		oplied For:			Zonin	g Approv	al		
dmartin	09/09	9/2004			Morrida			771 P	
1. This permit applica			Spe	noreland	A Li Mon Zon	ning Appeal	1	Historic Pre	servation
Applicant(s) from n	neeting applic	able State and	St.	noreland & ST	Varian	ice	12	Not in Distri	ict or Landmarl
Federal Rules.			1 - w 1000				V		
Building permits do septic or electrical v		olumbing,	W	etland will	1 Miscel	llaneous	1	Does Not Re	quire Review
 Building permits are within six (6) month 	ns of the date	of issuance.	₽ FI	ood Zone Pur A	Condition Condition	tional Use		Requires Re	view
False information material permit and stop all		a building	☐ Su	abdivision (Interpr	etation		Approved	
			☐ Si	etland well ood Zone Parel ood Zone	Appro	ved		Approved w	/Conditions
			Maj [Minor MM	_ Denied	i		Denied	0
			Date	MB 10/26/	Date:		Date	MI	2
) 1 /	0.1			O^{\prime}	
			(CERTIFICATIO	N				
I hereby certify that I am I have been authorized by									
jurisdiction. In addition, shall have the authority to such permit.	if a permit fo	or work describe	d in the	application is iss	ued, I certify tha	t the code of	ficial's au	thorized rep	resentative
CICNATURE OF ARMICAN	T			ADDRESS		DATI		DIV	ONE
SIGNATURE OF APPLICAN	1			ADDRESS		DAII	3	rno	ALE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

11/16/04 Checked Setbacks. OK. to Proceed, In

				Damesta NI.	Data Analist Fam.	CDI
City of Portland, Maine - Buil	Permit No:	Date Applied For:	CBL:			
389 Congress Street, 04101 Tel: (2	207) 874-8703, Fax: (207) 874	4-8716	04-1351	09/09/2004	437 D007001
Location of Construction:	Owner Name:		(Owner Address:		Phone:
23 Samuel Rd	Deschambault Susan			62 Farragut St		() 797-6922
Business Name:	Contractor Name:		(Contractor Address:		Phone
	Owner			Portland		
Lessee/Buyer's Name	Phone:		F	Permit Type:		
				Additions - Dwell	ings	
Proposed Use:			Proposed	Project Description:		
Single Family Home -Build 10 ' x 14'	Breezeway on rear of ho	ome	Build 1	0 ' x 14' Breezewa	y on rear of home	
Dept: Zoning Status: A	pproved	Rev	viewer:	Jeanine Bourke	Approval Da	ate: 10/26/2004
Note: 9/29/04 left vm w/Susan D. T	o discuss issues, ie. Sho	reland zo	one, floo	d plain, construction	on details. She called	Ok to Issue:
back and said the former own						
10/22 received new info with	LOMA & elevation cert	t., ok to is	ssue			
 This property shall remain a single approval. 	e family dwelling. Any c	change of	use sha	ll require a separat	e permit application	for review and
2) This permit is being approved on work.	the basis of plans submit	tted. Any	y deviat	ions shall require a	separate approval be	efore starting that
Dept: Building Status: A	1 -:4. C - 1:4:	s Rev	iower.	Jeanine Bourke	Approval Da	ate: 10/26/2004
	pproved with Condition	D ILL	TOWEL.	Jeanine Dourke	ApprovarDa	10/20/2004
Note:	pproved with Condition	S Rev	newer.	Jeannie Bourke	• •	Ok to Issue:
						Ok to Issue:

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property with the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 23	3 SAMU	al Road -	Butlan	d me		
Total Square Footage of Proposed Structu	ırə	Square Footage of	Lot			
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: S	ushn Deschin	16autt	Telephone: 797.692.2		
Lessee/Buyer's Name (If Applicable)	ssee/Buyer's Name (If Applicable) Applicant name, address & Cost Of 17,000,6 Work: \$					
	00	oner	Fee	e: \$ 174,00		
current use: Single Famely	home	•				
If the location is currently vacant, what was	s prior use: _			- -		
Approximately how long has it been vacar	nt:					
Proposed use: Rod rm -adi4	010-22	120° 10 ×0	20' BA	uge vaj		
Project description:						
Contractor's name, address & telephone:	Our	we/				
Who should we contact when the permit is	ready: Sus	on Deschamb	ault			
Malling address:	POR	arragut St.	,			
We will contact you by phone when the per eview the requirements before starting any and a \$100.00 fee if any work starts before th	rmit is ready. work, with a	You must come in a Plan Reviewer. A sta	ind pick u op work o			
THE REQUIRED INFORMATION IS NOT INCLUD ENIED AT THE DISCRETION OF THE BUILDING/P FORMATION IN ORDER TO APROVE THIS PERM	LANNING DE					
ereby certify that I am the Owner of record of the name ve been authorized by the owner to make this application in addition, if a permit for work described in this light have the authority to enter all areas covered by this permit.	tion as his/her at is application is i	uthorized agent. I agree to Issued, I certify that the Co asonable hour to enforce	o conform to de Official's	all applicable laws of this authorized representative		

This is NOT a permit, you may not commence ANY work until the permit is issued.

If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

Date:

() HH 1042

Signature of applicant:

This page contains a detailed description of the Parcel ID you selected. Press the New Search button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number

Parcel ID

437 D007001

Location Land Use **GR JAUMAZ ES** SINGLE FAMILY

Owner Address

MANCINI JOSEPH S WWII VET & CAROLINA JTS

99 PREBLE ST APT 712

SOUTH PORTLAND ME 04106

Book/Page

Legal

437-D-7 ES UN Januas

13649 SF

Valuation Information

Land #36,650 Building **\$63,100**

Total **\$99,750**

Property Information

Year Built 1964

Style Ranch Story Height

Sq. Ft. 1008

Total Acres

0.313

Bedrooms 2

Full Baths

Half Baths

Total Rooms 5

Attic None

Basement Ful1

Outbuildings

Type GARAGE-WD/CB Quantity L

Year Built 1972

Size 20X24 Grade

Condition A

Sales Information

Date

Type

Price

Book/Page

Picture and Sketch

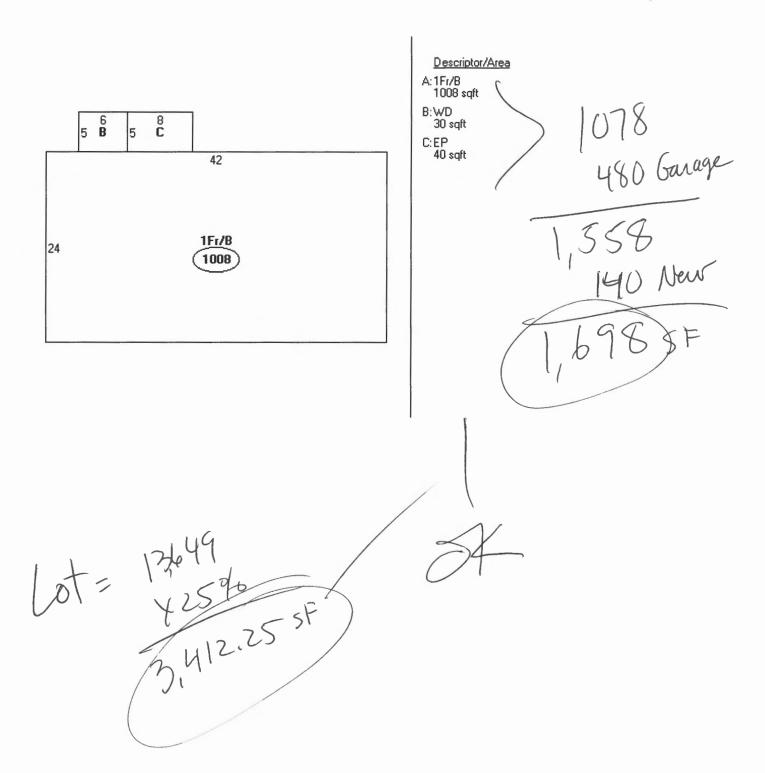
Picture

Sketch

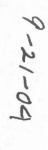
Click here to view Tax Roll Information.

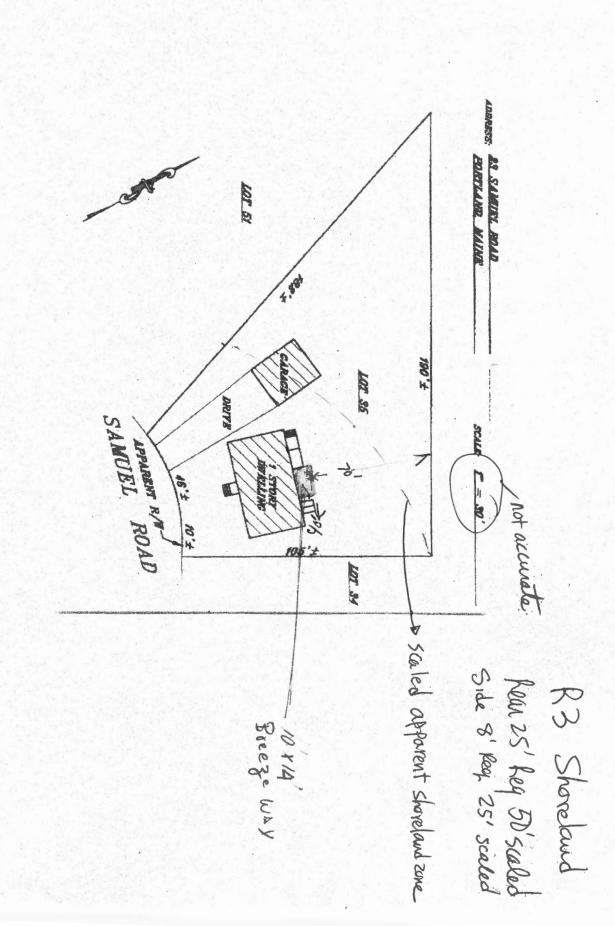
Any information concerning tax payments should be directed to the Treasury office at 874-8490 or emailed.

New Search!









Str. 80.C. Sole Existing Par Saughan Alaba bruzeway Roof pitch House 4 Exte dosts Simpson house house Bulk werd さかいしょし ためー preede may on stock total of 6) tubes

FROM

Proposal Dawson Moulton bailders

Proposal No.

Sheet No.

Date

9-21-09

Proposal Submitted To	Work To Be Performed At							
Name Susaw Deschambault Street 62 FARRAGUT ST City PORTLAND State MAINE Telephone Number 797-6922	Street 23 SAMUAL ROL City PORTLAND State MariNUT Date of Plans Architect ConTractor							
We hereby propose to furnish all the materials and perform all the labor necessary for the completion of a 16 x 14 1 Breeze way a 23 Samola Rd - (Faradation & 16 18 Sana tubes 48" deep Eloop 1055 2"x 16" x 16" 6.6 - 36 x 10" + 6 35 Carriers 24" ply wood Sub 15 the supply wood Sub 2nd Floor 1 agree external way - 2 x 4 x 16 60 to ply wood sheether. House cap - Shingle to Match ext - House R-13 Two - Faced La! Sheet rock interia walls Trae - Sand Fo Finish- Trustal (2) windows 30 x 36" (1) or 2-8 x 6-2" Roaf to Match extisting roof 6/12 pitch Oleatrical 2) Gotlets 2 / 19/15 (2) Switches - 15 Amp Breekey All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings								
with payments to be made as follows: 3,500,00 with payments to be made as follows: 3,500,00 2,300,00	Neve thousand Soven Dollars (\$ 9,960,00).							
Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by Respectfully submitted								
Per								
Note — This proposal may be withdrawn by us if not accepted	within <i>30</i> days							
ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.								
Accepted 9/21/04 Date 9-21-04	Signature Dusan Mouton							

MAINE REAL ESTATE TAX PAID

72305 Ek:21763 Pg: 345 Doc#:

WARRANTY DEED (Maine Statutory Short Form)

FIRST FINANCIAL MTG

KNOW ALL PERSONS BY THESE PRESENTS, that Joseph S. Mancini of Portland, County of Cumberland and the State of Maine, for consideration paid, GRANTS to Susan E. Deschambault of Portland, County of Cumberland and the State of Maine, whose mailing address is 62 Farragut Street, Portland, Maine 04102 with WARRANTY COVENANTS, the land with buildings thereon in Portland, County of Cumberland and State of Maine, described as follows:

A certain lot or parcel of land, together with the buildings thereon, situated in Portland, County of Cumberland and State of Maine, and being lot numbered thirty-five (#35) as shown on the Plan of Meadow View Park, Section B, recorded in the Cumberland County Registry of Deeds in Plan Book 60, Page 57.

The frontage of said lot on Samuel Road is made up of two segments; one being 10.22 feet in length as shown on said Plan and the second being 45.78 feet in length which measurement was erroneously written as 40.70 feet in the preparation of said Plan.

The westerly sideline of said lot is 182.15 feet which measurement was erroneously written as 183.40 fect in the preparation of said Plan.

Meaning and intending to convey the same premises conveyed to the Grantor by deed from The Minat Corporation dated November 13, 1963 and recorded in the Cumberland County Registry of Deeds in Book 2787, Page 485. Carolina Mancini died August 1, 2003 leaving Joseph S. Mancini as sole surviving Joint Tenant.

Witness my hand and seal this 3rd day of September, 2004.

h S. Mancini

STATE OF MAINE

COUNTY OF CUMBERLAND, SS.

September 3, 2004

Then personally appeared before me the above named Joseph S. Mancini and acknowledged the foregoing instrument to be his free act and deed.

C. TRENT GRACE Notary Public. Maine

My Commission Expires February 6, 2008

Received Recorded Resister of Deeds Ses 09-2004 11:48:34A Cumberland County John B OBrien

A04-827

First Financial Mortgage

DATE:	9/20
TO:	Susan Deschambault
COMPANY:	
FAX NUMBER:	
FROM:	Cher
OUR FAX NO.	
	NCLUDING THIS SHEET):
COMPANIE CONTROL CONTR	
If you have any pro (207)775-4200.	blems receiving this fax, please call us at:

78 Atlantic Place • South Portland, Maine 04106



Federal Emergency Management Agency

Washington, D.C. 20472

October 12, 2004

MR. ROBERT T. GREENLAW, P.L.S. BACK BAY BOUNDARY, INC. 65 NEWBURY STREET PORTLAND, ME 04101 CASE NO.: 04-01-1666A

COMMUNITY: CITY OF PORTLAND, CUMBERLAND COUNTY,

MAINE

COMMUNITY NO.: 230051

DEAR MR. GREENLAW:

This is in reference to a request that the Federal Emergency Management Agency (FEMA) determine if the property described in the enclosed document is located within an identified Special Flood Hazard Area, the area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood), on the effective National Flood Insurance Program (NFIP) map. Using the information submitted and the effective NFIP map, our determination is shown on the attached Letter of Map Amendment (LOMA) Determination Document. This determination document provides additional information regarding the effective NFIP map, the legal description of the property and our determination.

Additional documents are enclosed which provide information regarding the subject property and LOMAs. Please see the List of Enclosures below to determine which documents are enclosed. Other attachments specific to this request may be included as referenced in the Determination/Comment document. If you have any questions about this letter or any of the enclosures, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, P.O. Box 2210, Merrifield, VA 22116-2210. Additional information about the NFIP is available on our web site at http://www.fema.gov/nfip/.

Sincerely,

Doug Bellomo, P.E., CFM, Acting Chief

Hazard Identification Section, Mitigation Division Emergency Preparedness and Response Directorate

LIST OF ENCLOSURES:

LOMA DETERMINATION DOCUMENT (REMOVAL)

cc: State/Commonwealth NFIP Coordinator

Community Map Repository

Region

2



Federal Emergency Management Agency

Washington, D.C. 20472

LETTER OF MAP AMENDMENT DETERMINATION DOCUMENT (REMOVAL)

COMMUNITY AND MAP PANEL INFORMATION		LEGAL PROPERTY DESCRIPTION
CITY OF PORTLAND, CUMBERL COUNTY, MAINE		Lot 35, Plan of Meadow View Park, Section B, as described in Deed, recorded in Book 2787, Pages 493 and 494, filed on November 13, 1963, by the Register of Deeds, Cumberland County, Maine
	COMMUNITY NO.: 230051	
	NUMBER: 2300510007C	1
AFFECTED MAP PANEL	NAME: CITY OF PORTLAND, CUMBERLAND COUNTY, MAINE	
	DATE: 12/08/1998	
FLOODING SO	URCE: FALL BROOK	APPROXIMATE LATITUDE & LONGITUDE OF PROPERTY: 43.695, -70.286 SOURCE OF LAT & LONG: PRECISION MAPPING STREETS 6.0 DATUM: NAD 83

DETERMINATION

LOT	BLOCK/ SECTION	SUBDIVISION	STREET	OUTCOME WHAT IS REMOVED FROM THE SFHA	FLOOD ZONE	1% ANNUAL CHANCE FLOOD ELEVATION (NGVD 29)	LOWEST ADJACENT GRADE ELEVATION (NGVD 29)	LOWEST LOT ELEVATION (NGVD 29)
35	-/ B	Plan of Meadow View Park	23 Samuel Road	Structure	X (unshaded)	70.1 feet	70.7 feet	69.0 feet

Special Flood Hazard Area (SFHA) - The SFHA is an area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood).

ADDITIONAL CONSIDERATIONS (Please refer to the appropriate section on Attachment 1 for the additional considerations listed below.)

PORTIONS REMAIN IN THE SFHA

This document provides the Federal Emergency Management Agency's determination regarding a request for a Letter of Map Amendment for the property described above. Using the information submitted and the effective National Flood Insurance Program (NFIP) map, we have determined that the structure(s) on the property(ies) is/are not located in the SFHA, an area inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood). This document amends the effective NFIP map to remove the subject property from the SFHA located on the effective NFIP map; therefore, the Federal mandatory flood insurance requirement does not apply. However, the lender has the option to continue the flood insurance requirement to protect its financial risk on the loan. A Preferred Risk Policy (PRP) is available for buildings located outside the SFHA. Information about the PRP and how one can apply is enclosed.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, P.O. Box 2210, Merrifield, VA 22116-2210. Additional information about the NFIP is available on our web site at http://www.fema.gov/nfip/.

Doug Bellomo, P.E., CFM, Acting Chief Hazard Identification Section, Mitigation Division

Emergency Preparedness and Response Directorate

Version 1.3.4 62175103 0301288303012883

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Federal Emergency Management Agency

Washington, D.C. 20472

LETTER OF MAP AMENDMENT **DETERMINATION DOCUMENT (REMOVAL)**

ATTACHMENT 1 (ADDITIONAL CONSIDERATIONS)

PORTIONS OF THE PROPERTY REMAIN IN THE SFHA (This Additional Consideration applies to the preceding 1 Property.)

Portions of this property, but not the subject of the Determination/Comment document, may remain in the Special Flood Hazard Area. Therefore, any future construction or substantial improvement on the property remains subject to Federal, State/Commonwealth, and local regulations for floodplain management.

This attachment provides additional information regarding this request. If you have any questions about this attachment, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, P.O. Box 2210, Merrifield, VA 22116-2210. Additional information about the NFIP is available on our web site at http://www.fema.gov/nfip/.

> Doug Bellomo, P.E., CFM, Acting Chief Hazard Identification Section, Mitigation Division Emergency Preparedness and Response Directorate

Version 1.3.4

62175103 0301288303012883

FIRST PAYMENT LETTER AND MAILING ADDRESS CERTIFICATION

Words used in this Letter and Certification are defined below. Words in the singular mean and include the plural and vice versa.

"Borrower" is SUSAN E DESCHAMBAULT

November 1, 2004 "First Payment Due Date" is

"Lender" is FIRST FINANCIAL MORTGAGE CORPORATION

, and its successors or assigns.

"Note" means the promissory note(s) dated

September 3, 2004

, signed by Borrower in favor of Lender.

"Property" means the property commonly known as 23 SAMUEL RD, PORTLAND, ME 04103

"Security Instrument" means the deed of trust/mortgage/security deed/security instrument signed by Borrower in favor of Lender, securing payment of the note.

To assure proper credit on Borrower's account, please include the loan number on all loan payment checks. Unless otherwise indicated in the Note, each loan payment is due on the 1st day of each month. Each payment should be mailed early enough for it to reach Lender on or before that date. Payments received after that date are delinquent and could affect Borrower's credit rating. Unless otherwise indicated in the Note, payments received 15 days after the due date are subject to late charges. The regular Total Monthly Payment is itemized below. This will be the amount of Borrower's first payment unless Lender notifies Borrower otherwise. The payment may change due to changes in any of the components of the Total Monthly Payment (including a possible interest rate change if the loan contains a variable rate feature). New payment coupons (including any adjusted amounts) will be mailed to Borrower at Borrower's last known address.

	INIT	IAL AMOUNT
Monthly Principal and Interest	\$	1,101.34
HAZARD INSURANCE	\$	52.42
CITY TAX	\$	204.61
FLOOD INSURANCE	\$	103.50
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Monthly Payment:	\$	1,461.87

LOAN NUMBER: 1855757

MIN: 100162500018557570

First Payment Letter and Mailing Address Certification (Multistate)

-THE COMPLIANCE SOURCE, INC.www.compliancesource.com

Page 1 of 2

34833MU 05/03 ©2003, The Compliance Source, Inc.

OCT 2 2 2004

To Gudy Pimentel Ohio Savorgs Bank att: 8 person Dept. #1855757 3 poges 10/20/04

attached please find a FEMA release proving that 23 Samuel Road is not in a flood zone. Please reduce my monthly payment to reflect this change

Thanks Susan Deschamfaut (W)207-791-5534 (H) 207-797-6922

OCT 2 2 2004

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

OCT 2 2 2004

Important: Read the instructions on pages 1 - 7.

	SECTION	A - PROPERTY OWNER INFORM	MATION	For Insurance Company Use:			
BUILDING OWNER'S NAME				Policy Number			
Susan Deschembault							
BUILDING STREET ADDRESS (In 23 Samual Road	Company NAIC Number						
CITY STATE ZIP CODE Portland ME 04103							
PROPERTY DESCRIPTION (Lot an Lot 35, Meadow View Park, Section	nd Block Numbers, Tax Parc b, as shown on Plan Book 1	el Number, Legal Description, etc.) 17, Page 9, filed in July 14, 1977 in t	he Cumberland County Re	egistry of Deeds, Portland, Maine.			
	Ion-residential, Addition, Acc	essory, etc. Use a Comments area,	if necessary.)				
Residential	u) uon:	CALTAL DATENA	0011005				
LATITUDE/LONGITUDE (OPTION/ (##°-##'-##.##" or ##.####")		CONTAL DATUM: 927 ☐ NAD 1983	SOURCE: GPS (Type USGS Qu				
	SECTION B - FLOOR	DINSURANCE RATE MAP (FIRM)) INFORMATION				
B1. NFIP COMMUNITY NAME & COMMUN	ITY NUMBER	B2. COUNTY NAME	В	3. STATE			
230051		Cumberland	N	E			
B4. MAP AND PANEL NUMBER 2300510007C B5. SU	FFIX B6. FIRM INDEX DAT 12/08/1998	B7. FIRM PANEL E EFFECTIVE/REVISED DATE 12/08/1998	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 70.0			
B10. Indicate the source of the Base Floo FIS Profile FIRM B11. Indicate the elevation datum used fo B12. Is the building located in a Coastal B	☐ Community De or the BFE in B9: ☑ NGVD 19:	etermined Other (Des 29 NAVD 198	8 Other (Describe):	Designation Date			
		ELEVATION INFORMATION (SU					
C1. Building elevations are based on:			Finished Construction				
*A new Elevation Certificate will be re	•		I ##SHCC CONSTRUCTOR				
C2. Building Diagram Number 4 (Select th			is heing completed - see pag	es 6 and 7 If no diagram			
accurately represents the building, pr		to the bunding for which the continues i	io boiling compound to page	50 o and 7. If no diagram			
C3. Elevations – Zones A1-A30, AE, AH,		rith BFE), AR, AR/A, AR/AE, AR/A1-A30), AR/AH, AR/AO				
		cified in Item C2. State the datum used.		the datum used for the BFE in			
Section B, convert the datum to that u	used for the BFE. Show field me	easurements and datum conversion cald	culation. Use the space provi	ided or the Comments area of			
Section D or Section G, as appropriat	ie, to document the datum conv	rersion.					
Datum Conversion/Commen	ts						
Elevation reference mark used	_Does the elevation reference	mark used appear on the FIRM? 🔲 Yo	es 🛛 No				
 a) Top of bottom floor (including ba 	asement or endosure)	ft_(m)	<u>aa</u> 3	3			
 b) Top of next higher floor 		<u>74.</u> . <u>28 f</u> t.(m)	mbossed Seal, nd Date				
o c) Bottom of lowest horizontal struc	ctural member (V zones only)	fL(m)	osse				
o d) Attached garage (top of slab)		ft.(m)	d d				
o e) Lowest elevation of machinery a	and/or equipment		F. 6.	0			
servicing the building (Describe		ft(m)	mbe				
of) Lowest adjacent (finished) grade	, ,	fL(m)	License Number, Signature,	× ×			
o g) Highest adjacent (finished) grad		ft.(m)	S e	1 (2			
o h) No. of permanent openings (floo			F 2	F 72			
o i) Total area of all permanent open	ings (flood vents) in C3.h	_sq. in. (sq. cm)					
	SECTION D - SURVEY	OR, ENGINEER, OR ARCHITECT	CERTIFICATION				
This certification is to be signed and	sealed by a land surveyor, e	ngineer, or architect authorized by la	aw to certify elevation infor	mation.			
I certify that the information in Section							
I understand that any false statemen		or imprisonment under 18 U.S. Code					
CERTIFIER'S NAME Robert T. Greenla	w, PLS		LICENSE NUMBER 2303	3			
TITLEProfessional Land Surveyor	0.4	COMPANY NAME	Back Bay Boundary, Inc.				
ADDRESS	1)//	CITY	STATE	ZIP CODE			
65 Newbury Street		Portland	ME	04101			
SIGNATURE ON	hhs	DATE 10-22-2004	TELEPHO 207-774-2				

OCT 2 2 2004

