

PLEASE NOTE I HAVE MARKED THIS
MLI PRELIMINARY.

WHILE WE ARE IN VIOLATION OF
CURRENT SETBACKS, WE HAVEN'T
BEEN ABLE TO CONFIRM WHAT THE
SETBACKS WERE AT THE TIME
OF BUILDERS CONSTRUCTION.

ALSO, THE OWNER SAID THAT HIS
HMO GOTTER A VARIANCE IN THE PAST.

I WOULD SUGGEST THAT THE
SELLERS (PAUL + JOANNE FIORA) TRY
TO OBTAIN A COPY AND LETTER
FROM THE C.E.D. BASED ON
THIS MLI. IF THEY CAN I
CAN THEN FINALIZE THIS
MLI RECONSTRUCTION FOR
CLOSING

~~GTC~~

398-A-33

G.T.S. Inc. 8/85

Malden 7/27

Land Use Consultants 110 WEST ROAD DEERING, MAINE 04020 TEL: (603) 882-4444 FAX: (603) 882-4444	
MAP NO: 01-5535 DRAWN BY: G.S.L.	DATE: 7/26/01
REGISTERED BY: 30 DEPARTMENT OF CONSERVATION & FORESTRY 1126 CONCORD ST. PORTLAND, ME 04106	
BUYER: STEVEN BAUMANN SELLER: PAUL D. & JOANNE FIORE LOCATION: 29 DERWOODS ROAD PORTLAND, MAINE TAX MAP REFERENCE: MAP 398 BLOCK A LOT 33	
PREPARED FOR: ACCREDITED HOME LENDERS MORTGAGE LOAN INSPECTION	



1) THIS PLAN HAS BEEN PREPARED FROM AN INSPECTION OF THE SITE ON 7/25/2001 FOR THE SOLE BENEFIT OF THE LENDING COMPANY DESIGNATED BELOW EXCLUSIVELY. THE INSURANCE COMPANY DOES NOT AND SHALL NOT EXTEND TO ANY OTHER PERSON OR PERSONS STATISTICS OR OPINION MADE TO THE STATISTICS OF WARRANTY, BUT THE STATISTICS OF OPINION MADE TO THE BEST OF THE SURVEYOR'S KNOWLEDGE, INFORMATION, & BELIEF. SURVEYWORKS, INC. IS NOT LIABLE FOR ANY OTHER USE BY ANY OTHER PERSON OR ENTITY.

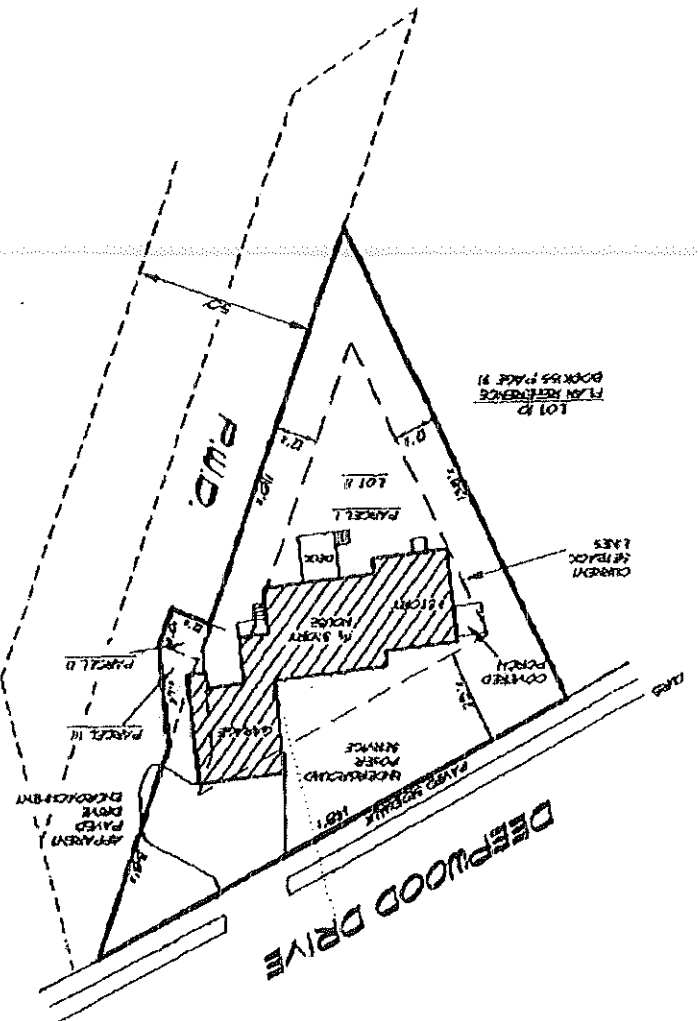
2) THIS PLAN IS AN APPROXIMATE REPRESENTATION OF THE PRIVALS (OR PORTION OF THE PRIVALS, WHERE APPLICABLE) AND IS FOR THE PURPOSE OF REFERENCE IN MAP FROM THE SUBJECT REAL PROPERTY AND THE OBVIOUS REQUIREMENTS THAT LIE WITHIN THE APPARENT BOUNDARY LINES OF SAID PARCELS. USE SAID PLAN FOR DETERMINING THE RESERVATION OF SAID PROPERTY AND THE DETERMINATION OF BOUNDARY LINES SHOWN HEREON ARE THE REQUIRED, THAT THE APPARENT BOUNDARY LINES SHOWN HEREON ARE THE TRUE PROPERTY LINES. THIS PLAN SHALL NOT BE USED AS A BASIS FOR A LEGAL DISCUSSION. TO NOT USE PLAN DETAILS FOR ESTABLISHING LOT LINES FOR THE SECTION OF ANY IMPROVEMENTS, FENCES, WALLS, HEDGES, ETC. SEE FOR THE SECTION OF ANY IMPROVEMENTS, FENCES, WALLS, HEDGES, ETC. *See map*

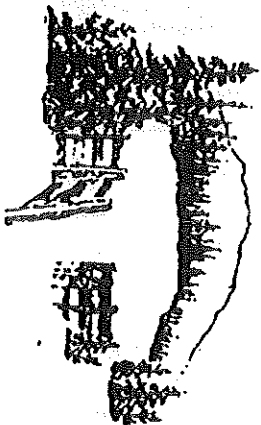
3) THE EMBOSSES SPECIFIED HEREON FOR THE VERTICAL STRIPE REQUIREMENTS OF LOCAL TOWN OR STATE OF CONSERVATION.

4) THE FENCES SPECIFIED ARE NOT LOCATED IN A SPECIAL ZONING HAZARD AREA AS DETERMINED BY THE TOWN OF PORTLAND MAINE.

NOTES:

1) THIS PLAN IS NOT A BOUNDARY SURVEY.
 COMPANY DESIGNATED BELOW EXCLUSIVELY THAT THIS PLAN, AS HOLDING, BEYOND CLARITY TO THE TOWN OF WASHINGTON AND/OR THE EMBOSSE COMPANY DESIGNATED BELOW EXCLUSIVELY OF THE PROVISIONS OF THE PLAN, BUT DETAILS OF A SURVEY EXPLANATION OF THE PROVISIONS DESCRIBED IN EXHIBIT "A" (ATTACHED) TO BE RECORDED AT THE APPLICABLE COUNTY RECORDING OFFICE AND THAT ALL NECESSARY PROCEEDINGS AND EMBOSSES, & ANY, ARE LOCATED ON THE GROUND AS SHOWN HEREON SUBJECT TO THE QUANTIFICATIONS SET FORTH IN THE NOTES BELOW.





(207) 794-6132
FAX (207) 794-6133
GATEWAY
SERVICES, INC.
P.O. BOX 129,
27 West Broadway
Lincoln ME 04457

FACSIMILE COVER SHEET

DATE: 7/27/01

FAX NUMBER: 874-8716

NUMBER OF PAGES: 3 (including cover sheet)

TO: Dave, CEO OF: City of Portland

FROM: Shirley OF: Frieda Baumann

If you have any questions regarding any of the information transmitted or if you do not receive all of the pages indicated please call me back immediately at (207) 794-6131.

MESSAGE: For our conversation

Looking for variance on letter D
no action

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS COVERED BY THE ATTORNEY-CLIENT PRIVILEGE AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

Operator's initials

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Deals - 11/10
 Street: 442 River Road
 Subdivision Lot #: 1
PROPERTY OWNERS NAME
 Last: Frost First: John
 Applicant Name: John Hasted
 Mailing Address of Owner/Applicant (if Different): 515 OCEAN ST SE PORTLAND ME 04106

398 A 033

Department of Human Sciences,
 Division of Health Engineering

POSTLAND
 State Permit Record: 512750
 Total Plumbing Inspector Signature: [Signature]
 7273 \$ 4100 COPY
 L.P.I. # 011124 If Double Fee Charged

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant: [Signature]

Date: 5/3/00

Local Plumbing Inspector Signature: _____

Date Approved: _____

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
 2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D. HOUSING DEALER/MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER

LICENSE # 09754

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Description	Number	Description
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	01	Hosebibb / Silcock	01	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	01	Sink
		Drinking Fountain	02	Wash Basin
		Indirect Waste	02	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	01	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Fixtures (Subtotal) Column 2		07	Fixtures (Subtotal) Column 1	
OR			Fixtures (Subtotal) Column 2	
TRANSFER FEE [\$6.00]			Total Fixtures	08

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Fixtures (Subtotal) Column 2	08
Fixtures (Subtotal) Column 1	01
Total Fixtures	09
Fixture Fee	48
Transfer Fee	
Hook-Up & Relocation Fee	
Permit Fee	48
Permit Fee (Total)	48