

# ELECTRICAL PERMIT City of Portland, Me.

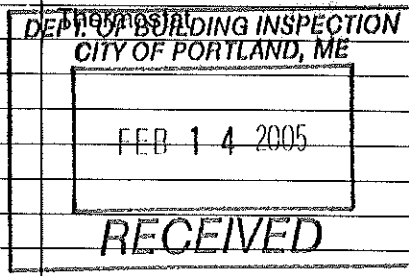


To the Chief Electrical Inspector, Portland Maine:  
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 2/14/05  
Permit # 054125  
CBL# 429 G 001

LOCATION: 106 Kensington St. METER MAKE & # \_\_\_\_\_  
CMP ACCOUNT # \_\_\_\_\_ OWNER \_\_\_\_\_  
TENANT Maine Yacht Center PHONE # 207-842-9000

					TOTAL EACH FEE		
OUTLETS	Receptacles	Switches	Smoke Detector			.20	
FIXTURES	Incandescent	Fluorescent	Strips			.20	
SERVICES	Overhead	Underground	TTL AMPS <800			15.00	
	Overhead	Underground	TTL AMPS >800			25.00	
Temporary Service	Overhead	Underground	TTL AMPS			25.00	
						25.00	
METERS	(number of)					1.00	
MOTORS	(number of)					2.00	
RESID/COM	Electric units					1.00	
HEATING	oil/gas units	Interior	Exterior			5.00	
APPLIANCES	Ranges	Cook Tops	Wall Ovens			2.00	
	Insta-Hot	Water heaters	Fans			2.00	
	Dryers	Disposals	Dishwasher			2.00	
	Compactors	Spa	Washing Machine			2.00	
	Others (denote)					2.00	
	MISC. (number of)	Air Cond/win					3.00
		Air Cond/cent		Pools			10.00
		HVAC	EMS	Handrails			5.00
		Signs					10.00
		Alarms/res					5.00
	X Alarms/com					15.00	
	Heavy Duty(CRKT)					2.00	
	Circus/Carnv					25.00	
	Alterations					5.00	
	Fire Repairs					15.00	
	E Lights					1.00	
	E Generators					20.00	
PANELS	Service	Remote	Main			4.00	
TRANSFORMER	0-25 Kva					5.00	
	25-200 Kva					8.00	
	Over 200 Kva					10.00	
					TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 45.00					MINIMUM FEE	35.00	



CONTRACTORS NAME Boulos Security Systems MASTER LIC. # \_\_\_\_\_  
ADDRESS 75 York St Portland, ME 04101 LIMITED LIC. # LM50014900  
TELEPHONE 207-828-0022

SIGNATURE OF CONTRACTOR C. Dan Hall CRB

**Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon**

Permits expire in 6 months, if the project is not started or ceases for 6 months.

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

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

A Pre-construction Meeting will take place upon receipt of your building permit.

- NA Footing/Building Location Inspection: Prior to pouring concrete
- NA Re-Bar Schedule Inspection: Prior to pouring concrete
- NA Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- 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.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature]  
Signature of Applicant/Designee

6-21-05  
Date

[Signature]  
Signature of Inspections Official

6/21/05  
Date

CBL: 429 6001

Building Permit #: 05 0641



**The Sheridan Corporation**  
 PO Box 359, Fairfield, ME 04937  
 Phone (207) 453-9311, Fax (207) 453-2820  
 PO Box 689, Westbrook, ME 04098  
 Phone (207) 774-6138, Fax (207) 774-2885  
 www.sheridancorp.com

# LETTER OF TRANSMITTAL

DATE	7-15-05	JOB NO.	030017
ATTENTION	Mr. Michael Nugent, B. I.		
RE	<p>Elevation Certificate          for          Maine Yacht Center          100 Kensington Street          Portland, Maine 04103</p>		

TO City of Portland, Maine  
City Hall, Room 315  
389 Congress St. Portland, Me. 04101

GENTLEMEN:

WE ARE SENDING YOU  Attached  Under separate cover via Hand Carry the following items:  
 Shop drawings   Samples  Specifications  
 Copy of letter  Change order

COPIES	DATE	NO.	DESCRIPTION
3	7-7-05	N. A.	Certification of building elevation as requested

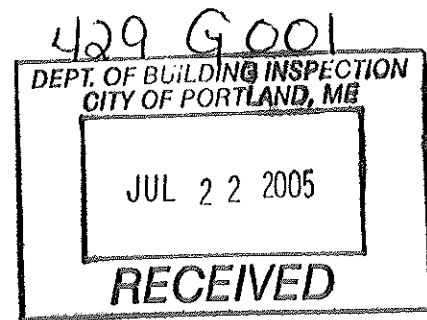
For approval  Approved as submitted  Resubmit \_\_\_\_\_ copies for approval  
 For your use  Approved as noted  Submit \_\_\_\_\_ copies for distribution  
 As requested  Returned for corrections  Return \_\_\_\_\_ corrected prints  
 For review and comment  \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 20 \_\_\_\_\_  PRINTS RETURNED AFTER LOAN TO US

REMARKS:

We believe upon receipt of this document, this will complete our responsibilities for submissions on this project. Thank you.

Dana C. Sturtevant, P. E.  
 Engineering Manager

COPY TO: Dan Wildes, P. M. for TSC; Steve Daicy, Chief Engineer for TSC; Mason Sears - Me. Yacht Rep.



SIGNED: *Dana C. Sturtevant*

If enclosures are not as noted, kindly notify us at once.

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 NATIONAL FLOOD INSURANCE PROGRAM  
**ELEVATION CERTIFICATE**

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME <u>MAINE YACHT CENTER L.L.C.</u>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>100 KENNINGTON ST.</u>		Company NAIC Number	
CITY <u>PORTLAND</u>	STATE <u>MAINE</u>	ZIP CODE <u>04102</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>TAX MAP 429-G-0010000; 430-B-13-15/130 E-1044 430-X-1</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>BOAT STORAGE, OFFICES &amp; SALES ROOM</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ###.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>PORTLAND ME 2300051</u>		B2. COUNTY NAME <u>CUMBERLAND</u>		B3. STATE <u>ME</u>	
B4. MAP AND PANEL NUMBER <u>429 G 1-7</u>	B5. SUFFIX	B6. FIRM INDEX DATE <u>7/17/86</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>7/17/86</u>	B8. FLOOD ZONE(S) <u>A2</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>14.0</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>1</u> (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	
C3. Elevations - Zones <u>A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO</u> Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum <u>NGVD 1929</u> Conversion/Comments <u>RM 6 PANEL 7B</u>	
Elevation reference mark used <u>266 KENNEDY ST</u> Does the elevation reference mark used appear on the FIRM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>18.33</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<u>NA</u> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>NA</u> ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>18.33</u> ft. (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>15.6</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>20.0</u> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>NA</u> sq. in. (sq. cm)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
CERTIFIER'S NAME <u>ELWOOD ELLIOTT</u>	COMPANY NAME <u>PLS INC</u>	LICENSE NUMBER <u>2000 1176</u>	
TITLE <u>Surveyor</u>	CITY <u>CHINA VILLAGE</u>	STATE <u>ME</u>	ZIP CODE <u>04926</u>
ADDRESS <u>P.O. BOX 6234</u>	DATE <u>7/7/08</u>	TELEPHONE <u>207-968-2627</u>	
SIGNATURE <u>[Signature]</u>			

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>100 KENSINGTON ST</u>			Policy Number	
CITY <u>PORTLAND</u>	STATE <u>ME</u>	ZIP CODE <u>04102</u>	Company NAIC Number	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

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Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

OWNER SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME  
MASON SEARS

ADDRESS  
100 Kensington St

CITY  
Portland

STATE  
ME

ZIP CODE  
04103

SIGNATURE  
[Signature]

DATE  
7-20-05

TELEPHONE  
207-842-9000

COMMENTS

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft. (m) Datum: \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft. (m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS

Check here if attachments

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>MAINE YACHT CENTER L.L.C.</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>100 KENNINGTON ST.</u>		Company NAIC Number
CITY <u>PORTLAND</u>	STATE <u>MAINE</u>	ZIP CODE <u>04102</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>FAX MAP 429-6-001 TO 007; 430-B-13-12/130 E-1017 430-X-1</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>BOAT STORAGE OFFICE &amp; SALES ROOM</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###.###" or ###.####")	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>PORTLAND ME 2300051</u>		B2. COUNTY NAME <u>CUMBERLAND</u>	B3. STATE <u>ME</u>
B4. MAP AND PANEL NUMBER <u>429 G 1-7</u>	B5. SUFFIX <u>1-7</u>	B6. FIRM INDEX DATE <u>7/17/06</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>7/17/06</u>
		B8. FLOOD ZONE(S) <u>A2</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>14.0</u>

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_
- B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date: \_\_\_\_\_

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.
- C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum MGVD 1929 Conversion/Comments RM 6 PANEL 7B
- Elevation reference mark used Base Level Does the elevation reference mark used appear on the FIRM?  Yes  No
- |  |                     |  |
|--|---------------------|--|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)  | <u>18.33</u> ft.(m) | License Number, Embossed Seal, Signature, and Date |
| <input type="checkbox"/> b) Top of next higher floor   | <u>NA</u> ft.(m)    |  |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)   | <u>NA</u> ft.(m)    |  |
| <input type="checkbox"/> d) Attached garage (top of slab)  | <u>NA</u> ft.(m)    |  |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) | <u>18.33</u> ft.(m) |  |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)   | <u>15.6</u> ft.(m)  |  |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)  | <u>20.0</u> ft.(m)  |  |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>NA</u>                  |                     |  |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>NA</u> sq. in. (sq. cm)                |                     |  |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <u>ELWOOD ELLIOTT</u>	LICENSE NUMBER <u>PLS 2008 1176</u>
TITLE <u>Surveyor</u>	COMPANY NAME <u>CHINA VILLAGES</u>
ADDRESS <u>P.O. Box 6234</u>	CITY <u>CHINA VILLAGES</u>
SIGNATURE <u>[Signature]</u>	STATE <u>ME</u>
	ZIP CODE <u>04926</u>
	TELEPHONE <u>207-968-2627</u>
	DATE <u>7/7/08</u>

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>100 KENSINGTON ST</u>			Policy Number	
CITY <u>PORTLAND</u>	STATE <u>ME</u>	ZIP CODE <u>04102</u>	Company NAIC Number	

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

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**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) \_\_\_\_ above or \_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) \_\_\_\_ above or \_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME  
MASON SEARS

ADDRESS  
100 Kensington St

CITY  
Portland

STATE  
ME

ZIP CODE  
04103

SIGNATURE  
[Signature]

DATE  
7-20-05

TELEPHONE  
842-9880

COMMENTS

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft. (m) Datum: \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft. (m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS

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FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>MAINE YACHT CENTER L.L.C.</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>100 KENNINGTON ST.</u>		Company NAIC Number
CITY <u>PORTLAND</u>	STATE <u>MAINE</u>	ZIP CODE <u>04102</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>TAX MAP 429-G-0010002; 430-B-13-15/130 E-1001 430-X-1</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>BOAT STORAGE OFFICE &amp; SAIL ROOM</u>		
LATITUDE/LONGITUDE (OPTIONAL) (###°-##'-###" or ###.####")	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>PORTLAND ME 2300051</u>		B2. COUNTY NAME <u>CUMBERLAND</u>		B3. STATE <u>ME</u>	
B4. MAP AND PANEL NUMBER <u>429 G 1-7</u>	B5. SUFFIX <u>1-7</u>	B6. FIRM INDEX DATE <u>7/17/86</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>7/17/86</u>	B8. FLOOD ZONE(S) <u>A 2</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>14.0</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date: \_\_\_\_\_

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
Complete items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum NGVD 1929 Conversion/Comments RM 6 PANEL 7B

Elevation reference mark used 6'6" wood Does the elevation reference mark used appear on the FIRM?  Yes  No

- a) Top of bottom floor (including basement or enclosure) 18.33 ft. (m)
- b) Top of next higher floor NA ft. (m)
- c) Bottom of lowest horizontal structural member (V zones only) NA ft. (m)
- d) Attached garage (top of slab) NA ft. (m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 18.33 ft. (m)
- f) Lowest adjacent (finished) grade (LAG) 15.6 ft. (m)
- g) Highest adjacent (finished) grade (HAG) 20.0 ft. (m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
- i) Total area of all permanent openings (flood vents) in C3.h NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <u>ELWOOD ELLIOTT</u>	LICENSE NUMBER <u>PLS 2000 1176</u>
TITLE <u>Surveyor</u>	COMPANY NAME <u>CHINA VILLAGES</u>
ADDRESS <u>P.O. Box 6234</u>	CITY <u>CHINA VILLAGES</u>
SIGNATURE 	STATE <u>ME</u>
	ZIP CODE <u>04926</u>
	TELEPHONE <u>207-968-2627</u>
	DATE <u>7/7/08</u>



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>100 KENSINGTON ST</u>			Policy Number	
CITY <u>PORTLAND</u>	STATE <u>ME</u>	ZIP CODE <u>04102</u>	Company NAIC Number	

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) \_\_\_\_ above or \_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) \_\_\_\_ above or \_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

MASON SEARS

ADDRESS

100 Kensington st

CITY

Portland ME

STATE

ZIP CODE

04103

SIGNATURE

[Signature]

DATE

7-20-03

TELEPHONE

842 9880

COMMENTS

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft. (m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft. (m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS

Check here if attachments