Form # P 01

# # 4

# **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:

_	abul.
Date _	4/14/03
Permit	# 054125
CDI#	NO 6001

LOCATION: 166	Kennsington St.	METER MAI		BL# <u>190</u>	<u> </u>	001
CMP ACCOUNT # _		OWNER				
TENANT/Y/&\w	e Yacht Center	PHONE # _	207-84	12-900	0	
				TOTA	AL EACH	FEE
OUTLETS	Receptacles	Switches	Smoke Detector	or	.20	
FIXTURES	Incandescent	Fluorescent	Strips	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	.20	and the second
SERVICES	Overhead	Underground	TTL AMPS	<800	15.00	
	Overhead	Underground		>800	25.00	

FIXTURES		Incandescent	Fluoresce	nt		Strips	4.54	.20	ere gasterne tre Assay, ere er tre e
A3 200 No. 1 FT do. and do.									
SERVICES		Overhead	Undergro			TTL AMPS <800		15.00	
		Overhead	Undergro	ınd		>800		25.00	
	<u> </u>								
Temporary Service	<u> </u>	Overhead	Undergro	ınd		TTL AMPS		25.00	
B. B. (20) 140 140 140 140 140 140 140 140 140 140	<u> </u>							25.00	
METERS	<u> </u>	(number of)						1.00	
MOTORS	<u> </u>	(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 hea	- 1		Fans		2.00	
		Dryers	Disposals			Dishwasher		2.00	
		Compactors	Spa			Washing Machine		2.00	
		Others (denote)						2.00	
MISC. (number of)		Air Cond/win			$\exists$		·	3.00	
		Air Cond/cent				Pools		10.00	
		HVAC	EMS		F	EFTER BUTTONG INSPECT CITY OF PORTLAND, ME	TON	5.00	
		Signs				CITY OF PORTLAND, ME		10.00	
		Alarms/res			П			5.00	
	X	Alarms/com			П	FEB 1 4 2005		15.00	
	<b>'</b>	Heavy Duty(CRKT)			П	1 1 1 4 2000		2.00	
		Circus/Carnv			П			25.00	
		Alterations			П	RECEIVED		5.00	
		Fire Repairs				Apparent Comment Annual		15.00	<u></u>
		E Lights			$\neg$			1.00	
		E Generators			$\neg$			20.00	
PANELS		Service	Remote			Main		4.00	
TRANSFORMER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva			$\Box$			10.00	
						TOTAL AMOUNT DUE		·	
		MINIMUM FEE/COM	MMERCIAL 45.	00	$\neg$	MINIMUM FEE 3	5.00		

CONTRACTORS NAME					
ADDRESS 75 1/c	nk st	Portford.	ME OYIOI	LIMITED LIC. #	LM50014900
TELEPHONE 207	<u>- 828-cx</u>	<u> </u>			•
				/	0 h

SIGNATURE OF CONTRACTOR (

White Copy - Office

Yellow Copy - Applicant

# 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.

e delaktigi kecamatan di sada e	
A Pre-construction Meeting will take pla	ce upon receipt of your building permit.
Footing/Building Location Inspec	ction: Prior to pouring concrete
114	
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Eraming/Rough Plumbing/Electr	ical: 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.
phase, REGARDLESS OF THE NOTICE	Occupancy. All projects DO require a final cur, the project cannot go on to the next E OR CIRCUMSTANCES.  ES MUST BE ISSUED AND PAID FOR; PIED  Date  Date



#### **The Sheridan Corporation**

PO Box 359, Fairfield, ME 04937 ☑ Phone (207) 453-9311, Fax (207) 453-2820

PO Box 689, Westbrook, ME 04098

## LETTER OF TRANSMITTAL

Sheridan	Phone (207) 774-6138, Fax www.she	(207) 774-2885 L_	TENTION	7-15-05 JOB NO.  Mr. Michael Nugent, B. I.	30017
		RE		Trugont, B. I.	
TO City of Portland	l, Maine			Elevation Certificate	
City Hall, Roon	315			for	
P. Colombia (Control State of Control St		Currie		Maine Yacht Center 100 Kensington Street	
389 Congress St	. Portland, Me. 04101			Portland, Maine 04103	Ball din Nijir
GENTLEMEN:					alenjak Hityana
WE ARE SENDING	′OU □ Attached □ U	nder senarate cover via		Hand Cover	
☐ Shop drawings	<b>X</b>			Hand Carry the folio	wing items
X Copy of letter	☐ Change order ☐ _		amples	☐ Specifications	
COPIES DATE	NO.	Di	SCRIPTION	V	
3 7-7-05	N. A. Certification of I	ouilding elevation a	request	ed	
x For approval	☐ Approved as subm	itted 🗆	Resubmit	copies for a	nnroval
☐ For your use	☐ Approved as noted			copies for dist	
☐ As requested	☐ Returned for corre			corrected print	
☐ For review and cor				sometted print	w
☐ FOR BIDS DUE	20		PRINTS RE	TURNED AFTER LOAN TO US	
EMARKS:					
Ve believe upon receipt of t	his document, this will complete	our responsibilities for s	ubmissions	s on this project. Thank you.	
ana C. Sturtevant, P. E.					
ngineering Manager			115	0 6001	
			DEPT	OF BUILDING INSPECTION	
			Ç	TY OF PORTLAND, ME	
OPY TO: Dan Wildes, P.	M. for TSC; Steve Daicy, C	hief			
Engineer for TS	SC; Mason Sears – Me. Yacl	nt Rep.		JUL 2 2 2005	
				RECEIVED	

Alexant. flor

### FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

#### **ELEVATION CERTIFICATE**

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

lm	portant: Read the instructions on pag	es 1 - 7.
S	ECTION A - PROPERTY OWNER INFORMA	TION For Insurance Company Use:
BUILDING OWNER'S NAME	YT CENTER LIL. C.	Policy Number
BUILDING STREET ADDRESS (Including Apl., U	nit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND E	BOX NO. Company NAIC Number
CITY	STATE	ZIP CODE
PORTAND	MAI	
PROPERTY DESCRIPTION (Lot and Block Numb	ers, Tax Parcel Number, Legal Description, etc.)	
- TAX MAP 429-6-	00/ 1000) 430 -8-13-	15/1/20 KMAY 1/30X1
BUILDING USE (e.g., Residential, Non-residential	, Addition, Accessory, etc. Use a Comments area, i	f necessary.)
LATITUDE/LONGITUDE (OPTIONAL)	CATICAL & SALAN ROOM	· · · · · · · · · · · · · · · · · · ·
	HORIZONTAL DATUM: NAD 1927  _  NAD 1983 SOURCE:	
, , , , , , , , , , , , , , , ,		USGS Quad Map   Other
SECTION	B - FLOOD INSURANCE RATE MAP (FIRM)	INFORMATION
B1. NFIP COMMUNITY NAME & COMMUNITY NU	· · · · · · · · · · · · · · · · · · ·	B3. STATE
PORTLAND ME 2360		ME
	FIRM INDEX B7. FIRM PANEL	B8. FLOOD B9. BASE FLOOD ELEVATION(S)
429 6 1-7 7	DATE EFFECTIVE/REVISED DATE	ZONE(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Ele		
	Community Determined Other (Desc	
B11. Indicate the elevation datum used for the	DEE in BOLL INC. 1000 1 IND. 1000	AL 104 (D2-)
P42 to the building tended in a Constal Davier	Beenvise Contro (CRES)	Uner (Describe):
B12. Is the building located in a Coastal Barrier	Resources System (CBRS) area or Otherwise	e Protected Area (OPA)?  _  Yes  _etNo
Designation Date:	<u> </u>	
✓ SECTION C - F	BUILDING ELEVATION INFORMATION (SUF	RVEY REQUIRED)
C1. Building elevations are based on:  X Cons		
<b>₹</b> ****	d when construction of the building is complete	
		for which this certificate is being completed - see
	presents the building, provide a sketch or pho	
C3. Elevations - Zones A1-A30, AE, AH, A (with	n BFE), VE, V1-V30, V (with BFE), AR, AR/A,	AR/AE, AR/A1-A30, AR/AH, AR/AO
		e the datum used. If the datum is different from
		ow 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 VGUD 192 9 Conversion/Comme	ints KW G	PANEC 7B
Elevation reference mark used 26	Does the elevation reference ma	ark used appear on the FIRM?   💥 Yes   _   No
<ul> <li>a) Top of bottom floor (including baseme</li> </ul>	nt or enclosuré)	_ft.( <del>m)</del> - g
b) Top of next higher floor	mh.	fl.(m) 👸
C) Bottom of lowest horizontal structural	member (V zones only)	# /\ R.2
d) Attached garage (top of slab)	N/A-	1 OH 1 2873
e) Lowest elevation of machinery and/or	oquinment	-ft.(m) 🖺 🖟
servicing the building (Describe in a C		ft (m) 28 5
☐ f) Lowest adjacent (finished) grade (LAG		.ft.( <del>m) - di</del> margin / fi
g) Highest adjacent (finished) grade (HAC		
☐ h) No. of permanent openings (flood vent		,ft.(m)- § ( / / / )
		<b>&gt;</b> =
1) Total area of all permanent openings (ii	lood vents) in C3.h sq. in. (sq. cm)	
Company of the compan	SURVEYOR, ENGINEER, OR ARCHITECT C	
This certification is to be signed and sealed by a		
I certify that the information in Sections A, B, an	ed C on this certificate represents my best effo	rts to interpret the data available.
I understand that any false statement may be po	unishable by fine or imprisonment under 18 U.	S. Code, Section 1001.
CERTIFIER'S NAME ELLOS ELL	HOENE	NUMBER 2 Mars 1176
TITLE SURREYW	COMPANY NAME	The state of the s
ADDRESS Pro. By 6234	CHINA VILLAGE	STATE ZIP CODE 4926
SIGNATURE CLIP SQ	DATE 7/08	TELEPHONE 207-968-2427
FEMA Form 81-31, January 2003	See reverse side for continuation.	Replaces all previous editions

BIIII DING STORET AD	ose spaces, copy the c	off Suite andlas Dide to .	OR P.O. ROUTE AND BOX	/ \ \ ^	For Insurance Company Use:
	MSNUMBAPIL, UI	iii, Suite, and/or Bidg. No.) るん リア	UK P.O. KOUTE AND BOX	( NO.	Policy Number
CITY PORT	LAND	STATE	15 C	ZIP CODE	Company NAIC Number
	SECTION D - SURV	EYOR, ENGINEER, OR	ARCHITECT CERTIFIC	ATION (CON	TINUED)
Copy both sides of thi	s Elevation Certificate f	or (1) community official	, (2) insurance agent/con	npany, and (3)	building owner.
COMMENTS				····	
				<u>-</u> -	
			ra-To-to-to-to-		
		A CONTRACTOR OF THE PROPERTY O	STATISTICS STATES S		Check here if attachme
SECTION E - BUIL	LDING ELEVATION IN	FORMATION (SURVEY	NOT REQUIRED) FOR	ZONE AO AN	ID ZONE A (WITHOUT BFE)
ror zone aO and zone information for a LOMA	or LOMR-F. Section C	iete items E1. through E	5. If the Elevation Certifi	cate is intend	ed for use as supporting
E1. Building Diagram N	umber (Select th	e building diagram most	t similar to the building fo	r which this ce	ertificate is being completed -
see pages 6 and 7.	If no diagram accurate	ly represents the buildin	a, provide a sketch or of	iotooraph.)	- ,
check one) the high	nn noor (including baser hest adjacent grade. (U	nent or enciosure) or the Ise natural grade, if avai	e building is   _  ft. (m	i) [[ in. (d	cm)    above or    below
E3. For Building Diagrai	ms 6-8 with openings (s	ee page 7), the next hig	her floor or elevated floo	r (elevation b)	of the building is
ft. (m)	_lin. (cm) above the high	hest adjacent grade. Co	omplete Items C3.h and C	3.i on front of	form.
(check one) the high	nest adjacent grade. (U	lse natural grade, if avail	lable.)		cm)  _  above or  _  below
5. For Zone AO only:	if no flood depth numbe	r is available, is the top	of the bottom floor elevat	ed in accorda	nce with the community's
1100dplain managem	ent ordinance? Yes	S NO Unkno	wn. The local official mu NER'S REPRESENTATI	st certify this i	nformation in Section G.
					3.i only), and E for Zone A
(without a FEMA-issued	d or community-issued (	BFE) or Zone AO must s	sign here. <i>The statement</i>	s in Sections .	A, B, C, and E are correct to
the best of my knowled	g <del>o</del> .	D REPRESENTATIVE'S N			
MASONSGAI		D MELVEGENIATIVE 2 M	AME		
ADDRESS /OO KKUS'INA	.h+	С	Portland	STATE	ZIP CODE
SIGNATURE ALL	2	D.	ATE 2. 1 = 0.0	TELEPHON	84/03 E 1
COMMENTS			(- 70-02		- 207-842-9000
- · · · · · · · · · · · · · · · · · · ·	750%				
					Check here if attachment
			NFORMATION (OPTION		
e local official who is au	ithorized by law or ordi	nance to administer the destricts	community's floodplain n applicable item(s) and s	nanagement o	rdinance can complete
. [] The information i	n Section C was taken t	from other documentation	n that has been signed a	ign below. Ind embossed	by a licensed surveyor.
engineer, or arch	itect who is authorized	by state or local law to o	ertify elevation information	on. (Indicate t	he source and date of the
elevation data in . I . I A community office	the Comments area be	low.) - for a huilding located in	n Zone Δ (without a FEM	Adequed or co	ommunity-issued BFE) or
Zone AO.					minumity-issued DEE) Of
. The following info	mation (Items G4-G9)	is provided for communi	ity floodplain manageme	nt purposes.	
4. PERMIT NUMBER	G5. DATE P	ERMIT ISSUED	1	FICATE OF CO	MPLIANCE/OCCUPANCY
This permit has been i	equad for 1 News	Construction I I Sub-	ISSUED stantial Improvement		
		sement) of the building is		. ft	. (m) Datum:
BFE or (in Zone AO) d	lepth of flooding at the t	ouilding site is:		ft	. (m) Datum:
CAL OFFICIAL'S NAME			TITLE		
DMMUNITY NAME			TELEPHONE		
SNATURE			DATE		
		· · · · · · · · · · · · · · · · · · ·			
MMENTS					
MMENTS					

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

#### **ELEVATION CERTIFICATE**

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

Impor	tant: Read the instructions on pages	s 1 - 7.	
	ION A - PROPERTY OWNER INFORMATI	ON	For Insurance Company Use:
BUILDING OWNER'S NAME  MOINE YOUR	CENTER LIL. C.	N. S.	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, S	uite, and/or Bldg. No.) OR P.O. ROUTE AND BO	X NO.	Company NAIC Number
CITY	STATE		ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers,	Tax Parcel Number Legal Description, etc.)		04/02
BUILDING USE (e.g., Residential, Non-residential, Add	1000) : 430 -B-13-13	5-/1/30 ·	E-1 たりナ 430 X-1
BUILDING USE (e.g., Residential, Non-residential, Add	ition, Accessory, etc. Use a Comments area, if n	recessary.)	
LATITUDE/LONGITUDE (OPTIONAL) HO	RIZONTAL DATUM: DOUBLE TO		and the second s
( ##° - ##' - ##.### or ##.#####*)   <b>[4</b> £] NAC	1927   INAD 1983 SOURCE: LG	PS (Type): SGS Quad Map	Other
		•	
SECTION B - F	LOOD INSURANCE RATE MAP (FIRM) IN	FORMATION	TROCK THOUGHT AND THE STATE OF
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER PORTLA D ME 23600 S	The state of the s	B:	S. STATE ME
84. MAP AND PANEL   85. SUFFIX   86. FIRM		50 FLOOD	
429 6 1-7 7/17		B8. FLOOD ZONE(S)	89. BASE FLOOD ELEVATION(S (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevatio		// /2-	17.0
FIS Profile X FIRM Cor	nmunity Determined     Other (Describ	oe):	
B11. Indicate the elevation datum used for the BFE	in 89: K   NGVD 1929   NAVD 1988	I Other (Desc	edbe):
B12. Is the building located in a Coastal Barrier Res	ources System (CBRS) area or Otherwise I	Protected Area	(OPA)? Yes ملم
Designation Date:			
× SECTION C - BUIL	DING ELEVATION INFORMATION (SURV	EY REQUIRED	)}
C1. Building elevations are based on:   Construct			Finished Construction
*A new Elevation Certificate will be required who	en construction of the building is complete.		-
C2. Building Diagram Number (Select the built	ding diagram most similar to the building fo	r which this cer	tificate is being completed - see
pages 6 and 7. If no diagram accurately represent	ents the building, provide a sketch or photog	graph.)	
C3. Elevations - Zones A1-A30, AE, AH, A (with BF	E), VE, V1-V30, V (with BFE), AR, AR/A, AF	R/AE, AR/A1-A	30, AR/AH, AR/AO
Complete Items C3.a-i below according to the b	uilding diagram specified in Item C2. State t	he datum used	. If the datum is different from
the datum used for the BFE in Section B, conver	t the datum to that used for the BFE. Show	field measuren	nents and datum conversion
calculation. Use the space provided or the Com	ments area of Section D or Section G, as a		
Datum <u>NEUD 192</u> 9 Conversion/Comments Elevation reference mark used <u>86</u>	Door the claustic of the set	MEC	/ 13
a) Top of bottom floor (including basement or	Does the elevation reference mark enclosure)		n the FIRM? X Yes No
D b) Top of next higher floor		Soal (ES)	
c) Bottom of lowest horizontal structural memi		(m) % (m).:	,
☐ d) Attached garage (top of slab)		(m) gg (m).	$A \Lambda$
e) Lowest elevation of machinery and/or equip	ment	ᇣ	
servicing the building (Describe in a Comm	ents area.)	( <del>m) -</del> 출출	I
f) Lowest adjacent (finished) grade (LAG)		Signature (ms).	/2 <sub>4</sub> /\
g) Highest adjacent (finished) grade (HAG)		, , W · · )	() <sup>()</sup>
h) No. of permanent openings (flood vents) with		( <del>m) </del>	
i) Total area of all permanent openings (flood	vents) in C3.h sq. in. (sq. cm)		
	EYOR, ENGINEER, OR ARCHITECT CER		
This certification is to be signed and sealed by a land	surveyor, engineer, or architect authorized	i by law to certif	y elevation information.
I certify that the information in Sections A, B, and C o	on this certificate represents my best efforts	to interpret the	data available.
I understand that any false statement may be punish			1001.
CLUBD ELL	PLS LICENSE N	200 11	76
TITLE SURREY W	COMPANY NAME		
ADDRESS Pro. Bux 6234	CHINA VILLAGE	STATE	ZIP CODE 4926
SIGNATURE SUL SUL	DATE / 08	TELEPHONE	68-2427
FEMA Form 81-31, January 2003	See reverse side for continuation.		Replaces all previous editions

BUILDING STOCK	HIDDE SE MANUAL	opy the corresponding info ing Apt., Unit, Suite, and/or Bidg.	rmation from Section	A.	For Insurance Company Use:
	O HENY	ing Apt., Unit, Suite, and/or Bidg. ノハムアッル リア	No.) OR P.O. ROUTE AN	D BOX NO.	Policy Number
CITY	ミナメイトノロ	STA*	ME ME	ZIP CODE	Company NAIC Number
Ĺ	SECTION	D - SURVEYOR, ENGINEER		RTIFICATION (CON	
Copy both sides o		artificate for (1) community of			
COMMENTS		10 000 000 000 000 000 000 000 000 000		Tradition (o	, outdaing outlier.
		CONTRACTOR OF THE PROPERTY OF	· · · · · · · · · · · · · · · · · · ·		
		WWW.WANG.			
					71 NATO 1110000 1110000 1110000 1110000 1110000 1110000 11100000 1110000 1110000 1110000 111000000
:					
SECTION E .	BUILDING ELEVA	ATION INFORMATION (SUR	VEY NOT REQUIRED)	FOR ZONE AO AI	Check here if attachme
For Zone AO and Z	one A (without BF	E), complete Items E1. throu	gh E5. If the Elevation	Certificate is intend	ed for use as supporting
nformation for a LO	MA or LOMR-F, S	Section C must be completed.			· -
=1. Building Diagram	n Number	(Select the building diagram in accurately represents the bu	nost similar to the build	ling for which this co	ertificate is being completed -
E2. The top of the b	ottom floor (includ	ling basement or enclosure) of	iliding, provide a sketch of the building is 1 - 1	i or photograph.) Ift (m) I I I I I I I	cm) I Jahove or I I hotou
(check one) the	highest adjacent	grade. (Use natural grade, if	available.)		
E3. For Building Dia	grams 6-8 with or	penings (see page 7), the nex	t higher floor or elevate	d floor (elevation b)	of the building is
4. The top of the pl	_jjin. (cm) abov atform of machine	e the highest adjacent grade, ery and/or equipment servicin	Complete Items C3.h	and C3.i on front of	f form,
(cneck one) the	nignest adjacent i	grade. (Use natural grade, if :	avallable.)		
5. For Zone AO onl	y: If no flood dep	th number is available, is the	top of the bottom floor	elevated in accorda	nce with the community's
TOOGDIAIT THATAC	SECTION F	?   Yes   No   Ur - PROPERTY OWNER (OR C	Known. The local offici	ial must certify this	information in Section G.
	or owner's author	rized representative who com	Dietes Sections A. B. C.	(Items C3 h and C	ATION
without a hema-iss	ued or communit	y-issued BFE) or Zone AO mi	ust sign here. The state	ements in Sections	A, B, C, and E are correct to
ne best of my know.	ledge.	ITHORIZED REPRESENTATIVE		· · · · • · · · · · · · · · · · · · · ·	= 10
MASON 5	6445 8	THORIZED REFRESENTATIVE	5 NAME		
DDRESS 100 Kensi	ــا مــــــــــــــــــــــــــــــــــ		CITY	STATE	ZIP CODE
IGNATURE IN	0/-		DATE _	TELEPHON	84103 E
OMMENTS FW	200		1-20	<u> </u>	842-9000
					Check here if attachment
		SECTION G - COMMUNIT	Y INFORMATION (OP	TIONAL)	
local official who is	authorized by la	w or ordinance to administer	the community's floodp	lain management o	rdinance can complete
ctions A, B, C (or E)	, and G of this El	evation Certificate. Complete as taken from other documen	the applicable item(s)	and sign below.	D
engineer, or a	rchitect who is au	thorized by state or local law	to certify elevation info	neo ano emposseo mation (Indicate t	by a licensed surveyor,
elevation data	in the Comment	s area below.)			
Zone AO.	official completed	Section E for a building locate	ed in Zone A (without a	FEMA-Issued or co	ommunity-issued BFE) or
	nformation (Items	G4-G9) is provided for comm	ounity floodolain manar	ament numoses	
. PERMIT NUMBER		DATE PERMIT ISSUED			MELIANGEROCOURANOV
- Cramin Homodic	03	DATE I CHIIII 1000ED	ISSUED	JERNIFICATE OF CO	MPLIANCE/OCCUPANCY
This permit has bee	en issued for:	New Construction	Substantial Improvemer	nt	
Elevation of as-buil	t lowest floor (incl	uding basement) of the buildi g at the building site is:			. (m) Datum:
	) deput of moodin	g at the building site is:		, n.	. (m) Datum:
BITE OF (III Zone AC			TITLE		
CAL OFFICIAL'S NAM	1E				
	íÉ		TELEPHONE		
CAL OFFICIAL'S NAM	lE		TELEPHONE		
CAL OFFICIAL'S NAM MMUNITY NAME NATURE	IE		TELEPHONE DATE		
CAL OFFICIAL'S NAM	lE				·

### 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.
Security States of the Control of th	SECTION A - PROPERTY OWNER INFORMATION	N For Insurance Company.Use:
BUILDING OWNER'S NAME	CHT CENTER LIKE C.	Policy Number
BUILDING STREET ADDRESS (Including Apt	., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX	CNO. Company NAIC Number
CITY	STATE	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Nu	Imbers, Tax Parcel Number, Legal Description, etc.)	6 04/02
FRUMAP 429-6	ニカルノガハハント ベラハ ーマールール	-/130 E-1207 430-X-1
BUILDING USE (e.g., Residential, Non-residen	itial, Addition, Accessory, etc. Use a Comments area, if ne	cessary.)
LATITUDE/LONGITUDE (OPTIONAL)	HORIZONTAL DATUM:	
	NAD 1927   NAD 1983 SOURCE: GF	S (Type):
		GS Quad Map   Other
SECTIO	N B - FLOOD INSURANCE RATE MAP (FIRM) IN	FORMATION
B1. NFIP COMMUNITY NAME & COMMUNITY PORTLAND ME 236	NUMBER 82. COUNTY NAME COSI CUMBELLAND	B3. STATE ME
NUMBER	B6. FIRM INDEX 87. FIRM PANEL B	8. FLOOD 89. BASE FLOOD ELEVATION(S (Zone AO, use depth of flooding)
429 6 1-7	7/17/84 7/17/86 00	A 2 14 ~
B10. Indicate the source of the Base Flood 6	Elevation (BFE) data or base flood depth entered in	89.
FIS Profile FIRM	Community Determined Other (Describe	e):
B12 Is the building leasted in a Casatal Rev	ne BFE in B9: K   NGVD 1929   NAVD 1988	_] Other (Describe):
Designation Date:	rier Resources System (CBRS) area or Otherwise P	rotected Area (OPA)?   Yes   No
	- BUILDING ELEVATION INFORMATION (SURVE	
C1. Building elevations are based on: \(\section{2} \section{2} \cdot \section{2} \section{2} \cdot \section{2} \s	onstruction Drawings*   Building Under Cons	struction*   Finished Construction
C2 Building Diagram Number / (Select	ired when construction of the building is complete.	and the first of the second of
pages 6 and 7. If no diagram accurately	the building diagram most similar to the building for represents the building, provide a sketch or photog	which this certificate is being completed - see
C3. Elevations – Zones A1-A30, AE, AH, A (v	with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR	apn.) /AE AB/A1-A30 AB/AH AB/AO
Complete Items C3.a-i below according t	to the building diagram specified in Item C2. State th	e 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 the	ield measurements and datum conversion
calculation. Use the space provided or th	Te Comments area of Section D or Section C on an	propriate, to document the datum conversion.
Datum <u>MGUD 192</u> 9 Conversion/Com	ments KM G Pr	NEC 7B
Elevation reletence mark used 22 (	Does the elevation reference mark	
a) Top of bottom floor (including baser		(m) g
b) Top of next higher floor		(E) Syposos
<ul> <li>c) Bottom of lowest horizontal structure</li> <li>d) Attached garage (top of slab)</li> </ul>		
e) Lowest elevation of machinery and/		m) du b
servicing the building (Describe in a		¥ 0
f) Lowest adjacent (finished) grade (LA		Signatur (M)
g) Highest adjacent (finished) grade (H		m) ½ s / //
h) No. of permanent openings (flood ve		, s
	(flood vents) in C3.h sq. in. (sq. cm)	-
	- SURVEYOR, ENGINEER, OR ARCHITECT CER	TIFICATION
Z	y a land surveyor, engineer, or architect authorized	
I certify that the information in Sections A, B,	and C on this certificate represents my best efforts t	o 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 ELLOS EL	LIOSYOF N	MBER
TITLE SURREYW	COMPANY NAME	000 11 10
ADDRESS P.U. Bux 6234	CHINA VILLAGE	STATE ZIP CODE 4926
SIGNATURE 7	DATE	TELEPHONE 768-2427
FEMA Form 81-31, January 2003	See reverse side for continuation.	
on on on on oundary 2000	Oce texeree aids for confinuation?	Replaces all previous editions

IMPORTANT: In these	spaces, copy the correspo	nding information fr	om Section A.		For Insurance Company Use:
BUILDING STREET ADDR	RESS (Including Apt., Unit, Suite, セミルイノルのアプル J	and/or Bldg. No.) OR P.	O. ROUTE AND 80.	X NO.	Policy Number
CITY		STATE		ZIP CODE	Company NAIC Number
J. P. R.T.		MS		04102	
X. Complete side of the control	SECTION D - SURVEYOR, E				
COMMENTS	Elevation Certificate for (1) cor	mmunity official, (2) in	surance agent/cor	npany, and (3	3) building owner.
OOMINENTS					
**************************************					
SECTION E - BUILD	ING ELEVATION INFORMAT	TION (SURVEY NOT	PENIIDENI EAD	ፖለክፍ <u>ለ</u> ስ ለ	Check here if attachm ND ZONE A (WITHOUT BFE)
For Zone AO and Zone A	(without BFE), complete Item	s E1, through F5 If the	ne Elevation Cartif	icate is intend	NO ZONE A (WILHOUT BEE)
information for a LOMA or	LOMR-F, Section C must be	completed.			· -
E1. Building Diagram Num	iber (Select the buildin	g diagram most simila	r to the building fo	or which this c	ertificate is being completed -
F2. The top of the bottom:	no diagram accurately repres floor (including basement or e	ents the building, prov	vide a sketch or pl	notograph.)	Court to the court of the co
(check one) the highes	st adjacent grade. (Use natur	ral grade, if available.)	ng is <u>     </u>   π. (n	n) [ in. (	cm) [ above or ] below
E3. For Building Diagrams	6-8 with openings (see page	7), the next higher flo	or or elevated floo	r (elevation b	) of the building is
ft. (m)  in	i. (cm) above the highest adja	cent grade. Complete	e Items C3.h and (	23.i on front o	of form.
(check one) the highes	of machinery and/or equipment adjacent grade. (Use natura	ant servicing the buildi al grade, if available \	ing is ft. (r	n)	cm)    above or    below
E5. For Zone AO only: If n	o flood depth number is availa	able, is the top of the l	bottom floor eleva	ted in accorda	ance with the community's
floodplain managemen	t ordinance? Yes N	<u>lo   Unknown, Tl</u>	he local official mu	ist certify this	information in Section G.
- pulker s	ECTION F - PROPERTY OW	NER (OR OWNER'S	REPRESENTATI	VE) CERTIFIC	CATION
(without a FEMA-issued or	ner's authorized representativ r community-issued BFE) or Z	'e who completes Sec 'one AO must sign he	tions A, B, C (Item	is C3.h and C	3.i only), and E for Zone A
tne best of my knowledge.			io. The statement	is in Secuons	A, b, C, and E are correct to
	WNER'S AUTHORIZED REPRE らられたら	SENTATIVE'S NAME			
ADDRESS	· <u> </u>	CITY		STATE	ZIP CODE
SIGNATURE M	instan st	Portha	nd me		04/83
Aten >:	<i>A</i>	DATE 7	-20-05	TELEPHO	NE 842 9580
COMMENTS			•		
					Check here if attachment
	SECTION G - C	COMMUNITY INFORM	ATION (OPTION	AL)	Oneck here it audumnen
ne local official who is autho	orized by law or ordinance to	administer the commu	nity's floodolain n	anagement o	ordinance can complete
ections A, B, C (or E), and	G of this Elevation Certificate.	<ul> <li>Complete the applic</li> </ul>	able item(s) and s	ian below.	
engineer, or archite	ection C was taken from othe ct who is authorized by state of	or local law to certify a	has been signed a Jevation informati	ind embossed	the source and date of the
elevation data in the	Comments area below.)				
2. A community official	completed Section E for a bu	ilding located in Zone	A (without a FEM	A-Issued or co	ommunity-issued BFE) or
Zone AO, 3. I The following inform:	ation (Items G4-G9) is provide	ed for community floor	iniain managama	nt numacaa	
34. PERMIT NUMBER					
4. LEVAIL MOMPEK	G5. DATE PERMIT ISS	וסבט	I G6. DATE CERTI ISSUED	FICATE OF CO	DMPLIANCE/OCCUPANCY
	red for: New Construct				
i. Elevation of as-built lower	st floor (including basement) o	of the building is:			t. (m) Datum:
. ore or (in Zone AO) dept	th of flooding at the building si	ite is:		· ft	L (m) Datum:
DCAL OFFICIAL'S NAME		TITL	E		
OMMUNITY NAME		TELF	PHONE		
GNATURE		DATE			
DMMENTS			_	,	
/mmil(1) O	<u> </u>				
					Check here if attachments