

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

Permit No: 04-1784	Issued Date: JAN 12 2005	EBL: 416A A003017
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Location of Construction: 44-45-46 Ocean Ridge Rd 84 Ocean Ave	Owner Name: Ocean Ridge Realty Llc	Owner Address: 84 Ocean Ave	Phone: CITY OF PORTLAND 207-6503965
Business Name:	Contractor Name: Patrick Tinsman	Contractor Address: 91 Old Ocean House Rd Cape Elizabeth	Phone: 207-6503965
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: R-3

Past Use: Vacant Land	Proposed Use: 3 unit Condominium / units 44, 45, 46	Permit Fee: \$4,296.00	Cost of Work: \$450,000.00	CEO District: 4	PR4P
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB 11/10/05
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

Proposed Project Description:
3 unit Condominium / units 44, 45, 46

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 11/30/2004	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <i>N/A</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>PA-27 Zone X</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>2003-0056</i> Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>12/2/04</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>[Signature]</i> Date: _____
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CERTIFICATION

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

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
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RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE	DATE	PHONE
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City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	04-784	PERMIT ISSUED	ISSUANCE DATE:	JAN 12 2005	CEBL:	416A A003017
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Location of Construction: 4725 1/2 Ocean Ave Ocean Ridge Rd	Owner Name: Ocean Ridge Realty Llc	Owner Address: 84 Ocean Ave	Phone:
Business Name:	Contractor Name: Patrick Tinsman	Contractor Address: 91 Old Ocean House Rd Cape Elizabeth	Phone: 2076503965
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: R-3

Past Use: Vacant Land	Proposed Use: 3 unit Condominium / units 44, 45, 46	Permit Fee: \$4,296.00	Cost of Work: \$450,000.00	CEO District: 4	PR24P
Proposed Project Description: 3 unit Condominium / units 44, 45, 46		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB 11/10/05 Signature: [Signature]		

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

Permit Taken By: Idobson	Date Applied For: 11/30/2004	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland <i>N/A</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone <i>PA-27 Zone X</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan <i>2003-0056</i></p> <p>Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>12/2/04</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied <i>S</i></p> <p>Date: _____</p>
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CERTIFICATION

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

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

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

cc: Lee D. Urban, Planning and Development Department Director
Sarah Hopkins, Development Review Services Manager
Kandice Talbot, Planner
Jay Reynolds, Development Review Coordinator
Marge Schmuckal, Zoning Administrator
— Karen Dunfey, Inspections
Larry Ash, Traffic Engineer
Tony Lombardo, Project Engineer
Eric Labelle, City Engineer
Jeff Tarling, City Arborist
Penny Littell, Associate Corporation Counsel
Lt. Gaylen McDougall, Fire Prevention
Don Hall, Appraiser, Assessor's Office
Approval Letter File
Jeff Amos, Sebago Technics, Inc., One Chabot Street, P.O. Box 1339, Westbrook, ME 04098

Contractor's Material Certificate for Aboveground Piping

A. Procedure (Conforms to NFPA 13) shall be made by the contractor's representative and will be prepared for approving authority by both representatives. Copy of this certificate shall be filled out and signed by both representatives. Contractor's representative shall be prepared for approving authority's signature in no way prejudicial to contractor's claim against contractor for faulty material, poor workmanship. All "No" answers shall be explained in requirements or local code form.

Property Name: Ridge Condominiums
 Property Address: 1352 Ocean Ave. Date: 3/15/05

- B. Plans
- Approved by Approving Authorities (Names): _____
 - Address: State Fire Marshal
 - Installation conforms to accepted plans Yes No
 - Equipment used is approved Yes No

- C. Instructions
- Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment Yes No
 - Have copies of the following been left on the premises:
 - System components instructions Yes No
 - Care and maintenance instructions Yes No
 - NFPA 25 Yes No

D. Location of system - Supplies building: Entire

E. Sprinklers

Type	Model	Year Made	Orifice	Quantity	Temperature
Ty11	LF11 SP	2005	1/2	88	155°
Ty12	LF11 SP	2005	1/2	4	200°
Ty12	TY12R-119	2005	1/2	8	200°

- F. Pipe and Fittings
- Type of Pipe: Black Iron
 - Type of Fittings: Black Cast-Iron

G. Alarm Valve or Flow Indicator

Type	Make	Model	Max. Time to Operate Through Insp. Test
Flow	Batter	VSR-5F	0-5 sec

- H. Dry-Pipe Valve
- Make and Model: _____
 - Serial Number: _____

- I. Quick Opening Device (Q.O.D.)
- Make and Model: _____
 - Serial Number: _____

- J. Dry-Pipe System Operating Test Without Q.O.D.
- Time to trip through test connection*: _____
 - Water pressure _____ psi. Air pressure _____ psi.
 - Trip point air pressure _____ psi.
 - Time water reached test outlet*: _____
 - Alarm operated properly Yes No

- K. Dry-Pipe System Operating Test With Q.O.D.
- Time to trip through test connection*: _____
 - Water pressure _____ psi. Air pressure _____ psi.
 - Trip point air pressure _____ psi.
 - Time water reached test outlet*: _____
 - Alarm operated properly Yes No

- L. Deluge and Preaction Valves
- Make and Model: _____
 - Operation: Pneumatic Electric Hydraulic
 - Piping and detecting media supervised Yes No
 - Does valve operate from manual trip and/or remote control stations Yes No
 - Is there an accessible facility in each circuit for testing Yes No
 - Does each circuit operate supervision loss alarm Yes No
 - Does each circuit operate valve release Yes No
 - Maximum time to operate release: _____

- M. Pressure Reducing Valve
- Location and Floor: _____
 - Make and Model: _____
 - Setting: _____
 - Static Pressure: Inlet _____ psi, Outlet _____ psi
 - Residual Pressure (Flowing): Inlet _____ psi, Outlet _____ psi
 - Flow Rate: _____ gpm

*measured from time inspectors test connection is opened

N. Test Description

Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

Pneumatic: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs.

O. Tests

- All piping hydrostatically tested at 200 psi for 2 hours
- Dry piping pneumatically tested N/A Yes No
- Equipment operates properly Yes No
- Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? Yes No
- Drain Test:
 - Static pressure reading of gage located near water supply connection _____ psi.
 - Residual pressure with valve in test connection open wide _____ psi.
- Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U Yes No
- Flushed by installer of underground piping Yes No
- If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? N/A Yes No

P. Blank Testing Gaskets

- Number used: 8
- Locations: _____
- Number removed: 0

Q. Welded Piping - If welded piping was used in the system, complete the following:

- Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3 N/A Yes No
- Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS D10.9, Level AR-3 Yes No N/A
- Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated Yes No N/A

R. Cutouts (Disks)

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved? Yes No

S. Hydraulic Data Nameplate Provided

Yes No

T. Data left in service (with all control valves open):

U. Signatures

1. Name of sprinkler contractor: Dean S. Allyn
 2. Tests witnessed by:
 For property owner (Signed): [Signature] Title: Owner Date: 3/15/05
 For sprinkler contractor (Signed): [Signature] Title: Foreman Date: 3/15/05

V. Comments (This section is for additional explanation and notes. All "No" answers must be explained here.)

This is a 13R wet system with the third floor and garage's on an anti-freeze loop.

Check here if comments continue on reverse side of this form

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 041784

JAN 12 2005

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Ocean Ridge Realty Llc / Patrick Tinsman

has permission to 3 unit Condominium / units 45, 46

AT 44-45-46 Ridge Rd

PL 416A A003017

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

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

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

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

OTHER REQUIRED APPROVALS

Fire Dept. AKM

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
 Street: 353 1/2
 Subdivision Lot #: Ocean Ridge Condom

PROPERTY OWNERS NAME

Last: Patinsman First: Pat

Applicant Name: PO Box 1195 Scarborough, ME
 Mailing Address of Owner/Applicant (If Different): Alex Lehman

Owner/Applicant Statement

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

Alex Lehman 8-80
 Signature of Owner/Applicant Date

PORTLAND

2005-8280
 PERMIT # 9504

TOWN COPY

Date Permit Issued: 10/18/05

\$ 294.00

Double Fee Charged

[Signature]
 Local Plumbing Inspector Signature

L.P.I. # 4003

416 A A 003

Caution: Inspection Required

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

[Signature]
 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 # M.S. 9,001,2128

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
\$[8.00]

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
3	Hosebibb / Sillcock	6	Bathtub (and Shower)
3	Floor Drain	3	Shower (Separate)
	Urinal	3	Sink
	Drinking Fountain	9	Wash Basin
	Indirect Waste	9	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	3	Clothes Washer
	Grease / Oil Separator	3	Dish Washer
	Dental Cuspidor	3	Garbage Disposal
	Bidet		Laundry Tub
	Other: _____	3	Water Heater
	Fixtures (Subtotal) Column 2	42	Fixtures (Subtotal) Column 1
		6	Fixtures (Subtotal) Column 2
		48	Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

DEAN & ALLYN, INC.

FIRE PROTECTION * SPECIAL HAZARD

TO: *Fire Chief* FROM: *Scott Logan*
 COMPANY: _____ DATE: *6.02.*
 FAX NUMBER: *874-8410* TOTAL NO. OF PAGES INCLUDING COVER: *2*
 PHONE NUMBER: _____ SENDER'S REFERENCE NUMBER: _____
 RE: _____ YOUR REFERENCE NUMBER: _____

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

416 AA 3

*Mike Correll asked us to get this
 to you. RE: Ocean Ridge CONTAMINATIONS
 UNITS 23-26*

*Please call us if you have any
 questions.*

Thanks.

Scott

657.5646

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.

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

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

~~N/A~~ CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

[Signature]
Signature of Applicant/Designee

6-27-05
Date

[Signature]
Signature of Inspections Official

06/27/05
Date

CBL: 416 AA003 Building Permit #:

050714

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

615-1451
Alex Underwood

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: 44, 45, 46 Ocean Bridge
 PROPERTY OWNERS NAME: condos

Last: TINSMAN First: PAT
 Applicant Name: Alex Lettman
 Mailing Address of Owner/Applicant (if Different): 138 BEACH ST
540 MC 04050

PORTLAND PERMIT # 9486 TOWN COPY
 Date Permit Issued: 7/28/05 \$ 11348 If Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0926
416 A.A.3

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.

[Signature] 7-2005
 Signature of Owner/Applicant Date

Caution: Inspection Required

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

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 # MS 96012128

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
\$6.00

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
6	Hosebibb / Sillcock	1	Bathtub (and Shower)
	Floor Drain	1	Shower (Separate)
	Urinal	1	Sink
	Drinking Fountain	1	Wash Basin (12)
	Indirect Waste	1	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	1	Clothes Washer
	Grease / Oil Separator	1	Dish Washer
	Dental Cuppidon	1	Garbage Disposal
	Bidet	1	Laundry Tub
	Other:	1	Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			Fixtures (Subtotal) Column 2
			Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			Permit Fee (Total)

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
JUL 28 2005
RECEIVED

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

348
+ 10
= 358

348

ELECTRICAL PERMIT

City of Portland, Me.



Unit 27

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 9-26-05
 Permit # 2005-484
 CBL# 416 AA 3

LOCATION: 27 Ocean Ridge Ocean Blvd METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Jason Lebel PHONE # 603-498-9004

				TOTAL EACH FEE	
OUTLETS	Receptacles	Switches	Smoke Detector	.20	
FIXTURES	Incandescent	Fluorescent	Strips	.20	
SERVICES	Overhead	Underground	TTL AMPS <800	15.00	
	Overhead	Underground	>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	Thermostat	5.00	
	Signs			10.00	
	Alarms/res			5.00	
	Alarms/com			15.00	
	Heavy Duty(CRKT)			25.00	
	Circus/Carnv			5.00	
	Alterations			5.00	
	Fire Repairs			20.00	
	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	35.00	
			MINIMUM FEE/COMMERCIAL 45.00	35.00	

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 SEP 29 2005
 RECEIVED

CONTRACTORS NAME ADT MASTER LIC. # MC60017614
 ADDRESS 18 Clinton Dr. Hollis, NH 03049 LIMITED LIC. # _____
 TELEPHONE 800-888-1141

SIGNATURE OF CONTRACTOR *[Signature]*

[Handwritten initials] 005761

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 30, 31, 32 Ocean Ridge courts

PROPERTY OWNERS NAME

Last: Thasman First: Paul
Applicant Name: PO Box 1195 Scarborough Me
Mailing Address of Owner/Applicant (if Different): Alex Lehmann

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.

Signature of Owner/Applicant

Date

PORTLAND

PERMIT # 9505

TOWN COPY

Date Permit Issued:

8.18.05

\$ 294.00

Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 87, 26

416 AA 003

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

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

LICENSE # NS 9,001/2128

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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OR

HOOK-UP: to an existing subsurface wastewater disposal system.

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[\$6.00]

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3	Floor Drain	3	Shower (Separate)
	Urinal	3	Sink
	Drinking Fountain	9	Wash Basin
	Indirect Waste	9	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	3	Clothes Washer
	Grease / Oil Separator	3	Dish Washer
	Dental Cuspidor	3	Garbage Disposal
	Bidet		Laundry Tub
	Other: _____	3	Water Heater
	Fixtures (Subtotal) Column 2	41,2	Fixtures (Subtotal) Column 1
		6	Fixtures (Subtotal) Column 2
		48	Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			Permit Fee (Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	PORTLAND,
Street	852 OCEAN AVE
Subdivision Lot #	44, 45, 46

PROPERTY OWNERS NAME

Last: TIASMAN First: PAT

Applicant Name: McKENNEY Plumbing & Heating LLC

Mailing Address of Owner/Applicant (If Different): 436 BRIDGE ST WESTBROOK, ME

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.

Pat McKenney 6/7/05
Signature of Owner/Applicant Date

059414

PORTLAND PERMIT # 9414 TOWN COPY

Date Permit Issued: 6/7/05 \$ 348.00 Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 019216

416 AA001

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # M58268

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE (\$6.00)

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
3	Hosebibb / Sillcock	6	Bathtub (and Shower)
1	Floor Drain	6	Shower (Separate)
1	Urinal	5	Sink
1	Drinking Fountain	1	Wash Basin
3	Indirect Waste	2	Water Closet (Toilet)
1	Water Treatment Softener, Filter, etc.	3	Clothes Washer
1	Grease / Oil Separator	3	Dish Washer
1	Dental Cuspidor	3	Garbage Disposal
1	Bidet	1	Laundry Tub
1	Other: _____	3	Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

VA 2489

10/348
TOWN COPY

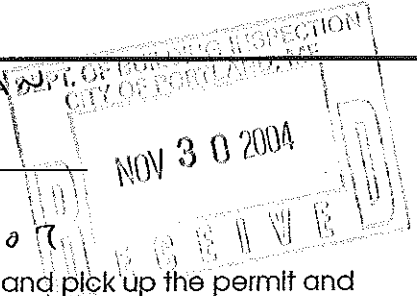
358

Hook-Up & Relocation Fee
Permit Fee (Total)

All Purpose Building Permit Application

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

Location/Address of Construction: <u>852 OCEAN AVE OCEAN RIDGE CONDOMINIUMS</u>		
Total Square Footage of Proposed Structure <u>8100 +/-</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>416</u> Block# <u>A A</u> Lot# <u>00307</u>	Owner: <u>OCEAN RIDGE REALTY LLC</u>	Telephone: <u>650-3965</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>PATRICK TINSUM</u>	Cost Of Work: \$ <u>450,000</u> Fee: \$
Current use: <u>RAW LAND</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>3 UNIT CONDOMINIUM 44, 45, 46</u>		
Project description:		
Contractor's name, address & telephone: <u>PATRICK TINSUM</u>		
Who should we contact when the permit is ready: _____		
Mailing address: <u>91 OLD OCEAN HOUSE RD CAPE ELIZABETH ME 04107</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>650-3965</u>		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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

Signature of applicant:	Date: <u>11-30-04</u>
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**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**

JOHN H. LEASURE - ARCHITECT, INC.
Six Q Street
South Portland, ME 04106

LETTER OF TRANSMITTAL

TO: OCEAN RIDGE REALTY
91 OLD OCEAN HSE ROAD
CAPE ELIZABETH, ME

Date: 11-10-04	Job No: 0301
Attn: PAT TINSMAN	
Re:	
UNITS 44-46	

WE ARE SENDING YOU Attached

Under separate cover via _____
the following items:

- Shop Drawings Prints Plans Samples Specifications
 Copy of Ltr

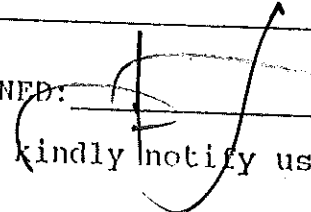
Copies	Date	No.	Description
1EA	11-10	24x36	SI THRU S9
1EA	11-10	24x36	A1 - A14
1EA	11-10	24x36	SITE PLAN, TITLE SHEET
1EA	11-10	11x17	

THESE ARE TRANSMITTED as checked below:

- | | |
|---|---|
| <input type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US | <input checked="" type="checkbox"/> <u>FOR CITY PERMITS</u> |

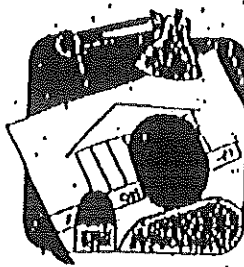
REMARKS: DEAR SIR, PLEASE REVIEW LOCATION OF WINDOWS
@ REAR ELEVATION WITH RESPECT TO FLWR PLANS.
IF YOU WOULD LIKE TO MOVE WINDOWS, PLEASE NOTIFY THIS
OFFICE

COPY TO: file.

SIGNED: 

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

UNITS 44-46



CITY OF PORTLAND MAINE

389 Congress St., Rm 315

Portland, ME 04101

Tel. - 207-874-8704

Fax - 207-874-8716

TO: Inspector of Buildings City of Portland, Maine
Planning & Urban Development
Division of Housing & Community Services

FROM DESIGNER: JOHN H. LEASURE - ARCHITECT, INC.
L & L STRUCTURAL ENGINEERING SERVICES INC.

DATE: Nov. 10, 2004

Job Name: OCEAN RIDGE CONDOMINIUMS

Address of Construction: 852 OCEAN AVE PORT. ME.

THE BOCA NATIONAL BUILDING CODE/1999 Fourteen (14) EDITION
Construction project was designed according to the building code criteria listed below:

Building Code and Year BOCA 1999 Use Group Classification(s) B3
Type of Construction 5B Bldg. Height 36'-1/2" Footprint 2934 S.F.
Bldg. Sq. Footage 2934 S.F.
Seismic Zone Z/A_v = 0.10 Group Class CATA Category II
Roof Snow Load Per Sq. Ft. 42 PSF Dead Load Per Sq. Ft. 15 PSF
Basic Wind Speed (mph) 85 MPH Effective Velocity Pressure Per Sq. Ft. 28 PSF
Floor Live Load Per Sq. Ft. 40 PSF

Structure has full sprinkler system? Yes No Alarm System? Yes No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

Is structure being considered unlimited area building: Yes No

If mixed use, what subsection of 313-1s being considered _____

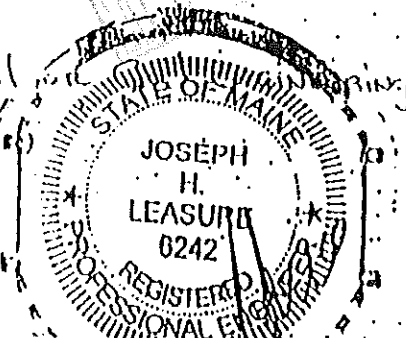
List Occupant loading for each room or space, designed into this Project.

WE ASSUME NO MECHANICAL, ELECTRICAL

PSH 6/07/1K

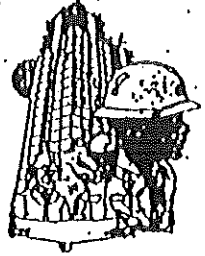
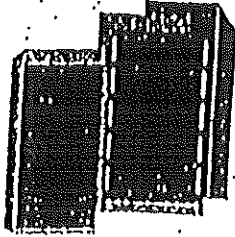


(Designers Stamp & Signature)



NOV 3 0 2004

Units 44-46



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Rm 315
Portland, ME 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: JOHN H. LEASURE ARCHITECT INC.

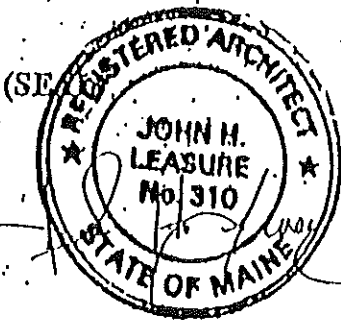
RE: Certificate of Design

DATE: Nov. 10, 2004

These plans and/or specifications covering construction work on:

OCEAN RIDGE CONDOMINIUMS (UNITS 44-46)
852 OCEAN AVE. PORTLAND ME.

Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1999 Fourteenth Edition, and local amendments.



Signature [Handwritten Signature]

Title PRESIDENT

Firm JOHN H. LEASURE ARCHITECT INC.

Address SIX Q ST. S.P. ME

04106

As per Maine State Law:

\$50,000.00 or more in new construction, repair, expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

PS11 6/20/2K

We ASSUME NO LIABILITY FOR MECHANICAL, ELECTRICAL, OR CIVIL ENGINEERING

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-1784	Date Applied For: 11/30/2004	CBL: 416A A003017
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Location of Construction: Ridge Rd (unit 44,45,46)	Owner Name: Ocean Ridge Realty Llc	Owner Address: 84 Ocean Ave	Phone:
Business Name:	Contractor Name: Patrick Tinsman	Contractor Address: 91 Old Ocean House Rd. Cape Elizabe	Phone (207) 650-3965
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	

Proposed Use: 3 unit Condominium / units 44, 45, 46	Proposed Project Description: 3 unit Condominium / units 44, 45, 46
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 12/02/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 01/10/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Per ICC this can be reviewed un 1999 BOCA as project was started under this code.			

Dept: DRC	Status: Approved with Conditions	Reviewer: Sebago Technic	Approval Date: 04/02/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) see planning conditions			

Dept: Planning	Status: Approved with Conditions	Reviewer: Kandi Talbot	Approval Date: 04/02/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) A mylar of the revised subdivision plan shall be submitted for signature by the Director of the Planning Division. The revised subdivision plan shall then be recorded in the Registry of Deeds and a mylar copy, along with seven (7) paper copies of the recorded subdivision plan shall be submitted to the City.			
2) Building complex 5-8 meet the required setback of 35 feet for a building with 4 or more dwelling units within a building. The plans also show "open terraces". These shall only be of a patio nature and not a constructed deck. If this terrace is a constructed element of the structure such as a deck, then that deck would also need to meet the required 35 ft. To the exterior subdivision line. The plans would need to be revised to reflect a constructed deck that meets the 35-foot setback.			

3 sets of doors to outside

Header Schedule	On Plan	
Type of Heating System	NOT SEPARATE	
Stairs		
Number of Stairways	3 OFF UNIF	7 5/8 RISE 10" RISE
Interior		
Exterior		
Treads and Risers (Section 314)		
Width	3' 1"	
Headroom	6' 8" CLEAR	
Guardrails and Handrails (Section 315)		
Smoke Detectors		
Location and type/interconnected	INTERIOR ENCLOSED UPERS w/ 34" HANDRAIL	SMOKE DETECTORS
Plan Reviewer Signature		

See Chimney Summary Checklist

2335-66C

Attic or additional Floor Joist Species Dimensions and Spacing (Table 802.4.2 or 503.3.1(1) & Table 503.3.2(1))		
Roof Rafter; Pitch, Span, Spacing & Dimension (Table 802.3.2(7))	W L R 12 SHOWN - TABLE 802.5.1 W 3x4 TR 12 SHOWN	
Sheathing; Floor, Wall and roof (Table 503.2.1(1))	FLOOR 3/4" Ply STRIP 1/2" Ply WOOD ROOF 5/8" Ply 1/2" Ply WOOD	12" x 9" ATTACHED PLYWOOD W/ GYPSUM
Fastener Schedule (Table 602.3(1) & (2))		
Private Garage Section 309 and Section 407 1999 BOCA) Living Space? (Above or beside)	5/8" FIRE CODE GWB W/ WUST CEILING	
Fire separation		
Fire rating of doors to living space Door Sill elevation (407.5 BOCA)	1 HR DOOR	
Egress Windows (Section 310)	FULLY SPRINKLED	
Roof Covering (Chapter 9)	30 YEAR ASPHALT	
Safety Glazing (Section 308)	ON 42 ON 42 04 NOT SHOWN ON SHEETS	TEMPERED
Attic Access (BOCA 1211.1)	ATTIC AREA OVER 30'	NOT STAIRS
Draft Stopping around chimney	NOT STAIRS	

NEED W/UC & FIRE RATED
W/UC

Soil type/Presumptive Load Value (Table 401.41) 2000 PSF

STRUCTURAL

Footing Dimensions/Depth
(Table 403.1.1 & 403.1.1(1),
Section 403.1.2)

24" x 10 w/ # 4 rebar

Foundation Drainage Dampproofing
(Section 406)

W.D.O.

Ventilation (Section 409.1)
Chairs Space ONLY

BASEMENT

WALK OUT BASEMENTS

Anchor Bolts/Straps (Section 403.1.4)

5/8" x 12 Bolt 36"

Lally Column Type,
Spacing and footing sizes (Table 502.3.4(2))

W.D.O.

Build-Up Wood Center Girders
Dimension Type
(Table 502.3.4(2))

FULL SPAN TRUSSES

Sill/Band Joist Type & Dimensions

2x6 PTIC

First Floor Joist Species
Dimensions and Spacing
(Table 503.3.1(1) & Table 503.3.2(1))

16" OPEN W.D.O. TRUSSES

Second Floor Joist Species
Dimensions and Spacing (Table 503.3.1(1) &
Table 503.3.2(1))

24" O.C. W.D.O. TRUSSES