

**ELECTRICAL INSTALLATIONS —**

Permit Number 1992  
 Location Lot 11 Seashore Ave. Peaks Island  
 Owner Howard Heller  
 Date of Permit 11-29-76  
 Final Inspection 4-20-77  
 By Inspector Herbert  
 Permit Application Register Page No. 81

*Peaks Island*

INSPECTIONS: Service ✓ by Herbert  
 Service called in \_\_\_\_\_  
 Closing-in \_\_\_\_\_ by \_\_\_\_\_  
 PROGRESS INSPECTIONS:  
3-23-77 major work  
4-20-77 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

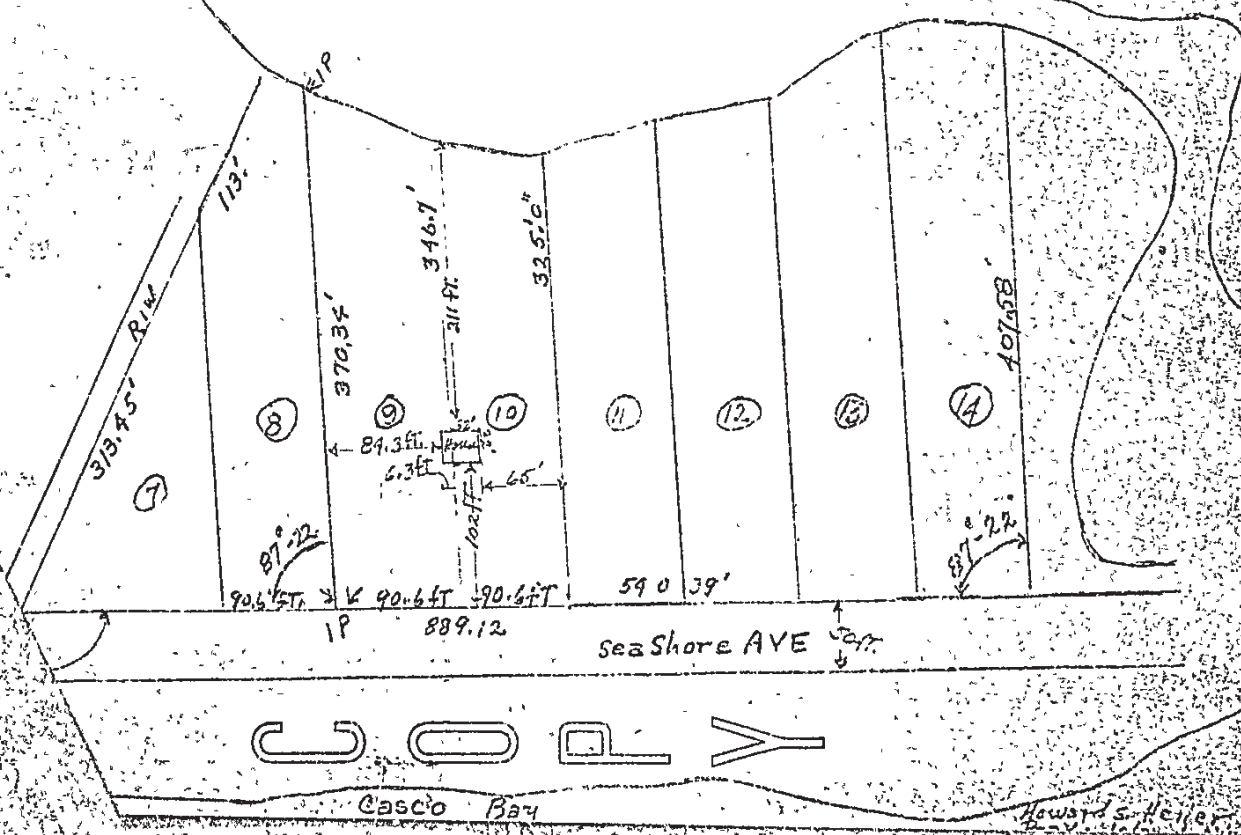
**CODE COMPLIANCE COMPLETED**  
 DATE 4-20-77

DATE:	REMARKS:
	No wire in meter
	Service
	Electric Box and for Circuit L1
	Metal Box and for KIT and wires
	NEEDS MORE WIRE WORK
4-20-77	NO PROGRESS

RECEIVED  
JUL 21 1976  
DEPT. OF BLDG. INSP.  
CITY OF PORTLAND

scale 1" = 100 ft.  
July 1976

Fresh water  
Pond



C O R Y

Casco Bay

Howard S. Heiler

July 27, 1976

LOCATION: Lots 8-11 Seashore Avenue, Peaks Island

Mr. Robert Hodsdon  
49 West Elm Street  
Yarmouth, ME

Gentlemen:

A permit is issued herewith to construct a 32'x32' three-story dwelling at the above address subject to the following Building Code requirements:

Please bear in mind that if a basement is intended for this proposed dwelling, the walls are required to be at least 10 inches thick. However, if no basement is intended, the walls need be but 8 inches thick provided the grades outside and inside are equal.

The 8x10 beams shown in the ground floor plan and on the west elevation which support the deck are required to be all one piece in cross-section instead of being built up as shown on the ground floor plan and the west elevation. Because there is a cantilever action on this deck it would be wise to either reverse the nailing strips where the floor timbers make up against the house or if you wish use double nailing strips or hangers.

Apparently there is to be a pre-fabricated fireplace and metalbestos chimney or equivalent. Please be advised that we will want full plans and specifications of the pre-fabricated fireplace before any work is started thereon. We will also require the name of the pre-fabricated chimney into which the furnace will be connected. Please be reminded that a cleanout is required and that the chimney is required to extend at least three feet above the highest point where it cuts the roof.

Because the framing of this building is somewhat complicated, please feel free to call this office at any time and we will be glad to discuss any of the aspects of the framing with you.

Very truly yours,

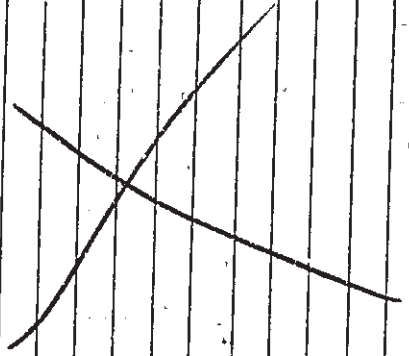
Earle S. Smith, Plan Examiner  
Department of  
Building & Inspection  
Services

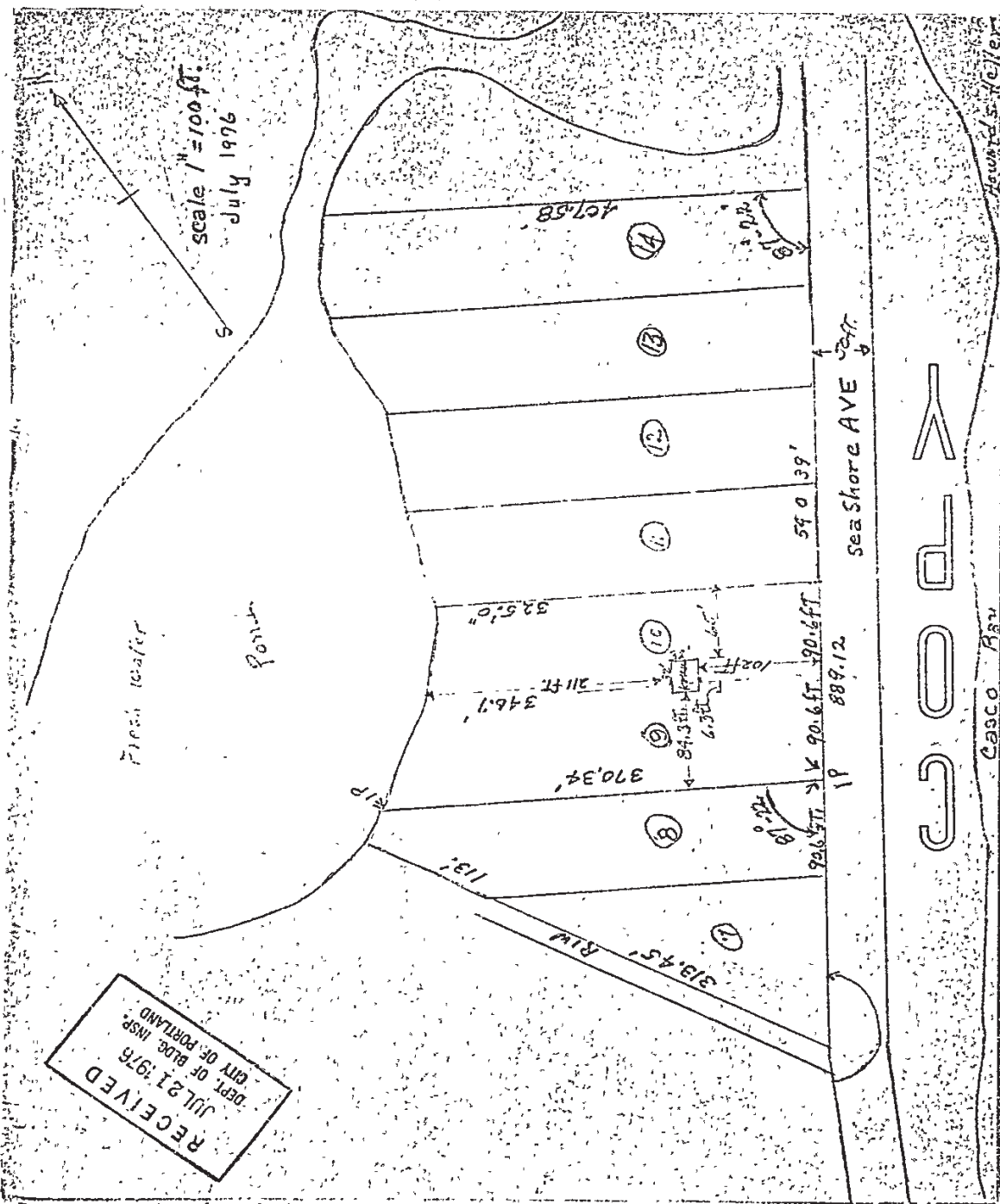
ESS:heg  
cc: Mr. Howard U. Heller

Permit No. 76/0681  
 Location 8-11 Seward Ave. Peck St.  
 Owner Howard Keller  
 Date of permit 7/28/76  
 Approved \_\_\_\_\_

NOTES

8/13/76 - Rough excavation made. E.S. framed & roofed. Told contractor to call for clearing. 2/8/77 - Framed in for walls. 4/13/77 - Nearly ready for clearing in West duct. 5/13/77 - Gave permission to clear in 4 cpts. around wing. 2/9/78 - Final insp. not made E.S.A.





July 27, 1976

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Very truly yours,

h

or  
Department of  
Building & Inspection  
Services

ESB:heg

cc: Mr. Howard U. Heller

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

<b>PROPERTY ADDRESS</b>		PORTLAND 5091 TOWN COPY Date Permit Issued: 05/25/94 \$ 60.00 FEE L.P.I. # 0124 Local Plumbing Inspector Signature: <i>[Signature]</i> Chief Plumbing Inspector
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	SEASHORE AVENUE	
Subdivision Lot #	TAY MAP 86 - BLOCK A LOT 10	
<b>PROPERTY OWNERS NAME</b>		
APPEL	MARCIA	
Last:	First:	
Applicant Name:	MARCIA APPEL	
Mailing Address of Owner/Applicant (if Different)	1355 JONQUIL ST. NW WASHINGTON D.C. 20012	

<p><b>Owner/Applicant Statement</b></p> <p>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 Inspector to deny a Permit.</p> <p><i>Gene Bliss, Douglas Mtn Rd</i> 5/24/94                  Signature of Owner/Applicant Date</p>	<p><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p> <p><i>A Rowe</i>                  Local Plumbing Inspector Signature Date Approved: 6-94</p>
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<p><b>PERMIT INFORMATION</b></p> <p>BALDWIN, 675 2530</p>		
<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>PUBLIC WATER</p>
<p><b>SIZE OF PROPERTY</b> 29,902 SF</p> <p><b>ZONING</b> IR 1</p>		

<p><b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b></p>			
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 BEDROOM 360 MODERATE</p> <p>LOW VOLUME - 36 TOILET</p> <p>SEPARATED LAUNDRY - 72</p> <p>DESIGN FLOW: 252 (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE 3   CONDITION C</p> <p>DEPTH TO LIMITING FACTOR 24"</p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 450* Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

**SITE EVALUATOR STATEMENT:** I USED 18 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On OCTOBER 17 1993 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

*Thomas R Adams* 277/4798 5/3/94  
 Site Evaluator or Professional Engineer's Signature SE # P.E.

SITE EVALUATION WAIVED BY LOCAL OPTION

Page 1 of 3  
RHE-200 Rev. 4/83

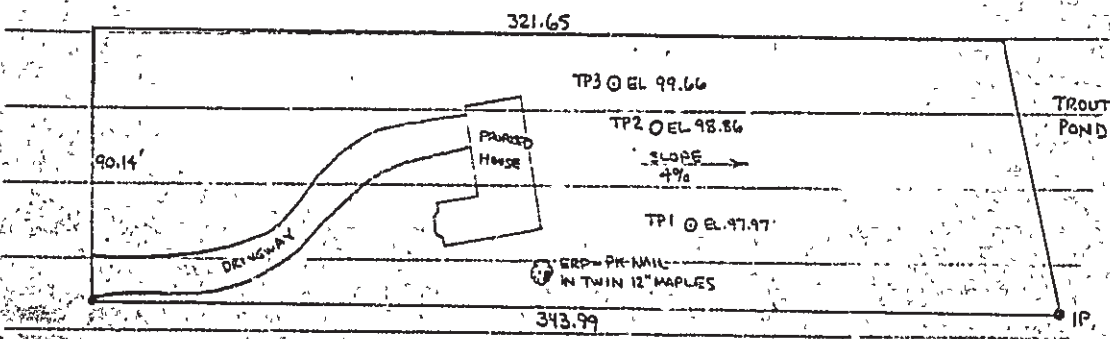
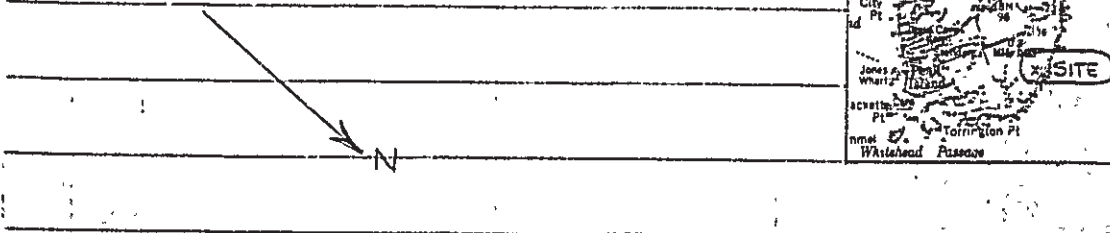
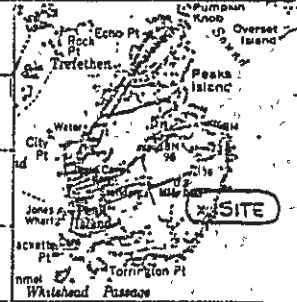
# SI SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town City, Plantation Street, Road, Subdivision Owners Name  
**PORTLAND PEAKS ISLAND SEASHORE AVE 86-A-10 MARCIA, APPEL**

SITE PLAN

Scale 1" = 50 Ft.



## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 2  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Texture	Consistency	Color	Mottling
LOAM		DARK BROWN	
LOAMY SAND	FRAGILE	RED BROWN	NONE
MANY ANGULAR TO ROUNDED COARSE FRAGMENTS			
FINE SANDY LOAM	FIRM	LIGHT BROWN	COMMON DISTINCT

Soil Classification: C Slope: 4 % Limiting Factor: 24

Ground Water  Restrictive Layer  Bedrock

Observation Hole 2  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Texture	Consistency	Color	Mottling
LOAM		DARK BROWN	
LOAMY SAND	FRAGILE	RED BROWN	NONE EVIDENT
MANY ANGULAR TO ROUNDED COARSE FRAGMENTS			
BEDROCK			

Soil Classification: ATI Slope: 4 % Limiting Factor: 30

Ground Water  Restrictive Layer  Bedrock

*Thomas R. Adams* 277/4798- 5/3/94  
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE 86-A-10** Owners Name: **MARCIA APPEL**

SITE PLAN		Scale 1" = _____ FL
		SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

**SOIL DESCRIPTION AND CLASSIFICATION** (Location of Observation Holes Shown Above)

Observation Hole 3  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Texture	Consistency	Color	Mottling
LOAM		DARK BROWN	
LOAMY SAND	FRACTURE	BROWN	NOVE EVIDENT
MANY ANGULAR TO ROUNDED COARSE FRAGMENTS			
BEDROCK			

Soil Classification: 4 AHLL Slope: 4 % Limiting Factor: 27

Ground Water  Restrictive Layer  Bedrock

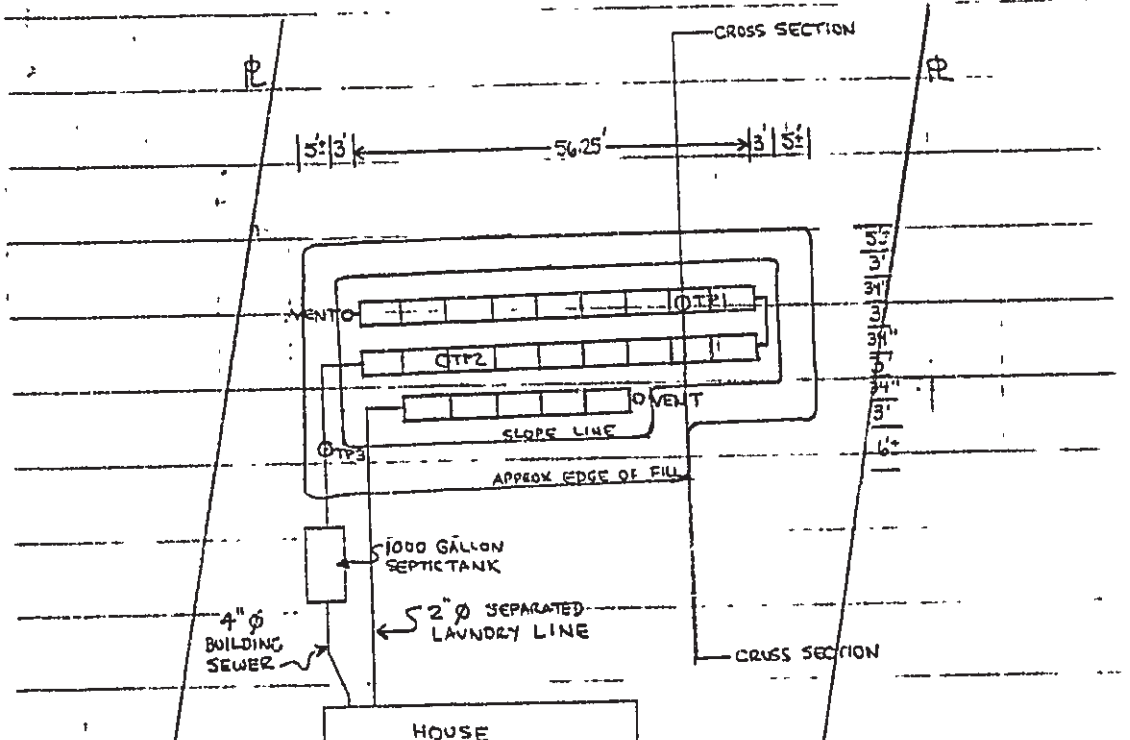
Thomas R Adams 277/4798 5/3/94  
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

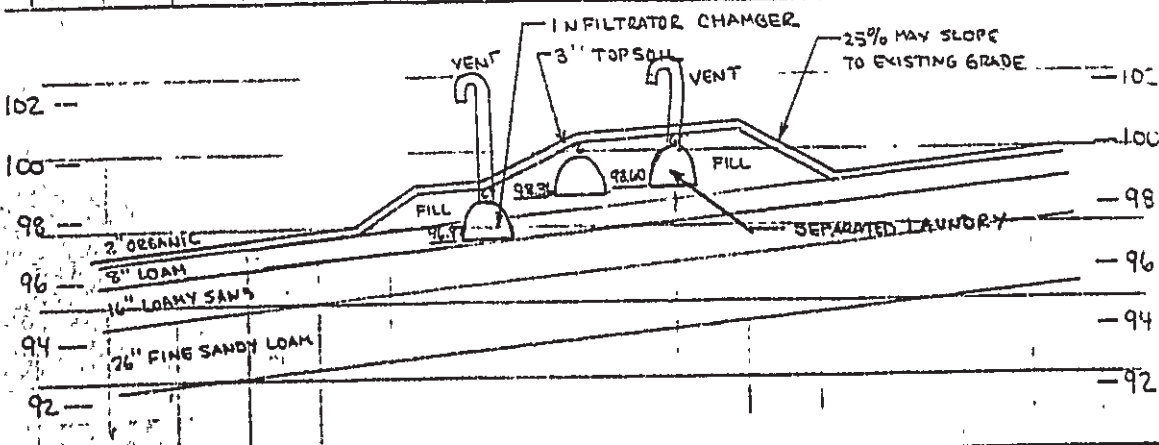
Town, City, Planation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE 86-A-10** Owners Name: **MARCIA APPEL**

SUBSURFACE WASTEWATER DISPOSAL PLAN Scale 1" = 20' FL



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>24"</u>	Reference Elevation is <u>100.00</u>	PK NAIL IN TWIN 12" MAPLES IN CENTER OF LOT NE COR LINE
Depth of Fill (Downslope) <u>16"</u>	Bottom of Disposal Area SEE CROSS SECTION	
	Top of Distribution Lines or Chambers " " "	

<b>DISPOSAL AREA CROSS SECTION</b>		Scale:
		Vertical: 1 inch = 5' FL
		Horizontal: 1 inch = 10' FL



*Thomas R. Adams*  
Site Evaluator or Professional Engineer's Signature

277/4798  
SE #/PE #

5/3/94  
Date

940532

Permit # City of Portland **BUILDING PERMIT APPLICATION** Feb 020 Zone 50 - mmSP Map # Lot# BEDFORD 10011

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Marcia Appel Phone # 202-882-8805  
Address: 1355 Jonquil St - Washington, DC  
LOCATION OF CONSTRUCTION 100 Seashore Ave - Peaks Island  
Contractor: Design Technology Phone # 793-6645  
Address: Rt 160 - Cornish, ME Phone # 04020

Est. Construction Cost: 200,000 Proposed Use: 1-Fam dwlg  
Past Use: Vacant lot  
# of Existing Res. Units: \_\_\_\_\_ # of New Res. Units: \_\_\_\_\_  
Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Total Sq Ft. \_\_\_\_\_  
# Stories: 3 # Bedrooms: 3 Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion: construct 1-fam dwlg

86-A-10 & MMSP

Foundations:  
1 Type of Soil \_\_\_\_\_  
2 Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Sides \_\_\_\_\_  
3 Footings Size: \_\_\_\_\_  
4 Foundation Size: \_\_\_\_\_  
5 Other \_\_\_\_\_

Floor:  
1 Sills Size \_\_\_\_\_ Sills must be anchored.  
2 Girder size \_\_\_\_\_  
3 Lally Column Spacing \_\_\_\_\_ Size: \_\_\_\_\_  
4 Joists Size \_\_\_\_\_ Size: \_\_\_\_\_ Spacing 16" O.C.  
5 Bridging Type \_\_\_\_\_ Size: \_\_\_\_\_  
6 Floor Sheathing Type \_\_\_\_\_ Size: \_\_\_\_\_  
7 Other Material \_\_\_\_\_

Exterior Walls:  
1 Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2 No windows \_\_\_\_\_  
3 No Doors \_\_\_\_\_  
4 Header Sizes \_\_\_\_\_ Spants \_\_\_\_\_  
5 Bracing \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
6 Corner Posts Size \_\_\_\_\_  
7 Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
8 Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
9 Siding Type \_\_\_\_\_  
10. Masonry Materials \_\_\_\_\_  
11. Metal Materials \_\_\_\_\_  
Interior Walls:  
1 Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_ Spants \_\_\_\_\_  
2 Header Sizes \_\_\_\_\_  
3 Wall Covering Type \_\_\_\_\_  
4 Fire Wall if required \_\_\_\_\_  
5. Other Materials \_\_\_\_\_

Roof:  
1. Truss or Rafter Size \_\_\_\_\_ Span/Action: \_\_\_\_\_ Approved \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_  
6. Number of Fire Places \_\_\_\_\_  
7. Number of Fireplaces \_\_\_\_\_  
8. Number of Lavatories \_\_\_\_\_  
9. Number of Other Fixtures \_\_\_\_\_  
10. Number of Fireplaces \_\_\_\_\_  
11. Number of Fireplaces \_\_\_\_\_

Ceiling:  
1. Ceiling Joists Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_  
6. Number of Fire Places \_\_\_\_\_  
7. Number of Fireplaces \_\_\_\_\_  
8. Number of Lavatories \_\_\_\_\_  
9. Number of Other Fixtures \_\_\_\_\_  
10. Number of Fireplaces \_\_\_\_\_  
11. Number of Fireplaces \_\_\_\_\_

Heating:  
Type of Heat: \_\_\_\_\_  
Service Entrance Size: \_\_\_\_\_  
Smoke Detector Required: Yes \_\_\_\_\_ No \_\_\_\_\_  
1. Approval of soil test if required \_\_\_\_\_  
2. No. of Tabs or Showers \_\_\_\_\_  
3. No. of Flushes \_\_\_\_\_  
4. No. of Lavatories \_\_\_\_\_  
5. No. of Other Fixtures \_\_\_\_\_  
Swimming Pools:  
1. Type \_\_\_\_\_ Square Footage \_\_\_\_\_  
2. Pool Size \_\_\_\_\_  
3. Must conform to National Fire Protection Code and State Law.

Permit Received By: LOUISE PERLINSKY  
Date: 5/25/94  
Signature: [Signature]  
Square Footage: \_\_\_\_\_  
Must conform to National Fire Protection Code and State Law.

PERMIT ISSUED WITH LOTTERY

6-7-94 For Official Use Only  
Date: 5/25/94  
Subdivision: JUN - 8 1994  
Ownership: Public  
Time Limit: 1 Year  
Estimated Cost: 200,000  
Zoning: I-R-1  
Street Frontage Provided: \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
Review Required: \_\_\_\_\_  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_  
Conditional Use: Variance \_\_\_\_\_  
Shoreland Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception: \_\_\_\_\_  
Other (Explain): \_\_\_\_\_

HISTORIC PRESERVATION  
1. Ceiling Joists Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_  
6. Number of Fire Places \_\_\_\_\_  
7. Number of Fireplaces \_\_\_\_\_  
8. Number of Lavatories \_\_\_\_\_  
9. Number of Other Fixtures \_\_\_\_\_  
10. Number of Fireplaces \_\_\_\_\_  
11. Number of Fireplaces \_\_\_\_\_

Continued to Reverse Side  
Ivory Tag - CEO

White - Tax Assessor



PLOTPLAN



**FEE'S (Breakdown From Front)**

Base Fee \$ 50  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ 1000  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

**Inspection Record**

Type	Date

**COMMENTS**

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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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

*[Signature]*  
 SIGNATURE OF APPLICANT

Box 1244 Cornish, NH  
 ADDRESS

736645  
 PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.