

900495

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION Fee \$770** Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form. minor-minor site plan - \$50.

Owner: Doig McCown Phone # _____
 Address: PO Box 4857; Portland, ME 04112 / Map 105
 LOCATION OF CONSTRUCTION Lot #8; Rockledge Ave; Little
Project Management, Inc. Diamond Isl
 Contractor: _____ Sub: _____
 Address: PO Box 4857; DTS Phone # 75-7442
Portland, ME 04112 Proposed Use: single family home
 Est. Construction Cost: \$150,000 Past Use: vacant lot
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L 55' W 34' Total Sq. Ft. _____
 # Stories: 1 1/2 # Bedrooms: 3 Lot Size: 54,000 sq ft
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Construct a single-family dwelling

For Official Use Only **PERMIT ISSUED**
 Lot Z-8 Subdivision: _____
 Date _____ Name: JUN 11 1990
 Inside Fire Limit _____ Lot: _____
 Bldg Code _____ Ownership: Public
 Time Limit _____ Estimated Cost: \$150,000 **City of Portland**
 Zoning: I R I
 Street Frontage Provided: _____ Back _____ Side _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shierland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK W/D 10-7-90

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Glider Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists 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. wind #s _____
 3. No. Doors: _____
 4. Header Sizes: _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size: _____
 7. Insulation Type: _____ Size _____
 8. Sheathing Type: _____ Size _____
 9. Siding Type: _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size: _____ Spacing _____
 2. Header Sizes: _____ Span(s) _____
 3. Wall Covering Type: _____
 4. Fire Wall if required: _____
 5. Other Materials: _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size: _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type: _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size: _____ Span _____
 2. Sheathing Type: _____ Size _____
 3. Roof Covering Type: _____

Chimney:
 Type: _____ Number of 18" Places: _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers: _____
 3. No. of Fixtures: _____
 4. No. of Lavatories: _____
 5. No. of Other Fixtures: _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase
 Signature of Applicant Cyrus Hagler Date 5/25/90

Signature of CEO _____ Date _____

Inspection Dates _____

PERMIT ISSUED
WITH LEAD
 1711 M.A. Borden

White-Tax Assessor Yellow-GPCOG White Tag -CEG

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND ✓
 Street: ROCK LEDGE AVE. (LOT #8)
 Subdivision Lot #: LITTLE DIAMOND ISLAND
 PROPERTY OWNERS NAME: _____
 Last: McCOWN First: DAUG
 Applicant Name: C/O CURTIS HAGGE
 Mailing Address of Owner/Applicant (If Different): P.O. Box 4857
PORTLAND, ME. 04107

PORTLAND Sewer Fee 3867 TOWN COPY
 DATE: 6-10-86 FEE: _____
 Local Plumbing Inspector Signature: _____
 L.P.I. # 0123

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 Inspector to deny a Permit.
1052-8
 Signature of Owner/Applicant Date

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
[Signature]
 Local Plumbing Inspector Signature Date Approved 6-10-86

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS. 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>NA</u> THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>
<p>SIZE OF PROPERTY <u>54,000</u> sq. ft.</p>	<p>ZONING <u>SHORELAND</u></p>	<p>TYPE OF WATER SUPPLY <u>PUBLIC WATER</u></p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN: FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>SINGLE FAMILY DWELLING (3 BEDROOMS)</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>3</u> CONDITION: <u>C</u> DEPTH TO LIMITING FACTOR: <u>24"</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>457</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On APRIL 11, 1986 (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.

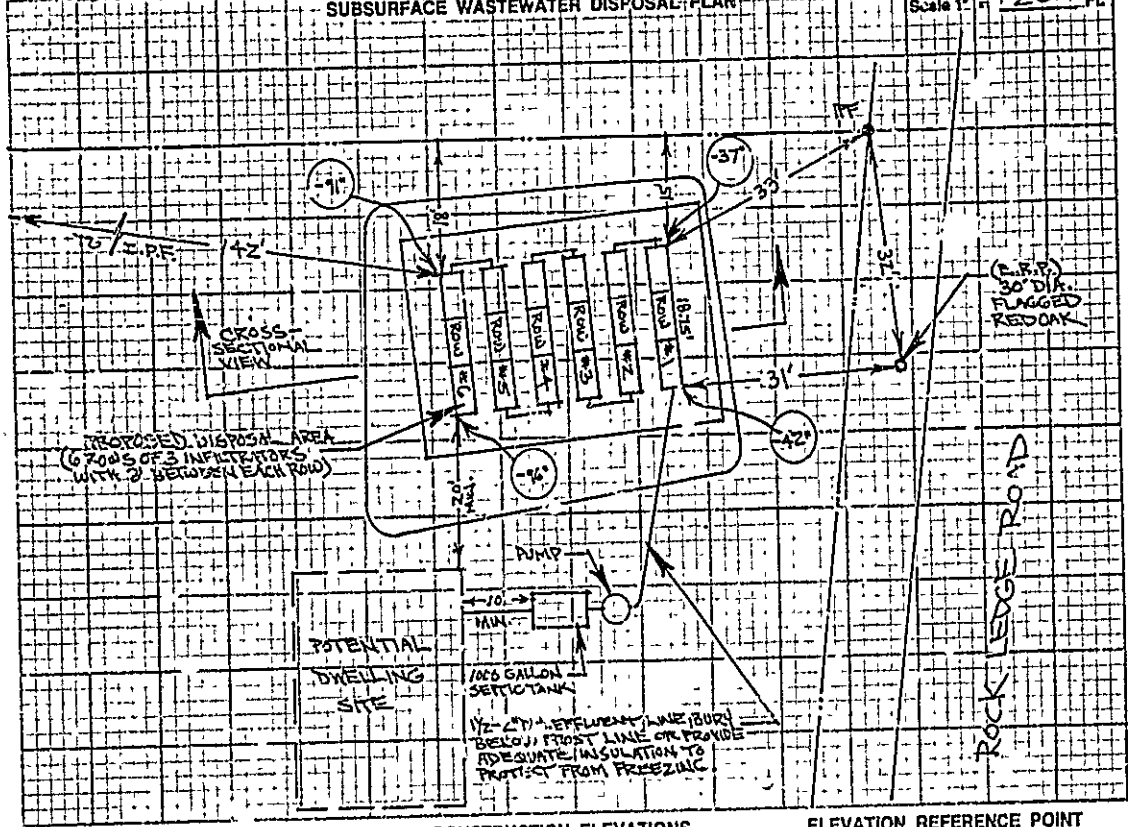
Albert Feick SE# 163 Date 4/23/90
 Site Evaluator Signature

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3 - HNE '80 Rev. 1/1/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

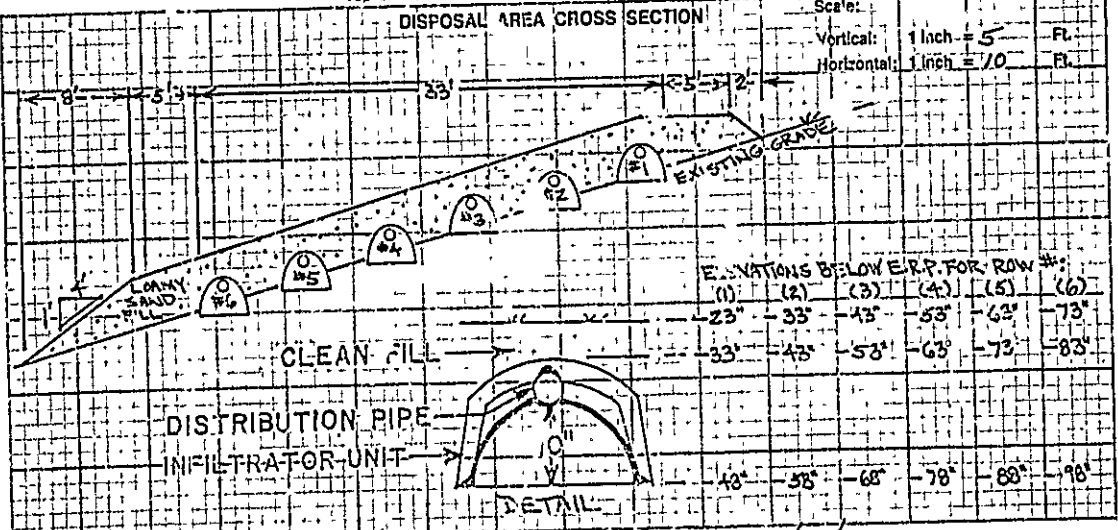
Town, City, Plantation: **PORTLAND** Street, Road, Subdivision: **ROCK LEDGE AVENUE (LOT #8)** Owners Name: **MCCANN, DOUG**



FILL REQUIREMENTS
Depth of Fill (Upslope) 14'-19"
Depth of Fill (Downslope) 18'-23"

CONSTRUCTION ELEVATIONS
Reference Elevation is 00'
Bottom of Disposal Area
Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
NAIL IN 30" DIA. FLAGGED RED OAK, 35" ABOVE BASE OF TREE. ASSUMED AT 00'



Albert Frick
Site Evaluator Signature

163
SE#

4/23/90
Date



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 8/30/90, 19
 Receipt and Permit number 01546

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Lot #8, Rockledge Ave., - Little Diamond Island
 OWNER'S NAME: LDoug McCown ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>60</u> Switches <u>25</u> Plugmold _____ ft. TOTAL <u>85</u>	<u>7.50</u>
FIXTURES (number of)	
Incandescent <u>30</u> Fluorescent _____ (not strip) TOTAL <u>30</u>	<u>5.00</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <u>2</u> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..	<u>3.00</u>
METERS: (number of) <u>1</u>	<u>.50</u>
MOTORS: (number of) _____	
Frictional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) <u>6</u>	<u>6.00</u>
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges <u>1</u>	
Cook Tops _____	
Wall Ovens _____	
Dryers <u>1</u>	
Fans <u>2</u>	
Water Heaters <u>1</u>	
Disposals <u>1</u>	
Dishwashers <u>1</u>	
Compactors _____	
Others (denote) _____	
TOTAL <u>7</u>	<u>10.50</u>
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16 b)	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: <u>32.50</u>

INSPECTION: Will be ready on 8/30, 1990; or Will Call _____
 CONTRACTOR'S NAME: John Perry Electric Co
 ADDRESS: 361 Danforth St., Pld. ME
 TEL: 773-5824
 MASTER LICENSE NO. #3695 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO. _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

900495

Permit # 900495 City of Portland BUILDING PERMIT APPLICATION Fee: \$773 Zone RM-100 Map # 105 L-2-8 Lot # 105 L-2-8
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Doug McCown Phone # 775-7442
 Address: 390 Box 4857; Portland, ME 04112 / Map 105 L-2-8
 LOCATION OF CONSTRUCTION: LOT #9, Rockledge Ave., Littleton, CO
 Contractor: Project Management Inc. Sub: Johnnie Niles
 Address: P O Box 4857 PTS Phone # 775-7442
 City: Portland, ME 04112 Proposed Use: single family home
 Est. Construction Cost: \$150,000 Past Use: vacant lot
 # of Existing Res. Units: 0 # of New Res. Units: 1
 Building Dimensions: L 33' W 34' Total Sq. Ft. 54,000
 # Stories: 1 1/2 # Bedrooms: 3 Lot Size: 54,000 sq ft
 Is Proposed Use: Seasonal Condominium Conversion
 Explain Conversion: Construct a single-family dwelling

For Official Use Only
 Date: JUN 11 1990
 Name: City Of Portland
 Estimated Cost: \$150,000

Zoning: RM-100
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes No Date: _____
 Planning Board Approval: Yes No Date: _____
 Conditional Use: _____ Variance Site Plan Subdivision
 Shoreland Zoning Yes No Floodplain Yes No
 Special Exception _____
 Other (Explain): OK WPA 105 L-2-8

Foundations
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor
 1. Sills Size: 9 9 5 Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists 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 _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size _____ Spacing _____
 2. Ceiling Strapping Size _____
 3. Type Ceiling: _____ Size _____
 4. Insulation Type _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size: 0 1 1 2 Size _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type: AS _____

Chimneys:
 Type: _____ Number of Fire Places: _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes No

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs 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 Electrical Code and State Law.

Permit Received By: Louise E. Chase Date: 5/25/90

Signature of Applicant: Louise E. Chase Date: _____

Signature of CEO: _____ Date: _____

Inspection Dates: _____

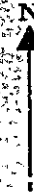
PERMIT ISSUED
 WITH LETTER

White-Tax Assessor Yellow GPCOG White Tag CEO

01/21/90

Copyright © 1988

PLOT PLAN



FEES (Breakdown, From Front)

Base Fee \$ 770
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Inspection Record

Type	Date
<i>Completed</i>	<i>6/16/10</i>
<i>Accepted</i>	<i>5/25/10</i>
<i>Not Permitted</i>	
<i>Other</i>	

COMMENTS

Signature of Applicant: *Gregory H. Hagg* Agent for Owner Date: *5/25/10*



CITY OF PORTLAND, MAINE

359 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

June 11, 1990

Project Management Inc.
P.O. Box 4857 DTS
Portland, ME 04112

Re: Lot #8, Rockledge Ave.; Little Diamond Island

Dear Sir:

Your application to construct a single family dwelling at Lot #8, Rockledge Ave.; Little Diamond Island has been reviewed and a permit is herewith issued subject to the following requirements:

No Certificate of occupancy can be issued until all requirements of this letter are met.

Site Plan Review Requirements

Inspection Services - Approved - W. Groux

Public Works - Approved - S. Harris

Building Code Requirements

1. Please read and implement items 1,6,7 and 9 of the attached Building Permit Report.

2. Your application didn't have a framing detail. Please submit this plan to this office for approval.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: Paul Niehoff -- P.W.D.
Steve Harris

lec

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant: Doni McCown
 Mailing Address: P.O. Box 4857 ; Portland, ME 04112

Date: 5/25/90
 Address of Proposed Site: Lot #8, Rockledge Ave; Little Diamond

Proposed Use of Site: one family home
 Acreage of Site: 54,100 sq ft / Ground Floor Coverage: 1729 sq ft

Site Identifier(s) from Assessor's Map: Map 105- Lot 7-8
 Zoning of Proposed Site: IR1

Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No

Proposed Number of Floors: _____
 Total Floor Area: _____

Other Comments: _____
 Date Dept. Review Due: _____

MINOR - MINOR SITE PLAN REVIEW

BUILDING DEPARTMENT SITE PLAN REVIEW

(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
- Requires Board of Appeals Action
- Requires Planning Board/City Council Action

Explanation: _____

Use complies with Zoning Ordinance — Staff Review Below

Zoning Space & Bulk
 as applicable

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	45 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CO. PLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

OK WDA 6-7-90

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE

Steve Harris

SITE PLAN REVIEW

Processing Form

Applicant: Doug McCorin
 Mailing Address: P.O. Box 4657, Portland, ME 04112

Date: 5/25/90
 Address of Proposed Site: Lot #8, Rockledge Ave; Little Diamond

Proposed Use of Site: one family home
 Acreage of Site: 1729 sq ft
 Ground Floor Coverage: 1729 sq ft

Site Identifier(s) from Assessors Maps: Map 108- LK0: 7-8
 Zoning of Proposed Site: IR1

Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No

Proposed Number of Floors: 1
 Total Floor Area: _____

Other Comments: _____

Date Dept. Review Due: _____

MINOR - MINORSITE PLAN REVIEW

PUBLIC WORKS DEPARTMENT REVIEW

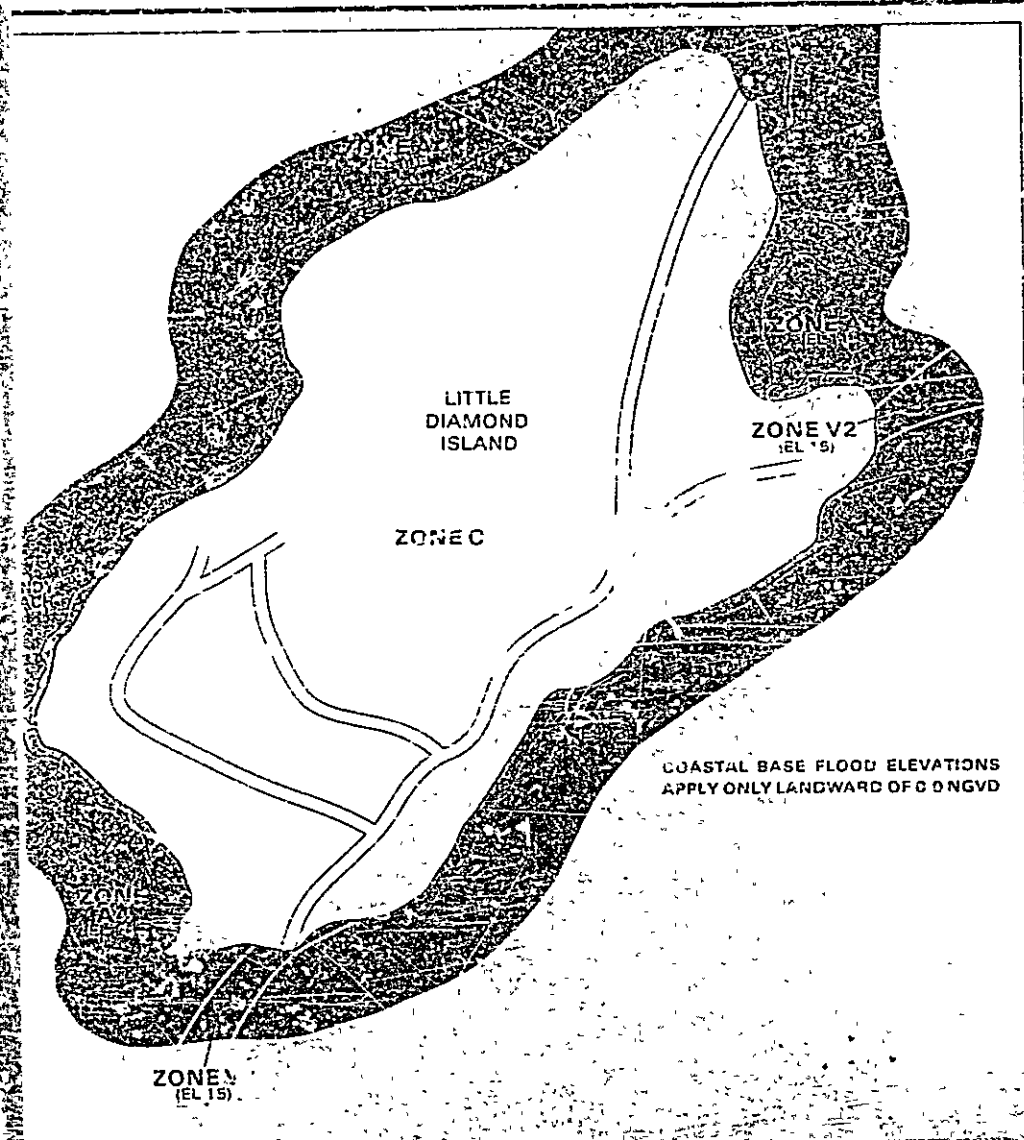
(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SLOPES	CURBING	SIDEWALKS	OTHER	
APPROVED																
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: _____

(Attach Separate Sheet if Necessary)

[Signature]
 SIGNATURE OF REVIEWING STAFF/DATE 6/5/90



KEY TO MAP

500 Year Flood Boundary	-----	
100 Year Flood Boundary	-----	
Zone Designations*		
100-Year Flood Boundary	-----	ZONE B
500-Year Flood Boundary	-----	
Base Flood Elevation Line With Elevation in Feet**	~~~~~513~~~~~	
Base Flood Elevation in Feet Where Uniform Within Zone**		(El. 987)
Elevation Reference Mark		RM7x
Zone D Boundary	-----	
River Mile		*M15
**Elev. referred to the National Geodetic Vertical Datum of 1929		

EXPLANATION OF ZONE DESIGNATIONS

ZONE	EXPLANATION
A	Areas of 100-year flood; base flood elevations and flood hazard factors not determined.
A0	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet, average depths of inundation are shown, but no flood hazard factors are determined.
AH	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet, base flood elevations are shown, but no flood hazard factors are determined.
A1-A31	Areas of 100-year flood; base flood elevations and flood hazard factor determined.
A99	Areas of 100-year flood to be protected by flood protection system under construction, base flood elevations and flood hazard factors not determined.
B	Areas between limits of the 100 year flood and 500-year flood, or certain areas subject to 100-year flooding with average depths less than one (1) foot or where the contributing drainage area is less than one square mile, or areas protected by levees from the base flood. (Medium shading)
C	Areas of minimal flooding. (No shading)
D	Areas of undetermined, but possible, flood hazards.
V	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors not determined.
V1-V30	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors determined.

NOTES TO USER