



**GARDINER CITY COUNCIL  
AGENDA ITEM INFORMATION SHEET**



<b>Meeting Date</b>	07/07/2021	<b>Department</b>	Planning/Economic Dev
<b>Agenda Item</b>	4.p) First Read and possible consideration of a license for a medical marijuana cultivation business located at 8 ABJ Drive Unit #2, Gardiner, Maine.		
<b>Est. Cost</b>			

<b>Background Information</b>	<p>Flying Fish LLC/ Thomas Milton is applying for a medical marijuana cultivation business permit located at 8 ABJ Drive, Unit #2 in Gardiner, Maine. The application and all required information is attached to this agenda item.</p>
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<b>Requested Action</b>	"I move to approve a license for the medical marijuana cultivation facility located at 8 ABJ Drive Unit #2, Gardiner, Maine."
<b>City Manager and/or Finance Review</b>	
<b>Council Vote/ Action Taken</b>	
<b>Departmental Follow-Up</b>	

<b>City Clerk Use Only</b>	1 <sup>st</sup> Reading _____	Advertised _____	<b>EFFECTIVE DATE</b> _____
	2 <sup>nd</sup> Reading _____	Advertised _____ w/in 15 Days	
	Final to Dept _____	Updated Book _____	Online _____



Date Received in Office _____
Received by: _____
Office Amount Received \$ _____
Approved _____ Denied _____

Marijuana Business License Application

- New Application
- Renewal Application
- Existing Facility as of 12/13/20
- Medicinal to Adult Use Conversion

Adult Use Business

Medical Business

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Marijuana Store \$1500       | <input type="checkbox"/> Medical Retail Marijuana/Dispensary \$1000      |
| <input type="checkbox"/> Cultivation Facility                | <input type="checkbox"/> Medical Marijuana Cultivation Facility          |
| <input type="checkbox"/> Tier 3 2k-7k sq ft of canopy \$2000 | <input type="checkbox"/> Tier 1 30-60 plants \$500                       |
| <input type="checkbox"/> Tier 4 > 7k sq ft of canopy \$2500  | <input checked="" type="checkbox"/> Tier 2 <2000 sq ft of canopy \$1500  |
| <input type="checkbox"/> Manufacturing Facility \$2000       | <input type="checkbox"/> Tier 3 2k-7k sq ft of canopy \$2000             |
| <input type="checkbox"/> Testing Facility \$500              | <input type="checkbox"/> Tier 4 > 7k sq ft of canopy \$2500              |
| <input type="checkbox"/> Nursery \$1500                      | <input type="checkbox"/> Medical Marijuana Manufacturing Facility \$2000 |
|  | <input type="checkbox"/> Medical Marijuana Testing Facility \$500        |

Applicant Information

Name Thomas Frazer Milton

Address 3 Deering Street Apt 3, Portland, ME 04101

Phone 704-576-9790

Email Frazermilton@hotmail.com

Do you own any other marijuana businesses? No

If yes, Please list and describe: \_\_\_\_\_

Do you currently hold any marijuana licenses or conditional marijuana licenses? Yes - valid

Maine Medical Caregivers license

Are you licensed caregiver? yes

**Property Information**

Physical address of proposed marijuana business 8 ABJ Drive Unit 2

Map 19 Lot 2A Zone 18

Property owner's Name and address STRR, LLC

Property owner's phone 207-485-4473

Property owner's email ben@mainerealtyadvisors.com

**Business Information**

Type of marijuana business Medical Cultivation

Name of Business Flying Fish, LLC

Number of employees 4

Hours of operation 8AM to 8 PM, 7 days per week

Brief description of the business medical marijuana cultivation, drying and packaging

Square feet of retail space 0

Square feet of indoor plant canopy 1400

Square feet of outdoor plant canopy 0

Square feet of manufacturing space 0

Describe any security protocols monitored security system which includes door/window contacts, motion detectors, cameras inside and out, horn

If extraction will be performed, please describe the process to be used and the machines/chemicals




involved no extraction

Are there any Hazardous processes or chemicals to be used at the business, if so please describe no

Describe any fire protection/suppression equipment NFPA approved fire extinguishers

Do you own or have financial interest in any other marijuana businesses in any state no



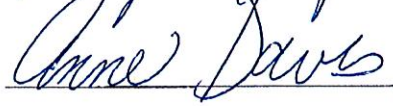
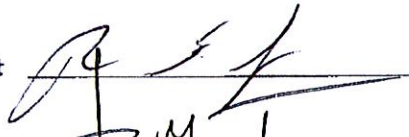
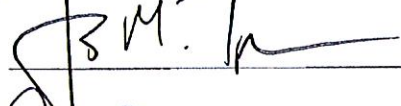
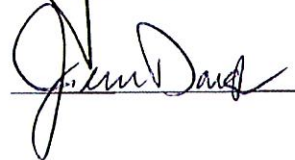
If manufacturing, please describe the processes as well as the products that will be manufactured no manufacturing

  
Signature

6/14/2021  
Date

For Municipal Use Only

Approvals

Code Enforcement		Date <u>6-24-21</u>
Economic Development		Date <u>6-24-21</u>
City Manager		Date <u>6-24-21</u>
Gardiner Fire Department		Date <u>6-24-21</u>
Gardiner Police Department		Date <u>6/28/21</u>
Public Works		Date <u>6-24-21</u>

City Council Approval Date: \_\_\_\_\_

City of Garden

Receipt

REFUND

06/17/21 10:51 AM ID:255 #15091-1  
TYPE: REF: AMOUNT  
Madjuna Naladi  
Ref Disburse 1,500.00

Total: 1,500.00

aid by: 00000 BROWN HIRON

Remaining Balance: 0.00

check: 1,500.00

1000 1,500.00



Maine Medical Use  
Of Marijuana

Date Issued: 05/07/2021  
Expires: 05/06/2022

Individual Caregiver

**THOMAS FRAZER MILTON**

No Retail Location Provided

Registration #: CGR30108

Authorized for: Plant Canopy-500 square feet

Control # : 292044

Address: 3 DEERING ST APT 3, PORTLAND, ME 04101-2201

If found, please return to:

Maine Medical Use Controlled Substance Program

102 STATE HOUSE STATION

19 UNION STREET

FIRST FLOOR

AUGUSTA, ME 04333-0162

FOREVER / USA



Medical Use of Marijuana Program  
Office of Marijuana Policy  
162 State House Station  
Augusta, ME 04333-0162

FREDER MILTON  
3 Dering Street, Apt 3  
Portland, ME 04101

PRINTED ON LINEMARK PAPER - HOLD TO LIGHT TO VIEW. FOR ADDITIONAL SECURITY FEATURES SEE BACK.

Office AU # 121089  
Remitter: THOMAS MILTON  
Operator ID: U395531

CASHIER'S CHECK

6749102799

April 20, 2021

PAY TO THE ORDER OF \*\*\*TREASURER, STATE OF MAINE\*\*\*

\*\*\*Two Thousand Four Hundred Thirty-One and 00/100 -US Dollars \*\*

\*\*\*\$2,431.00\*\*

Payee Address: BACKGROUND CHECK AND CAREGIVER LICENSE

WELLS FARGO BANK, N.A.  
912 TUNNEL RD  
ASHEVILLE, NC 28805  
FOR INQUIRIES CALL (480) 364-3122

VOID IF OVER US \$ 2,431.00

Handwritten signature  
CONTROLLER

⑆6749102799⑆ ⑆2000248⑆4861 001800⑆

Security Features Included. Details on Back.





JANET T. MILLS  
GOVERNOR

STATE OF MAINE  
OFFICE OF MARIJUANA POLICY  
19 UNION STREET- FIRST FLOOR  
162 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0162

ADMINISTRATIVE & FINANCIAL SERVICES

KIRSTEN LC FIGUEROA  
COMMISSIONER

OFFICE OF MARIJUANA POLICY

ERIK GUNDERSEN  
DIRECTOR

Date: 27 APR 2021

Dear MMMP Applicant: Thomas Milton

Thank you for your recently submitted application. At this time, your application cannot be processed for the following reason:

- Payment amount is inaccurate. Fees returned. \$ \_\_\_\_\_ due.
- Personal checks, cash, and credit cards are not accepted. Fees returned.  
**\*Please re-submit a bank check or money order.**
- Old applications are no longer accepted. New application enclosed.
- Current copy of Maine issued photo ID.  
**\*\*Please do not fax photo ID.**
- \$31 background check fee due.
- \$240 (per 6 mature) plant count due.
- You are not required to register for family/household member. Title 22, Chapter 558-C, §2423-A. 3(C/C-1)  
**\*\*\*If you choose to register, you must pay the \$240 fee.**
- Sales Tax Registration Number is required. Please call, mail, or e-mail your sales tax number to the program. If you do not have one, please contact Maine Revenue Services at 624-9693 or complete the application online at:  
<https://www5.informe.org/cgi-bin/online/suwtaxreg/index>  
**\*\*\*This is not your Social Security Number or FEIN Number.**

Other: Thank you!

Please correct the above and re-submit to:  
MMMP/DAFS  
162 State House Station  
Augusta, ME 04333-0162

Please make bank check/money order payable to **"Treasurer State of Maine."**  
**Debit/credit cards, cash and personal checks are not accepted**

Phone: (207) 287-3282 Fax: (207) 287-2671 E-Mail: [licensing.omp@maine.gov](mailto:licensing.omp@maine.gov)

Current applications and forms can be found on the website: [www.maine.gov/dafs/omp/](http://www.maine.gov/dafs/omp/)



**STATE OF MAINE**  
**Office of Marijuana Policy**  
**Medical Use of Marijuana Program** 2021 APR 26 A 11:44  
**Caregiver Application**

CR 30108  
 9

41341

RECEIVED  
 APR 26 2021

<b>SECTION 1: Caregiver Information.</b>		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification to plant count <input type="checkbox"/> Change to canopy-based cultivation		
Legal Name: <u>Thomas Frazer Milton</u>		
Date of Birth: <u>- / - / -</u>	Telephone Number: <u>704-576-9790</u>	
Home Address: <u>3 Deering Street, Apt 3</u>		
City: <u>Portland</u>	State: <u>ME</u>	Zip: <u>04101</u>
Mailing Address: <u>3 Deering Street, Apt 3</u>		
City: <u>Portland</u>	State: <u>ME</u>	Zip: <u>04101</u>
Email Address (required): <u>Frazer.milton@hotmail.com</u>	SSN or Federal EIN: <u>--</u>	Sales Tax Registration Number: <u>Applied for - will call for when I have the #</u>
<b>SECTION 2A: Cultivation Location.</b>		
Street Address: <u>8 ABJ Drive, Unit 2</u>		
City: <u>Gardiner</u>	State: <u>Maine</u>	Zip: <u>04345</u>
<input checked="" type="checkbox"/> Indoor OR <input type="checkbox"/> Outdoor. Please describe: <u>Indoor grow with individual rooms built out inside of a metal warehouse.</u>		
<b>SECTION 2B: Property Owner.</b>		
Legal Name of Property Owner: <u>STRR LLC</u>		
Street Address: <u>537 High Street</u>		
City: <u>West Gardiner</u>	State: <u>Maine</u>	Zip: <u>04345</u>
<b>SECTION 3: Caregiver Retail Store.</b>		
Legal Business Name:		Doing Business as Name, if applicable:
Street Address:		
City:	State:	Zip:

LEN  
~~LEN~~

-2431



**SECTION 4: Registered Caregiver Authorized Activities.** Please check all that apply.

- Standard caregiver cultivation activities
- Standard caregiver processing and manufacturing activities (no inherently hazardous substance extraction)
- Processing or manufacturing of marijuana from a patient, caregiver, or dispensary
- Processing or manufacturing marijuana using inherently hazardous substances
- Manufacturing edible marijuana products
- Standard caregiver transfer, donation and/or sale of medical marijuana, concentrate and products to patients
- Operation of one caregiver retail store
- Purchase or other receipt of wholesale marijuana from other caregivers or dispensaries
- Sale or other transfer of wholesale marijuana to other caregivers or dispensaries

**SECTION 5: Fees.** The fee is \$240 for each group of up to six (6) mature marijuana plants cultivated by a caregiver.

**Caregiver cultivating/servicing patients**

(Elect either plant count or canopy.)

**Plants**

- | Plants  | Fee    |
|---|--------|
| <input type="checkbox"/> 6 mature/12 immature plants  | \$240  |
| <input type="checkbox"/> 12 mature/24 immature plants | \$480  |
| <input type="checkbox"/> 18 mature/36 immature plants | \$720  |
| <input type="checkbox"/> 24 mature/48 immature plants | \$960  |
| <input type="checkbox"/> 30 mature/60 immature plants | \$1200 |

**Canopy**

- 500 Sq. Ft. Canopy

Number of mature plants to be cultivated within canopy: 100 \$ 2400

Example plant canopy fees:

- 31-36 mature marijuana plants, \$1440
- 37-42 mature marijuana plants, \$1680
- 43-48 mature marijuana plants, \$1920
- 49-54 mature marijuana plants, \$2160
- 55-60 mature marijuana plants, \$2400

Application Fee: \$ 2400.00  
 Background Check Fee: \$31.00  
 Total Enclosed: \$ 2431.00

**Caregiver non-cultivating/servicing patients**

(Purchasing from a registered caregiver or dispensary)

**Harvested marijuana from:**

- | Harvested marijuana from:                             | Fee    |
|---|--------|
| <input type="checkbox"/> 6 mature/12 immature plants  | \$240  |
| <input type="checkbox"/> 12 mature/24 immature plants | \$480  |
| <input type="checkbox"/> 18 mature/36 immature plants | \$720  |
| <input type="checkbox"/> 24 mature/48 immature plants | \$960  |
| <input type="checkbox"/> 30 mature/60 immature plants | \$1200 |

Application Fee: \_\_\_\_\_  
 Background Check Fee: \$31.00  
 Total Enclosed: \_\_\_\_\_

**SECTION 6: Local Authorization.**

Upon receipt of the completed application, the Office of Marijuana Policy will send a Local Authorization form to the applicant. It will be the applicant's responsibility to obtain Local Authorization pursuant to Title 22, Section 2429-D.

**SECTION 7: Required Submissions.**

- A cashier's check or money order made payable to "Treasurer, State of Maine." All fees are non-refundable.
- Copy of State of Maine-issued photographic identification.
- Copy of food establishment/processing license, if applicable.

**SECTION 8: Attestation.**

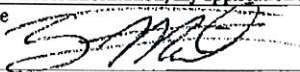
**I have read and attest to the following:**

- A. All information on this application is true and correct. Misrepresentation on this application may jeopardize my status as a registered caregiver in the Maine Medical Use of Marijuana Program (MMMP).
- B. I have reviewed the rules and statute to allow me to execute my duties, rights and responsibilities as a caregiver under the laws and regulations governing the MMMP.
- C. In the event that law enforcement, MMMP staff, and/or their representatives question my status as a card holder, I must provide my registry identification card and current government-issued photo ID.
- D. I will comply with inspections, as required, and refusal of entry could jeopardize my status as a caregiver.
- E. I will comply with applicable regulations and requirements if I am producing edibles with medical marijuana or using pesticides in the cultivation of medical marijuana.
- F. I will abide by packaging and labeling requirements as defined in MMMP rules and statute.
- G. I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes.
- H. I may operate one retail store to sell harvested marijuana to qualifying patients for the patients' medical use.
- I. I may employ assistants to assist in performing the duties of the caregiver and they must be registered with the State of Maine in accordance with state law.
- J. I have provided my social security number or federal identification number for reporting to the Maine Revenue Service for tax purposes only.
- K. I will collect and remit sales tax related to my sales and transactions of medical marijuana.
- L. I have reviewed local/town/municipal ordinances and my status as a caregiver does not violate any ordinances currently in place.
- M. I will submit to annual background checks as required in statute or as required by program policy.
- N. I must submit to the department annually, a report of the number of qualifying patients and visiting qualifying patients I have assisted.
- O. I must submit a new application each time I apply for a card and renew a card.
- P. If any of my information changes after this application is processed, I must notify MMMP.
- Q. I am a Maine resident.
- R. If I do not comply with these requirements, the Department of Administrative and Financial Services may revoke authorization to serve as a caregiver under the Maine law.
- S. I will use the inventory tracking system specified, developed, and maintained by the Department or its designee. I will track, using the inventory tracking system specified by the Department, marijuana plants, marijuana, marijuana concentrate, and marijuana products from immature plant to point of sale.
- T. I authorize the Department to transfer the information contained in this application to its third party inventory tracking system vendor for the purposes of establishing credentials in the inventory tracking system. I will use the inventory tracking system specified, developed and maintained by the Department or its designee to track all marijuana plants, marijuana, marijuana concentrate and marijuana products from immature plant to point of sale.

**Signature - This application cannot be accepted without a signature.**

I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Applicant's Signature



Date

4/20/2021

**Submit completed application and applicable fees (personal checks are not accepted) to the following address:**

Medical Use of Marijuana Program  
Office of Marijuana Policy  
162 State House Station  
Augusta, ME 04333-0162  
Tel: (207) 287-3282; Fax: (207) 287-2671; TTY users: Dial 711 (Maine Relay)  
E-mail: [licensing.omp@maine.gov](mailto:licensing.omp@maine.gov)  
Website: <https://www.maine.gov/dafs/omp/medical-use/>







June 21, 2021

MMK Properties/ Flying Fish LLC  
3 Deering St Unit 3  
Portland ME 04101

Dear Sirs:

On behalf of the City of Gardiner, we would like to congratulate you on your June 9, 2021 Planning Board approval for a 2000sf medical marijuana cultivation in an existing building 8 ABJ Dr Unit 2. City Tax map 19 Lot 002A in the PD zone, with a condition that the applicant receive an active state license within 180 days .

Please let me know if there is anything, you need from either City staff or me.

Again, thank you for choosing Gardiner.

Sincerely,

A handwritten signature in cursive script that reads "Debby Whittis".

Debby Whittis, Planning Board Chair

c:Tracey K. Desjardins  
Director of Economic Development/Planning  
Kris McNeill, CEO



## Office of Code Enforcement

6 Church Street  
Gardiner, Maine 04345

Phone: 207 582-6892  
Fax: 207 582-6895

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Tom Milton  
8 ABJ Drive  
Gardiner Maine, 04345

June 23, 2021

Dear Tom,

Based on the information you provided for the medical marijuana cultivation facility located at 8 ABJ Drive, the Code Enforcement Department does not anticipate any safety concerns or negative impacts. If any information you provided were to change, I would ask that you inform us of those changes.

Thank You,

Kris McNeill  
Code Enforcement Officer  
City of Gardiner Maine



Chief James M. Toman

## **GARDINER POLICE DEPARTMENT**



CEO Kris McNeill  
Gardiner Planning Board  
Office of Economic and Community Development

Mr. Tom Milton  
MMK Properties, LLC  
Flying Fish, LLC  
8 ABJ Drive Unit 2  
Gardiner, Maine 04345

Per review criteria 6.5.1.13- Based upon information provided by Mr. Milton, this business that wishes to be at 8 ABJ Drive #2, Gardiner, appears to have appropriate operational and safety and security measures in place to operate in the City of Gardiner. It is my belief that the Gardiner Police Department will have the ability to respond promptly, safely and effectively to any emergency or criminal activity that may occur at the above mentioned business location. This business, as with any type of business, may result in some calls for police services, however, it is not anticipated that these calls will have an impact on the overall services that the Gardiner Police Department delivers. For the benefit and safety of all, it is imperative that the appropriate standards and requirements that are establish by the State of Maine and by the City of Gardiner to operate this type of business are always, strictly followed by the business owner.

Sincerely,

Chief James M. Toman  
Gardiner Police Department  
City of Gardiner





**CITY OF GARDINER  
FIRE & RESCUE DEPARTMENT**



*Chief Richard Sieberg*

*May 13, 2021*

Dear Tom Milton,

I have received your application to establish a business at 8 ABJ Drive Unit 2 in Gardiner under the name Flying Fish LLC. Upon careful review of your proposal and discussion with the City's Code Enforcement officer I feel comfortable that your business will not create a significant impact on the Fire Department.

As always we look forward to working with all of the businesses in the City. Please feel free to reach out to the Fire Department if you have questions or concerns.

Sincerely,

Richard Sieberg  
Gardiner Fire Department  
Fire Chief



Tom Milton  
8 ABJ Drive  
Gardiner Maine, 04345

May 11, 2021

Dear Tom,

Based on the information you provided for the medical marijuana cultivation facility located at 8 ABJ Drive, the Public Works Department does not anticipate any safety concerns or negative impacts. If any information you provided were to change, I would ask that you inform us of those changes.

Thank You,

Jerry Douglass  
Public Works Director  
Phone: 582-4408

Department of Public Works  
6 Church Street | Gardiner, ME 04345  
207-582-4800 | 207-582-6895 (fax) | [jdouglass@gardinermaine.com](mailto:jdouglass@gardinermaine.com)  
[www.GardinerMaine.com](http://www.GardinerMaine.com)



May 10, 2021

Planning Board  
City of Gardiner  
6 Church Street  
Gardiner, ME 04345

RE: MMK Properties, LLC

Based on the information provided for the medical marijuana cultivation facility located at 8 ABJ Drive, this project will not create any additional usage of the Wastewater Treatment Facility.

Best regards,

Douglas E. Clark  
Wastewater Director  
City of Gardiner, Maine



## GARDINER WATER DISTRICT

P.O. Box 536 • Gardiner, Maine 04345 • (207) 582-5500 • Fax (207) 582-3093

May 24, 2021

To Whom It May Concern:

In reference to your proposed medical marijuana cultivation facility to be located at 8 ABJ drive, the Gardiner Water District has the capacity to serve this business. Also, the operation of this facility will cause no negative impact to operations of the Gardiner Water District.

Sincerely,

Paul Gray SuperIntendent, Gardiner Water District





Advisors

Wells Fargo Advisors  
MAC H0005-035  
One North Jefferson Avenue  
St. Louis, MO 63103

May 17, 2021

Thomas J. Milton  
160 Pearson Lane  
Black Mountain, NC 28711

**RE: Verification of Assets**

Dear Thomas J. Milton:

This letter confirms that:

- (i) You maintain Brokerage accounts with Wells Fargo Clearing Services, LLC ("Wells Fargo Advisors");
- (ii) As of 05/17/2021, these Account maintains a total account value in excess of \$1,000,000.

This letter is provided for informational purposes and does not represent future Account value, if this said Account will remain with Wells Fargo Advisors in the future, any purposes not mentioned in this letter, or the creditworthiness of the person(s) referenced within. Wells Fargo Advisors will have no liability with any party's reliance on this letter or the information within.

Sincerely,

*Anita Jackson*

Anita Jackson  
Securities Operations Services Specialist 3  
Client Mailings – Verifications & Inquiries

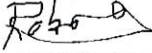
Investment and Insurance Products are:  
• Not Insured by the FDIC or Any Federal Government Agency  
• Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate  
• Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested



STRR, LLC  
537 High St, West Gardiner, ME 04345

To Whom it may concern;

MMK Properties, LLC and its subleases have permission to upfit and use the space in Unit 2 of 8 ABJ Drive Gardiner, Me, 04345 for a licensed Marijuana Cultivation facility upon execution of lease.

DocuSigned by:  
  
B41733F353AA4E8...

4/12/2021

Robin Spencer  
STRR LLC Member

Date

CURRENT OWNER		TOPO		UTILITIES		STRT/ROAD		LOCATION		CURRENT ASSESSMENT		PREVIOUS ASSESSMENTS (HISTORY)	
186 INVESTMENTS LLC	1 Level	2 Public Water	1 Paved	3 Rural	COMMERC. COM LAND	3160	854,100	2020	3160	749,900	2019	3160	749,900
186 FORESIDE RD	4 Rolling	3 Public Sewer			3160	58,200	2020	3160	63,100	2019	3160	63,100	
CUMBERLAND ME 04110	SUPPLEMENTAL DATA		SEND VAL		TAX ACQ FRCLSR:		LISTING A LIST PRIC SPEC DIS		Assoc Prid#		Total		917,200
GIS ID: 019002A All Prid ID: 019002A TIF CODE: 019002A USE PRO: 019002A TG ENRO: 019002A TG PLAN: 019002A LD #1 TYP: 019002A													

RECORD OF OWNERSHIP		BK-VOL/PAGE		SALE DATE		QU		VI		SALE PRICE		VC	
186 INVESTMENTS LLC	13435	75	12-12-2019	U	I	241,500	1L	2020	3160	854,100	2020	3160	749,900
LOVELY WILLIAM E	6135	0249	01-01-2000	Q	V	80,000	00	2020	3160	58,200	2020	3160	63,100
Total													912,300

EXEMPTIONS		OTHER ASSESSMENTS						
Year	Code	Description	Amount	Code	Description	Number	Amount	Comm Int
Total								0.00

ASSESSING NEIGHBORHOOD	
Nbhd	Nbhd Name
0001	B
Tracing	
Batch	

BUILDING PERMIT RECORD								
Permit Id	Issue Date	Type	Description	Amount	Insp Date	% Comp	Date Comp	Comments
2007-021	03-21-2007	ACC	ACC BLDG	55,000	03-19-2008	100	03-19-2008	ADD 32 X 70 2S GARAGE W/
2007-019	03-15-2007	COM	BUS/COM	22,000	03-19-2008	100	03-19-2008	ADD 20 X 25 ADDITION

APPRAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	749,900
Appraised Xi (B) Value (Bldg)	0
Appraised Ob (B) Value (Bldg)	104,200
Appraised Land Value (Bldg)	58,200
Special Land Value	0
Total Appraised Parcel Value	912,300

LAND LINE VALUATION SECTION														
Use Code	Description	Zone	Land Type	Land Units	Unit Price	I. Factor	Site Index	Cond.	Nbhd.	Nbhd Adj	Notes	Location Adjustment	Adj. Unit Pric	Land Value
1	3160 COMM WHSE	18	43,560 SF	1,840 AC	1,08	1.15000	F	1.00		1,000		0	1.24	54,100
1	3160 COMM WHSE		1,840 AC		2,250	1.00000	0	1.00		1,000		0	2,250	4,100
Total Card Land Units: 2,840 AC														
Parcel Total Land Area: 2,8400														
Total Land Value: 58,200														

VISIT/CHANGE HISTORY					
Date	Id	Type	Is	Cd	Purpose/Result
05-12-2017	CL			15	Building Permit Inspection
03-19-2008	PM			00	Measure + Listed
08-21-2007	RS			00	Measure + Listed





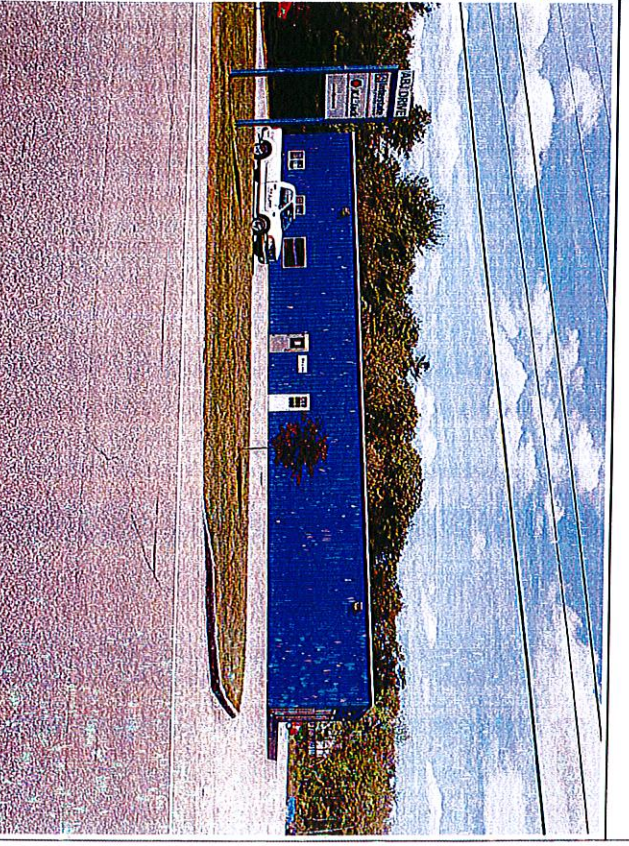
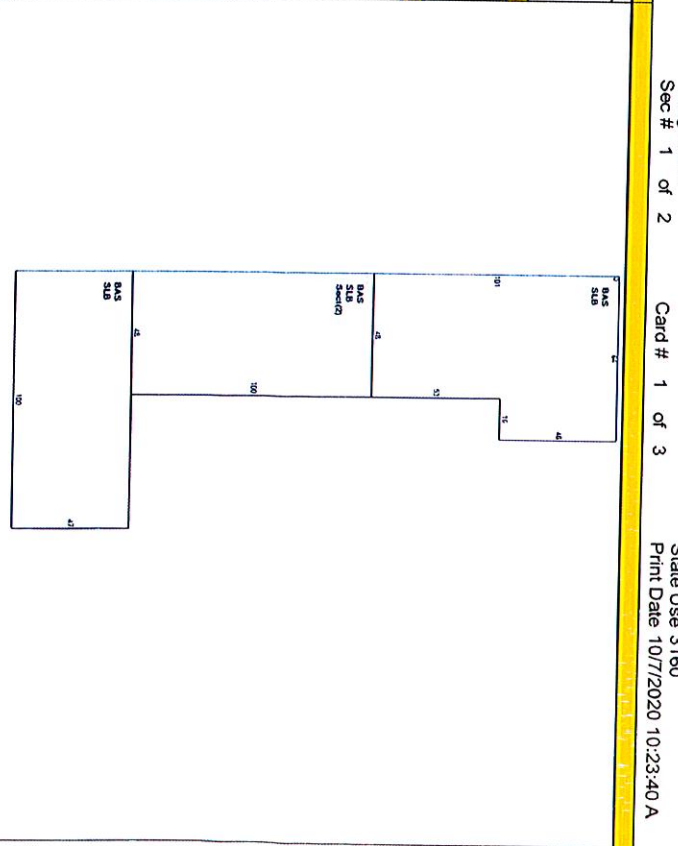
Element	Cd	Description	Element	Cd	Description
Style: Model	53	Pre-Eng Wareh			
Grade	94	Commercial			
Occupancy	03	Average			
Stories:	1				
Exterior Wall 1	27	Pre-finish Metl			
Exterior Wall 2	01	Flat			
Roof Structure	01	Metal/Tin			
Roof Cover	01	Mimim/Masonry			
Interior Wall 1	01				
Interior Wall 2	03	Concrete			
Interior Floor 1					
Interior Floor 2					
Heating Fuel	03	Gas			
Heating Type	05	Hot Water			
AC Type	01	None			
Bldg Use	3160	COMM WHSE MDL-94			
Total Rooms					
Total Bedrms					
Total Baths					
Heat/AC	00	None			
Frame Type	05	Steel			
Baths/Plumbing	02	Average			
Ceiling/Wall	00	None			
Rooms/Ptrns	02	Average			
Wall Height	10.00				
% Conn Wall					
1st Floor Use:					

Code	Description	Unit	Price	Yr Bit	Cond	Cd	% Good	Grade	Grade Adj	Appr Value
PAV1	PAVING-ASPH	L	41.000	2008			50		0.00	36,900
PAV2	PAVING-CONC	L	2.400	2008			50		0.00	4,300
FGR8	GARAGE W/A	L	1.400	2008			90		0.00	63,000

Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Undeprec Value
BAS	First Floor	10,316	10,316	10,316	21.95	226,436
SLB	Slab	0	10,316	0	0.00	0

Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Undeprec Value
Ttl	Gross Liv/Lease Area	10,316	20,632	10,316		226,436

Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Undeprec Value
BAS	First Floor	10,316	10,316	10,316	21.95	226,436
SLB	Slab	0	10,316	0	0.00	0







14E

14A

670'

2C

356.00'

Suite 3  
Commonwealth

7 ABJ Drive  
Interstate Fire

2A

Suite 2  
Flying Fish

Suite 1  
KL Jack

198.18'

350.94'

2

151.71'

44

50A

22

50

21